



Himalayan Hospital, Swami Rama Nagar, Jollygrant, Dehradun

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## Policy on Disaster & Emergency Preparedness plan

**Provided at Himalayan Hospital  
(A Constituent unit of Swami Rama Himalayan University)**

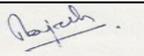
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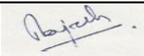
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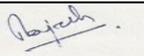
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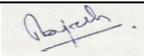
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## POLICY ON DISASTER & EMERGENCY PREPAREDNESS PLAN

### **COP4.b. The organisation identifies potential community emergencies, epidemics and other disasters**

**1.0 PURPOSE:** To ensure that the hospital is prepared to respond to community-wide emergencies, epidemics, and disasters by identifying potential risks and aligning response plans accordingly.

**2.0 POLICY:** The hospital has defined document policies & procedures to handle potential emergencies and disasters that may affect the community, and integrate them into the Hospital Disaster Management Plan (HDMP) and Infection Control Program.

❖ The Hospital identifies the following as emergencies & disasters:-

1. Earthquake,
2. Flood,
3. Train accidents,
4. Civil unrest outside the hospital's premises,
5. Major fire,
6. Invasion by enemy, etc.

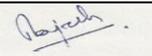
❖ Surveillance & Early Warning

- The Infection Control Team monitors epidemiological alerts from local/state/national health authorities (IDSP, ICMR, WHO, etc.).
- The hospital maintains communication with district health authorities for updates.

❖ Preparedness & Planning

- The hospital incorporates identified risks into the Disaster Preparedness Plan.
- Emergency drills (mock codes, fire drills, epidemic outbreak simulations) are conducted at least twice a year.
- Adequate stockpiles of medicines, PPE, emergency supplies, and oxygen are maintained.
- Coordination with **police, fire services, blood banks, NGOs, and referral hospitals**.
- Risk assessment and potential emergency identification is reviewed **annually** or after any major disaster/epidemic.

**1.1 Himalayan Hospital has a defined Colour Codes for Emergency Identification:**

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To facilitate identification of and communication about the various types of emergencies, the following colour codes have been developed.

<u>CODE</u>	<u>TYPE OF EMERGENCY</u>
Code Yellow	Internal Disaster
Code Orange	External Disaster
Code Red	Fire / Smoke Emergencies
Code Green	Evacuation
Code Blue	Cardiac Arrest / Medical Emergency
Code Brown	Hazardous spill
Code Pink	Child abduction
Code Black	Bomb threat/ Suspicious article
Code White	All clear (activated code clear)

### 3.0 PURPOSE:

This policy serves the following 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 to both internal and 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.

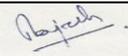
### 4.0 DEFINITIONS:

**Disaster:** A disaster is defined as a sudden massive disproportion between hostile elements of any kind and the survival resources that are available to counterbalance these in the shortest period of time. In mass casualty situations, demands always exceed the capacity of personnel and facilities

Disaster preparedness plans must encompass the possibility of hotel and high-rise fires, terrorist attacks, aviation accidents, bomb blasts, riots, nuclear accidents and industrial explosions as well as natural calamities such as floods, epidemics drought, and cyclones.

### 5.0 ABBREVIATIONS:

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- **SCR-** Security Control Room
- **ERT-** Emergency Response Team
- **HSC:** Hospital Safety Committee

## 6.0 SCOPE:

This policy is applies to all hospital staff, emergency services, infection control teams, and administrative authorities.

## 7.0 RESPONSIBILITY:

Employees at every level of the hierarchy:

The Following Departments have specific responsibilities for response as indicated by the activation level-

- Administration,
- Emergency Department,
- Anesthesia and OT,
- Facilities Engineering,
- Laboratory,
- Nursing,
- Radiology,
- Dietary & Food Services,
- Pharmacy,
- Transportation,
- Material Management Department,
- Security.

The Emergency department clinical coordinators will be responsible for the coordination of activities with the departments listed above.

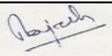
### Administration:

On getting the message of the Emergency, Medical Superintendent will rush to the site and assess the situation of emergency and decide, if a major emergency situation exists or is likely. On this decision, he shall activate the subsequent major emergency procedure and put disaster plan in action. Ensure the functioning of the necessary organization structure as shown in the organogram

The Medical Superintendent will have the overall authority of the hospital. The duties include:-

- Declaration of Disasters/ Emergency,
- Activation of supporting hospitals,
- Co-coordinating with the Divisional Health Office/State Health Office and Ministry of Health,
- Liaise with relevant agencies,
- Establish Disaster Control Room,

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- Public information and press release,
- To inform internal Agencies and upstream / External agencies , about the incident, magnitude of the disaster, combating operations and number of casualties, if any and any assistance required from outside agencies To depute manpower and other units as required,
- To arrange mobilization of material and equipment from other units and outside agencies as required,
- To ensure and confirm about the contact of statutory bodies/ Governmental agencies viz. State Pollution Control Board/ Controller of Explosives/ District Magistrate/ Police Superintendent/ District Medical Officer/ Fire Station / Insurance/ Excise / Custom office,
- Arrange for additional help, if required and ensure that relatives of casualties are informed,
- To contact with the outside agencies to seek their help as per requirement,
- To ensure that casualties are receiving adequate attention and arrange for additional help for casualties, if required and ensure that relatives of casualties are informed,
- To release the approved information to press and Governmental agencies,  
In a major disaster, the DY Medical Superintendent or the most senior clinician will perform the functions, if he/she is absent,
- Department head or designee of each discipline will take charge on all matters related to clinical issues and patient management,
- Department head or designee will call in their own personnel as needed after reporting to Disaster control room.

