DISASTER MANAGEMENT

BY

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WHAT DID YOU SEE….?

IS THE SITUATION FAMILIAR ?

SO, WHAT IS A DISASTER ?

What is a “Disaster”?

Disaster- dis·as·ter *n.*

a.An occurrence causing widespread destruction and distress; a catastrophe.

b.A grave misfortune.

c.Informal- A total failure

“Disaster” Definition

A *disaster* is present when *need exceeds resources*!

Disaster = Need > Resources

- A response need that is greater than the response available!

DEFINITIONS OF DISASTER

1. WHO - Sudden Ecologic Phenomenon of Sufficient magnitude to require external existence.

2. Colin Grant - Catastrophe causing illness or injury simultaneously to at least 30 people who will require Hospital services

DEFINITIONS OF DISASTER

3. ACEP - 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

DEFINITIONS OF DISASTER

4. Humberside Country Council UK - Major incident arising with little or no warning causing or threatening death or serious injury to or rendering homeless, such numbers of persons in excess of those which can be dealt with by the public services operating under normal procedures and which calls for the special mobilization and organization of these services

CHARACTERISTICS

1. Suddenness of Occurrence
2. Vastness of Damage
3. Loss of Life and Property
4. Disruption of Communication
5. Panic and Anxiety

CLASSIFICATION OF DISASTERS

HEALTH IMPLICATIONS OF DISASTERS

Direct health consequences

- Injuries
- Deaths

Indirect health consequences

- Transmission of Communicable diseases
- Rehabilitation
- The Aftermath

Are We Prepared?

Is the Indian healthcare system prepared?

We think we are … The Armed Forces, Law enforcement agency, Fire department, The Railways and Community has…

… a disaster plan

… properly documented drills

… annual training documented

But...

RESCUE

INDIAN EXPRESS 27 JAN 2001

- NO IMMEDIATE RESCUE OPERATIONS AND NO COORDINATION
- ADMINISTRATION PARALYSED
- DELAY IN DEPLOYMENT OF RESCUE TEAMS

RELIEF

INDIA TODAY FEB 2001

- RELIEF PILING UP
- FOOD WAS ROTTING UP

TIMES OF INDIA FEB 2001

- RELIEF SPINS OUT OF CONTROL
- RELIEF STILL IS A FAR CRY
- RED TAPE, POOR DISTRIBUTION
- LOOTING OF RELIEF MATERIAL

INDIA TODAY FEB 2001

- MINIMAL EQPT AND BROKEN ROAD
- CROWBAR LEVEL MACHINERY AND SPADES
- NO THERMAL OR LASER EQUIPMENT FOR RESCUE
- NO SNIFFER DOGS
- ARMY, NAVY AND AIR FORCE WORK ROUND THE CLOCK
- TECHNOLOGY FACILITATES RECOVERY PROVIDED
- I-T SUPERPOWER IS ALIVE TO IT

Are We Prepared?

KATRINA TAUKTAE

YAAS NISARGA

AMPHAN

Are We Prepared?

Interagency communication failures!

Why do we all treat a cardiac arrest the same?

…because there is an agreed-upon approach.

Are We Prepared?

Critical to healthcare preparedness

- uniform
- coordinated approach
- mass casualty management from any cause

NEED: A nationally standardized plan, training program and policy

WHY WE ARE NOT PREPARED

Traditional Approach fails

Need Equipment and logistics

Need Training

Need Rs

Fear of the unknown

It can’t happen here

Not Interested

Inherent lethargy

SO, WHAT HAVE WE GOT AND WHAT WE SHOULD DO

THE ORGANISATION FOR DISASTER MANAGEMENT

Management at Global level

United Nations Disaster Assessment and Coordination (UNDAC)

UNDP, WHO and operational humanitarian United Nations Agencies

On request, the UNDAC team can be deployed within hours

Management at Global level

International Search and Rescue Advisory Group (INSARAG)

INSARAG is a global network of more than 80 countries and disaster response organisations under the United Nations umbrella.

Earthquake response

International Health Regulations

First constituted - 1969

Last revision – 2007

India became signatory – 2005

Includes provision of technical assistance and resources to member states

Coordinating agency - WHO

Disaster Planning at

National level

Over all Responsibility

National Disaster management – transferred to Min of Home Affairs in 2002

Disaster management Act 2005 - enacted 23 Dec 2005

Disaster Management Act

Continuous and integrated process of planning, organising , coordinating and implementing measures which are necessary for

- Prevention of threat of disaster
- Mitigation of risk of any disaster / its severity

Disaster Management Act

Preparedness to deal with any disaster

Assessing the severity

Evacuation/rescue /relief

Rehabilitation / reconstruction

National Disaster Management Authority

Chairperson – Prime minister

Members – 9

Responsibility to lay down policy /plans/ guidelines

National Advisory Committee

National Authority will constitute Advisory Committee – Experts from various fields

National Executive Committee

Secy to GOI IC of Disaster Management

Secy – Dept of

Atomic Energy	-Defence
Drinking water supply	-Health
Environment and Forests	- Power
Rural development	-Space
Science & Technology	-Telecom
Urban development	-Finance
Rural development	-Agriculture

