

## Inodaya Hospitals - Kakinada

Documentation code:

INH/COP .08

### Policy on Disaster Management

Prepared Date: 05/09/2023

Reference: COP.04a,b.NABH Standards – 5<sup>th</sup> Edition

Issue date: 05/09/2023

Issue no:2

Review NO:01

Review Date: 04/09/2024

#### 1. POLICY

Defined with each section of Disaster preparedness plan

#### 2. PURPOSE

- Ensure the safety of people;
- Ensure continued delivery of critical and essential functions and services;
- Reduce losses and damage to records, facilities, and systems
- To provide policy for response external disaster situations that may affect hospital staff, patients, visitors and the community.
- Identify responsibilities of individuals and departments in the event of a disaster situation.

#### 3. SCOPE

This policy is applicable for entire hospital.

#### 4. HAZARDS, THREATS AND EVENTS WHICH ACTIVATE DISASTER PLAN

Various disasters have occurred and are expected to occur within the proximity of Hospitals which include the following;

- Cyclones
- Flooding (Rivers, Rain)
- Vehicular accidents (City and school buses, multi-passenger vehicles, Public transportation vehicles)
- Train accidents

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Approved by:

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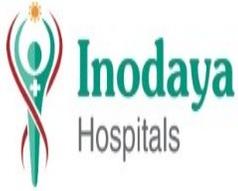
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Medical Director

Chief Executive officer

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- Aircraft crashes
- Industrial accidents
- Stampedes
- Terrorism incidents (Gunshots, bomb blasts)
- Building and Construction Site Collapses (Hotels and factories)
- Fire Accidents
- Hill slides

#### 5. RESPONSIBILITY

Employees at every level of the organization

#### 6. PROCESS

##### 6.1 Description of process

Defined in each section (below)

##### 6.2 Activity / Responsibility

Defined in each section (below)

#### 7. DISTRIBUTION

Emergency department, Security Office, FMS office, Disaster Control Area, Reception area, Administrator's office & Fire Safety Officer

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## CODE ORANGE – “9”– EXTERNAL DISASTER

### External Emergency- Disaster Preparedness Plan

#### Definition of Disaster Management

Any occurrence that causes damage, ecological disruption, loss of human life, deterioration of health and health services, on a scale sufficient to warrant an extraordinary response from outside the community. (WHO)

#### **TYPES OF DISASTER**

**EXTERNAL DISASTER:** Occurs outside the premises of Hospitals. The disaster response plan is activated for external disasters.

*Examples -* Train accident, bus accidents, aircraft crashes, bomb blasts, etc.



**INTERNAL DISASTER:** Occurs within the premises of Hospitals.

*Examples-* Fire accident, collapse of roof, electrical shocks, chemical spillage and explosions can occur in any ICU, OT or Ward. Others include burns, road accidents, falls and crowd

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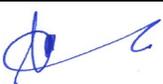
violence. Patients, their relatives, and hospital staff may get injured in such in-hospital accidents. Victims injured in such internal accidents may be received in Emergency Room and triaged/treated the same way as during an External disaster along with activation of CODE DISASTER, if the activation criteria is met.

**Dedicated CODE for internal disaster is CODE Red if criteria is met CODE Orange will be declared.**

### Hospital Role during Disaster

Hospitals have to ensure the following during their disaster response:

1. **Dispatch of ambulances** and EMTs to the scene of the accident
2. **Dispatch of emergency physicians** to the scene of the accident (if required)
3. **Triage and prioritization of the victims** at the scene
4. **Transportation** of the victims to the hospital
5. Triage of victims at the emergency department
6. Clinical and **emergency care of the patients** based on their priority and condition.
7. **Stabilization, appropriate specialty referral and surgical interventions.**
8. Ensuring **continue of care** through operation theatres, ICUs and wards.
9. Supply of **manpower, equipment, drug and consumables** during disaster response.
10. Overall supervision and **coordination of the disaster response** by establishing Command.

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11. Isolation of infectious patients, whenever applicable.

12. Certification of death and medico-legal formalities, whenever applicable.

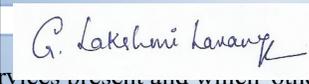
### Activation Criteria

The hospital disaster response plan is activated if the number of victims is **more than or equal to the number of beds in the Emergency (8)** arriving from a same incident. The number may be confirmed based on the actual number of victims received at triage, or expected to be received at triage as per pre-arrival notification and/or METHANE message.

### 'METHANE' message

The first Emergency Physician or Paramedic reaching the disaster site shall relay the information regarding the disaster using the headings in the mnemonic METHANE Alert Code and Assembly

<b>M</b>	<ul style="list-style-type: none"><li>•Major Incident Declared?</li><li>•Major Incident Declared?</li></ul>
<b>E</b>	<ul style="list-style-type: none"><li>•Exact Location</li><li>•Major Incident Declared?</li><li>•Major Incident Declared?</li></ul>
<b>T</b>	<ul style="list-style-type: none"><li>•Type of Incident</li><li>•Major Incident Declared?</li></ul>
<b>H</b>	<ul style="list-style-type: none"><li>•Hazards present or suspected</li><li>•Major Incident Declared?</li></ul>
<b>A</b>	<ul style="list-style-type: none"><li>•Access -routes that are safe to use</li></ul>
	<ul style="list-style-type: none"><li>•Major Incident Declared?</li></ul>

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This code is to be used for activation in cases of criteria met internal disasters, minor external disasters, Major external disasters, disaster threats affecting the hospital or community at large.