#### Hospital Administrator:

- In-charge of the organization of the facility, accommodation of patients and deployment of non-clinical manpower.
- Is responsible for notifying all department head or alternates.
- Supervise all other administrative personnel.

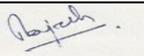
#### Emergency Department:

- Responsible for preparing the ED to receive casualties
- Take over management of ED patients.
- Manage and sort out all existing patients.
- Discharge or admit all patients observed in the observation ward
- Divert non-emergency patients to nearby medical facilities.

#### Equipments & supplies:

- MO in-charge of surgical supplies and MO in-charge facilities and equipment and Nursing Sister in-charge ED infection control will head the supplies and equipment team responsible to prepare, acquire and supply all the necessary supplies and equipment's.
- The Team shall work closely with CSSD, Pharmacy, Surgical Store, Infection Control Unit and other related units.

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### Anesthesia and OT:

- After reporting to ED, the specialist on-call or designee shall alert the Head of Department, all staff who are on-call, all those who are on duty and off-duty.
- Postpone elective cases in OT
- Complete current running elective surgery.
- Identify and prepare Operating Room for Emergency Surgery.
- Identify and prepare stable ICU patients that can be transferred out.
- Prepare extra ICU beds.
- Check area for supplies and equipments.
- The specialist on-call or designee will call in all needed personnel to the hospital.
- Assign and direct scrub nurses and runners.
- Ask for additional help to carry out surgery and treatments in Operating Rooms and Recovery Room.
- Notify Disaster Control Room when Operating Rooms and Recovery Room is available for more patients.
- Transfer stable ICU patient who has been identified earlier.
- Prepare extra ICU beds if necessary.
- Keep minimum list of supplies on hand and be prepared to process additional sterile supplies quickly.
- If internal, prepare for evacuation to safe area.
- Postponed elective cases will be considered whether to proceed or rescheduled.
- Roster re-allocation for ICU staff if the number of patient exceeds the usual number.

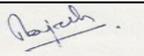
### Facility Engineering and Mechanical:

- Department/unit head or designee will alert in their own personnel who are on duty and off-duty.
- Check facilities and equipments.
- The department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.
- The department head or designee shall arrange or assign their staff duties and responsibilities depending on the needs.
- Maintain full operation of all facilities.
- Be responsible for setting up extra beds in hospital if needed, as well as transporting storeroom supplies and bringing in extra supplies from other areas.
- If internal, prepare for evacuation to safe area.

In the situation where there is power failure only a certain number of machines and power sockets are connected to the hospital emergency power supply. In such situation consider the followings:

- Triage of patient for x-ray i.e. prioritize patient to undergo the x-ray investigation.
- Collaboration with other nearby hospitals to take some of the cases who can be safely transported for the x-ray investigations.

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### Laboratory:

- Department/unit head or designee will alert in their own personnel who are on duty and off-duty.
- Check consumables, facilities and equipment's.
- The department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.
- The department head or designee shall arrange or assign their staff duties and responsibilities depending on the needs.
- Call in additional staff if necessary
- Have arrangement to call personnel from nearby hospitals and clinics as necessary.
- Have arrangement made to obtain additional blood, equipment and supplies from area agencies.
- If internal, prepare for evacuation to safe area.

### NURSING:

#### Head of Nursing:

- Take charge and co-ordinate all nursing activities.
- Recall and deploy all nurses and health attendants from other units/disciplines or off-duty nurses as deem required.
- Prepare and organize disaster ward
- Prepare and organize Hospital Information Center.
- Prepare and organize families and relatives center.
- Mobilizes adequate nurses to the casualty and other designated areas.
- Organizes shift duties so that the nurses can be replaced after 8 hours by a fresh batch of nurses
- To ensure efficient patient care.

#### Nursing Supervisor on Duty / On Call:

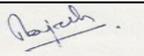
- Assist Head of Nursing to supervise and co-ordinate all nursing activities.

#### Nursing Sister on duty ED:

- Coordinate with Medical Officer in charge of Clinical Support for Emergency and Trauma Department.
- Take charge of the ED facilities, equipments and supplies.
- Delegate and assign duties of ED nurses and attendants to their respective duties.
- Prepare patient's treatment areas/zones, i.e. Triage & reception.
- Supervise attendants to prepare ED for disaster and transport of patients. .
- Assist in the preparation and organization of the ED Reception Area.
- Check and acquire adequate resuscitative equipments and drugs.

#### Nurse Incharge of alternate ward to receive emergencies:

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- Arranges to shift patients from that ward to other after getting a list of vacant beds from the reception
- Arranges for an adequate number of mattresses for the emergency patients.
- Contacts the nursing superintendent to depute necessary additional staff to her ward.
- The drugs, supplies and equipment required for the emergency as per the list have to be brought from the store and pharmacy.
- Allot nurses to receive, resuscitate and stabilize the urgent cases, triaged in from the Casualty.
- Shift these cases to the OT, MICU, dialysis unit or other areas as specified by the respective consultants managing the cases.
- Receive postoperative cases in a separate receiving area.

#### Radiology:

- The department head or designee will find out the number of patients involved and any other pertinent information from the Disaster Control room  
Evening/Night Shift
- This technologist will be considered as the designated officer of the x-ray department.
- It will be the duty of this technologist to alert their HOD and any other personnel as required.
- The department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.
- The department head or designee shall arrange or assign their staff duties and responsibilities depending on the needs.
- Arrange for extra supplies and consumables to be brought in if needed.
- Coordinates and manages staff and situation.
- Manages all investigations and any interventional procedures.
- Call in extra personnel as required.
- Responsible for the adequate supply of consumables required.

