



DISASTER AND EMERGENCY OPERATION PLAN

SIBU HOSPITAL (Revision 2014)



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HOSPITAL DISASTER AND EMERGENCY OPERATION PLAN

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Table of Contents

Committee Members.....	Error! Bookmark not defined.
Abbreviations.....	6
SECTION 1.....	7
INTRODUCTION	7
OBJECTIVE.....	7
PURPOSE	7
SITUATIONS AND ASSUMPTIONS	7
RESPONSIBILITY	7
COMMUNITY PARTNERS	7
GENERAL CONSIDERATIONS.....	8
LINE OF AUTHORITY - HOSPITAL COORDINATOR (HC):.....	8
COMMUNICATION	8
EQUIPMENTS AND SUPPLIES	9
VALUABLE AND CLOTHINGS	9
MORGUE FACILITIES.....	9
COLOUR CODE FOR MEDICAL STAFF IN AN AIR DISASTER	10
SECTION 2.....	11
HOSPITAL ACTIVATION	11
NOTIFICATION AND ACTIVATION	11
EXTERNAL DISASTER.....	11
INTERNAL DISASTER	11
HOSPITAL ACTIVATION	12
EMERGENCY DEPARTMENT RESPONSE PHASE.....	20
EMERGENCY DEPARTMENT ORGANIZATION	20
IDENTIFY KEY ETD PERSONNEL.....	20
ESTABLISHMENT OF SPECIFIC ZONES / CENTERS	22
AMBULANCES AND MEDICAL TEAM.....	24
PREPARATION OF THE EMERGENCY AND TRAUMA DEPARTMENT PRIOR TO PATIENT ARRIVAL	25
EQUIPMENTS AND SUPPLIES	26
HOSPITAL RESPONSE PHASE	28
PUBLIC ORDER.....	31
RESPONSIBILITIES OF INDIVIDUALS AND DEPARTMENTS	31
DUTIES OF VARIOUS OFFICERS DURING A DISASTER	45
SECTION 3.....	53

MEDICAL INCIDENT MANAGEMENT AND DISASTER SITE ARRANGEMENTS..	53
INTRODUCTION	53
MANAGEMENT STRUCTURE.....	53
MEDICAL INCIDENT MANAGEMENT	54
SITE ARRANGEMENT	54
TRIAGING AND TREATMENT.....	55
SITE MANAGEMENT AND PERSONNEL.....	55
SITE PERSONNEL	61
SECTION 4.....	65
RECOVERY PHASE	65
DEBRIEFING.....	65
RECOVERY.....	65
SECTION 5.....	66
PLAN DEVELOPMENT AND MAINTENANCE	66

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Abbreviations

AMO – Assistant Medical Officer

EDCCC / ED3C – Emergency and Trauma Department Command and Control Center

EMT – Emergency Medical Team

ETD – Emergency and Trauma Department

HOC – Hospital Operation Center

HC – Hospital Coordinator

HIC - Hospital Information Center

MO – Medical Officer

NS – Nursing Sister

SN – Staff Nurse

SIBU HOSPITAL DISASTER PLAN

SECTION 1

INTRODUCTION

OBJECTIVE

To provide a plan for the mobilization of the resources of the hospital to respond to a major community disaster.

This Disaster Plan will be activated when the number of ill or injured exceeds the capacity of the the Emergency and Trauma Department or the normal operations of multiple departments to provide the quality of care required.

PURPOSE

1. To provide policy for response to both internal and external disaster situations which may affect hospital staff, patients, visitors and the community.
2. Identify responsibilities of individuals and departments in the event of a disaster situation.
3. Identify Standard Operating Guidelines for emergency activities and responses.

SITUATIONS AND ASSUMPTIONS

Several types of hazards pose a threat to the hospital:

1. Internal disaster: fire, explosions, and hazardous materials 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 community (large or nearby fire, flooding, explosions, etc.).
5. Disasters in other communities.

RESPONSIBILITY

It is the responsibility of the *Disaster and Emergency Management Committee* to develop, maintain and evaluate the effectiveness of the hospital's emergency management plans.

It is the responsibility of each department or unit to develop specific directives to complement this master plan.

COMMUNITY PARTNERS

Sibu Hospital plans for way to communicate with the community and purveyors of essential supplies, services and equipment during an emergency.

1. Police Department Sibu
2. Fire and Rescue Department Sibu
3. Civil Defense Department Sibu
4. Rejang Medical Centre, Sibu
5. Sibu Medical Centre, Sibu
6. Kanowit Hospital
7. Sarikei Hospital

GENERAL CONSIDERATIONS

LINE OF AUTHORITY

The following persons, in the order of priority listed below will be the Hospital Coordinators (HC):

1. Hospital Director
2. Hospital Deputy Director / Acting Director(s)
3. Head of Emergency and Trauma Department
4. Hospital Supervisor / Assistant Medical Officer
5. Head of Nursing (Matron)
6. Nursing Supervisor on duty at time of disaster (after office hours)
7. Medical Officer on duty at ETD

COMMUNICATION

1. Hospital Operation Center – HOC

The location from where the Hospital Coordinator exercises direction and control in an external or internal emergency. The Seminar Room at Block B will be converted into HOC.

HOC will be activated when a disaster/event exceeds the resources of a department or have operational impact on several departments.

The Hospital Coordinator will be responsible for the running of the HOC during disaster.

- a. HOC serves as a coordination center for all inter and intra activities, flow of information, staff control and liaison with other agencies. It will be a main communication center and source of all information and press statement.
- b. The function of HOC is to determine what services should be modified or discontinued: when and where patients, visitors or staff should be relocated both within and outside of the facility; when and to what extent staff or other resources should be obtained.
- c. HOC will coordinate its activities with the Division's Emergency Operations Centre where appropriate.
- d. Note: A disaster box containing an abbreviated plan, call lists and supplies will be available in the HOC

2. Emergency and Trauma Department Command and Control Center – ED3C

- a. ED3C located at ETD Seminar room will handle and coordinate all information and activities with the ambulance services, the incident site and ETD. It also relays information and updates HOC.
- b. During a disaster, ED3C will prompt mobilization and coordination of personnel, equipment and supplies.
- c. At least one messenger will be assigned to the ED3C to deliver messages, obtained casualty counts from triage, etc.

- d. The person manning ED3C will contact HOC to advise and update information regarding type of disaster and number of victims and extend of injuries when this information is available.

3. Hospital Information Center (HIC)

A Hospital Information Center will be set up at the One Stop Counter. It will be equipped with telephones, fax machine, comfortable chairs and tables. The function of the center is to release accurate information to the families and relatives.

4. Communication System/Facilities

- a. 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.
- b. Fax machine shall be made available in the ED3C, HOC and HIC to send and receive information.
- c. Computer on the Hospital Local Area Network (LAN) shall be made available at all communication centers to provide an alternate means of communication to update staff and send information to/from the HOC.
- d. A television to provide information and updates during a disaster event.
- e. Two-Way Radio Communication System will be used for areas with Radio Reception mainly between ED3C, Incident Site, and ambulances.
- f. In a situation where there is a communication system failure, runners will be utilized to disseminate information.

EQUIPMENTS AND SUPPLIES

1. Extra supplies will be obtained from the Surgical Store, CSSD and Pharmacy through runners.
2. Outside supplies will be ordered by the Purchasing Officer (Hospital Pharmacy) and brought into the hospital.

VALUABLE AND CLOTHINGS

Patient's valuables and clothing shall be put inside large plastic bags and labeled with their particulars. Thereafter to be handed over to the clerk, revenue section for safe keeping.

MORGUE FACILITIES

1. Patients pronounced DOA will be tagged with a disaster tag. DO NOT remove personal effect. The top sheet from the tag will be taken to ED3C ETD for casualty list purposes.
2. After bodies have been identified, the information will be filed on the Disaster Tag.

3. Bodies will be removed to the mortuary by the attendants. A complete record of all bodies shall be maintained along with the name of the agency removing them, e.g., police, fire department, undertaker, etc.

COLOUR CODE FOR MEDICAL STAFF IN AN AIR DISASTER

In an air disaster, the colour code for medical staff is white. All medical teams should use white.

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SECTION 2

HOSPITAL ACTIVATION

NOTIFICATION AND ACTIVATION

EXTERNAL DISASTER

Notification of an external disaster/event may come via 999 Emergency Call System, Police, telephone, Security, airport phone or by unannounced presentation at ETD door.

Upon notification, the ETD AMO in-charge will relay the information to the HOD ETD. Initial assessment shall be undertaken to certify the incident by means such as:

1. Sending an advanced survey EMT team if possible,
2. Verification from PDRM / Jabatan Bomba dan Penyelamat Malaysia

After confirmation of incident, the Head of ETD will inform the Hospital Director or designee, and the decision of whether activation of disaster plan is required or not will be made. Activation of disaster plan is then will be ordered by the Hospital Director or the Hospital Coordinator as defined by the chain of authority in page 8.

INTERNAL DISASTER

In the event of an emergency or disaster occurring within the hospital facility, the staff who witnessed the incident must notify their immediate supervisor. Supervisor shall then notifies the Director, who shall order implementation of the appropriate emergency plans. If the Director or designee is not available, the next person in line of authority as Hospital Coordinator as in page 8, shall be notified. The decision of activation shall then be similar as for the external Disaster protocol.

HOSPITAL ACTIVATION

1. Hospital Organization

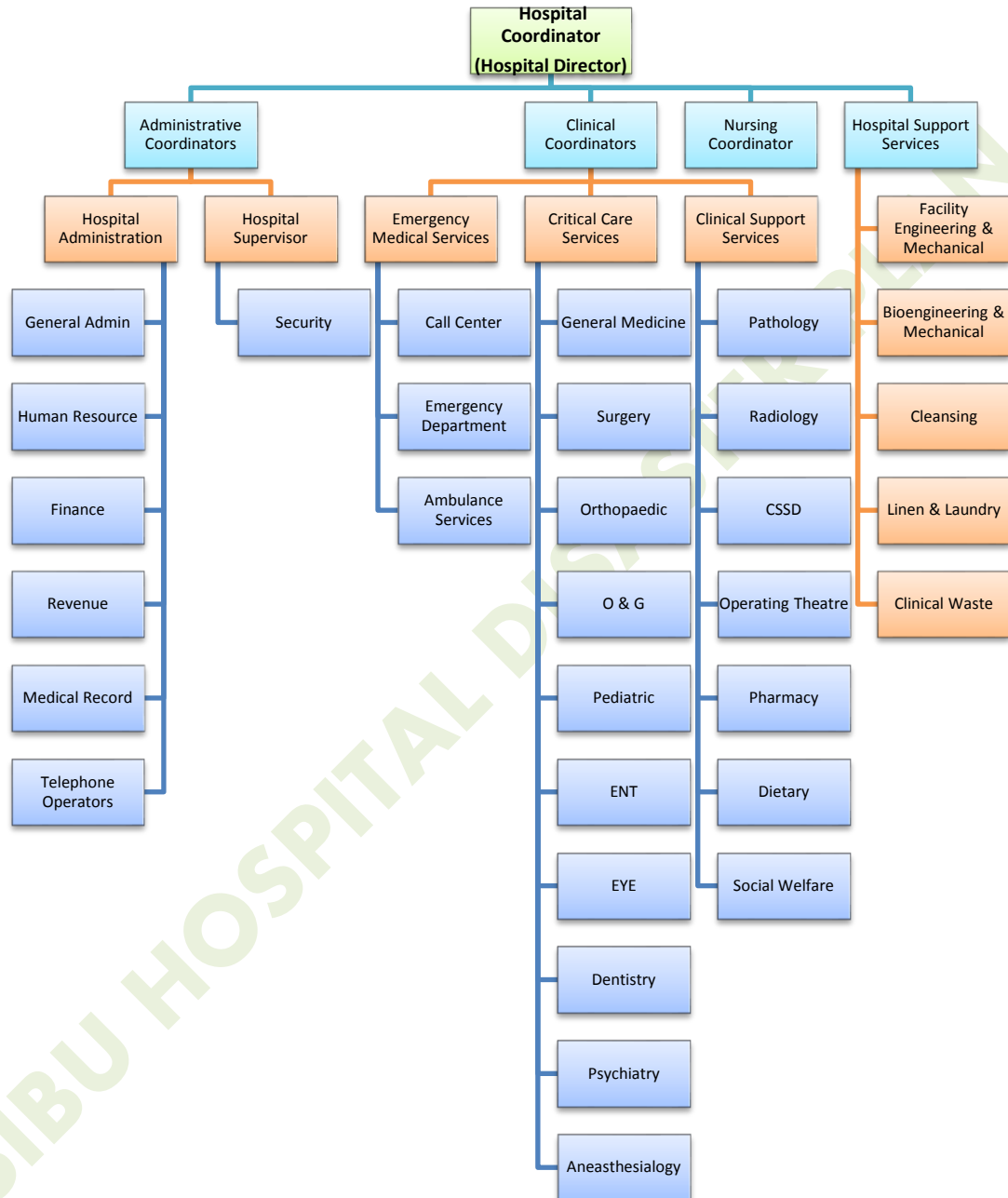


Figure 1: Hospital Organization Structure

Initial Response

- a. The activation of the Emergency Response Plan will be initiated once a call is made to the hospital informing about the incident.
- b. Once the information is received by the Doctor or Assistant Medical Officer at ETD the information is analyzed.

SIBU HOSPITAL DISASTER PLAN

2. HOSPITAL ACTIVATION FLOW CHART

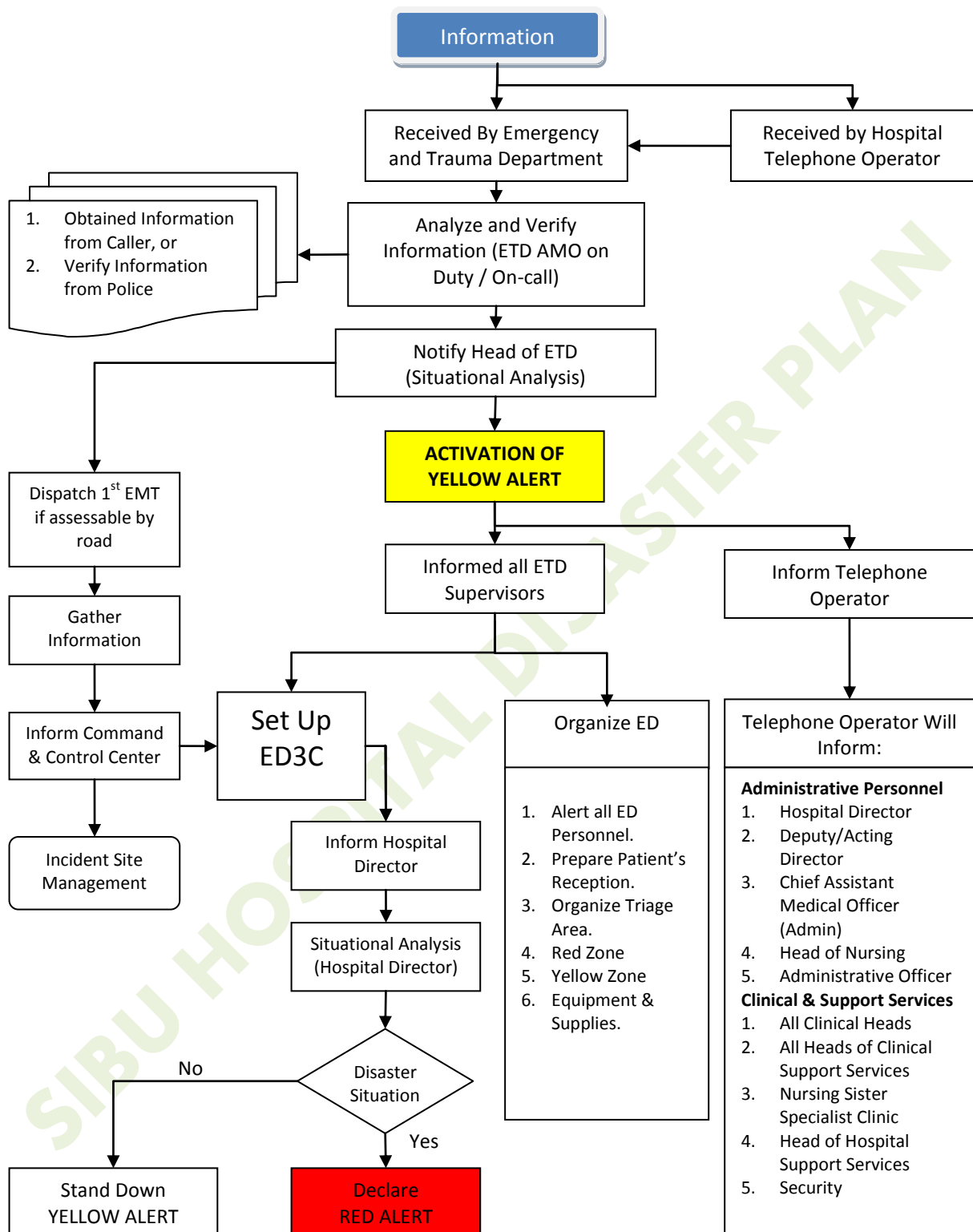


Figure 2: Flow of Information during Alert Activation

3. Types of Alert

Yellow Alert

Definition

A local disaster or event with a potential threat of unknown magnitude. Available information indicates that normal hospital resources are adequate to handle the incident. The Hospital Operation Center (HOC) is not activated.

