Disaster Management Plan
Kollam District Hospital
December, 2019

Submitted and facilitated by GeoHazards Society in technical support from Kerala State Disaster Management Authority and UNDP.

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I. Background

The A.A RAHIM MEMORIAL DISTRICT HOSPITAL KOLLAM, which is one of the few major hospitals in KOLLAM of Kerala, not only caters the needs of the communities in the city, but also serves health services to the communities spread across Kerala state. It is the most important health facility in [city] and therefore it is of utmost importance that the hospital to be prepared to respond to any emergency or disastrous event. The recent flooding in Kerala has affected as close to 332 health facilities, 61 Ayurveda institutions and 59 homeopathic centres as per Post Disaster Need Assessment (PDNA) report developed by UNDP.

The Hospital Safety Guideline developed by National Disaster Management Authority mandates the Hospital Disaster Management Plan (HDMP) *"optimally prepare the staff, institutional resources and Astructures of the hospital for effective performance in different disaster situations"*. It further states that "*each hospital shall have its own Hospital Disaster Management Committee (HDMC) responsible for developing a Hospital Disaster Management Plan*". Members of this committee shall be trained to institute and implement the Hospital Incident Response System (HIRS) – for both internal and external disasters. The A.A RAHIM MEMORIAL DISTRICT HOSPITAL KOLLAM, which is prone to many hazards such as earthquake, landslide, flood and fire etc. has considered to develop a Disaster Management Plan. This plan has been prepared to help the hospital manage various types of events, from simple and limited emergencies to major incidents such as earthquakes. The plan has several levels of activation depending on the type of emergency situation.

II. Objectives

1. To ensure preparedness of the respond and recover A.A RAHIM MEMORIAL DISTRICT HOSPITAL KOLLAM from internal and external emergencies;
2. To ensure continuity of essential activities, critical services and safety of its hospital staff, patients, visitors, and the community;
3. To coordinate and organize response to various incidents including protection of the facility and hospital services.

III. Hazards

1. Floods
2. Earth Quakes
3. Tsunami
4. Drowning
5. Fire
6. Chemical Hazards (Kmmlchavara)
7. Accidents (Rta,Train,Boat)
8. Building Collapse
9. Epidemics
10. Cyclone
11. Hooch Accidents
12. Land Slides

IV. Overview of the hospital

A Rahim Memorial District hospital Kollam, established in 20/12/1957, under the ownership of government of Kerala, secondary level care institution which has earned the appreciation of lakhs and lakhs of people by providing affordable healthcare with specialized doctors and nursing staff.

District hospital Kollam has sanctioned bed strength of 537. During 2009 it was observed that there was 12 OPD's, average monthly Op census of 28500 to 30,000 and monthly average of casualty census of 5000 - 5,500. During 2019 we have 21 outpatient departments having daily OP of 2000 to 3000 and IP of 85 and daily Casualty of 600 to 800. The main highlight of this hospital is the district Limb Fitting Centre (DLFC) , palliative training centre, 24 hrs mortuary with freezer facility, Cath lab and Chemotherapy unit.

District hospital Kollam has state of the art emergency department to treat urgent health problem from fire and trauma care victim to sudden illness. These departments operate 24 hrs.a day and are staffed and equipped to deal with all emergencies. Patients are assessed and seen in order of need.

There are over 21 outpatient departments that cross over when visiting district hospital. They are General Medicine, General Surgery, Ortho, ENT, Ophthalmology, Psychiatry, Dermatology, Physical Medicine & Rehabilitation, Geriatrics, NCD Clinic, ART Clinic, Pulmonology Clinic, Transgender Clinic, Filaria Clinic, IDRV Clinic, STD Clinic, Chemotherapy, Dialysis, Blood Bank. These may then be backed up by more super speciality units such as Neurology, Cardiology and Urology. Along, with these specialty we have well equipped operation theatre with sophisticated instruments & Critical Care Units namely Medical ICU, Surgical ICU& Intensive Coronary Care Unit (ICCU), is manned by specialist doctors & nurses. Each department tends to be overseen by consultant in that specialty with a team of junior medical staff under them who are also interested in that speciality. Hospital consist of departments ,which they called as In patient wards namely Male & Female Medical Wards, Surgical post operative wards separately for males & females, special unit for geriatric patients & 3 pay wards.

Common supportive services includes& 24hrs services include Laboratory , Modular Pharmacy and Store, X-ray, ECG, CT scan & in addition to these services Angiogram, MRI scans, USG, Bronchoscopy, Colposcopy, BERA, Echo, TMT, Holter monitoring, sleep study, audiogram, urodynamic study, PFT are also there in a regular basis. In addition to these services we are offering counselling for gender based domestic violence (Bhoomika) and speech therapy for children between the age group of 3yrs-8yrs. Trained dietician provides specialist advice on diet for hospital wards & outpatient clinics, for part of a multidisciplinary team. This hospital is a platform for conducting Disability Board, Motor Accident Claim Tribunal Board & also various national health programs like NPCCD, NMHP, NPCDCS, NPHCE, NVBDCP, NBCP, NLEP etc. are conducting in our hospital.

On the non medical side, we have Administrative Department, Department of Public Relations, Medical Record Department. General services include services provided by departments such as CSSD, housekeeping ,security, health & safety, electrical, laundry, breast feeding room & the management of facilities such as parking,

CCTV, incinerator, dress bank, KIOSK, POLICE AID POST, eye bank, enquiry, public addressing system, and hospital management committee etc.

Table 1 – Current Human Resources at DISTRICT HOSPITAL KOLLAM

Sl. No.	Existing Human Resource Capacity	Number
1	Departments	21
3	Doctors	62 [6 vacant]
4	Administrative Staff	16
5	Para Medical Staff	31[vacant-1]
6	Nursing Staff	149[51]
7	Supporting Staff	178[vacant-18]
8	Others	25[vacant-7]
9	Daily wages	166

Critical departments –

Sl. No.	Critical departments	Remarks
1	ED	Interior design not satisfactory
3	ICUs	4th floor, no ramp, generator in the ground floor
4	OTs	No ramp , congested waiting area , no emergency OT, No centralised oxygen.
5	POWER LAUNDRY	Onenarrow entrance only.
6	DIALYSIS	Building not satisfactory, UPS not functional in the ground floor
7	Radiology	Emergency radiology not functional
8	CATH LAB	No ramp, generator not installed
	Blood bank	Generator in the ground floor.

V. Types of emergency

The District Hospital Kollam may be affected by various level of emergencies. It may have external, internal or combination of external and internal such as earthquake that can affect the functionality of the hospital. The plan will help hospital staff respond in a proactive manner to various hazards be it internal or external. This will also enable the District Hospital Kollam to minimise injuries and casualties in case of any unforeseen incident or accident.

a. Level I

Level-I incidents can be managed by the Emergency Department(ED) with the existing staffs and resources. With its staff on duty and resources, the emergency department can handle a maximum 5 critically injured cases at any given time with minimal disruption to normal services. There may be need for partial activation of Incident Response System (IRS) and activation of some departments. Level I emergency decisions will be made by the IRS based on report from the ED.

b. Level II

Level-II incidents would mean large mass casualty incidents requiring the activation of the IRS and the hospital Emergency Operation Centre (EoC). The decision to declare a Level II emergency will be made by the Incident Commander based on report from the incident site / field.

c. Level III

Level-III incidents would be in cases where the hospital itself is affected by a localized event and there is a need to evacuate staff, patients and visitors and resources may need to be mobilized from outside the facility. EoC will need activation and decision to declare a Level III emergency will be made by the Incident Commander based on report from the incident site / field.

d. Level IV

Level IV incidents would be in cases where the hospital as well as the city is affected by a disastrous event such as an earthquake. The hospital may have to evacuate staff, patients and visitors as necessary, activate IRS and prepare for mass casualty. EoC will need activation and decision to declare a Level IV emergency will be made by the Incident Commander based on report from the incident site / field.

