

Disaster Management

Introduction:

- A. Rajarajeswari Medical College and Hospital (RRMC&H) is currently having 1,100 beds, located in Bangalore on Mysore Road. The College & Hospital are established in 2005.
- B. This Hospital provides services in almost all the major specialties and super specialties like Cardiology, Neuro Surgery, Burns and Plastic Surgery, Urology, Respiratory and Critical care, Medicine, Gastroenterology etc. Further it has modern imaging facilities including CT Scanner, Cardiac Cath lab, MRI & Spiral CT Scan etc. The hospital is one of the prestigious Hospitals located on Mysore Road in Bangalore. There is no fixed catchment area for the hospital and patients are also coming from neighbouring States. This attains significance in case of a disaster involving mass casualties as the public is expected to flock to this hospital for its sheer reputation. Hence, it becomes imperative that the hospital has a plan for management of disasters.

DEFINITION OF DISASTER

- A. The Term disaster implies unexpected and significantly large rush of casualties/emergencies clearly in excess of the normal, caused by a natural calamity or man made disasters such as accidents/terrorist attacks/warfare or any other similar situation which cannot be dealt by the organization in a routine way.

TYPES OF DISASTERS

- A. It is not possible to enumerate all possible situations which may arise from time to time. However commonly disaster is:-
1. Vehicular accidents, air crash emergencies.
 2. Bullet and blast injuries.
 3. Collapse of a building
 4. Fire
 5. Civil commotion like communal riots, violent agitation, terrorist attack etc.
 6. Natural calamities like flood, earthquake and outbreak of epidemics.
 7. Mass food poisoning or epidemics
 8. Conventional, Nuclear, Biological or Chemical Warfare casualties.

Disaster Management Committee

CONSTITUTION OF DISASTER MANAGEMENT COMMITTEE

A. The following officer of Rajarajeswari Medical College and Hospital will form the “**Disaster Management Committee**” under the Chairmanship of the Dean.

It would comprise of the following members:-

1. Dean
2. Medical Superintendent
3. Estate Officer

Members:

4. Head of Dept. Surgery, Member
5. Head of Dept. Medicine, Member
6. Head of Dept. Neurosurgery, Member
7. Head of Dept. Anesthesiology, Member
8. Head of Dept. Burns & Plastic Surgery, Member
9. Head of Dept. Radiology, Member
10. Head of Dept. Orthopedics, Member
11. Head of Dept. Laboratory Medicine, Member
12. HOD of Dept. Forensic Medicine, Member
13. HOD of Dept. Community Medicine
14. Public Relation Officer, Member
15. Officer Incharge Medical Store, Member
16. Officer Incharge General Store, Member
17. Nursing Superintendent, Member
18. Blood Bank Officer, Member
19. Chief Medical Officer I/c Casualty, Member Secretary
20. Officer I/c Transport, Member
21. Security Incharge, Member

B. The committee would co-opt any other functionary of the hospital depending upon the situation and the type of disaster. It would also form sub-committee/s to assist it as and when necessary. The committee will meet at least **once in 3 months to review** the working of contingency plan, problem faced in recent disaster and amendment/modification to be adopted in future.

- C. The Committee will be overall responsible for managing the disaster situation, take administrative decisions as and when required, review the disaster plan and to inform the authorities on the situation.
- D. For day to day supervision a CORE GROUP for disaster management will be constituted under the Dean with the following members:
1. Medical Superintendent
 2. CMO I/c Casualty
 3. General Surgeon
 4. Physician
 5. Orthopedic Surgeon
 6. Plastic Surgeon
 7. Neuro Surgeon
 8. CMO Casualty (member secretary)
 9. Asst. Estate Officer

Name of these functionaries will be published monthly by the Dean's office.

DISASTER MANAGEMENT PLAN

1. As soon as any intimation regarding disaster is received/Disaster patients arrive, casualty doctor on duty shall receive them and attend to them promptly, efficiently and courteously. He would record the details after taking out the disaster pack.
2. Immediately inform the Nodal Officer (CMO) who in turn will immediately inform officer incharge casualty, CMO and Dean. All involved with disaster management will be informed by telephone and through SMS, thereby calling them to hospital immediately for disaster management and informing them about prevailing situation. Nodal Officer and CMO on duty shall immediately put in service more number of trolleys, wheelchairs from casualty as well as Wd.A & Wd.B and in case of necessity from other ward also.