Planned community events with the potential of mass casualties will place at minimum, Administration, ETD, Nursing, Security and Trauma Services on Alert Status.

Personnel remain on duty through their normal shift and continue routine work. **No recall of staff.**

The hospital will be put on Yellow Alert during which all the coordinators (Incident Commander, Administrative, Clinical, Nursing and Hospital Support Services) are informed and put on alert (**Local Standby-Stay at own unit/department**).

The following personnel shall be informed:

I. Main Coordinator

- a. Hospital Director and/or Acting Director

II. Administrative Coordinators

- a. Hospital Administrator
- b. Hospital Supervisor (Chief Assistant Medical Officer)

III. Clinical Coordinators

- a. Head of ETD
- b. AMO ETD, and
During Office Hours
- c. All Medical Officers on duty.
- d. All Assistant Medical Officers U32 from ETD

After Office Hour

- e. ETD Assistant Medical Officer U32 on duty
- f. ETD Medical Officer on Duty
- g. Nursing Sister on Duty
- h. Assistant Medical Officer on Call from ETD
- i. All Clinical Heads and Medical Officers on-call
- j. All Heads of Clinical Support Services

IV. Nursing Coordinator**V. Hospital Support Services**

- a. Facility & Engineering and Mechanical Services
- b. Bioengineering and Mechanical Services
- c. Cleansing
- d. Linen and Laundry
- e. Clinical Waste

VI. Security

Depending on the developments thereafter, once information is confirmed, A Red Alert – **Disaster/Major Incidence will be declared by the Hospital Director or Deputy Director**, and further activation of the Hospital Alert System is carried out.

If the situation is under control, or in the event of false alarm, a Stand-Down Yellow Alert order shall be declared.

RED ALERTDefinition

A confirmed disaster or event with a threat of known magnitude. Available information indicates that normal hospital resources are inadequate to handle the incident. The Hospital Operation Center (HOC) will be activated.

Administration, Nursing, Security and Trauma Services will be activated, and to report to the Hospital Operation Center (HOC) immediately.

ETD then activates ED3C, and starts to recall personnel back to the department for further deployment.

After **RED ALERT** is declared, the following personnel, as soon as contacted will proceed to the Hospital Operation Center and will assume the role of Officer-in-Charge of all aspects of operations, in descending order of precedence.

1. Hospital Director/Acting Director
2. Hospital Deputy Director
3. Head of ETD
4. AMO U42 (Admin)
5. Head of Nursing
6. AMO U42 (Emergency and Trauma Department)
7. Nursing Sister on general duty
8. Medical Officer on duty at ETD

The most senior officer will assume the role of acting Hospital Coordinator and take over as soon as they are available at the hospital.

The acting Hospital Coordinator will use this plan as a guide, and modify it at his/her discretion as necessary. The acting Hospital Coordinator assumes the responsibility and authority of Hospital Director before the latter's arrival. The acting Hospital Coordinator will proceed to the designated responsibility area after the Hospital Director takes over as the Hospital Coordinator role.

Personnel to be contacted

The telephone operators are responsible for contacting all persons listed as per **Operator Call-up List** including off duty telephone operators and any other contacts as directed by:

1. Hospital Coordinator at the Hospital Operation Center
2. Medical Incident Coordinator at the ED3C if required.

Receiving, Recording and Passing of Messages

What to do upon first receiving message informing the hospital of a disaster?

1. If telephone operator
 - a. Repeat message to caller
 - b. Record message
 - I. what event
 - II. where
 - III. when
 - IV. how many victims
 - c. Name of caller
 - d. Telephone number of caller
 - e. If caller refuse to disclose name, call site of disaster for confirmation
 - f. If confirmation not available, proceed as a in Contingency Plan

The telephone operator will straight away proceed to do the following:

- a. Clear all lines going out of hospital
 - b. Screen calls coming in
 - c. Connect emergency calls
 - d. Turn down non-emergency calls politely
 - e. Call up required personnel
2. If person who first receives the message is an ETD or Emergency Call Center Staff:
 - a. Repeat message to caller
 - b. Record message: What event, where, when and how many victims.
 - c. Name of caller
 - d. Telephone number of caller
 - e. Pass message to telephone operator
 - f. The Emergency Call Center then shall proceed to contact key ETD personnel via Call Center Telephone or GIRN Terminals.

4. Operator's Call-Up List

<p style="text-align: center;">Priority 1</p> <ol style="list-style-type: none"> Hospital Director/Acting Director Head of Emergency & Trauma Department Assistant Medical Officer U42 ETD Assistant Medical Officer U42 (Admin) Head of Nursing Nursing Sister on duty (after office hours) Nursing Sister Specialist Clinic Clinical Head <ol style="list-style-type: none"> Medical Surgical Orthopaedic O & G Paediatric Eye/ENT Medical Officers on-call <ol style="list-style-type: none"> Medical Surgical Orthopaedic Paediatric Wards (Nursing Teams) <ol style="list-style-type: none"> Male Medical Female Medical Paed Medical Eye/ENT Post Natal Orthopaedic Head of Admission & Revenue Head of Hospital Support Services Security Telephone Operators 	<p style="text-align: center;">Priority 2</p> <ol style="list-style-type: none"> Heads of Clinical Support Services <ol style="list-style-type: none"> Intensive Care Unit. Operation Theatre CSSD Radiology Pathology Pharmacy Kitchen Wards <ol style="list-style-type: none"> Male Surgical Female Surgical Paed Surgical Officers on-call <ol style="list-style-type: none"> Radiographer Med. Lab. Technologist Pharmacist Pathologist Deputy Director (Admin) Mortuary Attendant
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All officers listed in **Priority 1**, after declaration of the **RED ALERT** will proceed and report to the **HOSPITAL OPERATION CENTRE (HOC)**. With the Exception of number **2, 3, 6, 10** and **13**, who shall proceed immediately to **ED3C**.

Officers listed in **Priority 2**, after declaration of the **RED ALERT** will remain/proceed to their respective unit after reporting (by telephone or in person if unable to telephone) to/at the **HOSPITAL OPERATION CENTRE**.

Other officers and off duty officers will be called upon by the respective unit heads or Main Coordinator if necessary.

*Others:(e.g. staff not on call – drivers, medical officers, house officers, specialist, Malaysian Red Crescent Society, Civil Defense, other hospitals and agencies) will be informed/called as specified by the Main Coordinator as necessary

ACTIVATION OF RED ALERT FLOW CHART

Flow of Information

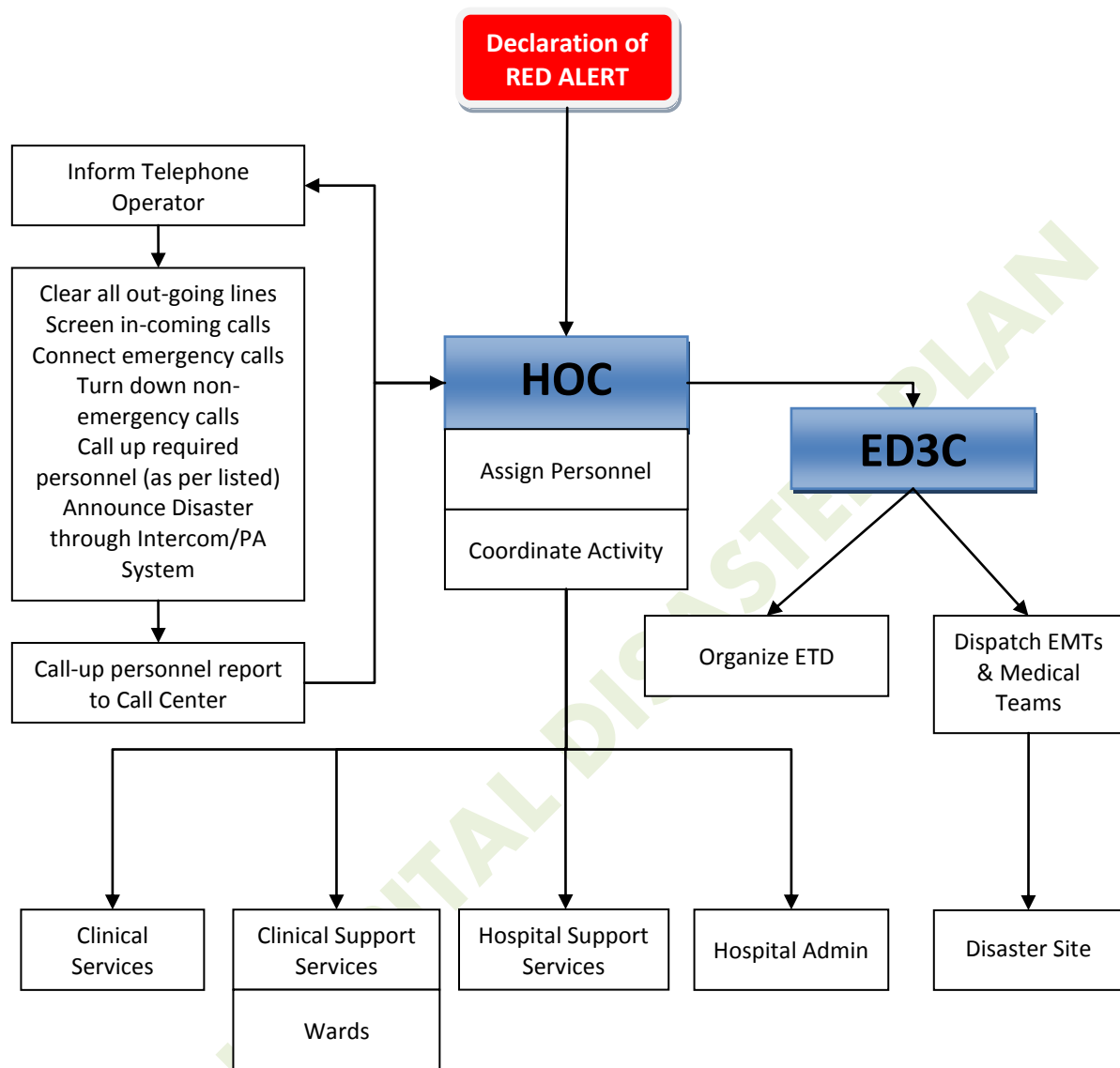


Figure 3: Flow of Information during Red Alert

EMERGENCY DEPARTMENT RESPONSE PHASE

Organization of the ETD once the Alert System is activated will be as follows:

ETD ORGANIZATION

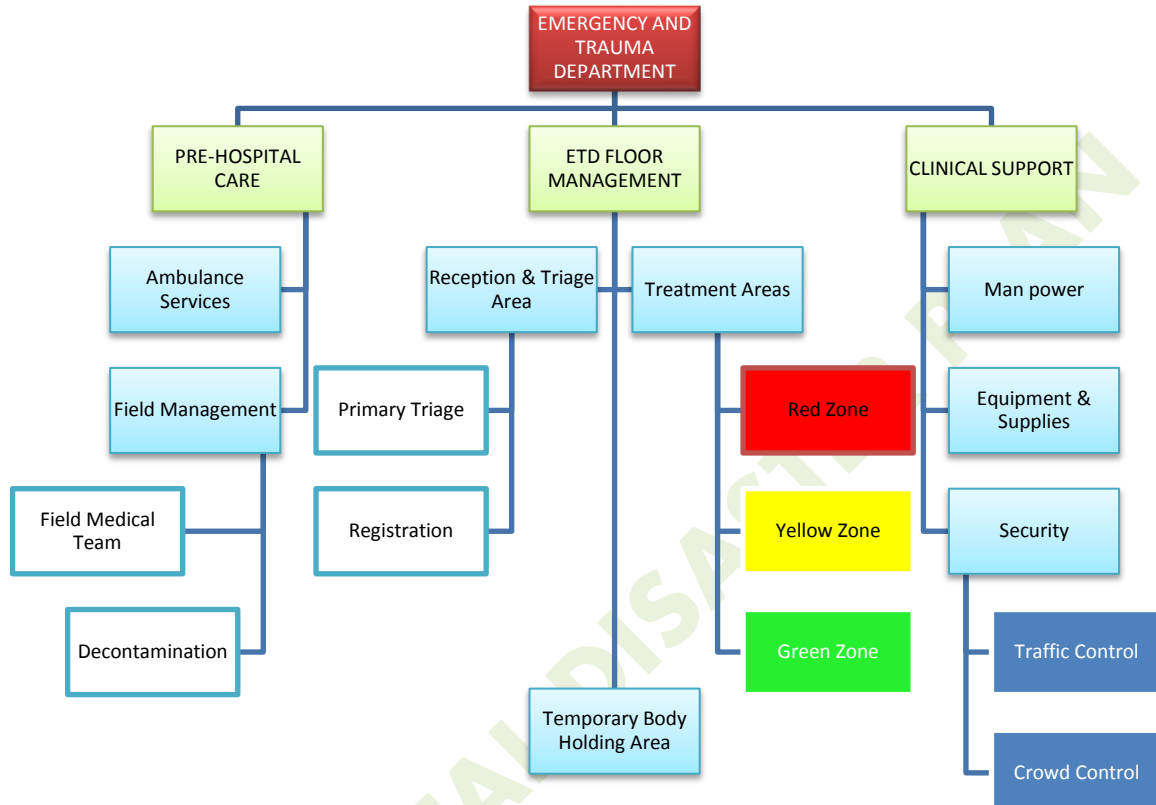


Figure 4: Emergency and Trauma Organization During Red Alert

IDENTIFY KEY ETD PERSONNEL

Once the Alert System has been activated, the most senior staff or ETD supervisor available will identify and deploy its staff to organize the department as follows:

No	Activity	Responsibility
1	Establish & Manning Control & Dispatch Center	AMO I/C until AMO U32 on duty / On call ETD is available.
2	Ambulance Services & Field Management	AMO Yellow Zone until AMO U32 Pre-hospital Care is available then proceeds to assist in Yellow Zone.
3	Emergency Department Arrangement	AMO Secondary Triage & Nurse I/C until AMO U32 I/C of Human Resource is available.
4	Facilities, equipment and supplies	AMO Procedure Room until AMO U32 I/C of Facilities & Equipment & Sister is available.
5	Recall all off duty supervisors and staff	AMO I/C of the shift via Emergency Call Center