Code Orange is announced by the reception area. At the announcement of the Code on the public system telephone the following personnel will assemble at the base station. These will include:

- CMO / Junior Resident
- 8 Staff Nurses (One nurse from each of the floors)
- Consultants from General medicine, Neurosurgery, Orthopedics, Surgery &Anesthesia
- Functional HODs & representatives
- Operations executives / representative from billing department
- MRD representative
- Laboratory technicians
- Pharmacist
- Radiology technicians
- HK dept & employees
- Biomedical engineer

Planning is based on the motto “Greatest Good for the Greatest Number”. The planning

- Identifies the Hospital Incident Command Center(Medical director Room)
- Identifies the in-hospital problems
- Triage: Patients, Resources, Communication Personnel

### Hospital Incident Command Center

Concept of unified command permitting centralized supervision employing a management-by-objective style

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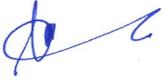
- Administrator
- Medical Director
- Emergency Physician/ CMO
- HOD of Anaesthesia
- Nursing Superintendent
- Security Incharge

Incident Command

- Place of assembly: Casualty

**Management of Clinical Activities**

- The senior emergency physician on duty or HOD-EM assumes the role of **DISASTER COMMANDER** and distributes available doctors & nurses into Triage, Priority I, Priority II, Priority III and Priority IV teams. These teams will be responsible for the clinical assessment, management and final disposition of patients. All staff will perform their roles/responsibilities as directed by the DISASTER COMMANDER.
- Triaging will be done for the patients as they arrive in the triaging area. Triage is done as per the **TRIAGE ALGORITHM** and patients are categorized as P1, P2, P3 and P4, who are then directed to the respective areas, where they receive clinical assessment and emergency treatment.
- Specialty doctors, nurses, housekeeping, lab personnel, pharmacists and executives will report to the DISASTER COMMANDER as they arrive to the ER, and will be directed to join the priority teams to ensure patient clinical care and disposition. The teams will resuscitate, assess, treat, perform investigations and procedures, complete documentation, and refer/dispose the patients.
- The Hospital Command Control (HCC) will oversee the entire response and will assist in the coordination between different departments, and assist all areas with their immediate requirements.

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- When no more patients arrive, the DISASTER COMMANDER will take authorization from HCC to declare CODE DISASTER ALL CLEAR. The emergency department returns to normal workflow followed by debriefing.

### Triage

Triage means “to sort” or “to sieve”. Triage establishes priorities for care and determines the clinical area of treatment. This is done to separate the most injured/sick from those who are dead and from those who are uninjured. Triage should be evidence based.

**Note** -All patients received into hospital during disaster must pass through the TRIAGE AREA with no exceptions.

### Triage Area

Triage is done in an area located outside Emergency department designated as TRIAGE AREA. This is the space in front of the ER main entrance outside the ER. The triage area can be moved to other places on the discretion of the DISASTER COMMANDER. Security personnel may help cordon the triage area to control bystanders.

### Triage Team

The Triage officer (or Triage Coordinator) will be a senior emergency physician. He/she will be assisted by a Triage Nurse. Additional doctors or nurses may be designated to TRIAGE AREA to assist TRIAGE TEAM. Triage Officer shall report to DISASTER COMMANDER, if not the same person, with the following details:

1. Total number of cases triaged
2. Triage category (color) of each case with their disposition.

### Re-Triaging

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Triaging may be repeated on one or more patients as per discretion of DISASTER COMMANDER. This is helpful if patient has not been deteriorated after initial assessment. It is done as frequently as possible for early detection of clinical deterioration.

**DISASTER CALL LIST (To be placed in the Telephone Department)**

If a **CODE Orange** is declared, the telephone operator on duty will serially inform all the individuals listed below with the following message.

“This is to inform you that **CODE Orange** has been declared in our hospital at \_\_\_\_ AM/PM. You are requested to report to the Emergency Department immediately/ASAP.

**All Hospital Command Control Members**

Dr.Somayajulu	Medical director
Anesthesiologist	Duty intensivist
	EMR HOD
Dr. S.Ch.S.Ramakrishna	HOD Critical Care & Anesthesiology
Sis. D.Mahalakshmi	Nursing Superintendant
Mr. Baburao	Head Security

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**Other key members of the team includes:** other ICU consultants, Emergency Nurse In-charge, Facility In-charge, F&B In-charge, Pharmacy/ Purchase In-charge, Housekeeping In-charge, Medical Social Worker, Billing In-charge.

**Patient Care Areas**

The following areas are designated by the DISASTER COMMANDER to handle the patients. Each area should have a coordinator who reports only to the DISASTER COMMANDER.

