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Therefore, every hospital must be prepared to give emergency care to mass casualties and have a disaster plan. Hospitals have to be prepared for three kinds of disasters. The first is internal hospital disaster, such as explosion or a major fire. The second is an external disaster, such as a hurricane, flood, earthquake or a transportation accident. The third is a forewarned disaster, such as the receipt of a large number of patients from some other hospitals. As far as possible, planning should include consultation and liaison with local civil authorities such as Fire brigade, Police, Civil Defense Warden and similar agencies. Such planning should result in disaster-site triage and distribution of patients that assures effective coordination and the most efficient use of available facilities and resources.

Forming a Disaster Management Committee:

To execute the disaster plan, the hospital should have a Disaster Committee consisting of key functionaries of the hospital, viz.

the Director, or the Medical Superintendent, Administrative Officer, Heads of Clinical Units including operation theatres and casualty, Matron, and Officers in Charge of Transport, Supply, Security and Communications.

Preparing a Disaster Plan:

The primary task of the Disaster Committee is to assess the situation of the hospital, its capabilities, strengths and weaknesses, available resources, and prepare a disaster plan for managing sudden influx of casualties on a mass scale. The essentials of a disaster plan are: 1. An efficient system of notifying and assigning personnel to specified tasks 2.

A unified medical command 3. A probable self-sustaining ability in the area of basic utilities and supplies for a minimum of one week 4. Establishment of the source and methods of supply of drugs, dressing and other stores and consumables 5. Method of identifying patients who are immediately dischargeable 6. Conversion of all usable space to provide triage, observation and treatment areas 7.

Introduction/use of a special disaster medical record or medical tag that accompanies the patient at all times 8. Establishment of a centralised public information centre with a designed spokesman 9. Security system, to minimise the presence of unauthorized individuals and vehicles in or near the reception, triage, observation and immediate care areas.