Table 1: Key Emergency and Trauma Department Personnel

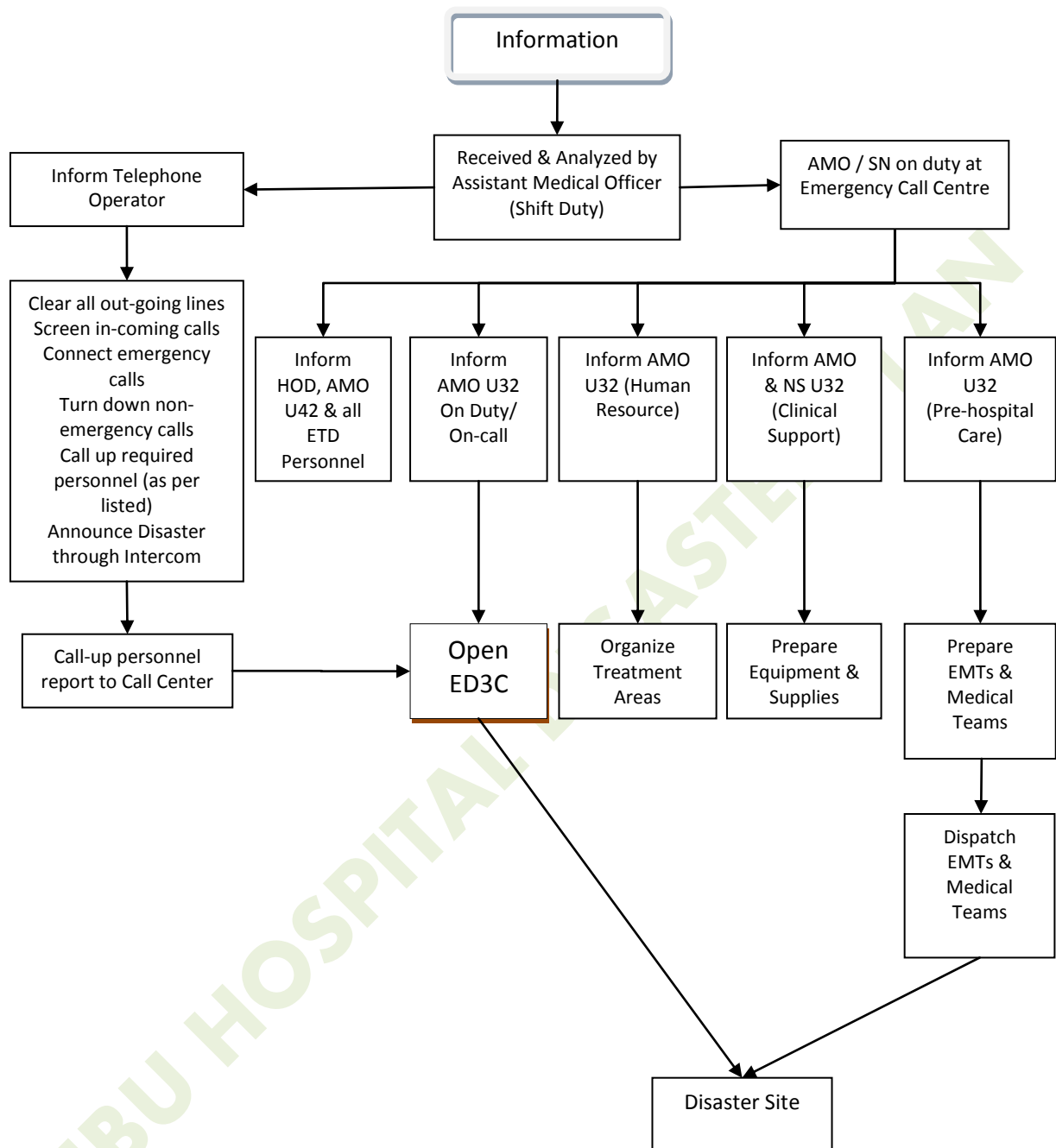
EMERGENCY DEPARTMENT ACTIVATION PHASE

Figure 5: Flow of Information During Alert Activation in Emergency and Trauma Department

ESTABLISHMENT OF SPECIFIC ZONES / CENTERS

1. Emergency and Trauma Department Command and Control Center (ED3C)

The Seminar Room of ETD will act as ED3C to coordinate activities between the ambulance services, site medical team and incident site and the hospital. Its function is to provide medical direction, keep track on patient's intake and movement, the needs at ETD and the incident site and to relay information and update HOC. It will be manned by the following personnel:

- i) Medical Incident Commander – HOD ETD
- ii) Assistant Medical Officer U42 / U32 ETD
- iii) Call Taker – Assigned by IC
- iv) Dispatcher – Assigned by IC
- v) Runner – Assigned by IC

2. Patient Reception and Triage Area

The patient reception and triage area will be located at the front entrance of the Emergency and Trauma Department. This area is designated for triaging and sorting out patients and will be manned by ETD assistant medical officer (Primary Triage), nurses and porters. The specialist will be the Medical Specialist.

3. Resuscitation and Critical Zone (Red Zone)

This area is designated for critical and unstable patients. The management of patients in this zone will be carried out by Trauma Teams. Each team comprises of 5 to 8 members. The number of teams formed will be proportional to the number of critical patients. The team will be on reception once ETD is informed and alerted on the incidence.

a. Trauma/Red Zone Team

Team Leader : Surgical Specialist/MOs
 Co-leader : ETD MO, AMO or SN of Red Zone
 Members : Male & Female Medical Ward Nurses/Assistants Medical Officers

b. Red Zone Area

If the number of critical patient is less than 4, the existing Red Zone will be utilized.

If the number of critical patient is more than 4, the Red Zone area plus the Yellow Zone will be converted into Red Zone.

4. Yellow Zone (Intermediate Care)

a. Yellow Zone Team

Team Leader : Orthopedic Surgeon/MO
 Co-leader : ETD AMO or SN
 Members : Orthopedic MOs, Paed / ENT /Eye / Post-Natal Wards SN

b. Yellow Zone Area

If the number of Yellow Zone casualties is less than 8, and the number of Red Zone casualties is less than 5, the current Yellow zone will be utilized as Yellow Zone.

If the number of Yellow Zone casualties is more than 8, and the number of Red Zone is more than 4, the Yellow Zone will be designated at the **main waiting area** and consultation room of the ETD.

5. Non-Critical Zone (Green Zone)**a. Green Zone Team**

Team Leader : Pediatrician

Team Members: Pediatric MO, Specialist Clinic Staff

b. Green Zone Area

Location of the Green Zone area will depend on the number of casualties in the Red Zone and Yellow Zone areas. If the number of Red Zone Casualties is 4 or lesser and the number of Yellow Zone Casualties is 8 or lesser, the Green Zone Area will remain at the present area.

If the number of casualties in Red zone is more than 4 and Yellow Zone more than 8, Green Zone will be at the Skin Specialist Clinic.

Note: The number of casualties is based on information received from the caller or disaster site.

6. Hospital Information center (HIC)

HIC, equipped with telephones, fax machine, comfortable chairs and tables will be opened at One Stop Counter. It will be manned by:

- i) Psychiatrist
- ii) Medical Social Worker
- iii) Administrative Personnel
- iv) Registered Volunteers
- v) Security Guards

The functions of the centre are:

- i) To release accurate information to the relatives
- ii) To provide immediate counseling to the families of the victims.
- iii) To provide social and domestic needs where necessary.

7. Centre for Families of Victims

The Centre for Families of Victims is designated at the One Stop Counter waiting area for the families and relatives of the victims. It will be equipped with TVs, telephones, comfortable chairs.

AMBULANCES AND MEDICAL TEAM

1. Ambulance & Ambulance's Driver

Station all the ambulances and other emergency vehicles at ETD immediately and drivers at the drivers' station.

2. Medical Teams

The Teams will comprise of Ambulance Team, Field Medical Team and others.

1. Ambulance Team

- a. Ambulances will be loaded with specific equipment as soon as it is parked at ETD.
- b. Additional equipments and supplies will be assembled and ready for dispatch if required.
- c. Ambulance Team Members

The Ambulance Team Members for EMT-1 and EMT-2 will be as per daily duty roster of ETD. Additional team members will be assigned by the ED3C from recalled personnel or personnel responding from other disciplines.

Category	EMT-1	EMT-2	Team 3	Team 4	Subsequent Team
AMO	ETD	ETD	Assigned by CC	Assigned by CC	Assigned by CC
Nurse	ETD	ETD	Assigned by CC	Assigned by CC	Assigned by CC
Driver	ETD	ETD	Assigned by CC	Assigned by CC	Assigned by CC

Table 2: Ambulance Team Members

- d. The teams will be equipped with mobile radio communication system/Government Integrated Radio Network (GIRN) which will be used to communicate with the incidence site, amongst the teams or Call Center.
- e. Team 3 and subsequent teams will be dispatched if required.
- f. Where nature and number of casualties is not determined, EMT-1 will proceed to the site as a forward team to assess the situation and give feedback or report the findings to ED3C as soon as possible.

- g. If disaster is confirmed and the number of casualties and survivors are known, all teams available will be dispatched based on the number of casualties and survivors, if incident site is accessible by road.

2. Field Medical Team

- a. Field Medical Teams and equipment will be assembled at ETD as soon as a Red Alert is declared. They will be transported to the site using Transport Vehicles.

Category	Team 1	Team 2	Team 3	Team 4
Specialist			Assigned by ED3C	Assigned by ED3C
Medical Officer	ETD	Medical	Orthopedics	Assigned by ED3C
Assistant Med Officer	ETD	ETD	Assigned by ED3C	Assigned by ED3C
Nurse	ETD	M/Med	Assigned by ED3C	Assigned by ED3C
Attendant	ETD	Assigned by ED3C	Assigned by ED3C	Assigned by ED3C
Driver	ETD	ETD	Assigned by ED3C	Assigned by ED3C

Table 3: Field Medical Team Members

- b. Field Medical Team Members

The minimum number of each team is as stated in the table above, however, the actual number and composition of the team depends on the needs at the site versus available resources at that particular time.

If more than three medical teams dispatched, HOD ETD or delegated officer will go to the incident site, assumes command as Medical Team Leader responsible to the running of the Medical Response Team on site

3. Other Teams

- a. Other Teams (e.g. Forensic, Comm. Disease Control, Counseling, NGO, other government agencies, private hospitals, etc.) will be dispatched to the site if required.
- b. Involvement of NGOs, private hospitals and other agencies shall be upon the prerogative of the Hospital Director based on the needs.

Note:

1. The Hospital Coordinator will check for the safety of the team going out to the site with the local authority if the incidence is a civil commotion.
2. The Hospital Coordinator will ensure that adequate numbers of teams are dispatched based on the reported number of victims.

PREPARATION OF ETD PRIOR TO PATIENT ARRIVAL

Medical Officers from ETD and the team from Surgical Department:

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

EQUIPMENTS AND SUPPLIES

1. AMO U32 in-charge of surgical supplies and AMO U32 in-charge facilities and equipment and Nursing Sister in-charge ETD infection control will head the supplies and equipment team responsible to prepare, acquire and supply all the necessary supplies and equipments. The team members shall include the following:

NO	PERSONNEL	UNIT	ROLE/RESPONSIBILITIES
1	Assistant Medical Officer U32 Facilities & Equipments	ETD	Team Leader
2	Assistant Medical Officer U32 Consumables & Drugs	ETD	Co-Leader
3	Nursing Sister (Link infection control)	ETD	Member Infection Control supplies
4	Assistant Medical Officer	ETD	Member
5	Nurse	ETD	Member
6	Nurse	Medical	Member
7	Attendant	Assigned by ED3C	Member
8	Others	Assigned by ED3C	Members

Table 4: Equipment and Supplies Team

2. The Team shall work closely with CSSD, Pharmacy, Surgical Store, Infection Control Unit and other related units.
3. The equipment and supplies shall include
 - a. Airway Management Devices & Adjuncts.
 - i. Oxygen
 - ii. Airway adjuncts
 - iii. Suction
 - iv. Resuscitators, aspirators
 - v. Portable ventilators

Circulatory management equipments & devices.

- vi. Intravenous fluids
- vii. Intravenous infusion sets.
- viii. Central Lines infusion sets.
- ix. Infusion & Syringe pumps

- b. Immobilization equipments
 - i. Cervical collars
 - ii. Splints
 - iii. Scoop stretchers
 - iv. Spinal boards
- c. Diagnostic and monitoring equipments
- d. Dressing and bandages
- e. Canvas stretchers
- f. Triage tags.
- g. Resuscitation Drugs
- h. Personnel Protective Equipments (PPEs)

SIBU HOSPITAL DISASTER PLAN

3. Hospital Operation Center (HOC)

The Main Conference Room at Block B will be converted into the Hospital Operation Center. It will act as a nerve center where all decision and strategies are discussed and issued. It will be a main communication center and source of all information and press statement.

All department heads or their designee will report to this office and call as many of their staff as needed.

a. When to set it up

This will be set up by the Administrative Coordinators upon advised by the Hospital Coordinator in the following situations.

- a. An actual massive disaster of Level 2 and Level 3.
- b. An actual aircraft hijack.
- c. A situation where dozens of lives are held at ransom.

b. Staffing

The Hospital Operation Room will be manned by:

- a. Hospital Director
- b. Deputy Directors (Clinical & Administration)
- c. Head of Department / Head of Units
- d. Hospital Supervisor / Assistant Medical Officer U42
- e. Head of Nursing
- f. Administrative Officers
- g. Core management team.

c. Functions

Act as a nerve center where all decision and strategies are discussed and issued.

- a. A coordination center for all information, inter and intra activities
- b. Staff control
- c. Liaison with other agencies.
- d. Public making inquiries or named relatives.
- e. As a main communication center and source of all information and press statement.

4. Reception at the hospital

a. ETD

- i) ETD will be the entrance to the hospital for all casualties arriving from the disaster site.
- ii) All casualties will be triaged at the patient's reception and triage area located at ETD main entrance

- iii) Red and Yellow Zone patients will be directed into the respective treatment areas in ETD while Green Zone patients to the Skin Specialist Clinic.

CRITICAL CARE PATHWAYS FOR RECEIVING AND TREATMENT OF VICTIMS

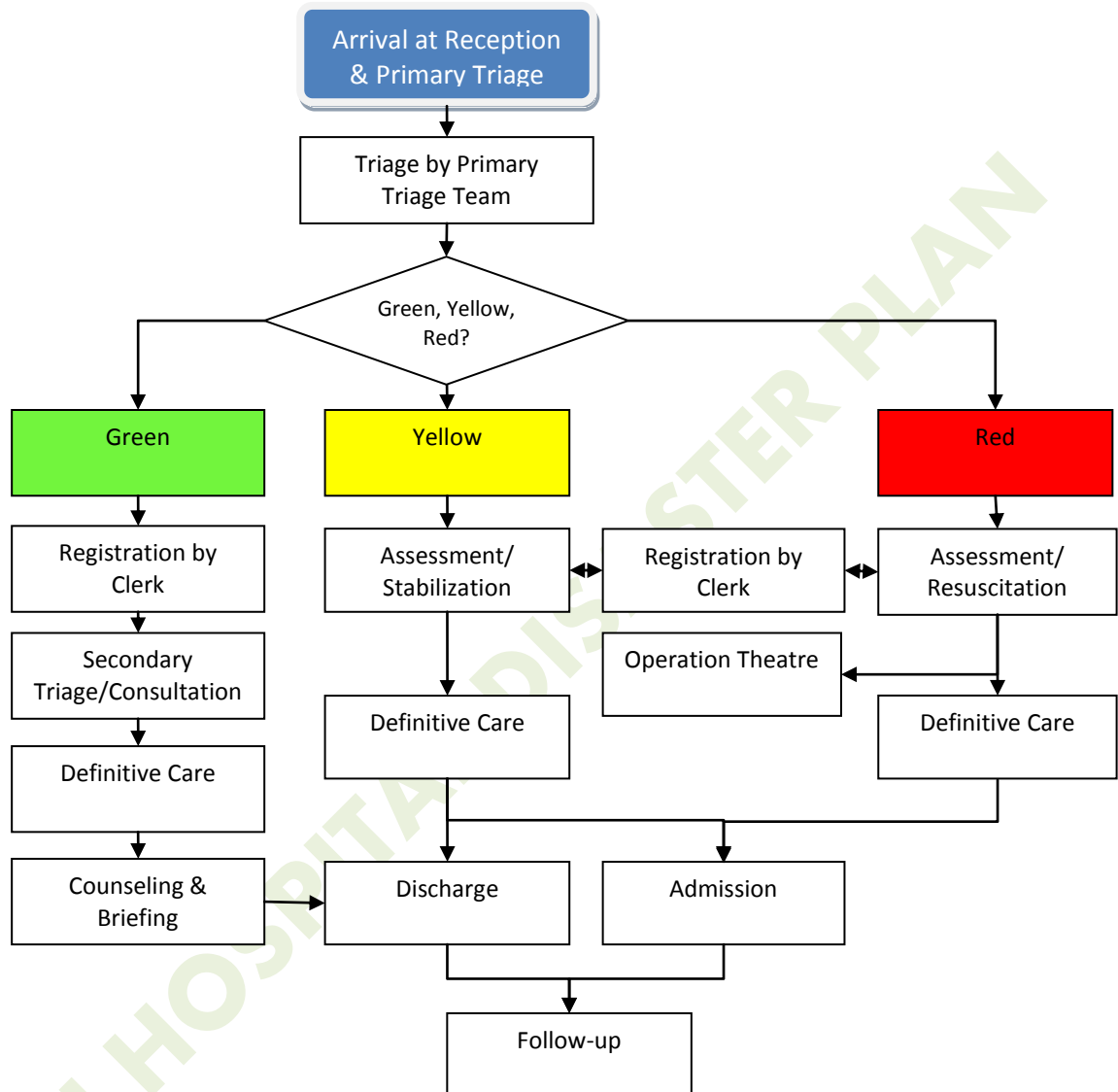


Figure 7: Critical care pathway for receiving and treatment of patients

b. Inpatient Preparation.

