



# National Cyclone Risk Mitigation Project (NCRMP)



GOVERNMENT OF KERALA

## **Concept Note**

### **State Level Consultation on Hospital Safety and Disaster Management**

#### **Date**

November 14, 2019

#### **Venue**

Hotel Apollo Dimora, Thiruvananthapuram, Kerala 695014

#### **Organized by**

Kerala State Disaster Management Authority  
National Cyclone Risk Mitigation Project (NCRMP)

## 1. Introduction

The state of Kerala is vulnerable to a multitude of hazards and is categorized as a multiple-hazard prone state. The state experiences various kinds of disasters of recurrent nature that results in loss of life, livelihood and property, and disruption of economic activity, besides causing immense hardship to the affected population. According to the Kerala State Disaster Management Plan 2016, 39 hazards are identified that the state of Kerala is prone to. They are categorised as natural hazards and anthropogenic hazards. Kerala is also one of the most densely populated Indian states (860 persons per square kilometres) making it more vulnerable to damages and losses on account of disasters<sup>1</sup>.

Kerala witnessed the worst ever floods in the recent years in August 2018. Although there was no major epidemic outbreak following the floods, health impact was substantial as close to 332 health facilities were fully or partially destroyed. Furthermore, 61 Ayurveda institutions and 59 homeopathic institutions were damaged as a result of the floods. The total damage to the health and nutrition sector is estimated at INR 499 crore (INR 273 crore for health, which is mostly of health facilities and INR 226 crore for nutrition, which is mostly damages to anganwadi centres). The total loss of the sector is estimated at INR 28 crore including INR 26 crore for health and INR 2 crore for nutrition<sup>2</sup>.

## 2. Background

Hospitals constitute a part of critical lifeline infrastructure in the context of disasters. A safe and resilient hospital not only ensures an effective healthcare response during disasters but also ensures the safety of the patients already being treated in those hospitals before, during and after disasters.

This calls for high order of preparedness in the hospital in order to deal with disaster related emergencies with mass casualties and the resultant need for hospital space, staff and resources at various levels. Though as mandated by the **DM Act 2005**, every hospital is required to have an emergency plan in place but the past incidents like fire accidents in the AMRI hospital in 2011 raises a question on the effectiveness of the plan.

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<sup>1</sup> KSDMA (2014). State Disaster Management Plan

<sup>2</sup> Post Disaster Needs Assessment, Govt. of Kerala

In India, experiences from the Gujarat earthquake of 2001, the Indian Ocean Tsunami of 2004 and the Kashmir Earthquake of 2005 and even the 2018 Kerala floods have shown that disasters have huge impact on health services. Childrens Hospital in Jammu collapsed during earthquake; in the city of Bhuj, where thousands of people died and the civil hospital was reduced to a heap of debris when it was needed the most during 2001 earthquake. The fire in AMRI Hospital in Kolkata, where more than 90 people died depicts the vulnerability of hospitals to disasters.

The health care facilities are critical infrastructure of society that plays a pivotal role in the management of disasters. During normal time, the risk reduction measures are very much applicable to these facilities as they are the resort of a large population for a basic need, viz. health care. In a multi-hazard prone state like Kerala, the health facilities are instrumental in the effective management of internal and external disasters.

The Post Disaster Needs Assessment (PDNA) report which was prepared by the combined effort of Government of Kerala and various UN agencies following the flood disaster of August 2018 in Kerala recommends for transition to a 'safe and green hospital' concept through the allocation of adequate resources to health facilities. In the Post Disaster Needs Assessment (PDNA) report, 'Mainstreaming Disaster Risk Reduction' has been put forth as a pillar of recovery strategy while rebuilding Kerala.

In this context, National Cyclone Risk Mitigation Project-Phase II in collaboration with Kerala State Disaster Management authority (KSDMA) is organizing a State Level Consultation to identify the scope of implementing Hospital Safety and Disaster Management activities in the health sector of the State with the support of Directorate of Health Services (DHS). State Project Implementation Unit-NCRMP in close consultation with KSDMA have made a framework of hospital safety plan for all major hospitals in the State. The aim of the meeting is to discuss the scope of work and finalise the deliverables of the project through a brainstorming with the invited departments and various organizations working in the field of health sector. Strengthening healthcare facilities which are critical during emergencies by developing institutional capacity is one of the objectives of this project.