Ward A (15 Beds)

- Male ward in casualty

Medical Officer Incharge – Associate Professor Surgery
(Dr. Rajashekar)

Ward B (30 Beds)

- Space available next to Biomedical Engineering Dept

Medical Officer Incharge - Associate Professor Orthopedics
(Dr. K.C. Kiran)

3. Nodal Officer will immediately alert and press into service doctor from Wd.A, Wd.B.
4. Order vacation of Wards A and B. In all 45 beds are available in casualty, Wd.A and Wd.B. In case more beds are needed follow Para 9.
5. Alert ICU, EOT, OT IIInd Floor, Blood Bank, Burns Casualty and CT Scan, Ultra sound and X-ray rooms. Portable X-ray machines will be placed in ward A & B.

6. Nursing Superintendent will also deploy extra nursing staff, Nursing Orderlies, Stretcher-bearers, Housekeeping Staff and Security Guards for the help from their place of duty.
7. He will give instructions to Security Officer on duty regulate the patients and crowd with the help of security and police personnel.
8. Nodal officer will immediately alert all the staff and concerned Heads of Unit and Departments with the help of central announcing system in central enquiry and central telephone exchange.
9. All the available ambulances shall be put in service.
10. List of all the categories of staff with addresses, telephone numbers will be available in the control room.
11. Doctors working in casualty will immediately conduct a triage i.e. sorting out case of minor, moderately serious and very serious nature and take the necessary steps accordingly.
Various types of token will be tied around arm to denote the seriousness of the patient.

Red ____ - Priority I, Requiring urgent resuscitation and possible surgery.

Yellow ____ - Priority II, serious patient requiring attention.

Green ____ - Priority III, All other patient not in priority I & II.

Blood shall be indented immediately and patient taken to minor OT/Major OT directly in Priority I cases if needed.

12. All the MLCs will be recorded properly and in details in MLC Register. All MLCs to be informed to the police immediately.
13. More no. of OT tables shall be made available to handle increased load of surgery.
14. A comprehensive list of all patients coming to casualty shall be prepared and prominently displayed in Kannada, English & Hindi outside casualty.
15. Two dedicated telephone lines shall be activated with the help from Central telephone exchange, for public.
16. As far as possible all the cases shall be managed in the shortest possible time.
17. Wherever necessary, emergency drugs, which are not available, shall be procured from the college money.
18. If necessary extra trays shall be indented from CSSD which is working round the clock.
19. All the dead bodies shall be properly packed; identification tag put on them and then sent to mortuary. The responsibilities lies with Mortuary Incharge.
20. Arrangement for tent, water, snacks, tea, coffee, shall be made for attendants as well as staffs though kitchen, canteen by the Assistant Estate Officer.

DISASTER CONTROL ROOM

- A. In the eventuality of a Disaster, the existing Emergency Control Room function from the Casualty would be energized as the Disaster Control Room. It would be manned round the clock by the Nodal Officer/Chief Medical Officers and designated as EMERGENCY CONTROL ROOM OFFICER (E.C.R.O) under the overall supervision of the Medical Superintendent. The Control Room will collect, collate, coordinate and disseminate relevant information on disaster situation.
- B. For such purpose, the Disaster Control Room is equipped with communication facilities to contact the command nucleus, crisis points, hospital functionaries, police control room and the nodal ministry.

The contact numbers of the Disaster Control Room are:-

1. Direct Number:

College	-	080 28437444
Hospital	-	080 29292929
Fax No	-	080 28437393

Extension No:

Deans Office	-	252
Medical Superintendent	-	358
Casualty	-	200
Emergency Code	-	399

Date: 8/6/2015

Important Telephone Numbers:

- | | |
|---------------------------|--------------|
| 1. Dean | - 9900035107 |
| 2. Medical Superintendent | - 9845574600 |
| 3. Estate Officer | - 9900028008 |

Members:

4. Head of Dept. Surgery, Member	- 9611284281
5. Head of Dept. Medicine, Member	- 9844022279
6. Head of Dept. Neurosurgery, Member	- 9241204669
7. Head of Dept. Anesthesiology, Member	- 9448085401
8. Head of Dept. Burns & Plastic Surgery, Member	- 7204258769
9. Head of Dept. Radiology, Member	- 9844455599
10. Head of Dept. Orthopedics, Member	- 9886144233
11. Head of Dept. Laboratory Medicine, Member	- 9481201007
12. HOD of Dept. Forensic Medicine, Member	- 9844074581
13. HOD of Community Medicine, Member	- 9342400999
14. Public Relation Officer, Member	- 9886277635
15. Officer Incharge Medical Store, Member	- 9886079111
16. Officer Incharge General Store, Member	- 9900058213
17. Nursing Superintendent, Member	- 9845320419
18. Blood Bank Officer, Member	- 9845128072
19. Chief Medical Officer I/c Casualty, Member Secretary.	- 9886272858
20. Officer I/c Transport, Member	- 9900028008
21. Security Incharge, Member	- 9900026007