VI. Hospital Disaster Management System

1. Hospital Disaster Management Committee (HDMC)

The DH Kollam Hospital Disaster Management Committee (HDMC) shall consist of the following members:

Table 2 – Suggested HDMC Members:

Sr	**Name of the Departments / Designation**	**Name of the committee members**
1.	Medical Superintendent	DR. D. VASANTHADAS
2.	DPTY Medical supdt	Dr. AJITHA .V
3.	RMO	Dr. ANUROOP
4.	LS	Mr.SHAJI
5.	HoD, Ophthalmology	Dr. SUPRABHA
6.	HoD, Neurology	Dr. KRISHNAPRIYA
7.	HoD, ENT	Dr. GIREESHAN
8.	Department of Cardiac Anaesthesia	Dr. BABITHA
9.	Department of Blood Bank	Dr. LALU SUNDER
10.	Department of Anaesthesia	Dr. BEJOY
11.	Department of Microbiology	Dr. SAM MATHEW
12.	Department of Forensic Medicine	Dr. PREM
13.	Head of Cardiology	Dr. SYAM

14.	Deptt of Dermatology	Dr. BINDHU
15.	Deptt of Casualty	Dr. HAREESH MANI
16.	Deptt of Medicine	Dr. BIJI S ANAND
17.	Deptt of Pulmonary	Dr. REYAS BASHEER
18.	Nursing Officer in Charge	Mrs. GEETHA
19.	Deptt of Orthopaedics	Dr. SAHIL
20.	Deptt of Surgery	Dr. JOSEPH GOMEZ
21	PRO	Mr. HARIKRISHNAN
22	Store Keeper in Charge	Mr. AJOY
23	Electrician	Mr. UDHAYA KUMAR
24	Plumber	Mr. SURESH
25	JHI	Mr. PRADEEP
26	Security officer in Charge	Mr. PRASAD
27	Head Warden	Mr. JOHN
28	HIC	Mrs. GEETHA KUMARI, Mrs. SUSAN
29	Dept Of Radiology	Dr. ATHMANDAN
30	Radiographer	Mr. SUNIL MATHEW
31	LAB IN CHARGE	Mrs. LEENA
32	Staff secretary	Mrs. SHAJI RAJAN
33	Quality MO	Dr.SANTHOSH
34	Nursing Supdt	Mrs.AJITHA
35	Nursing Supdt	Mrs.SAJITHA

The HDMC shall be responsible for:

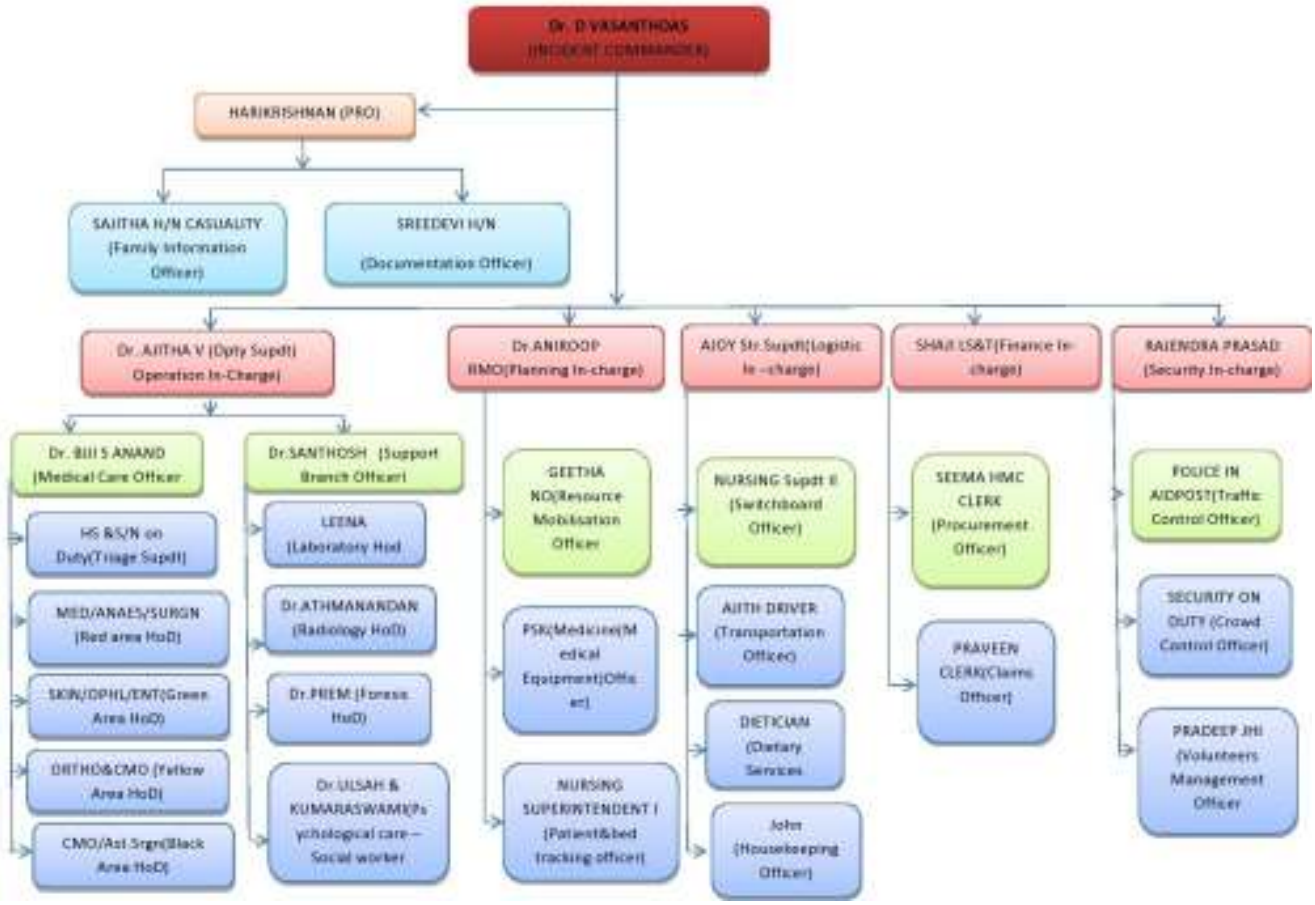
- Drafting and endorsement of the hospital disaster management plan;
- Operationalization, review and updating the plan;
- Conducting regular drills, at least two tabletop exercises and one drill on an annual basis;
- Ensuring all staff are sensitized on the plan through dissemination meetings;
- Ensuring all new staff have disaster management training;
- Ensuring all the Head of Departments (HoDs) and In-Charges of Wards/ Departments develop job-cards (detailing actions during emergencies) for every staff member as per the roles and responsibilities.
- Ensuring supplies required for emergency response are stored and ready to use as per sample stock inventory for disaster stores**.**
- Liaison with health department, State Disaster Management Authority, armed forces, and other hospitals/ health facilities to ensure operationalization of the plan;
- Take decisions to systematically reduce risk (structural and non-structural mitigation and preparedness actions) components of the hospital to achieve maximum functionality during disasters/ emergencies.