Area	Location	Color
Triage Area	Space in front of the ER main entrance and decontamination room doors. Outside the ER. All patients shall mandatorily pass through the Triage Area.	None
Priority 1 Area	Receives the most serious patients who need immediate attention. Disaster kits sent here.	Red
Priority 2 Area	Additional beds placed in the free space of the ER. Receives all patients who need urgent attention. Disaster kits sent here.	Yellow
Priority 3 Area	All Outpatient areas. Outside the ER. Receives stable patients who can wait.	Green
Priority 4 Area	Mortuary room. Outside the ER. Receives dead patients.	Black

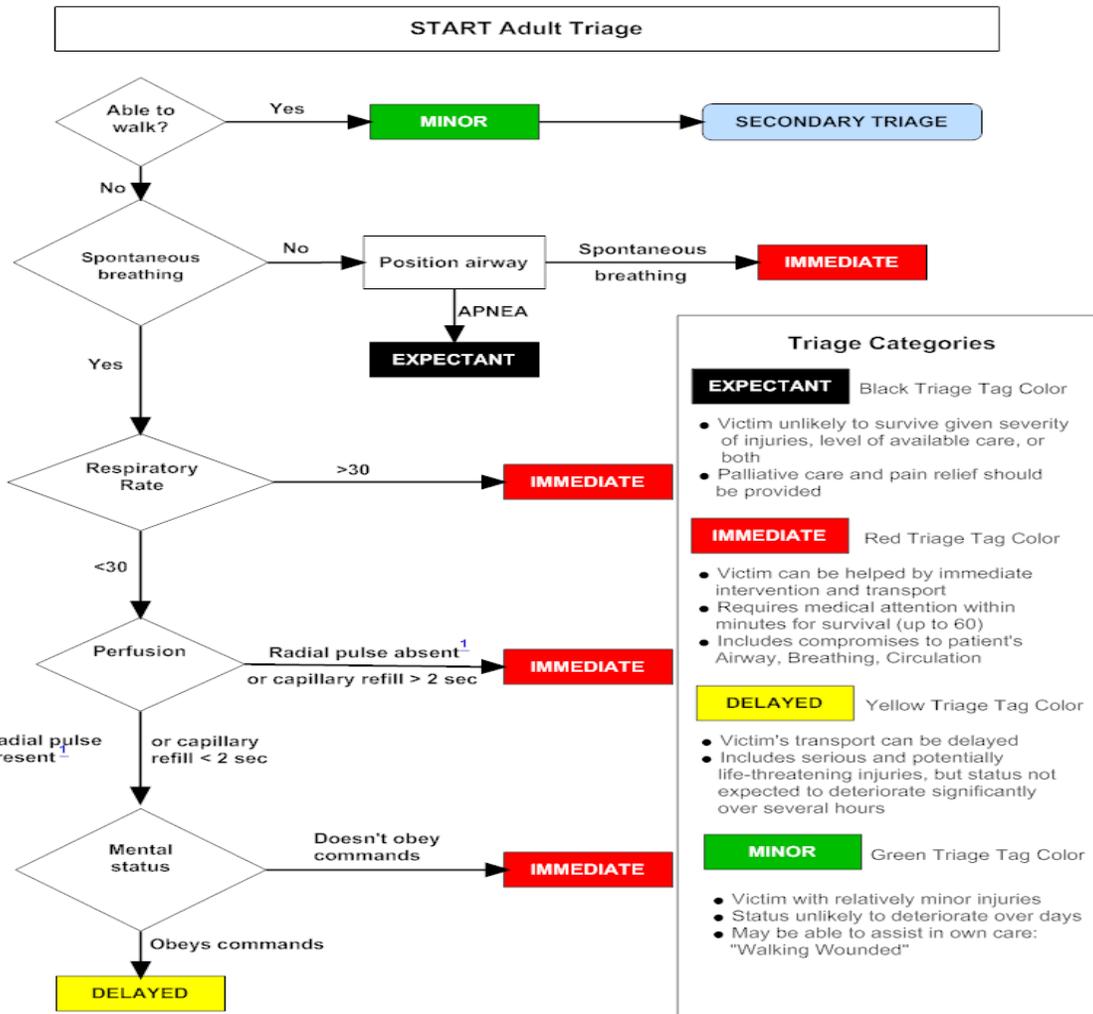
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Non Disaster Patients	All stable non-disaster patients in ER will be accommodated in the exit corridors of the ER until disposition. Unstable patients will remain in ER until they are transferred appropriately.	
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**Triage Algorithms – Adult**

For victims who appear like adults, the Simple Triage and Rapid Treatment (START) algorithm can be used.