COAS + Chiefs of Staff Committee

State / District level

Parallel Org / authorities at

- State Disaster Management Authority
- District Disaster Management Authority

Executive Committees – Responsible for implementation of

- National disaster plan
- State disaster plan
- District plan

DISASTER MGMT ORGANISATION IN ARMED FORCES

HQ IDS is Nodal Agency

Defense Crisis Management Group

Chairman- CISC

Members - DGMO- Army

- Dir Naval Ops- Navy

- ACAS Ops- Air Force

- DGAFMS

DGsMS – Executive Arms of DGAFMS

DISASTER MGMT CELL AT THE DIRECTORATE OF DGAFMS

Chairman- DGHS(Armed Forces)

Members -Rep of DGMS (Army)
-Rep of DGMS (Air)
-Rep of DGMS (Navy)

OIC DMC- Director (Coord)

Disaster Bricks

Medical Bricks for Disaster relief

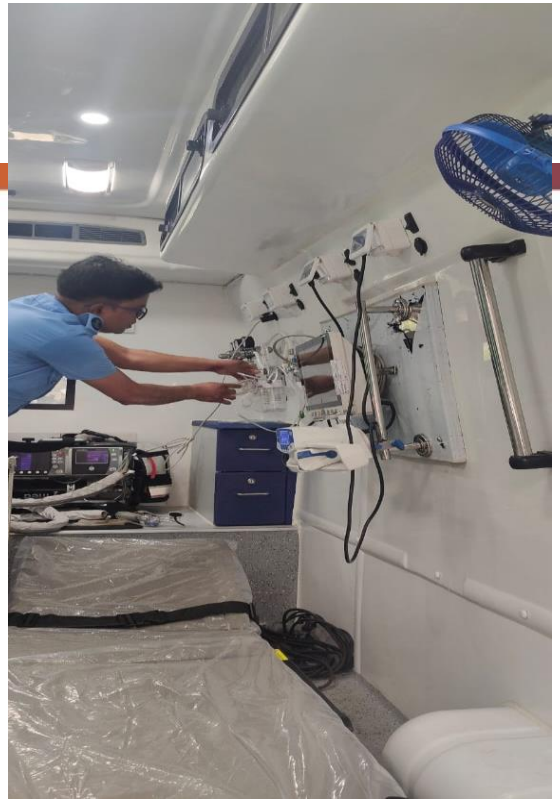
1.Basic Medical Brick

2.Basic Surgical Brick

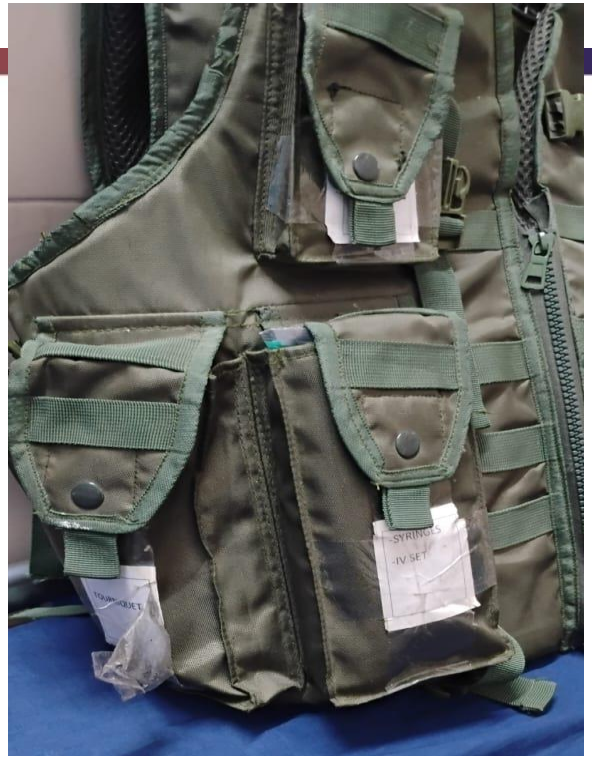
3.International Brick

4.Incremental Surgical Brick


AMBULANCE
FORCE
014023 N




SHELL
DRESSING
-GAMZI PAD
-STERILE GAUZE


-SYRINGES
-IV SET


AMBULANCE


AMBULANCE


AMBULANCE
DRESSING MATERIALS
TABLETS
INJECTION
EMERGENCY KIT
EMERGENCY EQUIPMENT


AMBULANCE
EMERGENCY KIT
EMERGENCY EQUIPMENT
INJECTION
TABLETS
DRESSING MATERIALS


AMBULANCE

Basic Medical Brick

Cater for 100 emergencies for 07 d for use in India by a Medical Officer

Kept ready at AH RR, all Command Hosp & Zonal Hospitals

Additions to be made on the nature of aid required

Basic Surgical Brick

Cater for 100 emergencies for 07 d

For providing preliminary First Aid by Medical Officer

No Operations can be carried out

International Brick

Cater for 500 emergencies for 07 d

For aid in cyclones, earthquakes for nation to nation help

To be air lifted

02 Bricks to be kept ready at AFMSD Delhi, Lucknow & Mumbai

Incremental Surgical Brick

Cater for 500 emergencies for 07 days

Brick to be deployed with a Surgical Team

Capable of providing emergency trauma and surgical care as per WHO guidelines

01 brick be kept at AFMSD Delhi

Costing – 02 Crore

TRAINING

All courses for officers and nurses in Officers Training College include disaster management and CBRN preparedness