- i) Ward 1 will be activated as a disaster ward.
- ii) The Head of Nursing will be responsible to prepare, organize and deploy staff to the ward.

1, Nursing Sister / SN in-charge of Male Surgical, Female Surgical, and Orthopedic wards are to:

- (a) Prepare the number of beds as directed by the Coordinators.
- (b) Evacuate and relocate non critical patients.

- (c) Check that drug supplies, equipment and other essentials items are adequate or available.
- (d) Other wards are also to prepare beds as directed by the Officer-in-Charge.
- (2) Nursing Sister / SN in-charge of ICU - To prepare ICU beds and / or transfer stable patients out.
- (3) Nursing Sister / SN in-charge of O.T – Cancel elective lists after agreement with the Anesthesia Specialist.
- iii) Specialists and Medical Officers on-call will proceed to their respective wards to discharge patients upon request by the Main Coordinator.

c. Release of information

This will be done only by the Hospital Director or a person authorized by him/her in his/her absence. (No statistical information i.e. number of casualties should be released to press/public by unauthorized staff)

PUBLIC ORDER

The Hospital Commander (Hospital Director) or other officers authorized by him will deploy security guards and request police assistance if necessary to manage public order. Security Guards will be deployed at the following areas;

1. ETD's drive way and entrance to regulate and control ambulances and traffic.
2. ETD treatment areas/zones for crowd control.
3. Family and Relative Areas to regulate and control crowd.
4. Green Zone area at Skin Specialist Clinic.
5. Any other areas as specified by the Main Coordinator.

RESPONSIBILITIES OF INDIVIDUALS AND DEPARTMENTS

1. Hospital Coordinator - Hospital Director

The Hospital Coordinator will have the overall authority of the hospital. The duties include:-

- i) Declaration of alert phase
- ii) Activation of supporting hospitals
- iii) Reporting to the Divisional Health Office/State Health Office and Ministry of Health.
- iv) Identify Clinical Coordinator
- v) Identify Administrative Coordinator
- vi) Liaise with relevant agencies.
- vii) Establish Control Centers.
- viii) Public information and press release.
- ix) Activation Phase

2. Clinical Coordinators

- i) In a major disaster, the most senior clinician will perform the Director's functions, if he/she is absent.

- ii) Department head or designee of each discipline will take charge on all matters related to clinical issues and patient management.
- iii) Department head or designee will call in their own personnel as needed after reporting to Command and Control Center.

3. Administrative Coordinator – Administrative Officer

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

4. Hospital Supervisor / Assistant Medical Officer U42 (Admin)

- i) In a major disaster will do the Deputy Director's functions, if he/she is absent
- ii) Is responsible for the public order and security of the hospital.
- iii) Head the preparation of HOC at the main conference room block B.
- iv) Responsible to call and deploy additional AMOs when necessary. (This can be assigned to the unit coordinator but must be aware of the number of AMOs coming.) Have them keep a list of those notified.
- v)

5. Head of Nursing (Head Matron)

- i) Response Phase

(1) Yellow Alert

- (a) After receiving the Yellow Alert, the Head of Nursing will report to Hospital Operation Center through telephone or in person and stay at own unit/department.
- (b) Unit head or designee will alert all matrons and sisters who are on duty and off-duty.

(2) Red Alert

- (a) Upon receiving the Red Alert, the Head of Nursing or designee shall report to HOC, and coordinate nursing division response for incidence, and assist Hospital Commander pertaining all nursing requirement during incident / disaster response. She will also inform all their personnel and call in off-duty personnel to the hospital if necessary.
- (b) The Head of Nursing or designee shall arrange or assign their staff duties and responsibilities depending on the needs.

ii) Implementation Phase (Red Alert)

- (1) Set up and organize the Disaster Ward.
- (2) Responsible for the nursing services and activities during disaster.
- (3) Responsible to call and deploy additional nursing personnel and attendants. This can be assigned to the Unit Coordinator or other nurse but must be

aware of the number of nurses coming in.) Have them keep a list of those notified.

6. Admission Room

i) Response Phase

(1) Yellow Alert

- (a) After receiving the Yellow Alert, the Unit Head will report to Hospital Operation Center through telephone or in person and stay at own unit/department.
- (b) Unit head or designee will alert all their personnel who are on duty and off-duty.

(2) Red Alert

- (a) Upon receiving the Red Alert, the Unit Head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.
- (b) The Unit Head or designee shall arrange or assign their staff duties and responsibilities depending on the needs.
- (c) Call in extra personnel if required.
- (d) Obtain extra supplies if required.

ii) Implementation Phase (Red Alert)

- (1) Assign responsible person to the admission counter as soon as possible.
- (2) Notify ED3C if internal disaster is involved and prepare for evacuation to safe area.
- (3) Do not accept routine non-emergency admissions.
- (4) Assign an admission person to aid with discharge of hospital patients if requested.
- (5) If internal, prepare for evacuation to safe area.
- (6) Periodically, check for update from Emergency Operation Center

iii) Recovery Phase

- (1) Refer to recovery phase (section 4)

iv) Other Considerations

- (1) As required depending on the nature of emergency

7. Dietary & Food Services

i) Response Phase

ii)

(1) Yellow Alert

- (a) After receiving the Yellow Alert, the Head of Department will report to Hospital Operation Center through telephone or in person and stay at own unit/department.
- (b) Department/unit head or designee will alert in their own personnel who are on duty and off-duty.
- (c) Check food and supplies.
- (d) Check facilities, equipments and utilities.

(2) Red Alert

- (a) Upon receiving the Red Alert, the department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.
- (b) The department head or designee shall arrange or assign their staff duties and responsibilities depending on the needs.
- (c) Order urgent food supplies if necessary.

iii) Implementation Phase (Red Alert)

- (1) Prepare to serve nourishment to ambulatory patients, inpatients and personnel as the need arises.
- (2) Responsible for setting up menus in a disaster situation.
- (3) Call in extra personnel if required.
- (4) Obtain extra utilities, supplies, and etc if required.
- (5) If internal, prepare for evacuation to safe area.
- (6) Periodically, check for update from Command and Control Center.

iv) Recovery Phase

- (1) Refer to recovery phase (section 4)

v) Other Considerations

- (1) To maintain adequate food and supplies for at least 1 week.
- (2) Maintain a list of supplies and contact numbers.
- (3) Food suppliers shall be able to supply food immediately?

8. Facility Engineering and Mechanical

i) Response Phase

(1) Yellow Alert

- (a) After receiving the Yellow Alert, the Head of Department will report to Hospital Operation Center through telephone or in person and stay at own unit/department.
- (b) Department/unit head or designee will alert in their own personnel who are on duty and off-duty.

- (c) Check facilities and equipments.

(2) Red Alert

- (a) Upon receiving the Red Alert, the department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.
- (b) The department head or designee shall arrange or assign their staff duties and responsibilities depending on the needs.

ii) Implementation Phase (Red Alert)

- (1) Maintain full operation of all facilities.
- (2) 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.
- (3) If internal, prepare for evacuation to safe area.
- (4) Periodically, check for update from ED3C

iii) Recovery Phase

- (1) Refer to recovery phase (section 4)

iv) Other Considerations

- (1) As required depending on the nature of emergency

9. Bio-Engineering and Mechanical

i) Response Phase

(1) Yellow Alert

- (a) After receiving the Yellow Alert, the Head of Department will report to Hospital Operation Center through telephone or in person and stay at own unit/department.
- (b) Department/unit head or designee will alert in their own personnel who are on duty and off-duty.
- (c) Check facilities and equipments.

(2) Red Alert

- (a) Upon receiving the Red Alert, the department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.
- (b) The department head or designee shall arrange or assign their staff duties and responsibilities depending on the needs.

ii) Implementation Phase (Red Alert)

- (1) Maintain full operation of all equipments.
- (2) Bring in extra equipments if necessary.
- (3) If internal, prepare for evacuation to safe area.

- (4) Periodically, check for update from Command and Control Center.

iii) Recovery Phase

- (1) Refer to recovery phase (section 4)

iv) Other Considerations

- (1) As required depending on the nature of emergency

10. Housekeeping and Laundry

i) Response Phase

(1) Yellow Alert

- (a) After receiving the Yellow Alert, the Head of Department will report to Hospital Operation Center through telephone or in person and stay at own unit/department.
- (b) Department/unit head or designee will alert in their own personnel who are on duty and off-duty.
- (c) Check facilities and equipments.

(2) Red Alert

- (a) Upon receiving the Red Alert, the department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.
- (b) The department head or designee shall arrange or assign their staff duties and responsibilities depending on the needs.

ii) Implementation Phase (Red Alert)

- (1) Be available to help clean receiving area, and clean rooms between cases in treatment areas.
- (2) Be prepared to supply additional linens as requested.
- (3) Be sure all hallways or traffic areas are clear of cleaning carts, equipments and etc.
- (4) If internal, prepare for evacuation to safe area.
- (5) Periodically, check for update from Command and Control Center.

iii) Recovery Phase

- (1) Refer to recovery phase (section 4)

iv) Other Considerations

- (1) As required depending on the nature of emergency

11. Operating Room, Anesthesia

i) Activation Phase

(1) Yellow Alert

- (a) Specialist on-call after receiving the yellow alert from the hospital operator will report to ED3C, through telephone or in person and stay at own unit/department.
- (b) After reporting to ED3C, 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.
- (c) Postpone elective cases in OT
- (d) Complete current running elective surgery.
- (e) Identify and prepare Operating Room for Emergency Surgery.
- (f) Identify and prepare stable ICU patients that can be transferred out.
- (g) Prepare extra ICU beds.
- (h) Check area for supplies and equipments.

(2) Red Alert

- (a) After receiving the Red Alert, the specialist on-call or designee will call in all needed personnel to the hospital.

ii) Implementation Phase (Red Alert)

- (1) Assign and direct scrub nurses and runners.
- (2) Ask for additional help to carry out surgery and treatments in Operating Rooms and Recovery Room.
- (3) Notify Command and Control Center when Operating Rooms and Recovery Room is available for more patients.
- (4) Transfer stable ICU patient who has been identified earlier.
- (5) Prepare extra ICU beds if necessary.
- (6) Keep minimum list of supplies on hand and be prepared to process additional sterile supplies quickly.
- (7) If internal, prepare for evacuation to safe area.
- (8) Periodically, check for update from Command and Control Center.

iii) Recovery Phase

- (1) Refer to recovery phase (section 4).
- (2) At stand-down all recalled personnel not needed, will be released.
- (3) Postponed elective cases will be considered whether to proceed or rescheduled.
- (4) Roster re-allocation for ICU staff if the number of patient exceeds the usual number.

12. Wards

i) Response Phase

(1) Yellow Alert

- (a) After receiving the Yellow Alert, the Head of Department will report to ED3C through telephone or in person and stay at own unit/department.
- (b) Department/unit head or designee will alert in their own personnel who are on duty and off-duty.
- (c) Check facilities and equipments.

- (d) Prepare for expansion by notifying Hospital Support Service of number of extra beds needed and where to set them up.

(2) Red Alert

- (a) Upon receiving the Red Alert, the department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.
- (b) The department head or designee shall arrange or assign their staff duties and responsibilities depending on the needs.

ii) Implementation Phase (Red Alert)

- (1) Discharge and rearrange movement of hospital patients to create more room for casualties.
- (2) Send for extra supplies needed for purchasing, CSSD, laundry and dietary.
- (3) If internal, prepare for evacuation of patients to safe area.
- (4) Periodically, check for update from Command and Control Center.
- (5) The elevators will be used ONLY for the transportation of patients or equipment.....all personnel shall use the stairway.

iii) Recovery Phase

- (1) Refer to recovery phase (section 4)

iv) Other Considerations

- (1) At stand-down all recalled personnel not needed, will be released.
- (2) Roster re-allocation for staff if the number of patient exceeds the usual number.
- (3) Allocate runners as messengers if telephone system fails.

13. Medical Imaging

i) Response Phase

(1) Yellow Alert

Day Shift

- (a) After receiving the Yellow Alert, the Head of Department will report to ED3C through telephone or in person and stay at own unit/department.
- (b) Department/unit head or designee will alert in their own personnel who are on duty and off-duty and put them on standby.
- (c) The department head or designee will find out the number of patients involved and any other pertinent information from the Command and Control Center.

Evening/Night Shift

- (a) The technologist on duty or on call will be alerted by the telephone operator. This technologist will be considered as the designated officer of the x-ray department and will report to the ED3C for further information.
- (b) It will be the duty of this technologist to alert their HOD and any other personnel as required.

(2) Red Alert

- (a) Upon receiving the Red Alert, the department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.
- (b) The department head or designee shall arrange or assign their staff duties and responsibilities depending on the needs.
- (c) Arrange for extra supplies and consumables to be brought in if needed.
- (d)

ii) Implementation Phase (Red Alert)

- (1) Coordinates and manages staff and situation.
- (2) Manages all investigations and any interventional procedures.
- (3) Call in extra personnel as required.
- (4) Responsible for the adequate supply of consumables required.
- (5) If internal, prepare for evacuation to safe area.
- (6) Periodically, check for update from Command and Control Center.

iii) Recovery Phase

- (1) Organize general cleaning and tidy up rooms and equipment that are used.
- (2) At stand-down all recalled personnel not needed, will be released.
- (3) Refer to recovery phase (section 4)

iv) Other Considerations

(1) Power Failure

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:-

- (a) Triage of patient for x-ray i.e. prioritize patient to undergo the x-ray investigation.
- (b) Activate Poliklinik Oya and Lanang to do cases that can be transported there. Approval shall be sought through Hospital Director from Divisional Health Officer.
- (c) Collaboration with other nearby hospitals like Kanowit Hospital and Sarikei Hospital to take some of the cases who can be safely transported for the x-ray investigations.

(2) Communication Breakdown i.e. Telephone Communication breakdown.

- (a) In the event of a telephone communication breakdown, Man Messenger shall be deployed.
- (b) List of relevant staff with address staying in the hospital quarters and outside hospital shall be kept and maintained.
 - (i) Drivers shall be deployed to get the relevant staff from outside hospital, and
 - (ii) PPK shall be deployed to get the staff from the quarters

14. Pathology

i) Response Phase

(1) Yellow Alert

- (a) After receiving the Yellow Alert, the Head of Department will report to Hospital Operation Centre through telephone or in person and stay at own unit/department.
- (b) Department/unit head or designee will alert in their own personnel who are on duty and off-duty.
- (c) Check consumables, facilities and equipments.