2. Hospital Incident Response System

The Hospital Incident Response System (HIRS) consists of the following structure. The overall responsibility for the management of the incident/emergency/disaster rests on the Incident Commander, including the management of all personnel involved. Each box in the table will be allocated with two successors in case the designated person is unavailable at site during an emergency. HIRS is flexible and the Incident Commander shall only activate the required positions, or functions. Under the HIRS, one person could hold more than one position or work of one position could be allocated to different people.

Illustration 1 – Suggested IRS for DH Kollam

Table 3 – Designated IRS Positions for A A RAHIM MEMORIAL DISTRICT HOSPITAL KOLLAM



Sr. No	HIRS role	Position	Name	Mob No
	Incident Commander	MEDICAL SPDT	Dr. D.VASANTHADAS	9947446066

	Deputy Incident Commander	DPTY MEDICAL SPDT	Dr. AJITHA. V	9495216930
	Public Relation Officer (PRO)	PRO	Mr. HARIKRISHNAN	9746020701
	Documentation Officer	HEAD NURSE	**Mrs. SREEDEVI**	**9846873969**
	Family Information Officer	**HEAD NURSE**	**Mrs. SAJITHA**	**9895022753**
2. Operations Section				
	Operation In-charge	RMO	Dr. ANUROOP	7358645451
		STORE SPDT	Mr. AJOY	9447362845
		NURSING OFFICER	Mrs. GEETHA	9447557199
2.1.1. Medical Care Branch				
	Medical Care Officer	PHYSICIAN	Dr. BIJI S ANAND	9447211122
		SURGEON	Dr.JOSEPH GOMEZ	9447340346
		ANAESTHETIST	Dr.BABITHA	9895486213
	Red Area	PHYSICIAN	ON DUTY	
		SURGEON	ON DUTY	
		ANAESTHETIST	ON DUTY	
	Yellow Area	ORTHO	ON DUTY	
		PHYSICIAN	ON DUTY	
		CMO	ON DUTY	
	Green Area	ENT	ON DUTY	
		SKIN/OPHTHAL	ON DUTY	
		ASST.SURGEON		
	Black Area	FORENSIC	Dr.PREM	9846599964
		CMO		
		ASST.SURGEON		
Support Service Branch				
	Support Branch Officer	LAY SECRETARY	MR. SHAJI	9447904998
		STORE SUPT	MR. AJOY	9447362845
		ART MO	Dr.SANTHOSH	9447362744
	Lab	LAB IN CHARGE	MRS. LEENA	8078168702
			MRS. PADMALETHA	9447890318
	Radiology	RADIOLOGY IN CHARGE	DR. ATHMANANDAN	8301838683
		RADIOGRAPHER	Mr.SUNIL MATHEW	9446909061
			Mrs.SHEELA	9446591903
	Forensic	FORENSIC SURGEON	Dr. PREM	9846599964

	Psychosocial Care-Social Worker	PSYCHIATRIST	Dr. ULSAH	9447452047
		PSYCHOLOGIST	Mr. KUMARA SWAMI	9496176461
		COUNCILOR	Mrs. VEENA	8589065551
3	**Logistic Section**			
	Logistic In-charge	STORE SUPDT	Mr. AJOY	9447362845
		NURSING SPDT	Mrs. GEETHA	9447557199
	Switchboard officer			
	Dietary Services	DIETICIAN	Mrs. ARYA	9961315252
	Housekeeping Services	HEAD WARDEN	Mr. JOHN	8921194854
	Transportation	DRIVER	Mr. AJITH KUMAR	9496101797
		DRIVER	ON DUTY	
4	**Finance Section**			
	Finance In-charge	LS	Mr. SHAJI	9447904998
	Procurement Officer	CLERKS	Mrs. SEEMA, Mrs. SILPA	8921611297
	Claim Officer	CLERK	Mr. PRAVEEN	8547739533
5	**Planning Section**			
	Planning In-charge	MEDICAL SPDT	Dr.D.VASANTHADAS	
		DEPUTY SPDT	Dr. AJITHA.V	
		RMO/ LS	Dr. ANUROOP, Mr. SHAJI	
	Medicine and Medical Equipment	RMO	Dr. ANUROOP	
		STORE SPDT	Mr. AJOY	
	Patient and bed capacity officer	RMO	Dr. ANUROOP	
		Nursing SPDT	Mrs. GEETHA	
		Nursing SPDT	Mrs. AJITHA	9487131679
6	**Security Section**			
	Security In-charge		Mr.PRASAD	**9947133362**
	Traffic Control Officer	POLICE IN AID POST	**ON DUTY**	
		SECURITY	**ON DUTY**	
	Crowd Control Officer	POLICE	**ON DUTY**	
		SECURITY	**ON DUTY**	
	Volunteer management Officer	JHI	Mr. PRADEEP	9747007676

The other staff members who are not part of the ICS system of the hospital will be responsible and working together with their concerned departments to help manage disaster emergency.

3. Hospital Emergency Operation Centre (HEOC)

The HEOC will be established in Administrative office Supdt room. In the long term an external, independent HEOC may be planned. Another medium-term option would be to install a porta-cabin near the hospital entrance area to serve as the HEOC, when needed.

The HEOC shall have the following facilities and amenities:

- Manual for the HEOC (this should be in summarized format and shared with all staff members for quick reference).
- Communication sets –telephones, fixed lines, telephone set, phones, mobiles and wireless communication sets.
- Maps – City and Hospital
- Television
- Computers with internet and printers
- Photocopy machines
- Contact numbers of key persons, both internal and external should be kept in the HEOC.
- Provision for male/female toilet and rest room with adequate facilities
- White board with marker pens
- Back-up generator
- Pantry items
- Seating area for at least six members
- Identify alternate HEOC in case primary HEOC is not affected.

VI. Standard Operating Procedures for emergency management

1. Activating the Emergency Management Plan

Emergencies can be:

1) **Internal** - Fire/ smoke or hazardous materials release within hospital building; Explosion; Violent patients/ armed visitors; Police actions; Other internal and disturbing events such as water failure/contamination, electrical failure, HVAC failure, medical gas failure, steam failure, etc.

2) **External** – Natural hazards (mainly fire, earthquake and windstorms); transport accidents involving mass casualties; epidemics; or other incidents leading to mass casualty.

3) **Combination** - A combination of the above as in a major earthquake where the hospital is affected as well.

Dr.VASANTHADAS shall be the Incident Commander for all other levels.

Level I

- On receipt of information, HoD, Emergency Department (ED) activates emergency department procedures and be prepared to receive casualties.

Level II

- On receipt of information, IC informs all the section chiefs and activates the emergency operation centre.
- On receipt of information, IC directs HoD, ED to activate the emergency department to receive casualties.
- ED, HoD activates ED procedures, including staff call back and triage procedures.
- IC activates positions in the IRS as required.
- ED, HoD and activated section chiefs report back on actions taken to the IC
- IC briefs to all section chiefs including HoDs.