Trg of PBOR at AMC Centre & AFMC incl disaster response and CBRN preparedness

Specialised trg at institutions viz CME

All hosp/Fd hosp carry out trg and drills

Fd hosp earmarked for regular trg and drills in CBRN cas mgmt

Disaster Aid - International

Sr No	Mission	Year	Remarks
1.	Iran Earthquake	2003-04	2353 patients treated
2.	Indonesia & Sri lanka, Tsunami	2004-05	11754 patients treated
3.	Cyclone relief to Myanmar	2008	15,000 patients treated; Aid amount Rs 1,88,22,473/-
4.	Kabul Bomb Blast	2008	Team reached location same day
5.	Aid for Earthquake to China	2008	Med stores & eqpt provided as per request
6.	Aid to Pakistan	2008	Med stores & eqpt provided as per request

Disaster Aid - National

Sr No	Location	Year	Remarks
1.	Kashmir Earthquake	2005	6723 patients treated
2.	Bihar floods	2008	33 Medical Teams for 02 months
3.	W Bengal – Cyclone ‘AILA’	2009	16 Med Teams treated 13516 patients
4.	Andhra/Karnatka Floods	2009	Med Teams treated 941 patients

CBRN - Preparedness

Medical Equipment procured

First Aid kits, Casualty Bag, Resuscitator, Autojet Injector, Water Poison Testing Kit

Units trained & Equipped for CBRN threat

Army – 06, Navy – 03, Air Force - 01

Location of QRT/QMRT

S No	Command	Location QRT	Location QMRT
1.	North Comd	Nagrota	Akhnoor
2.	South Comd	Pune	Pune
3.	East Comd	Kanchrapara	BH B'pore
4.	West Comd	Jallandhar	Jallandhar
5.	West Comd	Delhi	Delhi
6.	Cent Comd	Barabanki	Allahabad
7.	SW Comd	Bhatinda	Bhatinda

Location of QRT/QMRT – Navy & Air Force

S No	Command	Location QRT	Location QRMT
1.	West Naval Comd	Mumbai	Mumbai
2.	East Naval Comd	Vishakhapatnam	Vishakhapatnam
3.	South Naval Comd	Cochin	Cochin
4.	Air HQ (VB)	Delhi	

Medical Equip – QRT/QMRT

- First Aid Kit CW type ‘A’ & ‘B’
- Casualty Bag Half
- Casualty Bag Full
- Resuscitator
- Autojet Injector
- Water Poison Test Kit

- Multi roll four outlet resuscitator with Oxygen concentrator
- Multi roll single outlet resuscitator with Oxygen concentrator
- NBC protective film (chemical agent resistant material)

Miscellaneous Equipment

Fire Fighting Protective suit with compressed oxygen cylinder & breathing apparatus

Individual communication set

Torch

Battery operated flood light

Air crew ensemble with portable ventilator, respirator, head blower

Night vision goggles

DGMS (Army) - 06 Fd Hosp earmarked for Disaster Response including NBC Preparedness as under: -

(a)	South Comd	- one
(b)	East Comd	- one
(c)	West Comd	- one
(d)	Delhi Area	- one
(e)	SWest Comd	- one
(f)	North Comd	- one

STOCKING

AFMSD Delhi Cantt.

AFMSD Mumbai

AFMSD Lucknow

Each AFMSD to stock: -

Basic Med Brick-10

Incremental Surgical Brick-01

WHAT SHOULD WE DO

We should Plan for Managing Disaster so that we do not get overwhelmed when the disaster strikes us

HOSPITALS AND DISASTERS

1. Where Hospital itself is not involved in the Disaster
2. Where Hospital is Directly involved in the Disaster
3. Where Hospital is Indirectly involved in the Disaster
4. Where Disaster affects the Hospital only.

PRE REQUISITES FOR HOSPITAL DISASTER PLANNING

1. **Role, Responsibilities and work Relationships to be clarified.**
2. **Hazard Analysis**
3. **Hospital Capability Analysis**

   * **Hospital Treatment Capacity – 3% of total Hosp Beds**

   * **Hospital Surgical Capacity**

   No of operating rooms X 7 X 0.25

4. **Hospital Community Co-operation in Disaster Planning.**

AIM

To provide prompt and effective medical care to the largest number of people needing that care in order to bring about early recovery and reduce the death,disability,distress and disease associated with the disaster incident

OBJECTIVES

1. To prepare the staff and institutional resources for optimal performance in an emergency situation of a certain magnitude
2. To make the community aware of the importance of the disaster plan, how it is executed and the benefits it provides
3. To establish security, traffic control and public information arrangements

PRINCIPLES OF DISASTER PLAN

It should be :-

* Simple
* Flexible
* Clear
* Concise
* Adaptable
* Extension of normal hospital working
* Practised Regularly
* Permanent and Periodically updated
* A part of a Regional Disaster Plan

DISASTER ORGANIZATION

Organization chart

Disaster committee

Departmental representation

- Medical
- Diagnostic and supportive
- Nursing
- Administration
- Others as on required basis

DISASTER COMMITTEE FUNCTIONS

Develop hospital disaster plan.