(2) Red Alert

- (a) Upon receiving the Red Alert, the department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.
- (b) The department head or designee shall arrange or assign their staff duties and responsibilities depending on the needs.

ii) Implementation Phase (Red Alert)

- (1) Call in additional staff if necessary
- (2) Have arrangement to call personnel from nearby hospitals and clinics as necessary.
- (3) Have arrangement made to obtain additional blood, equipment and supplies from area agencies.
- (4) If internal, prepare for evacuation to safe area.
- (5) Periodically, check for update from Command and Control Center.

iii) Recovery Phase

- (1) Refer to recovery phase (section 4)

iv) Other Considerations

- (1) As required depending on the nature of emergency

15. Surgical/Dry/Stationary Store**i) Response Phase****(1) Yellow Alert**

- (a) After receiving the Yellow Alert, the Head of Department will report to Hospital Operation Centre through telephone or in person and stay at own unit/department.
- (b) Department/unit head or designee will alert in their own personnel who are on duty and off-duty.
- (c) Check supplies.

(2) Red Alert

- (a) Upon receiving the Red Alert, the department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.
- (b) The department head or designee shall arrange or assign their staff duties and responsibilities depending on the needs.

ii) Implementation Phase (Red Alert)

- (1) Be prepared to supply all departments with needed supplies.
- (2) If internal, prepare for evacuation to safe area.
- (3) Periodically, check for update from Command and Control Center.

iii) Recovery Phase

- (1) Refer to recovery phase (section 4)

iv) Other Considerations.

- (1) Have an up-to-date list of suppliers who can quickly supply extra materials.

Pharmacy**i) Response Phase****(1) Yellow Alert**

- (a) After receiving the Yellow Alert, the Head of Department will report to Hospital Operation Centre through telephone or in person and stay at own unit/department.
- (b) Department/unit head or designee will alert in their own personnel who are on duty and off-duty.

(2) Red Alert

- (a) Upon receiving the Red Alert, the department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.
- (b) The department head or designee shall arrange or assign their staff duties and responsibilities depending on the needs.

ii) Implementation Phase (Red Alert)

- (1) Be prepared to supply all departments with needed supplies.
- (2) If internal, prepare for evacuation to safe area.
- (3) Periodically, check for update from ED3C

iii) Recovery Phase

- (1) Refer to recovery phase (section 4)

iv) Other Considerations.

- (1)** Have an up-to date list of drug suppliers that can provide emergency supplies quickly.
- (2)** Keep minimum supply of emergency drugs on hand at all times.
- (3)** Pharmacy should remain open and have a runner to deliver needed meds to areas.
- (a) Upon receiving the Red Alert, the department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.

16. The department head or designee shall arrange or assign their staff duties and responsibilities depending **Social Services and Counselor**

ii) Response Phase

(1) Yellow Alert

- (a) After receiving the Yellow Alert, the Head of Department will report to Hospital Operation Centre through telephone or in person and stay at own unit/department.
- (b) Department/unit head or designee will alert in their own personnel who are on duty and off-duty.

(2) Red Alert

- (a) on the needs.

iii) Implementation Phase (Red Alert)

- (1) Be prepared to stay with relatives of victims at the families and relatives center in the Specialist Clinic.

- (2) Will provide Hospital Operation Center with a list of the family members that are there.

iv) Recovery Phase

- (1) Refer to recovery phase (section 4)

v) Other Considerations.

17. Security

i) Response Phase

(1) Yellow Alert

- (a) After receiving the Yellow Alert, the Head of Department will report to Hospital Operation Centre through telephone or in person and stay at own unit/department.
- (b) Department/unit head or designee will alert in their own personnel who are on duty and off-duty.

(2) Red Alert

- (a) Upon receiving the Red Alert, the department/unit head or designee shall inform all their personnel and call in off-duty personnel to the hospital if necessary.
- (b) The department head or designee shall arrange or assign their staff duties and responsibilities depending on the needs.
- (c) The department head or designee shall then station himself in the EOC.

ii) Implementation Phase (Red Alert)

- (1) Regulate the flow of traffic and parking.
- (2) Crowd control especially at Emergency & Trauma Department and families and relatives center.
- (3) Assist as needed.

iii) Recovery Phase

- (1) Refer to recovery phase (section 4)

iv) Other Considerations.

- (1) Shall call the Police Department if required.

18. Nursing Personnel and Assistant Medical Officer Assigned to Disaster Victim.

i) Response Phase

(1) Yellow Alert

- (a) After receiving the Yellow Alert, report to ED3C through telephone and stay at own unit/department.
- (b) Follow instruction given by ED3C.

(2) Red Alert

- (a) Upon receiving the Red Alert, proceed to Emergency and Trauma Department.
- (b) Report to ED3C.
- (c) Follow instructions given by ED3C.

ii) Implementation Phase (Red Alert)

- (1) Obtained information and fill out available information and time on disaster tags and patient's record form. All casualties will be marked with Numerical Number on the disaster tag by personnel at the disaster site before being transferred to the hospital. Even if no information is available as to identity, give information as to condition, types of injuries, etc.
- (2) Do not leave your patient unattended. Patient may be signed off to person in charge when admitted to the ward/unit.
- (3) Give aggressive first aid treatment.
- (4) Make out the appropriate lab slip and x-ray requisition with disaster number.
- (5) Patients who have been admitted to the hospital's ward should have the duplicate copy of the patient's record form placed in the ED3C in ETD
- (6) If a patient is transferred, be sure to indicate on the tag to which hospital he has been sent.
- (7) Sign disaster tag.

DUTIES OF VARIOUS OFFICERS DURING A DISASTER

(Role will be as the original table)

1. Hospital Director/Deputy Director/Acting Hospital Director

You are the Hospital Coordinator.

i) Response Phase

(1) Yellow Alert

- (a) After receiving the information will analyze information and declares yellow alert if not yet done or red alert or stand down yellow alert.
- (b) Standby at own department/unit if yellow alert.
- (c) Periodically, check for update from ED3C.
- (d) Declare Red Alert if situation is justified.

(2) Red Alert

- (a) Take command at the Hospital Operation Centre.
- (b) Identify Clinical Coordinator, if not done
- (c) Identify Administrative Coordinator, if not done

ii) Implementation Phase

- (a) Supervise and co-ordinate all activities.
- (b) Order the opening of Hospital Operation Center
- (c) Take command at Hospital Operation Room
- (d) Activation of supporting hospitals.
- (e) Reporting to the Divisional Health Office/State Health Office and Ministry of Health.
- (f) Liaise with relevant agencies.
- (g) Public information and press release.
- (h) Situational analysis

2. Head of ETD

- i) Temporary Coordinator until taken over by Hospital Director.
- ii) Take charge of the ED3C.
- iii) Personally or designate an experienced officer to go to incident site and take charge as the field team leader if more than three medical teams are dispatched.

3. Medical Specialist on-call

- i) Take charge of the triage team at the ETD.
- ii) Brief the ETD Assistant Medical Officers and Medical Officers who will be under your charge.
- iii) Supervise the triage of patients at ETD.
- iv)

4. Surgical Specialist on-call

- i) Supervise the treatment in the Red Zone.
- ii) Your co-leader will be the ETD Medical Officer.

5. Orthopedic Specialist on-call.

- i) Supervise treatment in the Yellow Zone.
- ii) Your co-leader is the ETD Assistant Medical Officer.

6. Pediatric Specialist on-call

- i) Supervise the management and treatment of patients in the Green Zone.
- ii) Your members are the Specialist Clinic Staff.

7. Other Specialist.

- i) Report to the ED3C and remain on stand-by. Deployment will be as assigned by the Hospital Coordinator as deemed required.

8. Medical Officers and House Officers

- i) Medical Officers of the ETD

If there are more than one Medical Officer;

- (1) Decide the dispatch of the medical team and activation of the disaster protocol. The dispatched medical team must have at least one ETD Medical Officer, one nurse, one Assistant Medical Officer, an attendant and one Ambulance Driver.

Preferably, one ETD Medical Officer will remain in ETD to prepare the department and divert non-emergency cases to other facilities.

- (2) Take charge of the ETD Red Zone together with the surgeon on-call. Your team member will be surgical medical officer, 1 ETD nurse, 2 or 3 Medical Ward and Orthopaedic Ward Nurses.

9. Surgical Department Medical Officers

- (1) Help prepare ETD and see the remaining emergency cases including the non-disaster cases while waiting for the first disaster victim.
- (2) Work in the Red Zone after that.

10. Medical Department Medical Officers

- (1) Work with the Primary Triage Team
- (2) One MO will stand-by at ETD with the 2nd Medical Team
- (3) One Medical MO will go with the 2nd Medical team if required at the site.

11. Orthopaedic Department Medical Officer.

- (1) Work in the Yellow Zone.
- (2) One Orthopaedic MO will stand-by at ETD for the 3rd medical team.
- (3) Go with the 3rd Medical Team if the 3rd team is dispatched.

12. Other Medical Officers and House Officers

- (1) Any other Medical Officers and House Officers will be called, when deemed necessary.
- (2) Follow the instructions of the main coordinator of operation.
 - (a) You will be assigned duties by the Main Coordinator or any officer authorized by him. You will be one of the first to be contacted and be available to be part of the teams going out or to work in the triage / green / yellow / red zones depending on the needs. This is especially so if the disaster occurs after office hours.
 - (b) All officers must report to the ED3C. Briefing will be conducted by the Medical Incident Coordinator or any officer authorized by him.

13. Assistant Medical Officers**i) Assistant Medical Officer U42/ Hospital Supervisor (Admin).**

- (1) Report to the Hospital Operation Centre ASAP
- (2) Assist to establish the Hospital Operation Centre as instructed by the Hospital Coordinator.
- (3) Station himself at the Hospital Operation Centre.
- (4) Take charge of all the Assistant Medical Officers.
- (5) Recall and deploy all Assistant Medical Officer from other units / disciplines or off-duty as deem required.
- (6) Co-ordinate all activities of the Assistant Medical Officer.
- (7) Co-ordinate with the divisional or state Chief Assistant Medical Officer if additional Assistant Medical Officer is required.
- (8) Coordinate security for the hospital.

ii) Assistant Medical Officer U42 (ETD).

- (1) Report to the ED3C ASAP
- (2) Assist to establish the ED3C
- (3) Station himself at ED3C. Take temporary command of ED3C until arrival of a more senior officer or HOD ETD
- (4) Take charge of all the Assistant Medical Officers at ETD/ED3C.
- (5) Co-ordinate all activities of the Assistant Medical Officers at ETD/ED3C\
- (6) Co-ordinate with Assistant Medical Officer U42 at HOC if additional Assistant Medical Officers are required.
- (7) Perform other duties as assigned by ED3C coordinator/HOD ETD

iii) Assistant Medical Officer U32 On Duty / On Call (Emergency and Trauma Department)

- (1) Take temporary command of ED3C until taken over a more senior staff or HOD ETD.
- (2) Perform the duties of the ETD AMO U42 or HOD ETD if he is not available.
- (3) Assist with the Emergency Operation Centre and take charge of the ED3C in the absence a more senior staff or ETD Head.

iv) Assistant Medical Officer U32 in charge of Human Resource ETD)

- (1) Assume the role of AMO U42 ETD and/or other AMOs U32 ETD until they arrive
- (2) Assist and supervise patient's management at the ETD.
- (3) Take charge of all ETD Assistant Medical Officers.
- (4) Recall all off-duty ETD personnel.

v) Assistant Medical Officer U32 in charge of Assets

- (1) Assume the role of AMO U42 ETD and/or other AMOs U32 ETD until they arrive.
- (2) Take charge of the ETD facilities and equipment.
- (3) Form a team to prepare patient's treatment areas/zones, i.e. Triage & reception, Red Zone, Yellow Zone.
- (4) Supervise activities at ETD.
- (5) Coordinates with ED3C for any matter arises.

vi) Assistant Medical Officer U 32 in-charge of Pre-hospital Care (ETD)

- (1) Assume the role of AMO U42 ETD and/or other AMOs U32 ETD until they arrive.
- (2) Take charge of ambulance and transportations
- (3) Supervise preparation of ambulance team and medical teams.
- (4) Supervise drivers to prepare ambulances and other vehicles.
- (5) Supervise preparation of equipments and supplies for ambulances and medical teams.
- (6) Coordinate with ED3C
- (7) May be required to go to incident site and take charge of field management.

vii) Assistant Medical Officer U 32 in-charge of Statistics

- (1) Assume the role of AMO U42 ETD and/or other AMOs U32 ETD until they arrive
- (2) Assist and supervise patient's management at the ETD.
- (3) Take charge of all ETD Assistant Medical Officers.
- (4) Recall all off-duty ETD personnel.

viii) ETD Assistant Medical Officer

(1) AMO I/C of shift

- (a) Take up initial command of operation until the appropriate person arrives.
- (b) Inform the telephone operator and all ETD staff of the incident and activation of the disaster operation.
- (c) Inform Head and all ETD supervisory staff.
- (d) Inform telephone operator to call back off-duty ETD staff if necessary.
- (e) Work at the ED3C after all the preceding steps have been done and the appropriate personnel have arrived.

(2) AMO Primary Triage

- (a) Take charge of Primary Triage.
- (b) Divert non-emergency cases.
- (c) Work with the Medical Specialist in the Triaging Area.

(3) AMO Secondary Triage

- (a) Help to prepare ETD for receiving casualties.
- (b) Clear ETD area and divert non-emergency cases.
- (c) Check and prepare equipment, facilities for receiving victims.
- (d) Stay with the ETD counter and assist with the transportation and preparation team.
- (e) Take charge of registration and documentation after all the preceding steps have been done and appropriate personnel have arrived.

(4) AMO Red Zone

- (a) Help prepare the Red Zone for receiving Casualties.
- (b) Continue to work in the Red Zone.
- (c) Form part of the resuscitation team in the Red Zone.
- (d) Coordinate with Command and Control center if more staff is required.

(5) AMO Yellow Zone

- (a) Prepare the Yellow Zone to receive casualties.
- (b) Continue working in the Yellow Zone.
- (c) Take charge of the Yellow Zone with the Orthopaedic Specialist on-call.
- (d) Coordinate with ED3C if more staff is required.

(6) AMO EMT-1

- (a) Will be the leader of the first Ambulance Team dispatched to the site.

(7) Other Assistant Medical Officers remaining including those recalled from other units and off-duty will be assigned by the Main Coordinator or any officer authorized by him. Some will form part of the Ambulance and Medical Team dispatched to the site.

All Assistant Medical Officer recalled must report at the ED3C as soon as they arrived at the ETD.

14. Nursing

i) Head of Nursing

- (1) Report to and take station at the Hospital Operation Centre ASAP.
- (2) Take charge and co-ordinate all nursing activities.
- (3) Recall and deploy all nurses and health attendants from other units/disciplines or off-duty nurses as deemed required.
- (4) Prepare and organize disaster ward (Ward 1)
- (5) Prepare and organize Hospital Information Center.
- (6) Prepare and organize families and relatives center.
- (7) Co-ordinate with the divisional or state Nursing Matron if additional nurses and health attendants are required.

ii) Nursing Supervisor U36 On Duty / On Call

- (1) Report to and take station the Hospital Operation Centre ASAP.
- (2) Assist Head of Nursing to supervise and co-ordinate all nursing activities.
- (3) Other duties will be as assigned by the Main Coordinator.

iii) Nursing Sister on-duty / on-call

- (1) Report to ED3C ASAP.
- (2) Assume the role of Medical Incident Coordinator from the AMO I/C of shift until a more senior officer arrive.
- (3) Assume the role of the Head of Nursing until the later arrived.
- (4) Upon arrival of the Head of Nursing, your role and duties will be scale down to the usual nursing sister on-call.

iv) Nursing Sister on duty (ETD)

- (1) Coordinate with Assistant Medical Officer in charge of Clinical Support for Emergency and Trauma Department.
- (2) Take charge of the ETD facilities, equipments and supplies.
- (3) Delegate and assign duties of ETD nurses and attendants to their respective duties.
- (4) Prepare patient's treatment areas/zones, i.e. Triage & reception, Red Zone, Yellow Zone.
- (5) Supervise attendants to prepare ETD for disaster and transport of patients.

v) ETD Nurses

- (1) ETD Nurse 1 I/C of Red Zone
 - (a) Prepare the Red Zone to receive more casualties.
 - (b) Request and prepare additional equipments and consumables in the Red Zone if required.
 - (c) Assign staff in the Red Zone as required.