#### Dietary & Food Services:

- Department/unit head or designee will alert in their own personnel who are on duty and off-duty.
- Check food and supplies.
- Check facilities, equipment and utilities.
- The department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.
- The department head or designee shall arrange or assign their staff duties and responsibilities depending on the needs.
- Order urgent food supplies if necessary.
- Prepare to serve nourishment to ambulatory patients, inpatients and personnel as the need arises.
- Responsible for setting up menus in a disaster situation.
- Call in extra personnel if required.

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- Obtain extra utilities, supplies, and etc. if required.
- To maintain adequate food and supplies for at least 01 week.
- Maintain a list of supplies and contact numbers.
- Food suppliers shall be able to supply food immediately?

#### Pharmacy:

- Department/unit head or designee will alert in their own personnel who are on duty and off-duty.
- The department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.
- The department head or designee shall arrange or assign their staff duties and responsibilities depending on the needs.
- Have an up-to date list of drug suppliers that can provide emergency supplies quickly.
- Keep minimum supply of emergency drugs on hand at all times.
- Pharmacy should remain open and have a runner to deliver needed meds to areas.
- The department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.

#### Transportation:

- Check, prepare and assemble all ambulances and transport vehicles at the ED.
- Prepare, check and load all the necessary equipment in the AMBULANCE.
- Form part of the Ambulance and Medical Team.

#### Material Management Department:

- To make arrangement for urgent procurement, receipt and issue of materials.
- To procure any equipment required by maintenance
- To give feed back to Disaster Control room regarding material procurement.
- To ensure positioning of staff at purchase and warehouse.
- To maintain liaison with other stations to get assistance in connection with materials

#### Blood Bank Officer:

- Makes necessary arrangements for grouping and issue of blood or blood components.
- Recruits additional technical staff.
- Assigns one of the consultants to mobilize voluntary donors as per the existing list.
- Liaisons with other blood banks to procure additional blood.

#### Security Services:

- Security will restrict access to the facility as much as possible.
- Security will maintain access to the building for staff and physicians through Entrance doors by the Emergency Department waiting area. If this entrance had been determined to be secured then authorized entrance will be provided through the Emergency Department Entrance.

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- Security will be responsible for initiating a check point to record entry into the building. Support for these areas can be assigned through the Disaster Control Room.
- Security will be responsible for alerting other main campus operating units of the disaster plan activation through the security radio system.
- Regulate the flow of traffic and parking.
- Crowd control especially at Emergency Department and families and relatives center.
- Is responsible for maintaining order and safety within and outside the hospital
- Allots personnel to direct traffic so that ambulances are guaranteed free access to the incoming patient area.
- Allots personnel to protect the key installations of the hospital.
- If the hospital's security personnel are not sufficient to handle the situation, she requests help from the police.
- Deputes additional security staff to the Casualty and other designated wards.
- Designates a separate waiting area in the OPD block for relatives of the injured.
- Makes sure that on no account will be relatives be permitted into the Casualty or designated wards during the emergency.
- Deputes an officer to be in charge of ensuring the comfort and needs to the relatives. He will be responsible for obtaining information about individual patients to pass on to the relatives.

#### Public Relations officer:

- Is responsible for giving information to the press and public.
- Issues periodic bulletins that provide information of general interest.
- To solve any public dispute at site.

#### House Keeping Department:

- Mobilizes additional aides and helpers to the Casualty and other designated areas.
- Mobilizes extra staff to move patients to and from the theatre and radiology department, to bring linen, medicine, IV fluids, blood etc., to take specimens to the laboratories for analysis etc.

#### Media Department:

- To ensure arrangement for photographs/video filming of the incident.

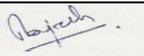
#### 8.0 DISTRIBUTION: Hospital Wide

#### 9.0 PROCESS DETAILS:

#### 9.1 DESCRIPTION OF THE PROCESS:

##### 9.1.1 Situations & Assumptions:

Several types of hazards pose a threat to the hospital:

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1. Internal disasters: fire, explosions, and hazardous material spills or releases.
2. Minor external disasters: incidents involving a small number of casualties.
3. Major external disasters: incidents involving a large number of casualties.
4. Disaster threats affecting the hospital or community (large or nearby fires, flooding, explosions, etc.).
5. Disasters in other communities.

### 9.1.2 Communications:

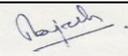
1. A Command Center will be set up at the Medical Superintendents office to handle and coordinate all internal communications. All department heads or their designee will report to this office and call as many of their employees as needed.
2. The person in charge when the disaster happens will assign personnel to the communications system (Telephone Exchange). This person preferably from administration or from medical doctor will answer all telephone calls from this station. The public address system shall be manned immediately at the Telephone Exchange by a unit coordinator but only for informational purpose.
3. At least one messenger will be assigned to public address system to deliver messages, obtain casualty count from triage, etc.
4. Person directing personnel pool shall send a runner to all departments to advise them of the type of disaster and number of victims and extent of injuries when this information is available.
  - Nursing will be notified by the Unit Coordinator or designated persons.
  - Department Heads will be notified by the Supervisor or designated staff.
  - Department Heads will notify their key personnel.

A "Visitor Control Center" will be set up in the front lobby. Families of casualties will be instructed to wait there until notified of patient's condition. Normal visiting hours will be suspended during the disaster situation.