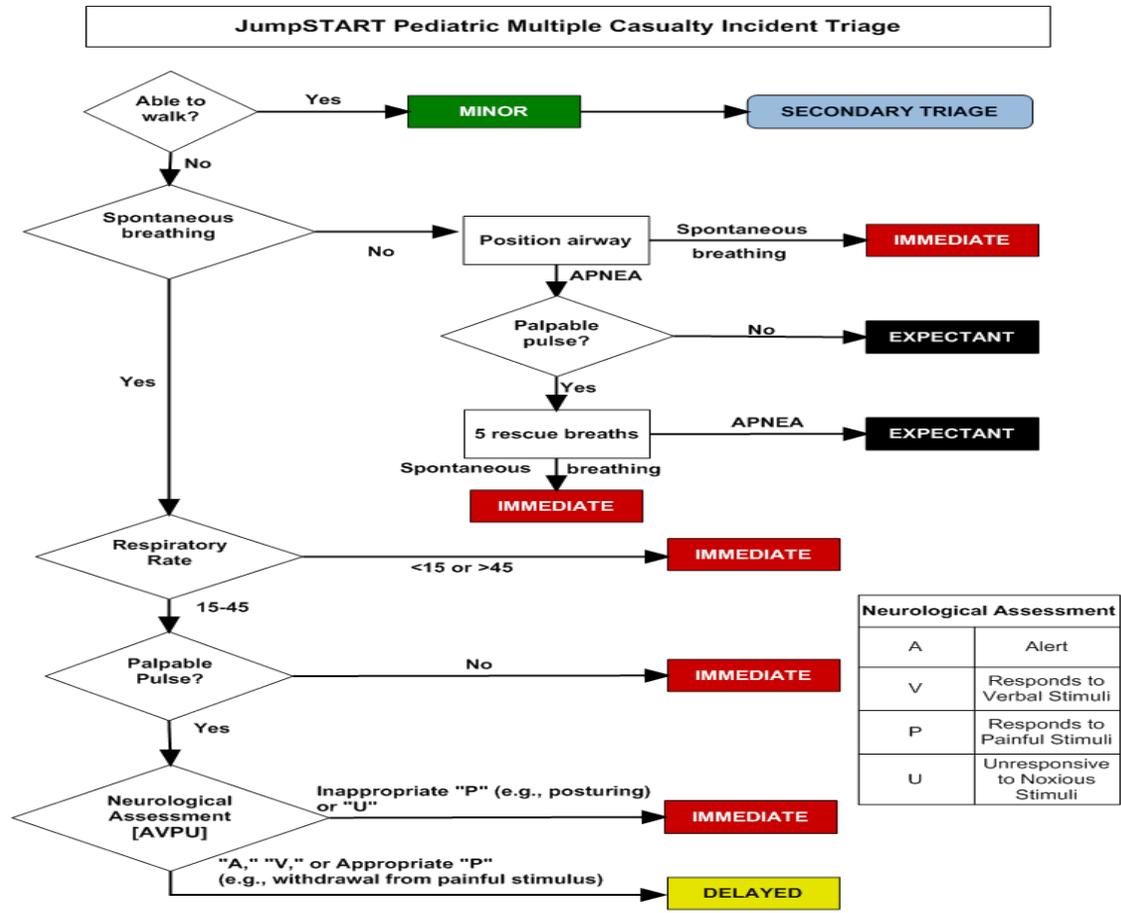
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### Triage Algorithms – Pediatric

For victims who appear like children, the Jump START algorithm can be used.

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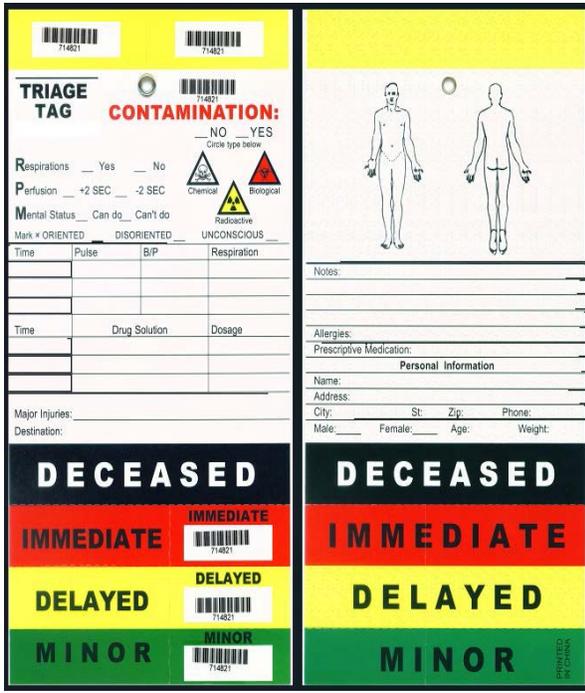
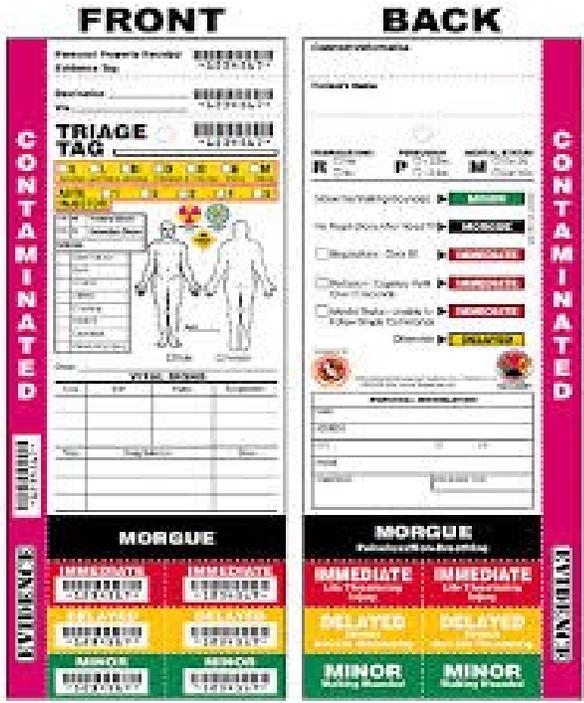
### Triage Cards or Tags

Triaging of patients is done using triage cards as shown below. Each triage card has space to write patient details in the centre. Different types of triage cards are available.