- (d) Form the resuscitation team in the Red Zone.
- (e) Co-ordinate with the ED3C if more staff is required.

(2) ETD Nurse 2 – I/C of Yellow Zone

- (a) Prepare the Yellow Zone to receive more casualties.
- (b) Request and prepare additional equipments and consumables in the Yellow Zone if required.
- (c) Assign staff in the Yellow Zone as required.
- (d) Form the treatment team in the Yellow Zone.
- (e) Co-ordinate with the ED3C if more staff is required.

(3) EMT-1 Nurse

- (a) EMT-1 nurse will form part of the first Ambulance Team to the site.

(4) Other ED Nurses

- (a) Other off-duty ED nurses responded will report to the ED3C and deployed as required. Some will form the Ambulance and Medical Team.

(5) Male Medical Ward Nurses

- (a) Work in the Red Zone.
- (b) One nurse will be part of the 2nd Medical team, if the 2nd team is formed.

(6) Female Medical Ward Nurses

- (a) Work in the Red Zone
- (b) One nurse will assist in triaging the disaster's victim at ETD and one nurse will assist the equipment and supplies team.

(7) Post Natal / ENT / Paediatric Nurses

- (a) Work in Yellow Zone
- (b) Assist in the preparation and organization of the current ETD Reception Area and Waiting Area into Yellow Zone
 - (i) Move existing waiting chairs to the Ambulance's Bay.
 - (ii) Check and acquire adequate resuscitative equipments and drugs.
 - (iii) Ensure sufficient linens. Etc.

(8) Other Nurses

- (a) Other nurses will be called as needed.
- (b) All responding nurses will report at the ED3C and deployed as required.

15. Attendants

- i) Help to clear ETD of existing patients.
- ii) Help the transport and preparation team.
- iii) As assigned by the Coordinator or any officer authorized by him.

16. Drivers

- i) Check, prepare and assemble all ambulances and transport vehicles at the ETD.
- ii) Prepare, check and load all the necessary equipment.
- iii) Form part of the Ambulance and Medical Team.

17. Other Clinical and support Services.

- i) Report to the ED3C or Hospital Operation Center ASAP.
- ii) Prepare and assemble your own team as required.
- iii) Liaise with the ED3C regarding the status of the disaster.
- iv) Other duties may be as assigned by the Hospital Coordinator or any officer assigned by him.

SIBU HOSPITAL DISASTER PLAN

SECTION 3

MEDICAL INCIDENT MANAGEMENT AND DISASTER SITE ARRANGEMENTS

INTRODUCTION

The purpose of this guideline is to provide a guide for the efficient management of medical resources in a mass casualty incident. This may range from an event where there is a concentration of casualties in a restricted area e.g. bus crash, to an incident spread over a wide area which will require multiple field management structures.

All health care professionals have a duty to understand the disaster management arrangements, which will include command, control and coordination, their roles and those of other involved agencies.

MANAGEMENT STRUCTURE

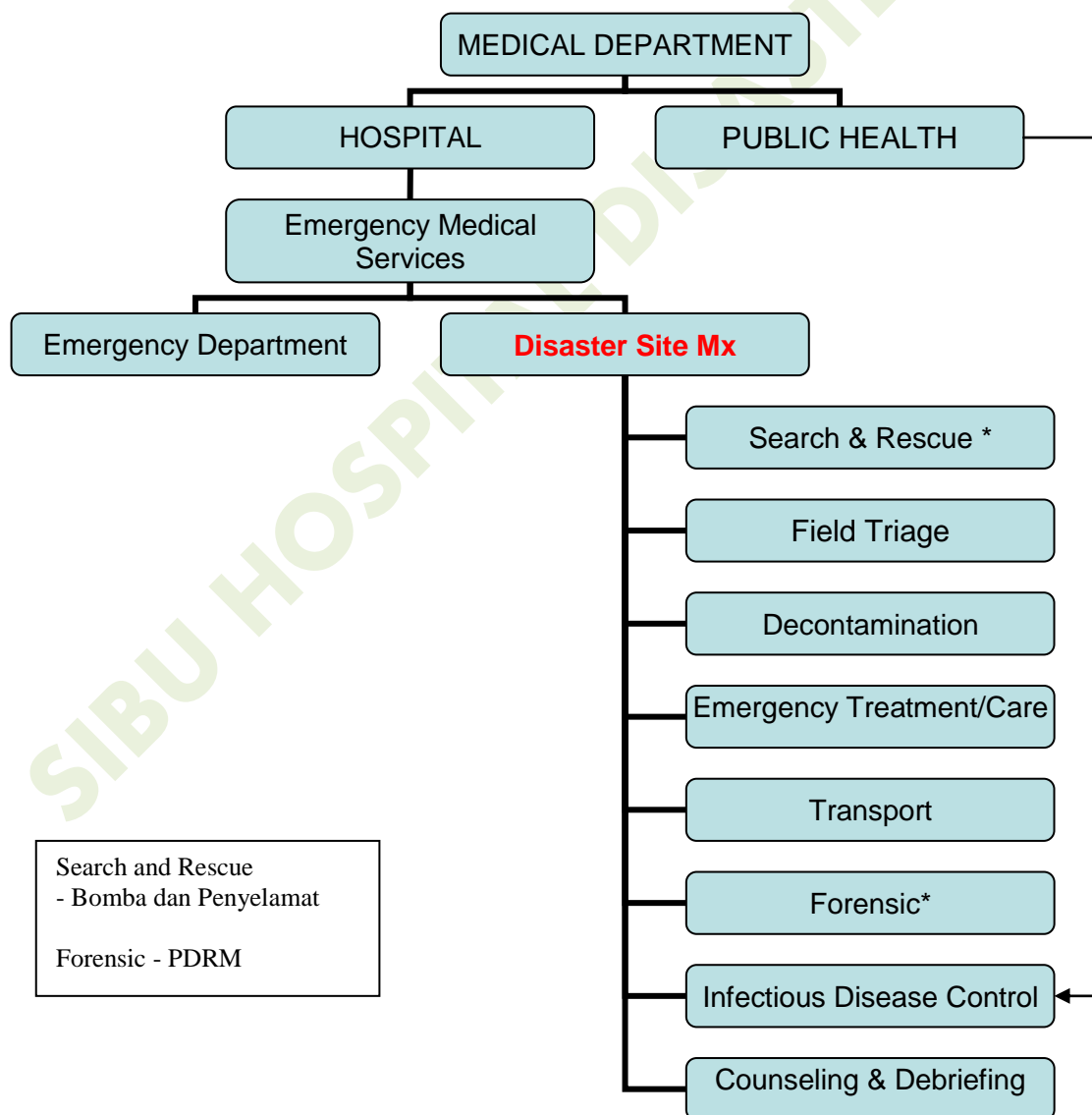


Figure 8: Incident site management structure

MEDICAL INCIDENT MANAGEMENT

Medical incident management at the site will be a progressive process. The first medical responders, normally EMT1 personnel shall quickly:

1. Report to the site Operation Officer-in-charge if already available.
2. Gather intelligence of the incident;
3. Provide situational reports to the command and control center;
4. Establish the initial medical control points, as listed in site arrangement below; and
5. Establish liaison with other services on site.

SITE ARRANGEMENT

The size of the incident will dictate the need to establish medical control points. These control points are:

1. **Medical Command post** – This is the area where operations are directed and controlled by the medical and ambulance commanders and should be:
 - a. Co-located with other emergency services.
 - b. Up-wind of the incident site, in a secure area; and
 - c. Easily identifiable to all personnel.
2. **Casualty Collecting Area** – An area where casualties are initially assembled and triaged. This area shall be in one of two locations.
 - a. Within the incident site.
 - b. If rescue services are extricating casualties from a hazardous area:
 - i. As near as possible to the incident site; and
 - ii. In an area safe for personnel to perform their duties.
3. **Patient Treatment post** – This area is established for re triage and treatment of all casualties and shall be:
 - a. As near as possible to the casualty collecting area to alleviate long distance stretcher carries but must be outside the danger zone;
 - b. Large enough to accommodate the casualties and those treating, with easy access and egress;
 - c. Ideally in an area protected from the elements; and
 - d. In an area safe from the effects from the incident.
4. **Ambulance Loading Point** – This area is where the patients are loaded and an identity and destination recorded, which should be:
 - a. As near as practicable to the exit of the Patient Treatment Post;
 - b. Large enough to accommodate more than one vehicle with easy access and egress, ideally a pass-through situation; and

- c. Located in a safe area bearing in mind the incident and other traffic.
5. **Ambulance Holding Point** – this area is where the vehicles are marshaled if the Ambulance Loading Point is not able to accommodate them and shall be:
- a. As near as possible to the Ambulance Loading Point; but does not cause traffic congestion;
 - b. Easily accessible with good egress;
 - c. Large enough to accommodate all responding ambulance; and
 - d. In an area with proven communications with Ambulance Loading Point.

TRIAGING AND TREATMENT

Triaging is done in a 4-colour coding system.

Degree of Injury	Colour Code	Action
Critically injured	Red	Transport to hospital ASAP
Patient with intermediate injuries	Yellow	Transport them simultaneously in a vehicle other than an ambulance to the hospital.
Patient with light injuries	Green	Give first aid treatment after the critically and intermediate injured patients are treated.
Patient who are dead or expectant	Black	Attend to them only after all the patients are treated.

Table 5: Triaging and treatment of patients

SITE MANAGEMENT AND PERSONNEL

The nomenclature of specific medical personnel may varies with situation and the nature of disaster, however, the basic role are not dissimilar. The site personnel set out below is not definitive and consideration needs to be given to additional roles such as Nurse Team Leader.

1. **Transport Officer** – One of the first ambulance officers on site (EMT-1 AMO) who will assume the initial function of medical control including the selection of suitable sites for casualty management and communications.
2. **Casualty Officer** – One of the first ambulance officer on site (EMT-1 Nurse) and is required to estimate casualty numbers, hazards or unsafe areas, additional resources required and commence primary triage and treatment.
3. **Triage Officer** – Upon the arrival of the Field Medical Team personnel, the most medical skilled officer assume this role, commencing triage and tagging of casualties in the field.

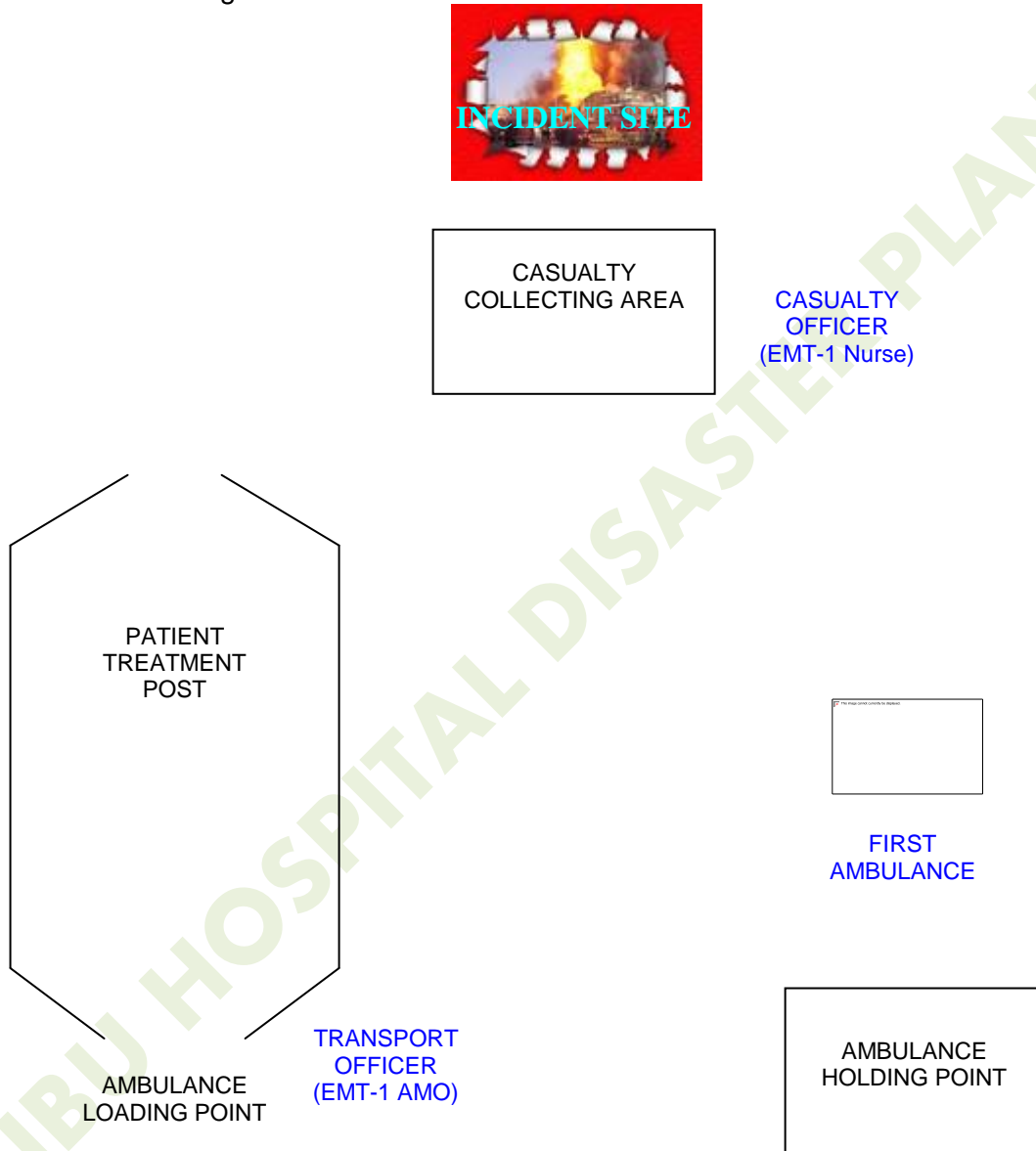
4. **Ambulance Marshall** – Upon the arrival of the Field Medical team, EMT-1 driver will assume the role of an Ambulance Marshall, marshalling all ambulance vehicles and personnel.
5. **Medical Incident Commander** – This officer will be appoint by the ED3C and will assume command of all ambulance resources and medical teams at the site. In the absence of a field medical controller, this officer will assume the medical control function.
6. **Liaison Officer** – This officer will be appoint by the Medical Incident Commander and shall establish a medical liaison with other responding agency commanders.
7. ***Field Medical Controller** – A medical officer who is appointed by the State Medical Office to control the medical management at the site and is in command of all medical teams.
8. **Medical Team Leader** – A medical officer who is responsible for the management patient's treatment at the site.
9. **Medical Triage Officer** – A suitably skilled medical officer who is responsible for triage within the Patient Treatment Post.