- A hospital staff member will stay with the family members. (Social Services will be assigned here after reporting to the Command Center and other personnel assigned as needed)
- A list of the visitor's names in association with the patient they are inquiring about should be kept. Volunteers may be needed to escort visitors within the facility.

Telephone lines will be made available for outgoing and incoming calls. One line will be designated as the open line to the external Command Center. The person in charge will designate assigned staff to monitor the phones.

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### Supplies and Equipment:

1. Extra supplies will be obtained from purchasing personnel through runners.
2. Outside supplies will be ordered by the Purchasing Department and brought into the hospital via the loading dock.

### Valuables and Clothing:

1. Large paper or plastic bags are available in the treatment Areas and the storeroom for patient's clothing and valuables.

### Public Communication Center:

1. A communication center for receiving outside calls and giving information to the press, radio and relatives shall be set up in appropriate place.
2. The purpose of the media center is to provide a single, coordinated, source of information to the news media concerning Hospital involvement in the disaster
3. The press can use the seminar hall / HLT Hall as their headquarters.
4. All media representatives will be restricted to the Media Center unless accompanied by a Public Relations or Administrative representative.

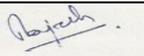
### Morgue Facilities:

1. Patients pronounced DOA will be tagged with a Disaster Tag...do not remove personal effects. The top sheet from the tag will be taken to the Command Center in Emergency Department for casualty list purposes.
2. Bodies will be stored in the mortuary or in the upper basement and are kept in secured conditions.
3. After bodies have been identified, the information will be filed on the Disaster Tag and Medical Records notified as to the identification of the patient.
4. The bodies will be removed via the exit ramp. A complete record of all bodies must be maintained along with the name of the agency removing them, e.g., police, fire department, etc.
  - o Be sure appropriate paperwork is filled out

### Debriefing:

1. Debriefing sessions within the Disaster Control Room for those responsible for coordination of operations in the Emergency Department.
2. At the conclusion of the activity a joint debriefing and counseling sessions should be available for all staff. The Medical Superintendent will be responsible to coordinate; this will be held in Hospital Conference hall.

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## **9.2 Internal Disaster Plan:**

### **9.2.1 Evacuation for Internal Disasters:**

#### **A. Reasons for Evacuation:**

1. To remove patients and personnel from actual or threatened danger such as fire, explosion, enemy attack, Bomb threat, etc.
2. To free hospital beds for the care of incoming casualties.

#### **B. Implementation of Internal Disaster Plan:**

1. The admitting office will be informed that an "internal disaster" is in effect. If fire is involved, they will call 101. They will immediately notify all departments.
2. Patients will be evacuated from stricken areas to "safe" areas of the hospital.
3. The decision, as to the extent to which the plan is to be implemented, will be determined by the person in charge.
4. Roll call will be taken before, during and after evacuation, if possible.

### **9.2.2. Resources for Patient Transfer:**

- Other hospitals in the vicinity can be contacted for transfer of patients, additional supplies, or additional personnel.
- Contact the Telephone Exchange, Medical record department, if these other hospitals need to be contacted. They will need to know the number of patients to be transferred and the diagnosis or types of injuries.
- Hospitals contacted will be asked to provide emergency ambulance pick-up for these patients if necessary.

### **9.2.3 Inter-Hospital Transfers:**

If, in the judgment of the physician or emergency physician (in conjunction with the private physician), the patient cannot be adequately cared for at this hospital, the patient should be transferred to an appropriate private care facility. This applies to the following conditions:

1. Severely ill newborn.
2. Severe burn patients that require burn center.
3. Severe cardiovascular trauma requiring open heart pump and/or intra-aortic balloon.
4. Patients requiring kidney dialysis.
5. Intracranial injuries.

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6. Condition where the specialty physician cannot be reached, i.e. pediatric emergencies, complicated orthopedics, etc.
7. The specialty physician desires to transfer the patient after stabilization and examination.

#### 8.2.4 Procedure for Transfer:

1. A copy of the patient's chart or treatment record accompanies him with all charting completed. X-rays and lab reports will be sent at the discretion of the transferring doctor.
2. That facility shall be contacted prior to the transfer and agree to accept the patient.
3. Physician to physician contact by telephone should take place prior to transfer.
4. A Certification of Appropriate Transfer should be completed and signed by the transferring physician, the patient, if possible, and the transfer nurse (see attached).
5. The patient has been adequately prepared for transfer according to his condition (IV established, pressure dressings, immobilization of fractures, patient airway) and is accompanied in the ambulance by competent personnel.
6. A nurse to nurse contact should also take place. This can be done after patient has left for transfer.

#### 8.2.5 Hospital Evacuation Plan:

Evacuation involves the movement of patients, staff and other personnel within or from the health care facility in response to a situation which renders any medical facility unsafe for occupancy or prevents the delivery of necessary patient care as rapid and safe a manner as possible.

#### 8.2.6 Stages in Evacuation:

**Stage 1: Partial Evacuation** - patients is transferred within the hospital. There are two levels of a partial response:

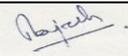
- Horizontal - first response; patient movement occurs horizontally to one side of a set of fire barrier doors.
- Vertical - movement of patients to a safe area on another floor or outside the building.

This type of evacuation is more difficult due to stairways which will require carrying of non-ambulatory patients; elevators cannot be used.

**Stage 2: Full Evacuation:** Patients are transferred from Hospital to an outside area, other hospitals, or other alternatives areas.

- Paramedic escorted patients will be diverted from the Emergency Department due to internal disruption.