Level III

- On receipt of information, IC informs all the section chiefs and activates the emergency operation centre.
- Evacuation orders are given, as required.
- All staff and in-patients are evacuated using identified evacuation routes to designated evacuation area.
- Emergency procedures such as - Staff call back; patient reception and triage (if required); internal and external communication; patient evacuation to other hospitals are activated as required.
- Emergency meeting is held in a prepared location.
- IC along with section chiefs and other relevant IRS positions quickly draw up and agree on an Incident Action Plan (IAP).
- All sections and individuals fulfil their responsibilities under their section chiefs.
- Chiefs of the activated sections report to the IC regularly on actions taken.

Level IV

- On receipt of information, IC informs all the section chiefs and activates the emergency operation centre.
- Evacuation orders are given, as required.
- All staff and in-patients are evacuated using identified evacuation routes to designated evacuation area.
- Emergency procedures such as - Staff call back; patient reception and triage; internal and external communication; patient evacuation to other hospitals are activated as required.
- Emergency meeting is held in the HEOC if centre is usable, if not the meeting is held in a prepared location.
- IC along with section chiefs and other relevant IRS positions quickly draw up and agree on an Incident Action Plan (IAP). Medical camps, along with other operational areas are set up in pre-identified locations.
- All sections and individuals fulfil their responsibilities under their section chiefs.
- Chiefs of the activated sections report to the IC regularly on actions taken.

2. Evacuation Procedures

[List out/ demarcate evacuation sites]

Illustration 2 – Map of evacuation sites (ES)

EVACUATION SITE 1

ES2:EVACUATION SITE 2

ES3 – EVACUATION SITE 3

Standard Ward Evacuation Procedure:

Standard ward evacuation procedure given below and additional steps and advice given under Procedure for Natural Hazards in Section VII in this plan document can be used as a reference to develop individual procedures.

- Upon receiving information of an emergency in the ward, the Nurse In-Charge assesses situation and decides to evacuate or not. Nurse In-charge may also order evacuation on receipt of evacuation instructions.
- In case of a fire incident in the ward, the Nurse In-charge shall dial a Code Red / inform IR who spreads out information to others using telephone.
- In-charge takes stock of available staff, including support staff available for re-assignment.
- Hospital should develop emergency codes to alert staff members of the hospital.
- In-charge/designated staff member contacts other unaffected wards for patient evacuation support and initiates staff call back, if required.
- Staff takes stock of number of patients and makes preparations for evacuation;
- Patients are segregated as follows:
    - Patients who can walk on their own are accompanied out in groups through evacuation routes to the evacuation site.
    - Infants should be carried by the parents.
    - Wheel chair dependent patients are accompanied out by nursing assistants or ward boys through evacuation routes to the evacuation site.
    - Bed-bound patients.
- For bed-bound patients, Nurse In-charge with required staff should first attempt horizontal evacuation to identified refuge areas and only if there is threat to life, a vertical evacuation will be attempted.
- ICU patients should ideally be accompanied by a doctor.
- Staff ensures all utilities are turned off before evacuating.
- Designated staff accounts for all patients and staff at the evacuation site.
- Nurse In-charge reports back to IC on actions taken.
- HoDs and In-charges should dissemination their ward or department evacuation procedures to all concerned staff.
- Each ward (units and offices) should display their evacuation routes and sites.
- Procedures must be tested through simulation exercise or ward/departmental drills, at least twice a year and the procedures updated on a regular basis.

3. Mass Casualty Management Procedures

3. a. Surge Capacity Procedures

Surge capacity is the ability of a health service to expand beyond normal capacity to meet increased demand for clinical care. Surge capacity requires both increase in human resources and increase in bed capacity.

I. Increase in human resources:

Under the direction of the Incident Commander depending on the level of emergency, the Operations Chief, will assess and direct all section chiefs to call back staff as required. Department Heads/ In-charges may also initiate staff call back in an emergency situation.

All Department Heads and In-charges shall ensure that staff shift system (roster) is in place before hand and that they make the roster available to the Telephone operator on a weekly basis.

During emergencies, the HoDs or In-charges shall:

- Call the Telephone operator to initiate staff call back and inform the reporting area. The operator shall call back (or use other means of communication installed in advance such as mobile SMS or WhatsApp groups staff based on the shift system.
    - Staff designated for the immediate next shift shall report immediately.
    - The following shift should come in after 6 hours of the emergency
- Brief and assign tasks to reporting staff.
- Review and update staff roster as per the emergency requirements.
- Ensure staffs have adequate amenities and the required rest.

To support staff, HR should have pre-agreements with staff from nearby hospitals Victoria Hospital,School of nursing(also senior students), and other hospitals such as SIMS,ESIH,BENZIGAR HOSPITAL,UPASANA HOSPITAL to assist in case hospital is overwhelmed. Local volunteers and ex-employees should also be mobilized, and rosters (with required contact information) maintained in advance, to augment staff capacity. All external human resources coming in should be trained and made aware of the IRS, communication and other procedures and their roles and responsibilities in advance. They should be provided with an arm band or cap for identification during emergencies.

II. Increasing in-patient bed capacity (Surge Capacity)

Bed capacity may be increased through the following options:

1. Option 1

Discharging non-critical patients using 'reverse triage' by identifying hospitalized patients who do not require major medical assistance. These patients could also be transferred out to other nearby hospitals such as SIMS,ESIH,BENZIGAR HOSPITAL,UPASANA HOSPITAL, etc. or allowed to go home.

2. Option 2

DH KOLLAM can extend the current bed capacity in the existing wards and other areas in the hospital, as estimated below:

Area	Wards	Current Bed Strength	Max extendable bed capacity	Max bed capacity after addition	Current nursing staff strength	Additional required to manage max in-patient bed capacity
Surgical Special Ward	Special Ward Rooms	NA				
	Thalassemia Room	NA				

Super Surgical Speciality Ward	CTVS	NA				
	Neuro Surgery	NA				
	Plastic Surgery	NA				
	Uro Surgery					
	Paediatric Surgery	NA				
Children Ward		NA				
Paediatric ENT Ward						
CTVS (ICU)						
Cardiology Wards	Female Cardiology Wards	19	2	21	Staff nurse[S/N]-14 Nurs. Assistant[N/A]-4 HA Grade1-1 HA Grade 2-7	S/N-14 N/A-5 Grade1-3 Grade2-7
	Male Cardiology Wards	19	2	21		
	New CCU	10		10	S/N-11 N/A-nil Grade1-1 Grade2-4	S/N-12 N/A-2 Grade1-2 Grade2-4
	Post Cath CCU	9	3	12		
Casualty OPD						
Trauma Wards					S/N-12 N/A-4 Grade1-5 Grade2-7	S/N-15 N/A-6 Grade1-8 Grade2-10
Casualty Wards		20	8	28		
HDU						
Surgical Wards	Male Surgical unit I	63	5	68	S/N-4 N/A-3 Grade1-1 Grade2-4	S/N-6 N/A-4 Grade1-2 Grade2-5
	Female Surgical unit II	34	2	36	S/N-4 N/A-3 Grade1-1, Grade2-4	S/N-4 N/A-4 Grade1-2 Grade2-4
Surgical Isolation Ward						
Paywards	JanathaPayward	18	8	26	S/N-5 N/A-4 Grade1-nil Grade2-2	S/N-5 N/A-4 Grade1-2 Grade2-4