Develop departmental plans.

Allocate duties to hospital staff.

Establish standard of emergency care.

To conduct and supervise training.

Supervise drills to test the hospital plan.

To review and revise disaster plan regularly.

HOSPITAL DISASTER PLANNING PROCESS

Analysis of risk, hazards and vulnerability.

Resources available.

Response capabilities.

Determination of aim.

Development of plan.

Determination of organization structure.

HOSPITAL DISASTER PLANNING PROCESS

Development of organization.

Training of organization.

Testing of the organization.

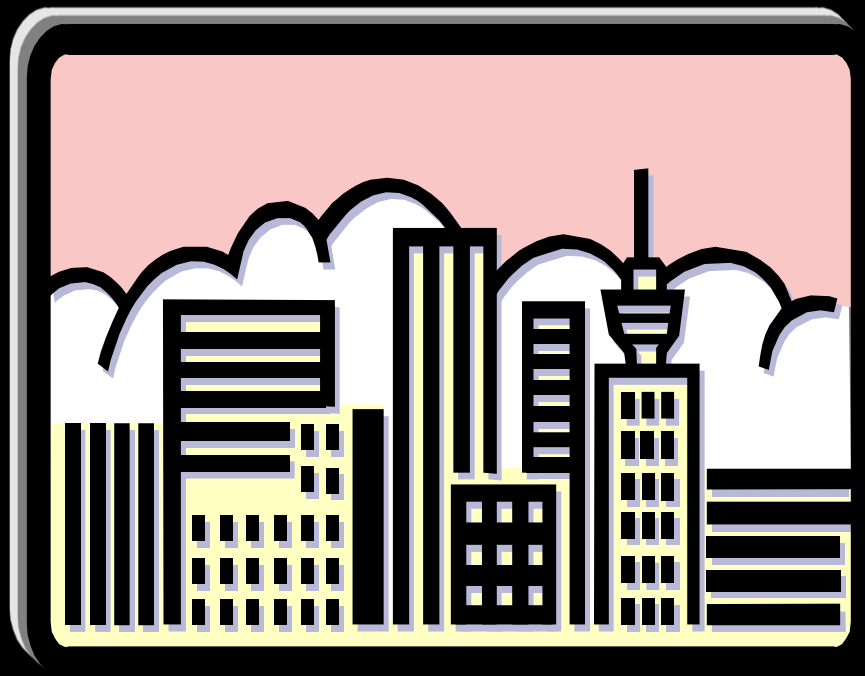
Testing of the plan.

Revision of both the plan and the organization.

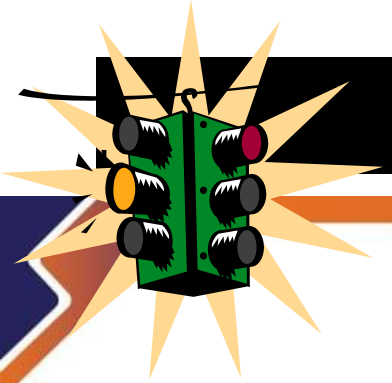
Re-testing and the cycle continues.

HOSPITAL DISASTER PLAN MUST CLEARLY PROVIDE FOR:

- Alert
- Recall
- Deployment
- Expansion
- Sustenance
- Normalcy
- Revise and update
- Drill



GRADED RESPONSE



All or none situation- major problem

Graded response

-Green alert- on duty staff to support casualty

-Amber alert- Large number of casualty, extn of green alert

-Red alert- Major community disaster, normal activity suspended

HOSPITAL DISASTER PLAN PROVISIONS

An efficient system of alert and staff assignment.

Conversion of a usable space into clearly defined areas for triage, patient observation and immediate care.

Removal of casualties to more appropriate and definitive medical care facilities.

HOSPITAL DISASTER PLAN PROVISIONS

Special medical services for disaster cases.

Procedure for prompt transfer of patients within the hospital.

Security arrangements.

Establishment of a public information centre.

HOSPITAL DISASTER PLAN PROVISIONS

Evaluation of hospital services and its sources of electricity, gas, water, food and medical supplies.

Method of identifying patients who are immediately dischargable or transferable.

Special disaster medical record & medical tag.

Planning use of OT, Radio diagnosis, blood bank, laboratory and critical care facilities.

ORGANIZING FOR DISASTER

Organization and line of authority.

Role and responsibility-

Disaster co-ordinator, medical staff, administrator, dept heads , nursing, accident & emergency dept, operating dept, lab, radiology and special units

LOGISTICS SUPPORT

Pharmacy

Linen and laundry

CSSD

Dietary

Housekeeping

Medical records

Portering staff

LOGISTICS SUPPORT

Engineering
Social work
Transport
Security and traffic control
Communication
Media control
Morgue
Handling of family members