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- The building should be evacuated from the top down as evacuation at lower levels can be easily accelerated if the danger increases rapidly.
- A. In the event of fire or other internal disaster, all patients and personnel will have to be removed from immediate danger to a safer section of the building, behind fire doors or removed from the building.
- B. Moving will be done first behind fire doors on the same floor and then if those areas become dangerous patients and personnel will be moved to lower floors or to the outside of the building.
- C. Moving will be done in a systematic fashion by moving all patients and personnel closest to the danger first.
- D. Each section of the building is numbered and given a letter (see floor plan). Make sure the fire doors are kept closed as much as possible when moving into each section.
- E. Under no circumstances should lifts be used in a fire-related evacuation unless directed by the Fire and Safety Officers / Warden.
- F. When all people have been removed from the danger area, a staff member should check that the area is clear. Provided no risk is involved, staff lists and patients records should be collected.

### 8.2.7 Evacuation of First & upper Floors of Hospital:

1. Activate the fire plan by pulling the fire alarm when a dangerous situation is found.
2. Start evacuating all patients and personnel from the immediate danger area, in a systematic manner.
3. The Administrator/supervisor is responsible for calling 425/243 and requesting all available fire and ambulance personnel to respond.
4. Plan may be activated at the discretion of the Administrator supervisor.

**Remember:** Keep cool, calm, and collected and we should have a successful evacuation.

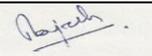
If we evacuate the entire building, everyone will report to the parking lot. A roll call will be made of each department area involved by the person in charge of each area. The supervisor will check with each department head to make sure everyone is accounted for.

### 8.3 External Disaster Plan:

General Directions for the Implementation of the External Disaster Plan:

**Day Shift:**

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1. The Administrator / Medical Superintendent receiving the communications about the disaster situation should implement the first step of the disaster plan by notifying the administration that a disaster situation exists and requesting them to notify the following:
  - a. Chairperson of Disaster Committee
  - b. Director of Nursing
  - c. CMO on Duty
  - d. Department Heads in hospital
2. The nurse in immediate charge will notify the doctor (or doctors) on call or she will ask another nurse to notify them.
3. Office personnel, at the direction of Administration or the Supervisor on duty, will then make the following announcement on the paging system and repeat it 3 times: "YOUR ATTENTION, PLEASE.....CODE ORANGE."
  - o At this announcement, all department heads will report to the Command Center at Casualty department for instructions.
4. Disaster manuals will be kept available by all department heads. Med/ Surg and Casualty Department will keep current list of personnel and telephone numbers.
5. All patients involved will be triaged through the Receiving Station (the Emergency Department hallway).
6. The "Command Center" will be at the MS Office, Additional nurses should be requested through the Command Center. Other department heads or their alternates will contact the number of additional personnel they need.

#### Evening and Night Shifts:

1. The relief or night supervisor will implement the first step of the disaster plan by announcing the Orange Alert and notifying the Administrator and the Director of Nursing that a major disaster situation exists.
2. She will then call the nurse on duty in the hospital unit who will notify the following people:
  - a. Emergency Room Supervisor, who will assume triage nurse duties
  - b. Doctor on call...then all other doctors on staff, as deemed necessary.
  - c. Other "on call" people (e.g., Emergency surgical team, lab, x-ray, all Intensive care units e.g. SICU/MICU/PICU/CTICU etc).
  - d. Director of Nursing will call department heads at home from here.
3. The Supervisor will be in administrative charge until a person higher in line of authority arrives.
4. The on-call physician will be in medical charge.

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### **8.3.1 Expansion of Facilities**

#### **A. Reception of Patient:**

1. A receiving and sorting station will be established in the Casualty Department hallway where **all** patients will be quickly tagged with a Disaster Tag and will be known by the **number on the tag** until more information is available.
  - Tie hospital disaster tag to ambulance tag with hospital tag on top. Put admitting time on tag. Send to appropriate Treatment Areas for lifesaving care with nurse assigned to each patient.

#### **B. Treatment Areas:**

1. Emergency O.T in Casualty area - Immediate surgery required.
2. Observation room - Holding area for surgery and transfer patients.
3. SICU/MICU/PICU/CTICU - Patients needing life-support care.
4. X-Ray Department New Building/OPD area new building for - Walking wounded, waiting for care.
5. Waiting Hall in front of Registration counter new building - Overflow for walking wounded.
6. ICU Care or direct hospital admits - Major medical patients.
7. Labor and Delivery - Obstetrical patients only.

#### **C. Personnel Assignments:**

1. Specific assignments will be issued to personnel by their department heads. Department heads should have more than one alternate.
2. All employees reporting on duty will go to their department. Their department head or alternate will then assign specific duties. (All nurses, nursing assistants and unit coordinators report to Command Center.)
3. The nurse assigned to a patient being moved from Triage must stay with this patient until relieved by another competent person or until the patient is admitted to a unit and signed off to appropriate person in charge of that unit.

#### **D. Records:**

1. Records should be minimized, depending on circumstances.

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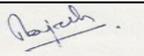
2. Numbered disaster tags will be available in the Receiving Area and affixed to EVERY patient until the proper outpatient chart or hospital chart is prepared. Tie this tag on top of any ambulance disaster tag and record time.
3. Sufficient information should be recorded in order to aid in identification and determination of extent of injuries. This should be done in Treatment Areas rather than Receiving.
4. As soon as disaster tag information is obtained, remove the top sheet from the chart and send by runner to the Command Center in the Casualty Department or affix to clips outside each treatment area and Medical Records will prepare casualty list.
5. Report any major change of the patient's condition to this Command Center. If the top sheet on the tag has already been picked up, report any changes by messenger.
6. SICU/MICU/PICU/CTICU, Lab, and x-ray should include the patient's disaster tag number and the patient's location in the hospital. **Be sure** these slips are made out.