### **3. Rationale**

National Disaster Management Guidelines for Hospital Safety published by NDMA in the year 2016 provides guidance for the formulation of disaster management plans for hospitals at all levels, based on which, the Department of Health, Government of Kerala also prepared the

guideline in the state. Department of Health is the first department in the state to have a departmental disaster management plan. Under the Gol – UNDP project, KSDMA commissioned a Training Needs Assessment (TNA) on Health Sector in the State, and the report which includes the finding and recommendations was handed over to the Health department which is available on this link. <http://sdma.kerala.gov.in/wp-content/uploads/2018/11/TNA-Medical-Sector-2014.pdf>. Each recommendation is crucial to be implemented to ensure a safer and resilient health system in the state

#### **4. Objectives of the Consultation**

1. To set up and strengthen the institutional mechanism for Hospital Safety and disaster management in hospitals
2. To finalise the deliverables and scope of work of the project proposed by NCRMP
3. To orient the key officials of the departments on the process of formulation and implementation of plan

#### **5. Deliverables of the project proposed by NCRMP**

##### **5.1.1. Preparation and Implementation of Hospital Disaster Management Plan**

As mandated by the **DM Act 2005**, every hospital is required to have an emergency plan in place and in this regard NCRMP has put forward a proposal in close consultation with KSDMA to prepare and implement hospital disaster management plan in the major hospitals of the State. As an output of the project, the selected Hospitals will have a Disaster Management Committee, Disaster Management Plan, mock drills as per Standardised Mock Drill calendar, Capacity building programmes for medical & non-medical staff, ATLS and BLS training etc. The above committee shall be equipped to do Hazard and Vulnerability analysis of their facility and prepare a comprehensive disaster management plan for emergencies within the hospital and outside.

##### **5.2. Advance Trauma Life Support (ATLS) & Basic Life Support (BLS) Training for Healthcare professionals**

ATLS and BLS training will be given to the selected healthcare professionals from each districts. They will be able to give assistance to the patients at the time of emergencies. 50 Paramedical staff will trained for ATLS and 50 ASHA workers from community level will trained for BLS.

### 5.3. Mass Casualty Management

A mass casualty management system will be developed as per the guidelines of World Health Organization (WHO). It helps in the management of victims of a mass casualty event, aimed at minimizing loss of life and disabilities. The objective of this system is to accelerate and amplify daily procedures in order to maximise the use of the existing resources as well as to establish a coordinated multi-sectoral rescue chain and promptly and efficiently bring disrupted emergency and health care services back to routine operation

### 5.4. Standardised Mock Drill Calendar

A standardised Mock Drill Calendar will be developed for the major hospitals selected for the project with an objective to ascertain the preparedness of health administration to tackle an emergency situation in ensuring the safety and to sensitise the beneficiaries on the precautionary measures to be followed. The Mock Drill calendar is applicable for Community Health Centres, Primary Health Centres, and Medical Colleges etc.

## 6. **Expected participating departments & organizations**

- Directorate of Health Services
- AYUSH
- Directorate of Medical Education
- Representative of DMO / District Level Virtual Cadre officer of KSDMA
- Kerala State Institute of Health And Family Welfare
- Indian Medical Association
- National Health Mission
- Representative of Kerala Nursing Council
- Representatives of KSDMA / DDMA
- UN Agencies (UNICEF, UNDP, WHO)
- Representative of NCRMP
- Indian Institute of Emergency Medical Services (IIEMS)
- Active Network Group of Emergency Life Savers (ANGELS)
- Sphere India
- Geo Hazards International
- Pallium India

## State Level Consultation on Hospital Safety and Disaster Management

### Schedule

Time	Session	Resource Person
11:00 – 11:45	Welcome and Introduction	Dr. Sekhar L Kuriakose Member Secretary, Kerala State Disaster Management Authority
	Presidential Address	Dr. Venu V IAS Principal Secretary Revenue & Disaster Management Government of Kerala
	Inaugural Address	Dr. D N Sharma Hon. Member National Disaster Management Authority
	Vote of Thanks	Mr. Cyriac K J State Level Community Mobiliser, NCRMP
<b>Technical Session - Chair: Dr. D.N Sharma, Member NDMA</b>		
11:45 – 12:15	National and International Perspectives on Hospital Safety	Mr. Hari Kumar Regional Coordinator (S Asia) Geo Hazards International
12:15 – 01:15	Introduction to the project	KSDMA & NCRMP
01:15 - 02:00	Lunch	KSDMA & NCRMP
<b>Technical Session - Chair: Director, Health Services</b>		
2:00 – 3:00	Write shop	Specific opinions and suggestions of the participants are to be noted down on a prescribed format
3:00 – 4:00	Discussions	Round table discussions about 4 project sub-themes and formulation of theme wise action points
4:00 – 4:15	Tea/Coffee	
4:15 – 5:00	Summarising the write shop and discussion documents	KSDMA & NCRMP