- Red Priority I (Immediate)
- Yellow Priority II (Urgent or Delayed)

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**Decontamination Procedure (DECON ROOM)**

**Decontamination of Patients** – Victims who are involved in a chemical spill or chemical exposure should be received in the decontamination room and decontaminated as per protocol, prior to triaging.

**Personal Protective Equipment** – Proper PPE must be worn by all staff entering the DECON room to wash contaminated patients. PPE includes appropriate gloves, N95 masks, respirators, gown, eye protection and shoes. PPE must be worn prior to starting the decontamination procedure.

**Waste Management** – All infected waste will be discarded in appropriate bins placed in the DECON room and will be disposed as per protocol.

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**Segregation of contaminated patients** – Any patient suspected to have been contaminated must be segregated from the non-contaminated patients.

**Staff** – All staff taking care of contaminated patients will wear appropriate PPE.

**HAZMAT TEAM** – The HAZMAT team of the hospital should be called to assist the decontamination of affected patients. The HAZMAT team may be alerted as per protocol or calling the SAFETY OFFICER.

**Disaster Kits**

Pre-stocked disaster kits are stored in the emergency room storage area which can be used during CODE DISASTER. The disaster kits contain extra fluids, drugs, bandages and consumables which can be used immediately for disaster victims. Additional items required will be made available by the pharmacists and pharmacy supervisor. Kits may be carried to the point of requirement (i.e. Priority 1 and Priority 2 areas). If necessary the kits may be sent to the field by the DISASTER COMMANDER.

**Disaster Kits Contents**

**1. Airway items**

Endotracheal tubes – various sizes

Oropharyngeal Airway (OPA) – various sizes

Laryngoscope with various size blades with additional batteries

**2. Breathing items**

Oxygen masks

Bain's circuit

Ambu bag

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### 3. Circulation items

IV cannulas – various sizes

IV fluids – Normal Saline

Blood Transfusion and IV Infusion

Disposable Syringes

### 4. Drugs

Adrenaline

Atropine

Avil

Antiseptic Solution

Calcium gluconate

Decadron

Dopamine

Noradrenaline

Fortwin

Hydrocortisone

Midazolam

Phenergan

Rantac

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Sodium Bicarbonate

Thiopentone

Tramazac

Voveran

Xylocard

Zofer

### 5. Miscellaneous items

Long leg splints

Transpore

Cotton rolls and gauze bandages

Ryle's tube

Surgical gloves and Disposable gloves

Crepe Bandage

Foley's catheter and urobag

Plaster of Paris rolls

Job responsibilities cards

### CHRONOLOGICAL ACTION PLAN

Only the authorized personnel shall activate disaster pain. The hospital may be alerted from ED itself

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- By information over the phone.
- Through any persons or police.
- By Government Officials.

The government in event of a major disaster would intimate Dy. Medical Superintendent; he would then inform the HCC. Any hospital personnel receiving information should gather details regarding victims and inform the HCC.

The police and fire department need to be informed immediately, after which an announcement to be made through out the hospital. **CODE Orange** shall be announced.

Once the **CODE Orange** is announced the HCC core team should report the HCC office (conference hall) to formulate the next course of action.

Once the HOD's arrive at the HCC they are asked about the workflow process and sent to their respective workstation within five minutes.

All the departments to activate their establish procedures to provide immediate and necessary supports. The HOD will be responsible for calling the staff maintaining the adequate staff pool till step down exercise.

All concerned has to wear the specific weapons/tags/badges during the whole exercise.

There will be an hourly review of the work process comprising HCC and HODs and a fresh media update should be thereafter.

A major incident stop down exercise will be carried out only after joint decision of HCC & HODs

A debriefing session has to be conducted within one week of the disaster in the conference room any changes in the policy should be make thereafter.

**Regular drills shall be conducted at least once in every 6 months.**

The following tasks are allotted

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**1. HOSPITAL MANAGING DIRECTOR/ MEDICAL DIRECTOR**

- Authorize announcement of disaster to hospital personnel.
- Ask for help from local police and volunteer organizations as deemed necessary.
- Coordinating, organizing, communicating and assigning duties to medical staff. Where required the ambulances and emergency team may be asked to go to the site of the disaster.
- Liaison with press and outside agencies.
- Liaison with other hospital for inter facility shift to the patients.
- Periodic review of arrangements.
- Disaster drill to be formalized. Regular drills / mock exercises to be carried out every six months.
- Arrangements for extra beds, manpower, facilities etc. inside the hospital.