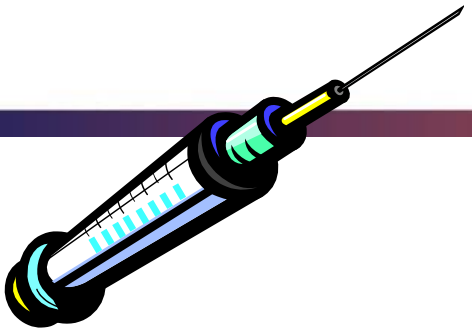
DISASTER FACILITIES

Triage

First aid station

Primary treatment areas- immediate, urgent and non-urgent care

Secondary care areas- wards, ICU, Theatres , radiology



DISASTER FACILITIES

Inpatient, evacuation, holding area

Control and information centre

Volunteer reception

Relatives waiting area

Press room

DISASTER FACILITIES

Special areas

Disaster bed capacity

The bed state

STAFFING TREATMENT AREAS

Reception

Primary treatment areas

Secondary treatment areas

DISASTER ADMINISTRATION

Control centre

Staff report board

Information centre

Communication

Stand down

Aftermath

CONTROL CENTRE
INFO CENTRE

MED STAFF REPORT CENTRE	POLICE DOCU CENTRE	CAS PROPERTY ROOM
NURSING STAFF REPORT CENTRE	PRESS ROOM	RELATIVES RECEPTION
VOLUNTEER RECEPTION		

CASUALTY LOCATION

CASUALTY STATUS ID & STATUS BOARD	DISASTER Tag No	A&E	X-RAY	ICU	WD-1
Pt. NAME	01			01	
Pt. NAME	02		02		
Pt. NAME	03	03			
Pt. NAME	04				04

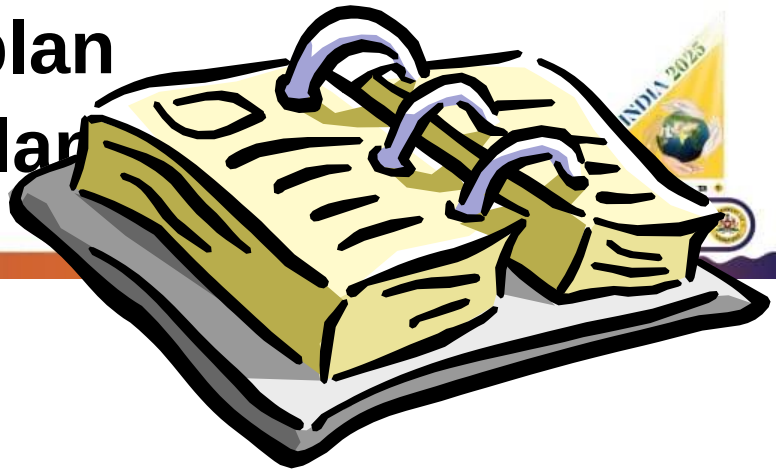
DISASTER MANUAL

General hospital policy and procedures

- Responsibility
- Alert
- Response
- Stand down

Disaster notification

- Working day plan
- Silent hours plan



DISASTER MANUAL

Accident and emergency dept

Special duties and responsibilities

Nursing services

Departmental duties and responsibilities

HOSPITAL DISASTER DRILL

To test the hospital response

To determine effectiveness and efficiency

To train the staff of the hospital

To detect errors or flaws in the plan

To minimize the time required to put the hospital on an emergency footing

DISASTER DRILL EVALUATION

Form an evaluation group

Timely and proper execution of plans

Adequacy of medical care in the disaster area

Whether the evacuation to the hospital proceeded according to plan

Whether the intra hospital care was adequate, timely and speedy

WHY AMC NEED TO BE PREPARED AT ALL TIME?

- Armed Forces main stay of emergency response
- Armed Forces is a key resource org
- Armed Forces are key agency for rescue, relief and med care
- AFMS have a wide network in field and peace
- AFMS have trg and competence to deal with emergencies

WHY AMC NEED TO BE PREPARED AT ALL TIME?

- AFMS will continue to be called upon for providing med care in disasters
- Therefore preparedness plans, trg, and regular drills necessary

WHAT NEEDS TO BE DONE?

- Course curriculum of para-med, nurses,med-offrs and spl must include disaster mgt
- Each station must have a plan incorporating all elements because disaster mgt is multi disciplinary
- Requirement of area and formation based plan with appropriate coordination and control mechanism
- Promote inter-services coordination
- Coordination with other existing med – facilities on station basis.

COMPONENTS OF HOSPITAL DISASTER PLAN

1. **Efficient system of Alert and staff assignments**
2. **Unified Medical command**
3. **Mobilisation of Resources**
   * **Medical Nursing Administrative Staff**
   * **Medical Stores Supply and Equipments**
   * **Conversion of useable space into clearly defined areas for Reception, Triage observation and immediate care**
4. **Procedure for prompt transfer of patients within hospitals**
5. **Procedures for discharge / referral / Transfer of patients including Transportation**

HOSPITAL DISASTER MANUAL

Written statement of disaster plan

To be activated during disasters

Divided into five sections

SECTION I

INTRODUCTION

* Disaster Alert code
* General Principles of Conduct
* Brief Synopsis of total plan

SECTION II

DISTRIBUTION OF RESPONSIBILITIES

* Requirements and Responsibilities of Individuals and Departments

* Action Cards

SECTION III

CHRONOLOGICAL ACTION PLAN

* Initial Alert
* Activate Hospital Disaster plan
  - Notify Key personnel
  - Activate key Departments
  - Give details of Resource Mobilisation
  - Pre Arranged wards / areas for casualties
* Formulation of Command Nucleus
  - Preferably near the casualty
  - Define Roles of Hospital Controller, Senior Nursing Officer, Hospital Administrator.