	KHRWS	24	-	24	S/N-4 N/A-4 Grade1-nil Grade2-2	S/N-4 N/A-4 Grade1-nil Grade2-2
	Rotary Payward	12	6	18	S/N-4 N/A-4 Grade1-1 Grade2-4	S/N-4 N/A-4 Grade1-1 Grade2-4
BURNS UNIT	Male and Female Burns Unit	17		17	S/N-2 N/A-3 Grade1-1 Grade2-1	S/N-2 N/A-3 Grade1-1 Grade2-1
Surgical Unit III Male and Female	Male Surgery Postoperative [MSP]	33	4	37	S/N-4 N/A-4 Grade1-nil Grade2-4	S/N-4 N/A-4 Grade1-2 Grade2-4
	Female Surgery Postoperative [FSP]	25	4	29	S/N-3 N/A-3 Grade1-1 Grade2-3	S/N-4 N/A-4 Grade1-1 Grade2-4
Operation Theatre Recovery Beds	Surgical Recovery	10	-	10	S/N-8 N/A-5 Grade1-1 Grade2-4	S/N-8 N/A-5 Grade1-1 Grade2-4
	CTVS Recovery					
	GICU					
	Ortho Recovery					
Medical Special Ward	Special Ward Rooms					
	Doctor's Sick Rooms					No sick room
	Students Doctor Sick Rooms					
Wards	Nurse Sick Room	2	-	2		Along with ENT ward
	Female Employee Sick Room	2	1	3		Along with ENT ward

Renal Unit		20	2	22	S/N-6 N/A-1 Grade1-nil Grade2-4	S/N-7 N/A-2 Grade1-1 Grade2-5
Male Ortho Ward						
Female and Male Eye and ENT Wards	Female Eye Ward	23	-	48	S/N-3 N/A-3 Grade1-1 Grade2-4	S/N-5 N/A-3 Grade1-2 Grade2-4
	Female ENT Ward	22	3			
Male Eye and ENT Wards	Eye Ward					
	ENT Ward					
Medical CCU		12	-	12	S/N-4 N/A-2 Grade1-2 Grade2-1	S/N-4 N/A-2 Grade1-2 Grade2-1
Medical Ward	Male Medical	63	5	68	S/N-4 N/A-4 Grade1-nil Grade2-5	S/N-6 N/A-4 Grade1-2 Grade2-6
Medical Ward I & IV	Medical Annexe	38	-	38	S/N-4 N/A-3 Grade1-1 Grade2-4	S/N-4 N/A-3 Grade1-1 Grade2-4
	Male Medical Unit IV					
Female Medical Ward I, II & III	FMU I	40	5	45	S/N-4 N/A-2 Grade1-2 Grade2-4	S/N-6 N/A-4 Grade1-2 Grade2-5
	FMU II					
	FMU III					
	Extra Beds					
Female Medical Unit IV	FM Unit IV					
	Swine Flu Ward					
Pulmonary Medicine Ward						
Skin Ward						
Psy Ward- Male		10	2	12	S/N-3 N/A-1 Grade1-nil Grade2-1	S/N-4 N/A-2 Grade1-1 Grade2-2
Psy ward- Female Along with Burns Ward		7		7	S/N-2 N/A-3 Grade1-1 Grade2-1	S/N-2 N/A-3 Grade1-1 Grade2-1

Radio Therapy Ward	Chemotherapy wards Radiotherapy Ward	18	4	22	S/N-6 N/A-nil Grade1-1 Grade2-4	S/N-6 N/A-2 Grade1-2 Grade2-5
INA		6	1	7	S/N-2 N/A-3 Grade1-nil Grade2-1	S/N-2 N/A-3 Grade1-nil Grade2-1

3. Option 3:

The hospital can extend the current bed capacity in the existing wards and other areas in the hospital such as emergency wards in nursing, labs, auditorium, seminar hall/rooms and conference hall etc.

3.b. Patient Reception, Triage and Treatment Procedures (When building is safe):

- Patients will be unloaded from ambulances (or guided to the area by security personnel in case of patients walking in or brought in by private vehicles) and taken into the patient reception area in front of casualty.
- Triage nurses (posted according to the anticipated number of patients) will carry out triage - 1) Red - for urgent cases/ Priority 1; 2) Yellow - for less urgent cases/ Priority 2; 3) Green - for minor injuries/ Priority 3; and 4) Black - for the dead.
- Triage nurses/ registration officers will systematically register and record patients. Existing Triage Registration forms should be used for collecting information.
- Triage nurses will direct patients to appropriate treatment areas according to triage category.

3.b.1. Triage and Admission

A triage area will be set up in front of casualty and the staff will be trained. The triage will be done on the following basis. There will be colour coded wrist band to the patients to be sent off to the concerned area.

Table 5 – Triage Colours and Priorities

Colour Tag	On Scene		Hospital Care	
	Priority for evacuation	**Medical needs**	**Priority**	**Conditions**
Red	1st	Immediate care	1st	Life-threatening
Yellow	2nd	Need care, injuries not life threatening	2nd	Urgent
Green	3rd	Minor injuries	3rd	Delayed

	Not a priority	Dead	Last	Dead

3.b.2. Patient Treatment Area Procedures

- **Patient Resuscitation area (Red Tag Area – inside casualty)**

- This area is for the Priority 1 or urgent cases requiring immediate medical attention, stabilization and transfer for surgery. The red tag area will be in or nearest to the Emergency and will be handled by the Emergency Department.
- The Emergency store will be near the Emergency and should have medical supplies at all times to cater up to 50 incoming patients at a time.
- The Emergency Department team takes over patients from Triage nurses
- Administer medical care to stabilize, admit to ward or transfer for surgery

- **Patient Observation Area (Yellow Tag Area – – inside casualty)**

- This area is for Priority 2 or less urgent patients and will be located near the Emergency department.
- The yellow tag area will be handled by the Orthopaedic department.
- The Ortho Department team takes over patients from triage nurses and administers medical care as required and stabilizes patients.
- In case patients require surgery, Ortho team will hand over to Red tag area
-

- **Minor Treatment Area (Green Tag Area – – inside casualty)**

- This area is earmarked for the "walking wounded" or patients with minor injuries (Priority 3).
- The green tag area will be handled well by the skin department as it will involve minor procedures. Skin department will be assisted by the Medical department.
- The triage nurses will direct the patients to the red tag area.
- The Skin Department team administers medical care, upgrades patient priority if required or sends patients back home.
-

- **Area for the dead bodies (Black Tag Area – – inside casualty)**

The mortuary should be used for keeping the dead bodies. This will ensure that the identification of the dead is smoother. The Forensic unit and support service In-charge will be responsible for the registration and release of body in coordination with the HP Police and as per established protocol and as per the job responsibilities in Annex A.

- **Area for the families**

- Security personnel shall direct the families to the designated waiting area.
- Public Relation Officer in coordination with Logistics Chief will ensure a family information site in the area.
- Safety and security officer/ personnel ensure waiting area is safe and families are not moving to critical and unsafe areas.

- **Area for VIPs and media**

Under the directives of the Incident Commander, the PRO will be responsible for ensuring VIPs and media receive update and accurate information, as required.