#### E. Traffic Control:

1. If necessary, the Administrator will notify Police on Tel No.100 and request assistance in handling external traffic.
2. Incoming patients and emergency vehicles will arrive at the Casualty Department entrance.
3. Discharged hospital patients will leave by the exit door marked for such occasion. The admitting office will station personnel there to discharge patients.
4. Elevators will be utilized only for the movement of patients or equipment.
5. The loading dock (Area where utility trucks for supplying liquid oxygen and other materials etc. for hospital) will be used for incoming supplies.
6. The transfer of victims to other hospitals will take place at the Casualty Department entrance but via Exit door marked for such situation. The Holding Area for the transfer patients will be the Observation Room until the Casualty Department is cleared and cleaned.

#### F. When Additional Bed Space is needed:

1. Empty beds in the hospital will be utilized first.
2. If necessary, the medical staff will discharge the following types of patients until adequate space is available:
  - a. Diagnostic problems and observation cases that is not bedridden.
  - b. Patients about to be discharged.
  - c. Post-natal cases and babies after 24 hours post-partum. (Note: Special care must be taken in using OB beds in order to avoid contamination of facilities.)

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1. Discharged in hospital patients will leave by the routine Exit door (The main Entrance/ Exit door) to avoid incoming casualties. Contact Admitting Office for assistance.
  2. The Unit Coordinator or volunteer will call relatives of these patients for transportation.
  3. Routine admissions will be discontinued until it is determined that space is available.
- Extra cots, mattresses, and beds in storage will be set up in designated area by maintenance/Household staff. As a temporary measure, patients can be placed on blankets or mattresses on the floor.
- Extra cots will be obtained if necessary from other area hospitals.

#### **8.4 Civil Disturbance or VIP Admission Protocol:**

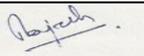
In the event of a riot situation existing or threatening the community or if a Very Important Person (political figure, stage or screen personality, etc.) is to be admitted to the hospital the following procedure should be instituted:

- A. The supervisor on duty shall immediately (upon notification of either of the above situations) order all doors in the institution locked.
- B. The Police Department shall be notified immediately and asked to provide tight security around the entire building.
- C. Notify the Hospital Administration.
- D. Be prepared to call a "Yellow Alert" or institute that part of the Disaster Plan you deem necessary.

#### **8.5 Bomb Threat Protocol:**

##### **A. Receipt of Warnings:**

1. When a phone call is received:
  - a. Prolong the conversation as long as possible;
  - b. Be alert for distinguishing background noises, such as music, voices, aircraft, and church/Temple bells;
  - c. Note distinguishing voice characteristics;
  - d. Ask where the bomb will explode, and at what time;
  - e. Note if the caller indicates knowledge of the hospital by his/her description of the location.
2. Notify authorities and key personnel:

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- a. POLICE
- b. Administrator/Chairperson Disaster committee.
- c. Director of Nursing, or Supervisor on duty at the time.

### B. Search Procedure:

1. After the basic details are provided by the person receiving the call, the Administrator or his designee should make all the necessary decisions, issue orders, and prepare for the arrival of assistance.
  - Police should be put in complete authority upon arrival. Cooperation with the police and others involved is most important. Hospital personnel with master keys should be available.
2. The Administrator must depend upon his key personnel and the equipment immediately available.
  - Local authorities may not be as familiar with the floor plan as hospital personnel, nor will they have sufficient manpower to conduct an adequate search within a reasonable period of time.
  - Therefore, the building will be divided into sections, and certain employees be made responsible for the search in each assigned area.
3. Watch for and isolate suspicious objects such as packages and boxes.
4. Public areas such as the lobbies, cafeterias, public toilets, and stairwells should be thoroughly searched.
5. The search should be thorough, eliminating those areas which are locked and unavailable to the public.
  - If the caller indicates the area in which the bomb is located, this area should receive immediate attention. Tight security should be maintained on each area searched until the entire search is completed.
6. Elevators should be kept available for local authorities.
7. If what appears to be a bomb is found, DO NOT TOUCHES IT. Clear the area and obtain professional assistance. Also, try to isolate the object as much as possible by closing doors.
8. Generally, personnel should remain calm and alert. Personnel should be properly trained so that patients will not become alarmed.

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- Notify the Administrator or his designee promptly of significant developments, and do not divulge to the patients that a bomb threat has been received.
- In the event the patients do learn what is taking place, they should be reassured that all is well.

### C. Evacuation:

If a bomb is found, the police will notify the proper authorities to come and disarm it. We WILL NOT EVACUATE unless a bomb is found. If evacuation becomes necessary, this will be a decision of the Administrator or person in charge and the police.

### D. Reports:

Each person involved should report to the Administrator immediately after a thorough search of his area have been completed indicating the results of the search.

Key personnel should prepare written comprehensive reports to the Administrator outlining any difficulties encountered during the incident. These reports will be used to update or revise the existing bomb threat procedure.

### E. Recovery:

- Upon return to normal level of operations an impact assessment (checklist) will be conducted by all participating departments to assess damage and replacement needs (i.e. supply replacement).
- All Departments will evaluate to determine if response was appropriate or where improvements need to be made.