SECTION III

CHRONOLOGICAL ACTION PLAN

* Clinical Principles of Mgmt of Casualties

-Reception

-Triage

-Admission of patients

-Utilisation of Supportive Services

-Principles of Treatment of Casualties

BLS

ALS

SECTION III

CHRONOLOGICAL ACTION PLAN

* Specific problems of Disaster Management

- Clinical Problems

  - Less, serious patients report first
  - Contaminated casualties

- Administrative Problems

  - Documentation
  - Police Documentation Team
  - Communication
  - Friends and Relatives
  - Crowd Control – Convergence effect

SECTION III

CHRONOLOGICAL ACTION PLAN

- Voluntary workers
- Patients Property
- Press and Broadcasting
- Disposal of Dead

SECTION IV

Check list of Personnel and Items

- Designation of overall Medical Authority
- Establishment of communication network
- Notification Rosters
- Triage centre with triage officer
- Personnel Assignments
- Designation of Teams and Area of Operations

SECTION IV

Check list of Personnel and Items

- Routes of disposition
- Criteria for patient categorisation
- Security Arrangements
- Plans for logistics and supplies
- Records
- Evacuation system

SECTION V

Repeated Rehearsals

- To Train
- To test performance
- To correct weaknesses and deviations.

SUGGESTED GUIDELINES FOR A COMPOSITE, MULTI SECTORAL, LONG TERM DISASTER PLAN

National disaster Policy supported by Central, State and district level disaster plans.

Retrospective Epidemiological study of disasters in the area

Action plan

Resource planning

Training Plan

Allied planning

Periodical execution and practice

Post practice evaluation

Collaboration of plan with allied agencies, areas and states

RETROSPECTIVE STUDY

Data collection and analysis for forecast of disasters

Mapping of vulnerable areas

Community profile

Population at risk

Risk identification and analysis

PLAN OF ACTION

Prevention of risk

Promotion of health

Specific treatment

Rehabilitation

Disposal of the dead

RESOURCE PLANNING

Health manpower

Medical stores and equipment

Logistics requirements

Ambulances

Medical / health set up facilities

Food and water

TRAINING PLAN

Training of Health manpower

Training of Administrators and others incl BDO, Police, Fire and civil defence personnel, village pramukhs etc

Health education to population

ALLIED PLANNING

Augmentation of political will

Involvement of NGOs and voluntary groups

Commitment and allocation of funds

Formation of core groups at central and state levels

Formation of area level functional bodies and earmarking of their specific tasks and responsibilities

ALLIED PLANNING

Establishment of commn channels

Establishment of alternative sources of power and energy

Monitoring and evaluation

Propaganda and publicity, promotion of public awareness

Plan for mitigation and rehabilitation

OTHER PLANNING ASPECTS

Periodical execution and practice of the long term plan

Post practice evaluation of plan at central and state levels and modifications thereof

Collaboration of plan with allied agencies, areas and states for uniformity of action