**2. HEAD OF EMERGENCY DEPARTMENT**

- Authorize announcement of disaster to hospital personnel.
- Coordinating, organizing, communicating and assigning duties to ER staffs. Where required the ambulances and emergency team may be asked to go to the site of the disaster.
- Call the doctors on Emergency to the triage area taking care of reserve pool for maintenance of shifts.
- Taking charge of the Triage and priority 1, 2 and 3 areas. (Triage Coordinator)
- Coordinating, organizing, communicating and assigning duties to medical staffs in ER in coordination with Nursing Supervisor.
- Periodic review of arrangements.
- Disaster drill to be formalized. Regular drills / mock exercises to be carried out every six months.

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### 3. NURSING SUPERVISOR

- Identify nursing needs.
- Allocating extra nursing staff in essential areas first for ER
- Re-deploying existing staff and recalling of staff
- Extra beds will be allotted according to the number of casualties & number of inpatients
- Periodic review of arrangements
- Ensure that additional nurses are available for next shifts and get the OT ready to take the patient for surgeries on emergency basis if required
- Arranging drugs, oxygen cylinder etc. in coordination with supportive departments

### 4. MAIN RECEPTION

- Executives are responsible for documentation, registration, admission, billing, MLC procedure, of all patients arriving in the emergency department.

#### Admissions Coordinator – Main reception

- Responsible for coordinating hospital admissions
- Registration and admission of injured victims and patients
- Counseling of patient's relatives regarding the admission procedure and stay.

#### Reporting Desk Executive - Main reception

- Responsible for receiving and registering all doctors, nurses, executives, hospital personnel and volunteers arriving to the emergency department during CODE RED.

### 5. PHARMACY INCHARGE/ PURCHASE INCHARGE

- Responsible for supply of medicines, drugs, IV fluids, splints and all other consumables required for patient care.
- Responsible for supply of pre-stocked disaster kits

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**6. HOUSE KEEPING INCHARGE**

- Relocation of manpower to triage area.
- Providing Extra beds / linen in essential and previously earmarked areas.
- Transferring of patients to and out of emergency.
- Arranging for IV stands with the guidance of nursing, extra patient trolleys and wheel chairs.
- Screens with guidance of nursing.
- Be available to help clean receiving area and clean rooms between cases and treatment areas.
- Be sure all hallways and traffic areas are clear of clearing carts, equipments etc.
- Extra beds, drugs trolleys, oxygen cylinder in coordination with Store and support departments.

**7. SECURITY INCHARGE**

- Cordon the area affected / required
- Ask for help from local police and volunteer organizations as deemed necessary
- Regulate entry and exit of personnel to ensure smooth functioning of emergency services
- Ensure Ambulance and other emergency services vehicles re-allowed exit and entry freely
- Unwanted traffic and public gathering shall be controlled by Security till local police help is available.
- Security staff should use Walkie-Talkie sets for better communication. To be tested at regular intervals with certification. One radio set to be given to triage during this scenario for use as a HOTLINE between Triage staff and security.
- To handle crowd control properly if necessary with police
- Smooth traffic control.
- The preservation of specimens and clothing that may be needed as due records maintained.

Procedure:

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Items will be sealed in green color bags with Unique Health identity number and list of contents

The same will be handed over to appropriate authority with acknowledgement

- To safeguard all the belongings of the disaster victims.
- Police arrangements, if required.
- Parking arrangements for relatives / attendants of the victims.
- Efficient transfer of victims where indicated to mortuary / Body holding area.
- A morgue register to be kept that list the bodies with their identification, date and time of arrival, time of handling over to the police etc.
- All emergency lights to be kept ready.
- Lady supervisor and lady guards to be posted handling all ladies.
- The destination of the body is to be recorded.
- All the Guards should be allotted to their respective duties taking care of pool to maintain shifts.

**8. RADIOLOGY SERVICES SUPERVISOR**

- Responsible for coordinating all radiology services.

**9. LABORATORY SUPERVISOR**

- Responsible for all blood and blood products requirements

**10. CRITICAL CARE UNITS SUPERVISOR**

- Responsible for arranging beds and receiving patients in various intensive care units.

**11. ANESTHESIOLOGY AND OT SUPERVISOR**

- Should postpone all elective surgeries to receive injured victims.
- Preparation all available wards into ICU with making basic equipment available to receive critical patients if ICUs are full.

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- Arranging of anesthetists for the expected surgeries.

**12. 1066 CALL CENTRE /EMT/AMBULANCE SUPERVISOR**

- Responsible for all ambulance and victims transport vehicles.

**13. TELEPHONE EXCHANGE SUPERVISOR**

- Responsible for maintaining telephone communications during CODE RED.
- Information of **CODE Orange** to those in the disaster call list.
- Setting up of a dedicated disaster enquiry line for relatives of victims.
- Maintaining in-hospital telephone communications.

**14. SOCIAL SERVICES CORDINATOR**

- Contact victim's relatives
- Reception of patient attenders and counseling
- Counseling of priority III victims
- Counseling of relatives of dead victims.