SITE MANAGEMENT AND PERSONNEL

STAGE ONE

Figure 13: Upon arrival of the First Ambulance, the team will establish the following post:

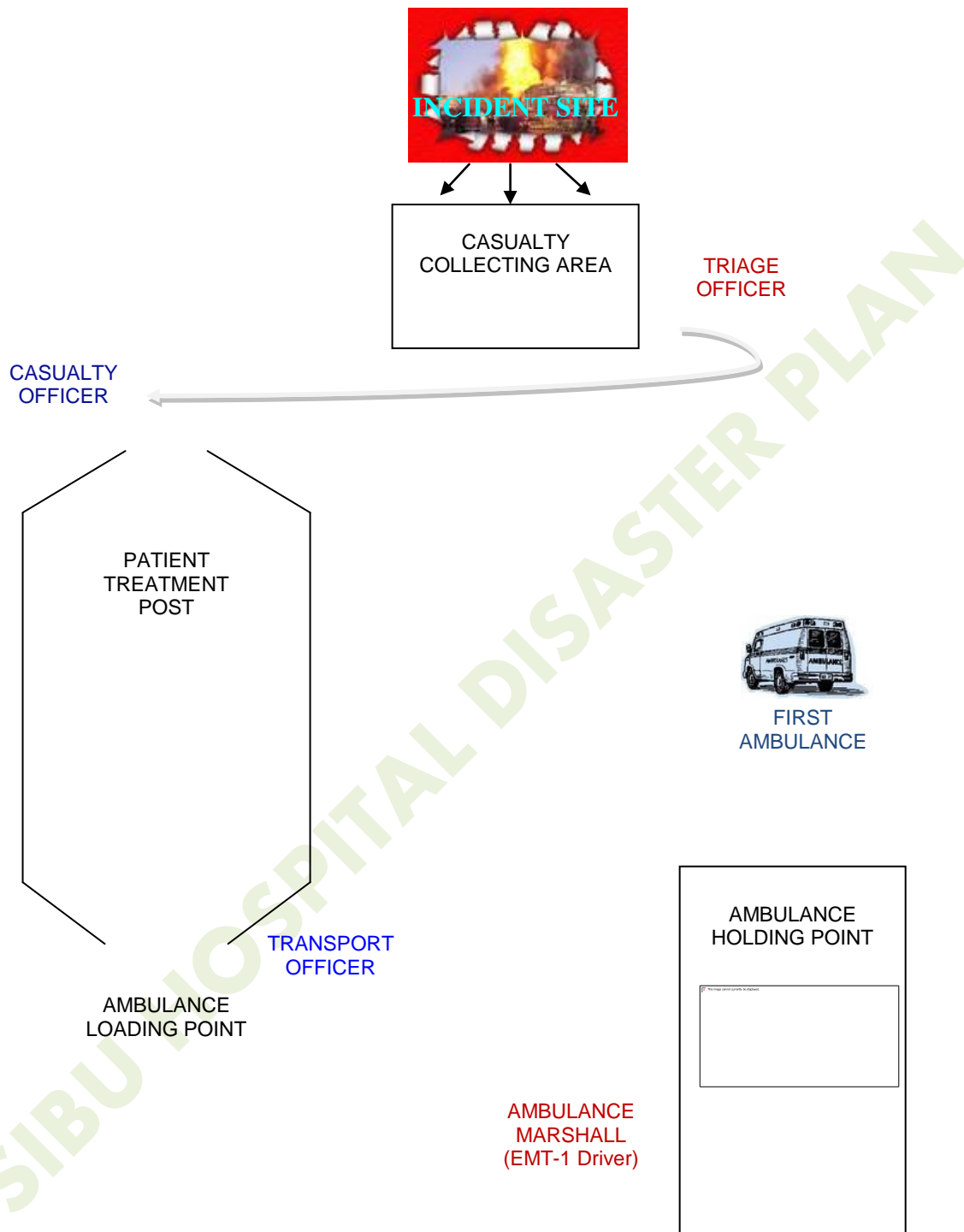
- 1) Casualty Collecting Area
- 2) Patient Treatment Post
- 3) Ambulance Loading Point
- 4) Ambulance Holding Point



SITE MANAGEMENT AND PERSONNEL

STAGE TWO

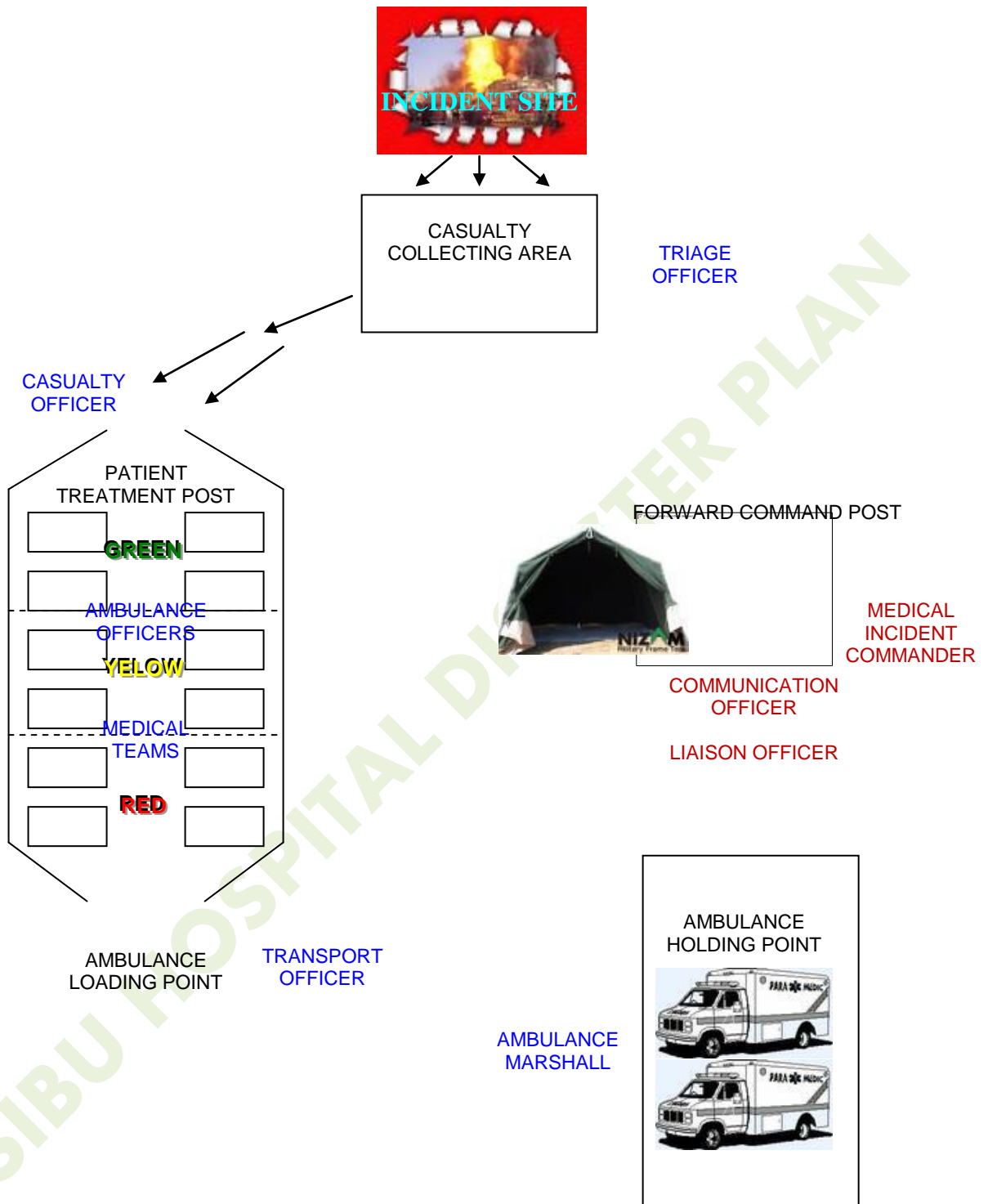
Figure 14: Arrival of Field Medical Team or 2nd Ambulance



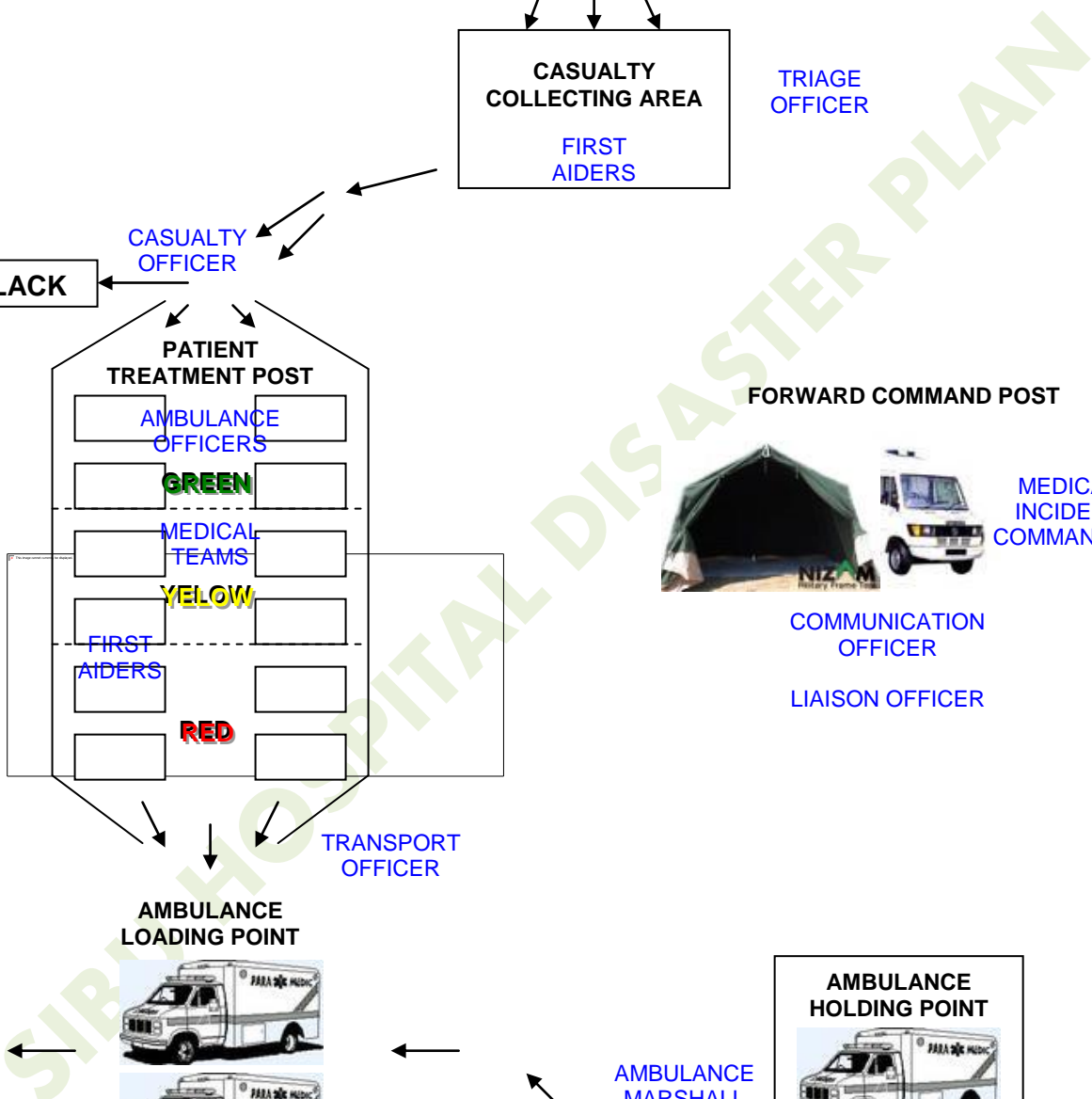
SITE MANAGEMENT AND PERSONNEL

STAGE THREE

Figure 15: Arrival of Medical Teams & More Ambulances



STAGE FOUR



SITE PERSONNEL

1) TRANSPORT OFFICER (EMT-1 AMO)

- a. Responsible to the Medical Commander
- b. Initial Actions
 - i. Report to the site Operation Officer-in-charge if already available.
 - ii. Advise ED3C of arrival at the scene.
 - iii. Confirm the exact location of the scene.
 - iv. Determine access routes for other ambulances.
 - v. Maintain a communication link with the ED3C.
 - vi. Establish a temporary Forward Command Post.
 - vii. Don the appropriate identification vest.
- c. Secondary Action
 - i. Select suitable medical management site – ie Patient Treatment Post, Ambulance Loading Point, Ambulance Holding point.
 - ii. Secure the access and egress.
 - iii. Appoint an Ambulance Marshall.
 - iv. Obtain the service of someone to register the details of the casualties.
 - v. Supervise the practical loading of the Ambulances.
 - vi. Maintain communications with the ED3C and provide regular situation reports.
 - vii. Establish liaison with other emergency/support services.
- d. **Note:** On arrival at the scene of the Medical Incident Commander, the Transport Officer's role will reduce to liaison with the Ambulance Marshall, Patient Recorder and the Medical Team working in the Treatment Post whilst facilitating the practical loading of Ambulances.

2) CASUALTY OFFICER (EMT-1 Nurse)

- a. Responsible to the Medical Incident Commander
- b. Initial Actions
 - i. Undertake a quick reconnaissance, and report:
 - ii. The estimate number of casualties.
 - iii. Any hazard or unsafe areas; and
 - iv. Additional resources needed – e.g. Police, Fire, Rescue, Medical Teams.
 - v. Don the appropriate identification vest.
- c. Secondary Actions
 - 1. Commence life-saving treatment only.

2. Accurately determine the number of casualties, classify into stretcher or walking cases, and relay the information to ED3C.
3. Commence primary triage of casualties.
4. Appoint a Triage Officer as soon as possible.
5. Direct responding medical and para-medical personnel to specific casualties/areas.
6. Arrange the evacuation of all casualties to the Patient Treatment Post.
7. Arrange the orderly placement of casualties within the patient Treatment Post, according to their triage priority.

- d. **Note:** On arrival of a Triage Officer, Casualty Officer will work in close liaison with the Triage Officer and provide a management role of casualties coming to and within the Patient Treatment Post.

3) TRIAGE OFFICER (AMO 1st Medical Team)

- a. Responsible to the Medical Incident Commander.
- b. The Triage Officer will be located at the Casualty Collecting Area.
- c. The Triage Officer will tag/label the casualties and arrange for their quick evacuation to the Patient Treatment Post according to their triage priority.
- d. Only life-saving treatment will be carried out at this area.

4) AMBULANCE MARSHALL (EMT-1 Driver)

- a. Responsible to the Medical Commander.
- b. The Ambulance Marshall will be located at the Ambulance Holding Point and assemble the incoming ambulance vehicles in a logical and safe manner with easy access to the Ambulance Loading Point and without congesting the access for other emergency vehicles.
- c. The Ambulance Marshall must have good communication with the Transport Officer so that vehicles can be move forward for loading as required. The Marshall also provides details to incoming crews on what is required of them by the commander at the site – e.g. remain with the vehicle or take some equipment forward to the treatment post.

5) MEDICAL INCIDENT COMMANDER (Head of ETD)

- a. Responsible to the Main Coordinator at the Hospital.
- b. The Medical Incident Commander is required to proceed as follows:
 - i. Notify the ED3C on arrival.
 - ii. Establish or confirm the forward Command Post.
 - iii. Assume command of all Ambulance and Medical Team operations and if appropriate obtain a briefing from the Transport Officer and Casualty Officer.
 - iv. Confirm or appoint:
 1. Casualty Officer.

2. Transport Officer.
3. Triage Officer.
4. Liaison Officer.
5. Communication Officer, and
6. Ambulance Marshall.

v. Confirm or determine the location of:

1. Casualty Collecting Area.
2. Patient Treatment post.
3. Ambulance Loading Point.
4. Ambulance Holding point;
5. Access and egress routes; and
6. Any other control points that may be necessary.

vi. Liaise with other Emergency Service Commanders.

1. Ensure adequate resources are at hand or available.
2. Provide regular reports to the ED3C reflecting whether or not the incident is escalating, static or winding down.

Note: The Medical Incident Commander will assume responsibility for all Medical and First Aid personnel/roles.

6) LIAISON OFFICER (Appoint by Medical Incident Commander)

- a. Responsible to the Medical Incident Commander.
- b. The Liaison Officer is required to provide a liaison point between the ambulance service, medical teams and all other Emergency Service Commanders, being located with them and must have an effective communication link with the Medical Incident Commander.
- c. The Liaison officer must have a good operational knowledge of the Service and be able to provide accurate information to the other Service commanders.