3.C. Patient Reception and Triage procedures (When hospital's buildings are not functional):-

Following areas have been earmarked as operational areas, in case the hospital building is not functional:

- Patient Reception area for registration and triage – in front of administrative block
- Patient resuscitation area (inside administrative block)
- Patient observation area (inside administrative block)
- Minor treatment area (inside administrative block)
- Area for the Dead (inside administrative block)
- Area for the family members – in front of administrative block
- Area for VIP/ Media– supdt room–
- Area for decontamination –left side of admin block

3.D. De-activation of Plan and Post-disaster de-briefing

- Incident Commander and section chiefs discuss and deactivate the emergency plan if convinced there would be no more casualties or feel that the situation is under control.
- Incident Commander holds post-disaster de-briefing with all the section chiefs and other staff involved to discuss any gaps, issues and challenges faced during implementation and update plan to deal with future emergencies.
- After Action Report (AAR) is written up and shared with all the staff. The Planning team should document the entire incident to support the AAR.

VII. Standard procedures for natural hazards in the hospital

1. Procedures for fire prevention and during fire outbreak

i). Fire Preparedness and Mitigation

- Instructions for fire prevention should be formulated and communicated to all hospital staff, especially preventing electrical and LPG related fires through proper and mindful use of related appliances.
- Hospital premises should be assessed for fire hazard and necessary preventive actions taken. The assessment will bring out the high fire hazard areas and the need to implement risk reduction actions.
- Evacuation areas and routes should be identified and marked.
- Entry and Exits in all the hospital buildings should be marked and open at all times.
- Corridors and exits should be clear of equipment and furniture so that they do not block evacuation routes or exits during emergency.
- Adequate fire extinguishers, fire hydrants and smoke/ heat detectors and fire sprinklers should be installed and proper maintenance of the equipment and machinery ensured. Monthly fire extinguisher maintenance checklist and record provided below may be used.
- Keep emergency contact number of Fire Brigade (101).
- All staff should be aware of procedures to follow in case of a fire alarm or receipt of information of a fire outbreak (including shutting down of medical gas, air conditioning and other systems).
- All telephone calls must be terminated immediately after a fire alarm is activated unless they deal specifically with the alarm, so as not to waste time and be alert for instructions.
- All staff must be trained to use fire equipment.

ii). Procedures during Fire Outbreak:

In case of detecting any fire, follow the RACE procedure:

R – Rescue (rescue anyone including yourself or anyone who is in immediate danger to the closest safe area)

A – Alarm (if you are the first person to hear it, communicate to others)

C – Confine (confine the fire to where it is by closing all doors (not locking) in and around the fire area, after ensuring no one is trapped)

1. In case fire is detected

a) If the fire is in the early stages:
   - Remain calm and activate hospital alarm system (break glass and sound alarm)
     - Fire safety unit is alerted and will respond
   - Trained staff should use nearest fire extinguisher to extinguish fire.
   - Initiate Code via phone
     - The receptionist / switchboard attendant calls the following
       - Medical Superintendent 9947446066 (or Administrative officer in case MS is unreachable 9495216930)
       - Fire Brigade (101)
       - Local fire station number 0474 275020
       - Staff call back, as required
   - Ready patients for horizontal evacuation.

b) If fire is well developed:
   - Remain calm and activate hospital alarm system (break glass and sound alarm)
     - Fire safety unit is alerted and will respond
   - Initiate Code Red via phone
     - The receptionist / switchboard attendant calls the following
       - Medical Superintendent 9947446066 (or Administrative officer in case MS is unreachable 9495216930
       - Fire Brigade (101)
       - Local fire station number 0474 275020
       - Staff call back, as required
   - Initiate evacuation procedures. In case fire safety officer arrives at the scene, follow his/her instructions.
   - While leaving - leave lighting on; turn off oxygen, gases and electrical appliances and contain the fire by closing the windows and doors of the room.
   - If possible, collect medical records, patient notes etc. and take to the evacuation area, however the priority is to evacuate as quickly as possible.
   - Do not use lifts.
   - If there is heavy smoke, crawl to the exit, so that poisonous smoke is not inhaled.
   - In case your clothes catch fire – Stop, Drop and Roll.
   - For ambulatory patients give blankets to cover their body and head and take along lifesaving equipment if convenient and accessible.
   - Return back to the evacuated area only when instructed by fire safety officer or senior staff.

QUARTERLY MONTHLY FIRE EXTINGUISHER CHECKLIST:

The following items shall be checked on all fire extinguishers at the facility and documented. If there is a fire extinguisher on site that does not pass the monthly inspection, notify the Fire safety unit immediately. All fire extinguishers are to be marked for ease of maintenance and testing.

Interior Extinguishers:

- Mounted in an easily accessible place, no debris or material stacked in front of it.
- Safety pin is in place and intact. Nothing else should be used in place of the pin.
- Label is clear and extinguisher type and instructions can be read easily.
- Handle is intact and not bent or broken.
- Pressure gauge is in the green and is not damaged or showing "recharge".
- Discharge hoses/nozzle is in good shape and not clogged, cracked, or broken.
- Extinguisher was turned upside down at least three times (shaken)

Exterior Extinguishers:

- Discharge Hose/nozzle is in good shape and not clogged, cracked, or broken
- It is mounted in an easily accessible area, with nothing stacked around it.
- Safety Pin is in place and not damaged.
- Pressure gauge is in the green and not damaged or showing "recharge".
- Label is readable and displays the type of extinguisher and the instructions for use.
- It is not rusty, or has any type of corrosion build up.
- Extinguisher was turned upside down at least three times. (Shake)
- The location of the extinguisher is easily identifiable. (Signs)

QUARTERLY FIRE EXTINGUISHER INSPECTION RECORD

(Record all deficiencies on the monthly plant inspection to be turned into the Fire Safety Unit, name of the hospital)

January	**April**	**July**	**October**
Total # of Extinguishers onsite: _____	Total # of Extinguishers onsite: _____	Total # of Extinguishers onsite: _____	Total # of Extinguishers onsite: __141_____
All have been inspected: YES NO	All have been inspected: YES NO	All have been inspected: YES NO	All have been inspected: YES
All passed inspection: YES NO # Did not pass:_____	All passed inspection: YES NO # Did not pass:_____	All passed inspection: YES NO # Did not pass:_____	All passed inspection: no # Did not pass:__39_____
Notified Fire Safety Unit: YES NO	Notified Fire Safety Unit: YES NO	Notified Fire Safety Unit:. YES NO	Notified Fire Safety Unit: YES

2. Procedure for earthquake preparedness and response

i. Earthquake mitigation and preparedness

- Conduct hazard and vulnerability assessment for earthquakes to identify structural and non-structural risks and measures for mitigation and preparedness.
- Fix and anchor equipment, furniture and fixtures on a prioritized basis to prevent and reduce risks from falling hazards.
- Clear all exits, doorways and corridors, especially the identified evacuation routes, to ensure smooth evacuation when required.
- Draw up evacuation procedure and identify evacuation routes and sites for each ward/ department and building.
- Put in place pre-agreements and arrangements for backup communication and emergency utilities such as water, gas, power, fuel etc.
- Ensure provisions for outdoor hospital, in case hospital buildings are damaged and non-functional.
- Store few necessary emergency items (such as emergency light, batteries, etc.) in each ward.
- Make staff aware of hospital's emergency preparedness plan, the key protective actions to take during an earthquake and procedures for evacuation.

ii. During Earthquake

- During shaking all staff, patients and attendants get under their beds or under sturdy furniture to take cover and hold on (Drop, cover and Hold). Patients or attendants should not start running out as this could lead to a stampede and injury from falling objects. Staff member will firmly instruct people to remain calm.