## 9.0 DISASTER MANAGEMENT ACTION PLAN- HIMALYAN HOSPITAL

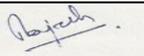
**(To be implemented in conjunctions with Disaster plan of Deptt. Of Disaster Management)**

### Communications:

1. On receiving information
  - a) Rush 'Rescue team' if the disaster is close by i.e. within distance of 15-20Km : Two ambulances will be moved out, with two teams, each self-sufficient in itself  
One Rescue team (Each ambulance)
 

JR Surgery	- 01
JR Ortho	- 01

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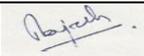
Attendants - 01

Staff Nurse - 01

Drugs & consumables: As per the list

After a quick assessment, rescue team will provide the real time scenario from the accident site to MS/ Dy M.S...

- b) Share and coordinate with other teams as per the plan given by Department of Disaster Management, Uttarakhand (Attached)
- c) Establish information centre at Emergency (Ambulance counter window)
- d) Doctors rooms (SRs) in Emergency to be used for external agencies gathering information.

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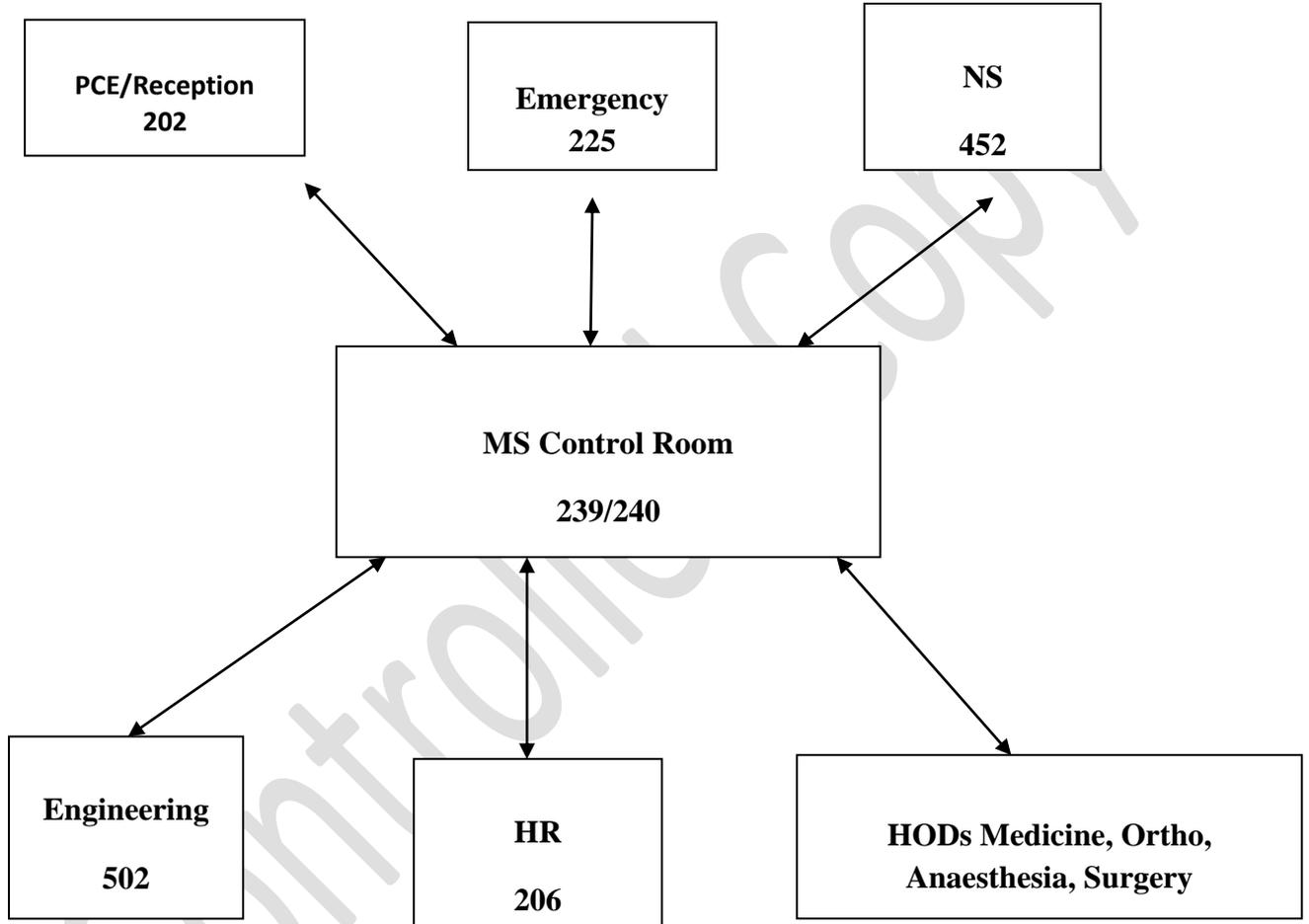
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2. Receiving and sharing of information as under



3. Flow of Patient & Triage:

- i. Retrieval of injured/ patient from site of accident is not medical expertise and neither their job. So give responsibility to administration for example: fire safety, police, NGO's or dept. concerned.
- ii. Individuals should be brought out from site of happening to as early as possible to safe & secure place (but nearby) where medical team should be able to assess, triage & give first aid immediately. So location searching & earmarking for medical team (first rescue team) is important job of administration at every site of accident. Including crowd management.

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- iii. Triage organising at every level is important activity:
  - a. At the level scene to the best ability of doctor reaching first.
  - b. Similar at hospital receiving point triage.
- iv. Every decision/ action at MS level on receipt information is situational and his job is to seal up as tricks resources. For number 10, 20 etc.... and type of patient (for e.g. fire, road accident, riots, natural like food poisoning etc).