SEQUENCE OF ACTIONS ON RECEIPT OF INFORMATION

THE SEQUENCE OF ACTIONS

Receipt of info

DMO

MC

Alert Code

Sr Registrar

Co-Ordinator

Transport

Triage teams

Documentation

Loading of Cas

Evac to Hosp

SEQUENCE OF ACTION IN HOSPITALS BEFORE RECEIPT OF CASUALTIES

SEQUENCE OF EVENTS AT HOSPITAL

Setting up of Control HQ

↓

Setting up of Reception point

↓

Procurement of necessary materials

↓

Discharge of Cold Cases

↓

Mobilisation of manpower

↓

Operation Theatre Activation

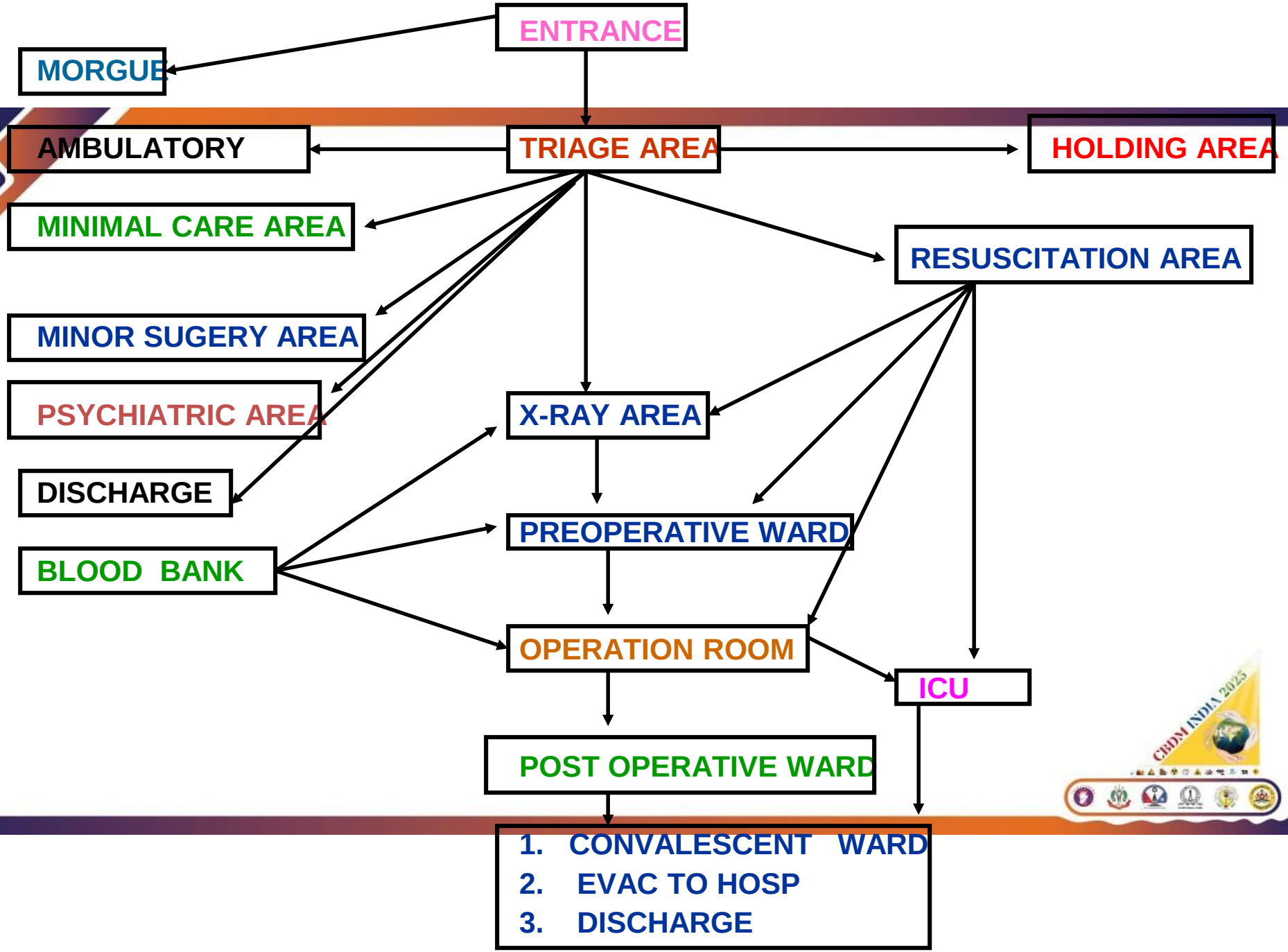
↓

Selection of Surgical Teams

↓

Assignment of duties

SEQUENCE OF ACTION ON RECEIPT OF CASUALTIES


ENTRANCE
MORGUE
AMBULATORY
TRIAGE AREA
HOLDING AREA
MINIMAL CARE AREA
RESUSCITATION AREA
MINOR SUGERY AREA
PSYCHIATRIC AREA
X-RAY AREA
DISCHARGE
PREOPERATIVE WARD
BLOOD BANK
OPERATION ROOM
ICU
POST OPERATIVE WARD
1. CONVALESCENT WARD
2. EVAC TO HOSP
3. DISCHARGE

DO REMEMBER

D-I-S-A-S-T-E-R
Paradigm

D: Detection

I: Incident Command

S: Safety & Security

A: Assess Hazards

S: Support

T: Triage & Treatment

E: Evacuation

R: Recovery

D-I-S-A-S-T-E-R Paradigm

Incident Command System (ICS)

Born in Fire Service

- Managing wildfires in early 1970's
- Interagency task force collaborative effort