**15. EXECUTIVE OPERATIONS**

- Department Head or Designee will call in their own personnel as needed after having reported to the command control.
- Assign an admissions person to aid with discharge of hospital patients and other responsibilities.
- Assign Patient Care Coordinators/ social worker to attend to emotionally disturbed relatives / victims.
- Assign Patient Care Coordinators/ social worker for liaison between attendants, consultants and hospital.
- Assign Patient Care Coordinators/ social worker for arranging extra beds in coordination with Nursing Supervisor, House Keeping Supervisor.

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**16. FOOD SERVICES EXECUTIVE**

- Department Head / Designee will call their own personnel as needed after having reported to the command centre.
- Prepare to serve nourishments, food & beverages to the patient / relatives/hospital staff/police/media/VIPs & miscellaneous
- Be responsible for setting up menus in disaster situation and maintain adequate supplies.

**17. MAINTENANCE INCHARGE**

- Department Head / Designee will call their own personnel as needed after having reported to the command centre.
- Maintain full operation of all facilities.
- All doors should be locked immediately except employee entrance, Emergency entrance and front lobby.
- Arranging for Oxygen cylinders/emergency or controlled operation of elevator

**18. BIOMEDICAL INCHARGE**

- Department Head / Designee will call their own personnel as needed after having reported to the command centre.
- Arrange for monitors, defibrillators, ventilators.

**19. MARKETING**

- Establishing Communication Centre for relatives and press.
- Centralizing information about the patients and is responsible for regular updates.
- Deploying pre defined sets of voluntary workers.
- Liaison with press and outside agencies --- to issue information as required. (FEEDING BABY APPROACH)
- Control of release of all photographs as per guidelines.
- Organizing press conference, if required.
- Informing the external agencies as per command control orders.

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**20. ICU'S / WARDS**

- Facilitating reception of critically injured patients by free as many ICU beds as possible.
- Ward in-charges must free as many rooms as possible to receive patients either from ER or from the ICUs. This can be done by discharging stable patients after proper counseling and in consultation of their admitting consultants.

**NO DISASTER RESPONSE INFORMATION SHOULD BE GIVEN OUT OR ANY INDIVIDUAL WITHOUT PERMISSION OF THE HOSPITAL COMMAND CONTROL**

**PHASES OF RESPONSE**

- Initial Response
- Search and rescue
- Emergency & Triage
- Casualty-collection points

Initial Response

- Initial responder : lay-person, followed by fire and civil defense
- Most experienced takes charge till Incident Command takes shape
- Security secures the area and manage volunteers for care and transport
- Keep the victims in the system or else the nearest hospital with ambulatory casualties gets overloaded
- Eliminate danger
- Specialized team will have to come in hazmat situations
- Field triage, even if hospital assisted, is done before sending the victims

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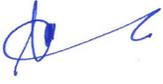


Fires, broken gas lines and similar causes; the danger may be aggravated by the lack of water due to broken mains.

Fallen power lines;

**IMMEDIATE RESPONSE MEASURES - ALL PERSONNEL:**

- Upon detection of shock - remain in place.
- Remain calm. Think through the consequences of any action you take. Try to calm and reassure others.
- If indoors, watch for falling plaster, light fixtures and other objects. Watch out for high storage areas, shelves and tall equipment, which might slide or topple. Stay away from
- Windows and mirrors. If in danger, get under a table, desk, or in a corner away from windows; or in a strong doorway. Encourage others to follow your example. Usually it is best not to run outdoors.
- After the initial shock has ended, and a reasonable interval has passed with no further shock, survey immediate surroundings to determine injuries and damage.
- Do not attempt to move seriously injured persons unless they are in immediate danger of further injury.
- If telephones are operating, call the switchboard for assistance and report condition of patients and estimated damage in your area.
- If you are in a patient care area and are not seriously injured, your first responsibility is to the patients in the vicinity. If possible, reassure them and attempt to calm those who may be hysterical or panic stricken. If there are obvious injuries from falling objects, shattered glass or if patients or personnel are trapped under debris, you must request assistance and perform first aid within your capability where possible until additional medical personnel arrive to assist in treatment or rescue.
- Check for fire or fire hazards from broken electrical lines or short circuits and follow the Fire Response Procedure if a fire is discovered or reasonably expected.

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- Do not attempt to lead or assist any patients to leave the facility until you are directed to do so by the Incident Commander. If the facility has not been rendered untenable by the earthquake, it is advisable to keep the patients inside.
- Make sure all ambulatory patients wear shoes in areas near debris and glass.
- Immediately clean up spilled medications, drugs and other potentially harmful materials.
- Check to see that sewage lines are intact before permitting continued flushing of toilets.
- Check closets and storage shelf areas. Open closet and cupboard doors carefully and watch for objects falling from shelves.
- Be prepared for additional "aftershocks". Although most of these are smaller than the main shock, some may be large enough to cause additional damage.

**Responsibilities:**

- After receiving damage assessment reports from all departments, determine the advisability of partial or complete evacuation of the facility.
- If evacuation is deemed advisable, determine condition of exit areas and avoid those that are obstructed or otherwise hazardous.
- Conduct an immediate check of all communications systems including the Facility's PA, radio network and telephones. Initiate actions to restore service or use other communication resources, including walkie-talkie, ham radio or messengers.
- Direct implementation of evacuation procedures outlined in the Facility's Emergency Preparedness Plan.
- Ensure that all local emergency service authorities are informed of the degree of damage and extent of injuries sustained by the facility, its patients and personnel.