4. Get the quantum of disaster-

- Expected casualties (< 10) - Manageable with existing resources
- (> 10) - Need to augment & get prepared.

5. Meeting of Disaster committee at Control Room (MS office)

6. Augment Security

- Housekeeping
- Nursing Staff
- Attendants

By redistribution or additional manpower: To be provided by HRD

7. Liaise with other external Agencies

- Police
- Media
- Disaster Management Groups
- NGOs

(Telephone numbers to be updated monthly)

- a. CMO of district/ state agency is finally responsible. As a hospital we prepare ourselves to maximum possible resources.
- b. Information may travel from top (CMO) to us or we seek clarification from CMO if hospital receive information.
- c. Liason with different hospital for mo. Of patient to be handled is based on number of casualties and CMO may step in.
- d. Geographical location: Look at geographical location from where disaster patient can come in our area of drainage.
- e. What is my natural area of coverage:
  - i. Hardwar: kumbh accident,
  - ii. Rishikesh: upto what location beyond that AIIMS come,
  - iii. Dehradun: upto Harrawala,
  - iv. Nepalifarm/ chidderwala.

8. Establish:

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Deputy Medical Superintendent	Deputy Medical Superintendent	Medical Superintendent
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- Reception (PRO counter) (May I help you)
- Attendants waiting area with tea/ water facility
- Disaster ward ready for receiving casualties
- Parking area for visitors
- Parking for mutual aid agencies
- Sign posts (Prepared)
- Place additional security at Emergency, Visitors waiting/ reception, Disaster ward
- Augment Pharmacy (a list of drugs for managing 10 casualties is attached)
  - Radiology
  - Lab
  - Blood Bank
  - Emergency admission counter and Pharmacy counter
  - Ambulance service

Two mobile X-ray units to be moved to Ward -002 from Observation ward & CTVS ward.

Mobile ultrasound with Radiologist at Ward 002-from Radiology department.

#### **Additional manpower required**

Nursing staff: 06 in Ward, 04 in ICU, 04 in Emergency = Total 14 nurses

Attendants: 06 in Ward 002, 04 in Emergency, 02 in rescue teams (two) =Total 14 attendants

**9. HODs :** Aim to have 10 beds in ICU, 30beds in Disaster Ward with scope to expand with additional 05 beds+ 05 beds in Ortho, Surgery and Medical Wards on 2<sup>nd</sup> Floor (for expansion)

Total (10+30+5+15) = 60 (Sixty beds)

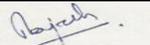
#### **Actions to create beds:**

Discharge cold/ recovering patients

Identify cases for shifting from ICU to other acute wards/ CRI ICU

All patients from ward 002 to be shifted to Ward no 107 & Ward no 211

- Call consultants on call duties
- Get Radiology, Lab fully functional
- Get OT functional

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#### 10. Media coverage (internal):

Communicating with Press – Only from Control Room/ Media Department

#### 11. Emergency :

- Restrict entry of visitors.
- Direct them to visitor waiting / reception through right turn.
- Triage/ colour code patient/ document.
- Carry only lifesaving/ resuscitative activity only.
- Stabilize/ dress wounds for shifting out to ICU, Radiology, and Disaster ward.
- Manual record, No. of cases transferred to ICU, Disaster ward, Died.
- Get mortuary opened.
- Mutual aids and media to be directed to HLT – 1.

#### 12. Disaster Ward :

- Dedicated 3 C ward
- Get prepared to receive casualties
- Get the drugs as per the expected number of casualties (Packages for 10 casualties as per list)
- Get Mobile X-Ray & mobile Ultrasound with Radiologist to be placed in ward
- Additional attendants to get medicines from Pharmacy
- Place priority 1, close to Nursing Station
- Manual recording sheet of patient's particulars
- **S.No. Name Age Diagnosis Bed No.**
- Maintain communication with Emergency department
- Identify patients needing shifting to ICU, after confirming bed availability
- Transmit information to control room by sending images of sheet by whatsapp/ email.

#### 13. Visitor Control Room & lodging arrangement at Ram Sarai, Nanak Sarai.

Catering Services: Patients, Visitors.

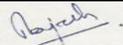
#### 14. Monitoring

Debriefing daily at control room and taking corrective steps

Note: Job descriptions are given as per attached list.

#### Job description at the time of disaster

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Doctors :

- History, examination, resuscitation and advising treatment
- Identification marks in case of dead.

Nursing: Dressing, starting I/V Lines, taking samples, giving medications, directing attendants

PRO:

- Dealing with visitors.
- Supervising security.
- Communicating with MS office.
- Facilitating admission and shifting of patients to wards.

Security:

- Restricting the entry of undesirable visitors.
- Guiding visitors.
- Controlling visitors, verbally and if required physically.
- Remain polite, while doing above jobs.

Attendants:

- Shifting patients/ bed making.
- Dispatching samples.
- Collecting medicines.
- Helping nursing staff in implementing orders.

Housekeeping:

- Keeping all activity areas neat & clear.
- Help attendants as and when required.

## 10.0 REFERENCES:

Emergency Preparedness Manual

## 11.0 RECORDS & FORMATS:

- Forms for bomb threat, external disaster
- Community Emergency Risk Register
- Hospital Disaster Management Plan (HDMP)
- Minutes of Disaster Preparedness Committee Meetings
- Mock Drill Reports

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- Epidemic Surveillance Reports

## 12.0 SUPERSESSION DETAILS:

In case of new document the heading will be excluded.

This document supersedes the earlier version <Doc No. : HH/ COP / Doc. 08A Revision dated: 26/04/2024> w.e.f. 04/05/2024

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