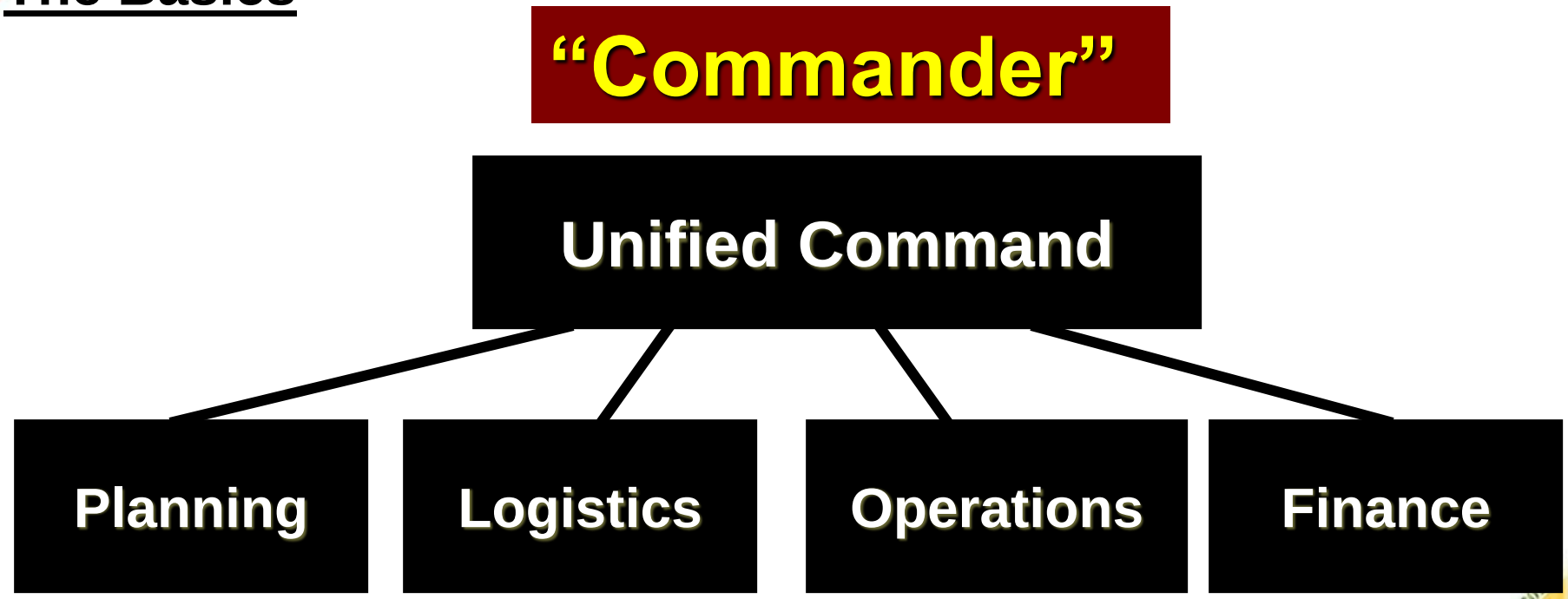
Uniform structure

Clearly delineated roles/responsibilities

Clear chain of command/ communication

Incident Command System

The Basics



"Thinkers" "Getters" "Doers" "Payers"

***D-I-S-A-S-T-E-R* Paradigm**

Assess Hazards

Be Aware of Secondary Devices!

Bombs, Shrapnel devices, Incapacitating Devices, Multiple Snipers/Terrorists, Delay Devices

D-I-S-A-S-T-E-R Paradigm

Assess Hazards

Be Aware of Secondary Devices!

Bombs, Shrapnel devices, Incapacitating Devices, Multiple Snipers/Terrorists, Delay Devices

D-I-S-A-S-T-E-R Paradigm

Support

Unexpected Volunteers and Donations:

Positive intentions, often negative impact

Does your preparedness plan include them?

- ICS, Identify needed skills and needed supplies

Negatives:

- Time to sort large, poorly labeled goods
- Storage space used
- Unplanned personnel are a liability
- At risk of injuries, require food, water and shelter

Volunteers

Well-Meaning Volunteers Can…….

Overwhelm, Interfere, Confuse, Burden & Even Endanger themselves and others

Best if a member of a recognized, organized response team that has been invited in

DON'T JUST SHOW UP !!

M.A.S.S. Triage

M – Move

A – Assess

S – Sort

S – Send

M.A.S.S. Triage is a disaster triage system that utilizes US military triage categories with a proven means of handling large numbers of casualties in a mass casualty incident (MCI).

“ID-me”!

I - Immediate

D - Delayed

M - Minimal

E - Expectant

D - DEAD

“*ID-me”!* - a mnemonic for sorting patients during MCI triage. It is utilized effectively in the *M.A.S.S. Triage* model.

"*ID-me*"! - a mnemonic for sorting patients during MCI triage. It is utilized effectively in the *M.A.S.S. Triage* model.

I - IMMEDIATE

D - DELAYED

M - MINIMAL

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M - MINIMAL

D - DELAYED

I - IMMEDIATE

E - EXPECTANT

D - DEAD

TRIAGE

CANNOT WAIT

HAS TO WAIT

CAN WAIT

LOST

TRIAGE

Cat	Meaning	Consequences	Examples
T1 (I)	**Acute danger for life**	**Immediate treatment, transport as soon as possible**	**Arterial lesions, internal haemorrhage, major amputations**
T2 (II)	Severe injury	Constant observation and rapid treatment, transport as soon as practical	Minor amputations, flesh wounds, fractures and dislocations

Cat	Meaning	Consequences	Examples
T3 (III)	Minor injury or no injury	Treatment when practical, transport and/or discharge when possible	Minor lacerations, sprains, abrasions
T4 (IV)	No or small chance of survival	Observation and if possible administration of analgesics	Severe injuries, uncompensated blood loss, negative neurological assessment

Cat	Meaning	Consequences	Examples
T5 (V)	Deceased	Collection and guarding of bodies, Identification when possible	Dead on arrival, downgraded from T1-4, No spontaneous breathing after clearing of airway

TRIAGE TAGS

SMART TAG system. Note the bar code for patient tracking.

Even simple tape can be used as a last resort

CONCLUSION

Disaster Management involves a host of Multi-discipline agencies of which Medical Relief is one of the most important steps. There can be no Tailor Made Disaster plan for the Hospitals. Each Hospital has to evolve its own plan based on the aforementioned considerations, and it has to be revised from time to time as each experience will bring new perspectives.

CONCLUSION

Finally, it must be understood that a Disaster can occur anywhere and at any time. It is no respector of circumstances. It strikes with suddenness and fury and has a curious tendency of choosing the most inopportune moment. To deal with such sudden influx of a large number of casualties, quantitative extension of Hospital services, operations and safety measures are required. **At the Time of Disaster there is No Time For PLANNING. That is the Time for DOING**

THANK YOU

FOR YOUR

PATIENCE, PERSEVERANCE

AND

TOLERANCE