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## Riot or Civil Disturbance Response Plan (Code Purple)

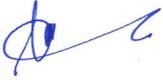
A civil disorder may escalate a minor disturbance to a major riot, through the actions of one or a group of individuals who are well organized. The first ingredient is a 'cause' or reason for upsetting the normal routine or committing aggressive action against the healthcare facility, its personnel or one or more of its patients.

A healthcare facility is particularly susceptible to incursions by malcontents or individuals with a "cause," because of its lack of security and open admissibility to the public. An individual determined to enter the healthcare facility to start trouble will pay no attention to signs restricting entrance, such as "Authorized Personnel Only," "Facility Personnel Only," " and other similarly restrictive notices. In fact, such an individual will probably go to the rear or side entrance where he/she is not likely to be observed and probably won't be challenged if he/she is seen entering the building.

### PROCEDURE:

#### General:

- As soon as it is determined or suspected that a person with no official business or medically-related reason for being in the facility is, in fact, circulating within the premises, he/she shall be challenged, preferably by an official of the facility and escorted out of the building as discreetly as possible, on the basis that he/she has no reason for being in any part of the facility except the reception area, and that it is a private institution. If he/she objects, the facility official shall notify the police department, and the challenged individual shall be allowed to speak to the police department on the telephone. In most cases, the person will not avail himself/herself of the opportunity, but the facility will have protected itself from any charges of unfair treatment or discrimination.
- When it has been determined that a group of individuals are in the facility on other than official or medically-related business, all entrances shall be secured and, where possible, the group shall be isolated, by activating the fire doors, and prevented from circulating through the rest of the facility. The police shall be summoned by the Security Officer/Security Inspector or designee who shall brief the police over the telephone.

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**Responsibilities - Potentially Violent Situation:**

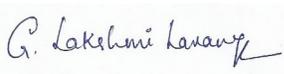
**Security:**

Maintain contact with the police and fire departments.

- Familiarize personnel with the procedures used by the police department for handling unrest, civil disorders or riots. Since security personnel are often the first contact with participants in any type of civil disturbance, it is most important that they correctly estimate the situation and avoid aggravation of the existing situation. These personnel will be the first and most reliable sources of information needed by the police to properly respond to a potentially violent situation. Information regarding the circumstances surrounding the situation of unrest shall help facility officials in dealing with the group or individual ringleader in the early stages of the controversy. In the case of an organized group attempting to reach a patient or a member of the facility staff with intent to harm, the Safety Officer's only recourse is to prevent entry to the area where the target individual is located.
- Be prepared to call the police if a trouble situation appears to be developing. If there is any doubt, it is better to inform them too early rather than too late, as the situation can often be resolved before violence occurs.
- All non-public entrances to the facility shall be posted with restrictive notices to establish legal basis for possible subsequent recourse measures against illegal entrants.
- Special precautions shall be taken to protect the manifold room oxygen/LPG storage area; a supply of auxiliary cylinders shall be maintained in the facility as back-up to the main storage and supply source and for use in an emergency situation. The generator shall also be guarded against actions by intruders.

**Telecommunications:**

- Maintain a current list of phone numbers for the police, fire departments and key facility personnel to be notified in an emergency situation; also the code designations familiar only to facility personnel to be announced over the public address system to alert them to a possible or actual civil disturbance.
- Be prepared to report any disturbance in accurate detail. It is essential that the true nature of the disturbance be reported, in order that the appropriate course of action and corrective measures can be applied.
- Responsibilities - Violence Imminent or in Progress:

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- Contact police and fire departments. Use emergency phone numbers, if violence has occurred or is imminent. Carefully report the incident in terms of numbers of participants, reasons for unrest, observed conduct of group leaders and any other information requested by the police. Write down any instructions given by the police and follow their procedures precisely.

**ADMINISTRATOR / TEAM LEADER**

- Decide on course of action to be taken, pending arrival of police.
- Facility could be closed to all except bona fide emergency cases, i.e., those confirmed by the radio operator, or by calls from staff physicians or other authentic sources. The Urgent Care entrance should be guarded until arrival of police.
- Instruct Telecommunications to call off-duty personnel and inform them of the situation and recall those who may be required.
- Depending on estimate of the seriousness of the situation, determine whether to secure vital records and cash by locking them in a vault or in a safe cabinet or turning them over to key employees for transport to a safe place off the facility premises. Special care shall be taken to safeguard the accounting office and any electronic or computer operations areas.
- Instruct the Safety Officer to prepare for a fire alert and to have his/her forces standing by to shut off electrical power, natural gas or any source of ignition. It is imperative that the Security Services of the facility cooperate fully with the police and fire services of the community responding to the disturbance.
- In the final analysis, any local condition of unrest or social upheaval which affects the orderly conduct of the facility functions shall be handled by the local public protection services with full assistance and cooptation protection services from the facility and its staff.

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