DROP
Drop where you are, onto your hands and knees. This position protects you from being knocked down and also allows you to stay low and crawl to shelter if nearby.

COVER your head and neck with one arm and hand
If a sturdy table or desk is nearby, crawl underneath it for shelter
If no shelter is nearby, crawl next to an interior wall (away from windows)
Stay on your knees; bend over to protect vital organs

HOLD ON until shaking stops
Under shelter: hold on to it with one hand; be ready to move with your shelter if it shifts.
No shelter: hold on to your head and neck with both arms and hands.

- Patients who are bed/wheelchair bound will be instructed to protect their head with a pillow or their hands.

- Staff checks if earthquake has caused any injuries to their patients or attendants in their ward and provides necessary first aid.
- Prevent panic among the patients and attendants.
- Staff on duty determines whether evacuation is necessary depending on the intensity of shaking.
- In case evacuation is necessary, put off the medical gas supply and any electrical appliances.
- One staff conducts rapid assessment of evacuation routes for safety before leading patients and attendants through the evacuation routes to the evacuation sites as per the earthquake evacuation procedure.

While evacuating:

  - Tell patients and attendants not to carry their personal belongings.
  - Use stretcher to evacuate patients suffering from serious medical conditions to the evacuation site.
  - Vertical evacuation may be necessary during an earthquake to an outside area and you must use the stairways and ramps that are safe for evacuation (stairways and ramps need to be checked for safety by a staff member before evacuating patients).Never use a lift after an earthquake.
  - Staff should ensure that the building thorough-fares are safe and open the doors to secure an exit.

- Keep away from buildings and fallen power lines in the evacuation site. Stay away from building elements, damaged trees and power lines.
- Once evacuation is complete, count number of patients and staff members and report to the Incident Commander on actions taken.
- Return back to the evacuated area only when instructed by IR or senior staff.

Annex A –Job Cards for various IRS designated positions

Incident Commander: The hospital Incident Commander (IC) is to direct all aspects of the hospital's participation in the disaster operation. The effectiveness of the operational hospital is his/her responsibility**.** IC must not be expected to carry out any logistic activities, patients care or any other activity, but must be free to respond and coordinate the overall emergency response.

Reporting to:

Reporting Area:

During normal times

- Ensure that all communication system are in working conditions.
- Monitor preparedness measures including simulation exercises are undertaken by various departments,
- Conduct two simulation exercises and one mock drills annually.
- Direct disaster focal person to update preparedness plan every six months.

During Drill/Emergencies

- Activate the hospital Incident Respond System and organize and direct Emergency Operation Centre (EOC).
- Call for initial action plan meeting of all section chiefs and initiate damage and needs assessments
- Authorize resources as needed or requested by section Chiefs.
- Represent Hospital in emergency meetings and response and recovery meetings at Ministry, City and national level
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Extended Actions

- Approve media releases submitted by the Information and liaison Officer
- Hold press conferences as required

- Direct formulation of after action report and share all staff
- Provide for staff rest period and relief

Information and Liaison Officer: The liaison officer is responsible for maintaining and disseminating incident's information and setting up a close liaison with the other external agencies.

Reporting to:

Reporting Area:

During normal times

- Set-up information Centre in HEOC (Hospital Emergency Operation Centre) to organize sharing of information with media and community.
- Maintain in-message and out-message register and other means of receiving and recording information

During Drill/Emergencies

- Collect and organize information for HEOC, Ministry, higher authorities and media and issue initial information report to the media on approval of IC.
- Prepare news releases and updates, including casualty status and ensure all the news releases have approval of the IC.
- Establish contact with external concerned agencies (e.g., other hospitals, governmental entities, response partners) to ascertain disaster status, plans, and appropriate contact and reporting procedures.
- Control and regulate media presence and facilitate VIP visits and ensure there is no disturbance to emergency medical operations.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Family Information Officer: The family information officer is responsible for dissemination of all the information, medical or otherwise, to the families/relatives of in-coming patients/disaster victims.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Establish information desk to provide requisite information to the families/relatives of the victims.
- Frequently display the list of casualties with their status at a prominent place in local language.
- Help Liaison/public information officer share information with media.
- Set up sites for the relatives and families of the victims in coordination with Liaison/public information officer and Security officer.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Documentation Officer: The documentation officer is responsible for collecting and organising information and preparing reports of the overall incident.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Document actions and decisions taken by section in-charges.
- Prepare and maintain records and reports as appropriate for internal as well as external uses.
- Help Liaison/public information officer disseminate required information.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Logistic In-charge: This section is responsible for organizing all actions associated with maintenance of the physical environment and adequate levels of food, shelter and supplies to support the ongoing operations.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Hold a meeting with all units head under the Logistics Section to support the action plan
- Requisition for and procure/hire materials, equipment, vehicles, as required and feasible through planning section
- Have close liaison and supervise all support services (switchboard, transportation, dietary and housekeeping)
- Observe all staff for signs of stress
- Report to IC about action taken
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Operation In-charge: This section is responsible for implementation and delivery of required medical services on the ground as per the action plan. The operation in-charge is responsible for all patient care activities and supervise support services (laboratory, radiology, forensic and psychosocial care).

Reporting to:

Reporting Area:

- Participate in initial plan meeting
- Activate the Emergency Department and other departments upon receipt of information from the IC.
- Hold a meeting with all HoDs under the Operations Section to support the action plan
- Implement operations and coordinate with logistics and planning sections as and when required.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Planning In-charge: The Planning In-charge is responsible for overseeing strategies and tracking and mobilizing resource and human resource requirements.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Coordinate with other section on their resource and manpower, and mobilize staffs if required.
- Increase the bed capacity of the hospital by creating emergency wards, discharging stable recovering patients and stopping admitting non-emergency patients.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Finance In-charge: This section is responsible for monitoring and allocation of emergency funds and facilitating emergency purchase when needed in the course of emergency.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Maintain all related documentation necessary for managing facility record keeping and reimbursement.
- Monitor the utilization of financial assets and the accounting for financial expenditures.
- Supervise the documentation of expenditures and cost reimbursement activities to documentation officer.
- Responsible for receiving, investigating and documenting all claims reported to the hospital during the

emergency incident, which are alleged to be the result of an accident or action on hospital property
- Responsible for providing cost analysis data for the declared emergency incident and maintenance of accurate records of incident cost.
- Responsible for administering accounts receivable and payable to contract and non-contract vendors.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Security In-charge: The security In-charge is overall responsible for activating and alerting all security staff and designate them in various areas of the hospital.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Establish Security Command Post
- Establish ambulance entry and exit route
- Secure the EOC, ED and hospital areas from unauthorized access
- Initiate contact with fire or police, through the information and liaison officer when necessary
- Provide vehicular and pedestrian traffic control
- Control entry/movement of crowd/public.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Support Branch Director/ Ancillary Service Section Chief: The officer is responsible for timely providing and managing essential medical as well as non-medical services to help maintain the optimal functionality of the hospital in wake of an emergency.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Organize and manage the services required to maintain the hospital's supplies and facilities.
- Ensure the provision of logistical, psychological, and medical support of hospital staff and their dependents.
- Provide for the optimal functioning of Ancillary Services in support of the facility's medical objectives in emergency situation.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Laboratory HoD:

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Ensure adequate collected screened blood (20% more than normal requirements)
- Keep adequate blood bags, reagents and other supplies
- Notify physicians about the availability of blood of different groups in stock.
- Contact potential living donors during emergency as required.
- Outbreak Investigation Response
- Utilize mobile blood bank van to meet the demand of blood
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Radiology HOD:

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Regularly inspect the machines for functionality,
- Keep portable X-ray/USG machine always ready,
- Team leader will coordinate with staff of all units (USG, X-ray, CT and MRI)
- X-Ray films, USG gel and solution will be kept in reserved basis(20% more than normal requirement)
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Forensic Officer: is responsible for ensuring system of identification and medico legal management of the body of deceased.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Provide a system or procedures for identifying, endorsing and handing over of the body of the deceased to authorized members of the family.
- Handle autopsies and other medico-legal cases for proper identification and for evidence collection and preservation and coordination with police as required.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Psycho Social Care officer: is responsible for keeping ready all medical supplies and necessary equipment.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Provide counseling and psychosocial care to those in need.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Medical Care Officer: is responsible for managing incoming patients, carrying out triage and sending off patients to correct treatment area.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Establish registration desk for incoming patients
- Carry out triage and tag color coded band according to the kind of treatment they may require
- Direct patients to the correct treatment areas (Red, Yellow, Green and Black)
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Red Area – HoD – This area will preferably be handled by an Emergency Department to treat the patients with urgent cases/ Priority 1.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Receive patients from the triage team and give the necessary treatment.
- Patient resuscitation team provides immediate medical attention to priority 1 cases.
- Call concerned specialist and transfer to OR/ICU/Ward as required
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Yellow Area – HoD - This area will preferably be handled by an Orthopaedic department to treat the patients with less urgent cases/ Priority 2.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Receive patients from the triage team and give the necessary treatment.
- Patient observation team will take care of priority 2 cases and provide them with medical care
- Refer to red area if required.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Green Area – HoD - This area will preferably be handled by a skin department to treat the patients with minor injuries/ Priority 3.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Receive patients from the triage team and give the necessary treatment.
- The minor treatment team will take care of the "walking wounded", provide them with medical care and send them home as soon as possible.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Black Area – HoD - This area will preferably be handled by a mortuary department for the dead.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Receive patients from the triage team and give the necessary treatment.
- Maintain master list of deceased patients with time of arrival
- Assure that all personnel belongings are kept with deceased patients and are secured;
- Assure that all deceased patients in Morgue Area are covered, tagged and identified when possible;
- Ensure the safety and Security for any morgue security needs;
- Report any concerns to the Operation Officer.
- Unclaimed bodies will be retained in the morgue and announcement made over public media or public address system
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Resource Mobilisation Officer:

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Ensure that in-charges of different sections are in the different areas of the hospital.
- Maintain information on the status, location, and availability of personnel, teams, facilities and supplies.
- Maintain a master list of all resources assigned to incident operations.
- Keep close liaison with all section in-charges.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Medicine (Medical Equipment) Officer:

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Keep ready all medical supplies and necessary equipment
- Move to site after receiving the instruction
- Inform Planning in charge about the situation at site, number of casualties and requirement of resources.
- Check emergency kit weekly and manage storage and inventories.
- Mobilize vital and necessary items/Drugs and Non-drug items from other HCCs.
- Collect required items from MSD/ MSPD/local purchase
- Maintain recording and reporting system related to procurement, distribution and mobilization of required items.
- Assure and be equipped with necessary items. (We can give an annexure for Sample Stock Inventory for Disaster Stores)
- Procure additional emergencies request
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Patients and Bed Tracking Officer:

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Conducting reverse triage of stable patients
- Stop admitting non-emergency patients
- Convert waiting/non-patients care areas into makeshifts wards.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Switchboard Officer:

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Establish duty roster system for standby staff
- Identify physicians, nurses and hospital workers who are a) retired, b) have changed hospital, c) working in nearby hospitals etc.
- Liaison with Nursing Superintendent to prepare list of nursing staff who may be made available at a short notice.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Transport Officer:

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Manage and deploy ambulances and other vehicles based on the command made by IC.
- Coordinate and ensure alternate transportation arrangements (bus, taxi, public transport) , Armed Forces, schools and other agencies
- Manage fuel and maintenance of vehicles.
- Maintain efficient communication with the IC, administration, and store and with other stakeholders.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Dietary Service Officer: is responsible for preparing to serve nourishments to field workers/health staff and patients, managing catering services in the hospital.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Ensure adequate levels of food for ambulatory patients, in-house patients and personnel as required.
- Ensure that food stockpiles are continually and adequately renewed.
- Utilize additional areas for extra eating space.
- Make arrangement to provide coffee and snacks to the casualty, OT, ED and other designated areas.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

House Keeping Officer: is responsible for organizing all actions associated with maintenance of the physical environment and supplies to support the functioning of the hospital.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Assess critical medical utility systems and buildings for damages and needs for water, power and sanitation requirements.
- Ensure adequate water supply with alternate sources of water such as storage tanks in case of possible breakdown in the normal water supply.
- Ensure the provision of standby generators to provide lights and power to essential areas of the hospital like Emergency Department, OT and ICUs etc.
- Ensure that stockpiles are continually and adequately renewed
- Temporary repair to damaged infrastructure.
- Organize and coordinate debris clearance in hospital buildings and compound.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Procurement Officer: is Responsible for administering accounts receivable and payable to contract and non-contract vendors

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Ensure proper accounts receivable and payable to procured/hired materials, equipment, vehicles etc.
- Allocate emergency funds when required
- Facilitate emergency purchases if required in course of the emergency.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Claim Officer: is Responsible for receiving, investigating and documenting all claims reported to the hospital during the emergency incident.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Receive all insured claims and
- Make compensation payment when required
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Traffic control officer: is responsible for controlling traffic within and outside the hospital.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Establish ambulance entry and exit route
- Make sure ambulances are guaranteed free access to the incoming patient area.
- Secure important hospital areas from unauthorized vehicle access
- Secure evacuation areas
- Advise IC and section chiefs immediately of any unsafe, hazardous or security related conditions
- Post no-entry signs around un-safe areas.
- Report to IC about actions taken and coordinate and work closely with information officer.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Crowd Control Officer: is responsible for controlling crowd within and outside the hospital.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- Control entry/movement of crowd/public
- Designates a separate waiting area for relatives of the injured control crowd.
- Makes sure that on no account will be relatives be permitted into the Casualty or designated wards during the emergency.
- Direct family members to designated family areas
- Initiate contact with fire or police, through the liaison officer when necessary.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Volunteer Management Officer: is responsible for organising, assigning and deploying the volunteers within and outside the hospital.

Reporting to:

Reporting Area:

- Participate in initial action plan meeting
- If the hospital's security personnel are not sufficient to handle the situation, requests help from the hospital nearby volunteers.
- The role which volunteers will carry out should be predetermined, rehearsed, coordinated and supervised by regular senior staff.
- Designate them areas to control traffic and crowd.
- Extend the role beyond the responsibilities mentioned in the job cards if required.