7) MEDICAL TEAM LEADER (Medical Team-1 MO)

- a. Responsible to the Medical Incident Commander.
- b. The medical Team Leader will be responsible for patient's management/clinical care and personnel working within the site, and to ensure that they have the resources necessary to provide life saving treatment and stabilization of casualties prior to transport. The team Leader is required to ensure that the team is providing the service efficiently and effectively and to liaise with the Transport Officer to ensure that patients are evacuated in an appropriate order.

8) MEDICAL TRIAGE OFFICER (Medical Team-2 MO)

- a. Responsible to the Field Medical Controller

- b. The Medical Triage Officer will be located at the entrance to the Patient Treatment Post and will carry out a more detailed assessment of the injured thus providing a secondary triage of the patients as they arrive at that location. The Medical triage Officer will record his/her finding on the triage tag and amend, if necessary, the priority of the patient.

9) FIELD MEDICAL CONTROLLER

- a. Responsible to the Divisional Controller and State Medical Services.
- b. The Field Medical Controller will be appointed by the Divisional/State Controller and will provide a Forward Commander role for Health and Medical Services at the site.
- c. The Field Medical Controller will take command of all medical and nursing personnel at the site to ensure the optimum utilization of all medical and nursing resources at the site and liaise closely with the Medical Incident Commander.
- d. The controller will provide or be responsible for:
 - i. Health, medical and scientific advice to the other emergency service Commanders, in particular to the lead combatant;
 - ii. Information on the bed states of hospitals and ensure that patients are directed appropriately;
 - iii. Regular reports to the Divisional/State Controller on the status of the situation;
 - iv. Ensuring adequate resources are available for the medical teams;
 - v. Ensuring the welfare and safety of the medical teams is taken care of, including relief and sustenance;
 - vi. Appointing or confirming the appointment of an appropriate Medical Triage Officer;
 - vii. Notifying the medical and nursing personnel at the site as to the total incident status; and
 - viii. Providing the medical overview to any debrief events.

SECTION 4

RECOVERY PHASE

DEBRIEFING

- 1) Regular briefing/debriefing sessions within the ETD for those responsible for coordination of operations.
- 2) Debriefing of staff directly involved with the disaster events will be offered support session coordinated by the Social Work Department. Staff debriefing will occur in the Main Conference Room Block B.
- 3) A joint debriefing will be scheduled as soon as possible following the All Clear. The debriefing will be located in the Main Conference Room.

RECOVERY

- 1) 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. overtime, supply replacement).
- 2) All Departments will perform performance evaluations and critiques to determine if response was appropriate or where improvements need to be made.
- 3) Departmental summaries and evaluations are to be submitted to the Hospital Director and Head of ETD – Incident Commander.
- 4) It should be noted that "return to normal level of operations" may take several days, weeks or months, depending on the extent of the disaster.

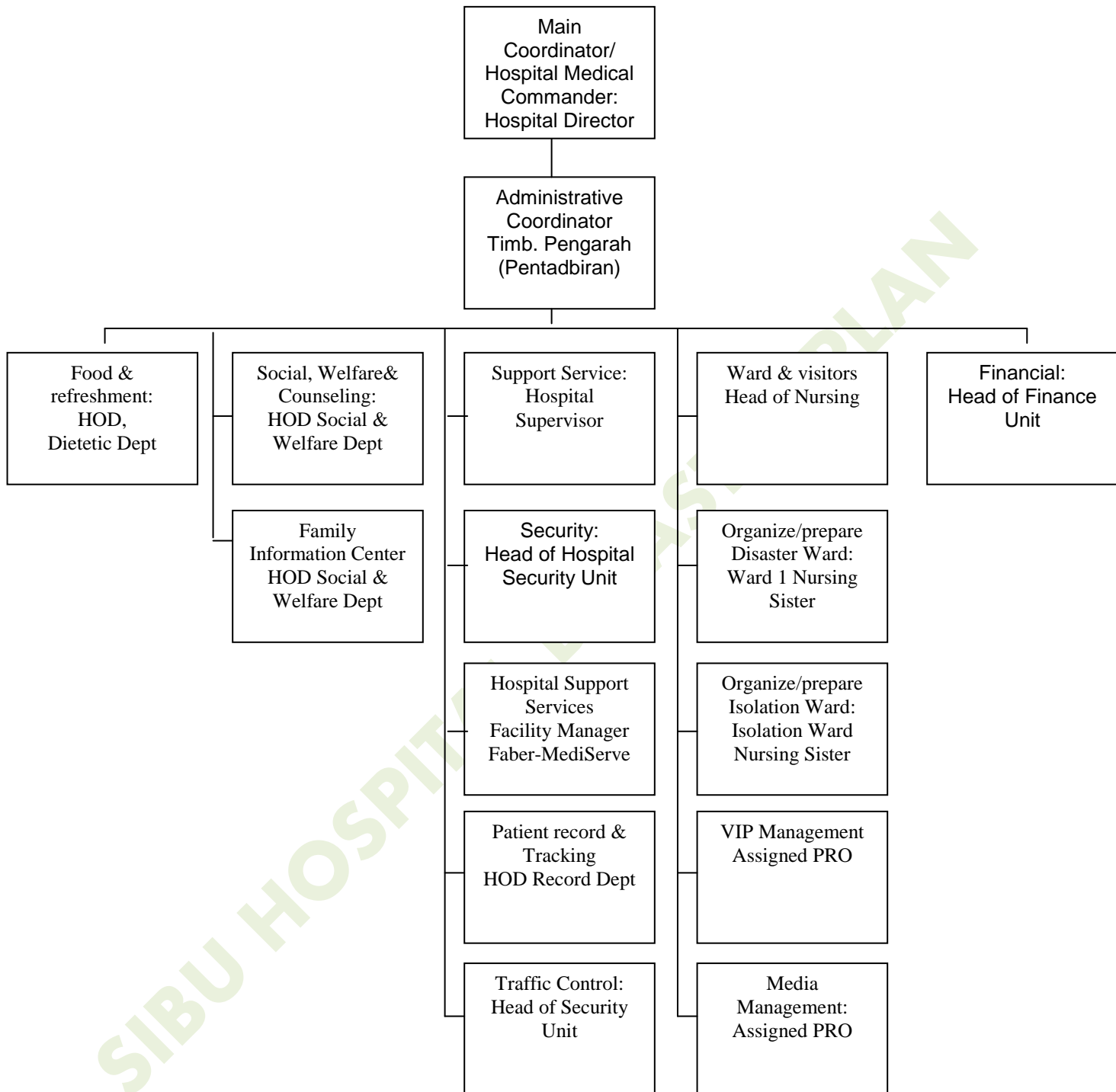
SECTION 5

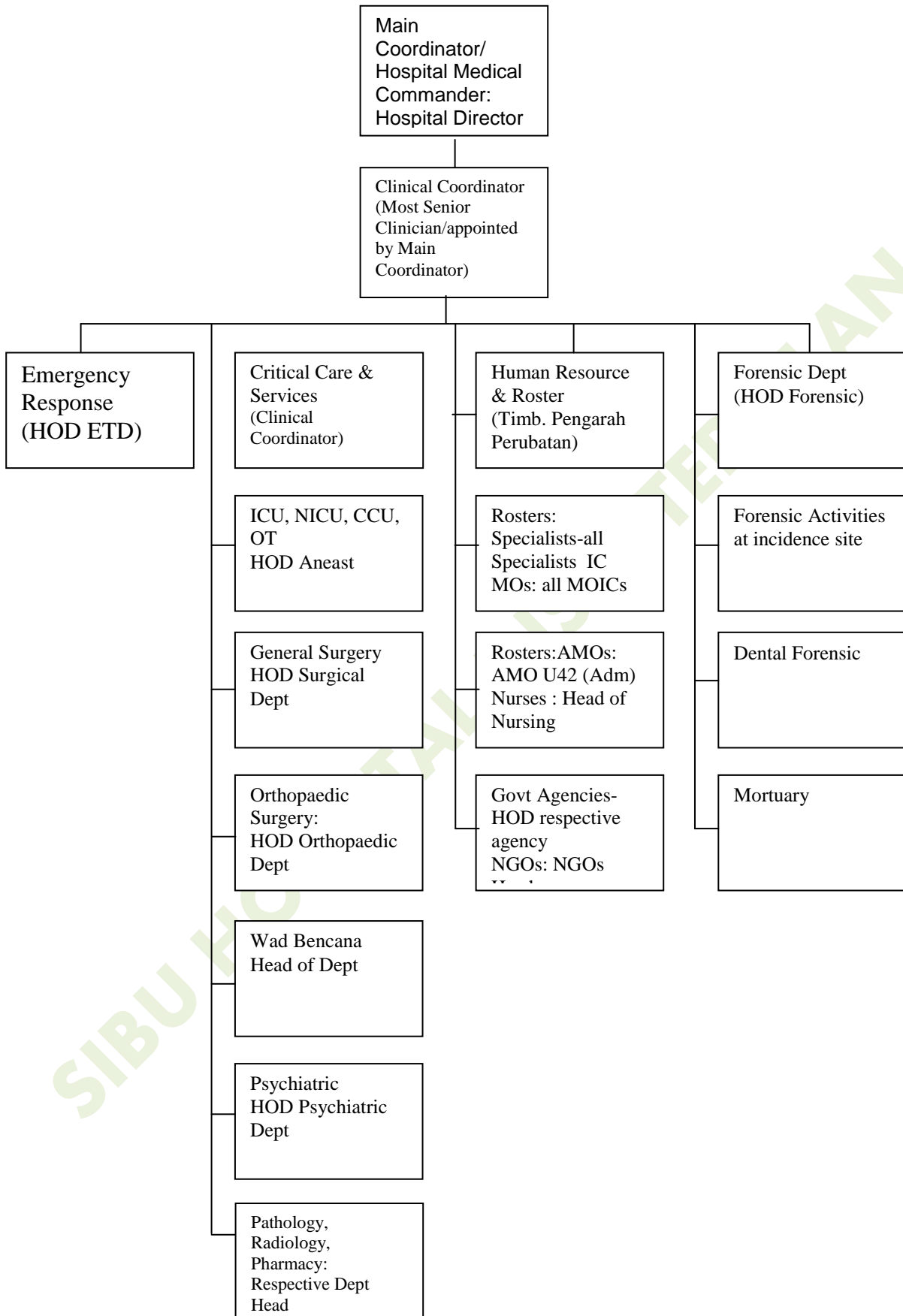
DEVELOPMENT AND MAINTENANCE

- 1) This plan was developed by ETD with the cooperation of all departments in the hospital.
- 2) All departments are responsible for maintaining an up-to-date disaster manual and notifying ETD of changes in their department.
- 3) This plan will be updated annually or as changes in departments occurs.

SIBU HOSPITAL DISASTER PLAN

ADMINISTRATIVE COORDINATOR WORK ORDER FLOWCHART



CLINICAL COORDINATOR WORK ORDER FLOWCHART

ROLLS AND ROLL PLAYERS

No.	ROLES	ROLE PLAYERS
1	Main Coordinator/Medical commander	Hospital Director
2	Clinical Coordinator	Most senior clinician /appointed by Hospital Director
3	Administrative Coordinator	Timbalan Pengarah (Pentadbiran)
CLINICAL ACTIVITIES		
4	Emergency Medical Response	Emergency Physician (HOD ETD)
5	Head of Emergency Command and Control Center (ED3C)	Emergency Physician (HOD ETD)
6	Head of Field Medical Team	ETD 1 st MO or a person assigned by ETD HOD
7	Preparation of ETD-In-charge of surgical supplies, sterile supply, consumerable items	ETD AMO U32 (Supplies)
8	Preparation of ETD-In-charge of equipment and facilities	ETD AMO U32 (Asset)
9	Preparation and organization of Decontamination Area	Nursing sister ETD (Infection Control)
10	Leader, Triage Team	Medical Specialist on-call
11	Red Zone Team Leader	Surgical Specialist on-call
12	Yellow Zone Team Leader	Orthopaedic Specialist on-call
13	Green Zone Team Leader	Paediatric Specialist on-call
14	Head, Treatment and Hospital Critical Services	Clinical Coordinator (No.2 above)
15	Head of Combined Critical Care Units (ICU, CCU, NICU etc) and OT	HOD, Anesthesiology Dept
16	Head, General Surgery	HOD, Surgery Dept
17	Head, Orthopaedic surgery	HOD, Orthopaedic Dept
18	Head, Imaging	HOD, Radiology Dept
19	Head, Pharmacy	HOD, Pharmacy
20	Head, Medical Laboratory	HOD, Medical Laboratory
21	Head, Disaster Ward, Ward 1	HOD, Surgery Dept
22	Chief Of Human Resource and Rostering	Timbalan Pengarah (Perubataan)
23	In-charge of Specialists	Specialist In-charge, Respective Dept
24	In-charge of Medical Officers	MOIC, Respective Dept
25	In-charge of Nurses	Head Matron
26	In-charge of Assistant Medical Officers	Assistant Medical Officer U42 (Admin)
27	In-charge of juru X-Ray	HOD, Radiology
28	In-charge of Attendants (PPK)	PPK In-charge
29	Head, Volunteer Services-Government Agency/NGOs/Individuals	Respective leader
30	Head, Forensic	HOD Forensic
31	Head 'Field Forensic Activities'	Forensic specialist assigned by HOD Forensic
32	Head, Dental	HOD, Dental Dept
34	Head, Mortuary	HOD, Forensic Unit
35	Head, Psychiatric and Social Services	HOD, Psychiatric Dept
36	Head, Counseling and Patient Welfare	HOD, Social Dept

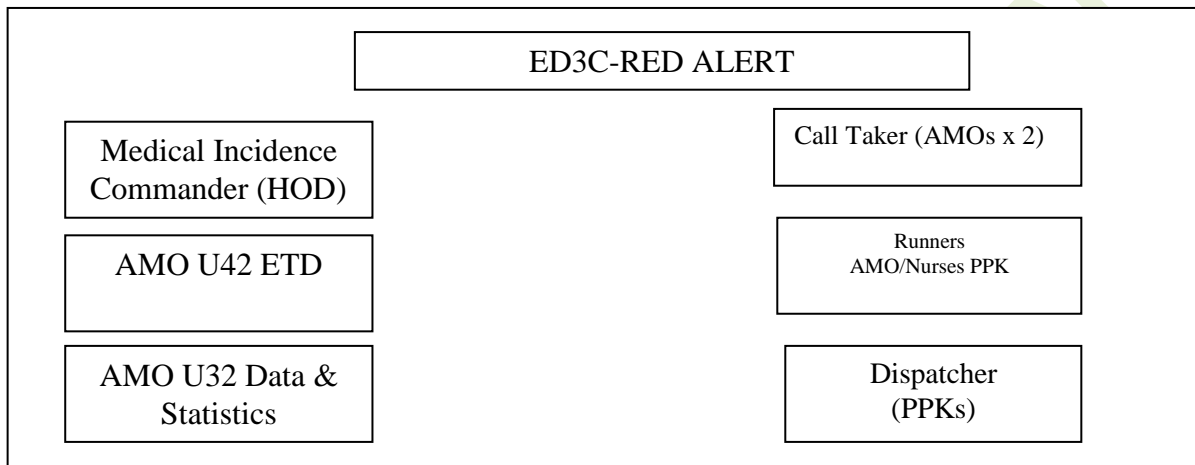
37	Head, Food and Diet	HOD, Dietetic Dept
38	Head, Patient Record	Unit Head, Medical Record Unit
ADMINIISTRATIVE ACTIVITIES		
39	Administrative Co-coordinator	Timbalan Pengarah (Admin)
40	Ketua Khidmat Sokongan	AMO U42(Admin)
41	Head, Security	Head of Security Unit
42	Head, Hospital Support Services	Facility Manager, Faber-MediServe
43	Head, Traffic Control	Head of Security Unit
44	In-charge of transport	Timbalan Pengarah (Admin)
45	Chief Public Areas	Head Matron
46	Head of Family Information Centre	HOD Psychiatric Dept
47	Head, VIP Management	PRO
48	Head, Media Management	PRO
49	Head, Operator	Hospital Chief Telephone Operator
50	Head of Finance	In-charge, Finance Unit
OTHER HEADS OF DEPARTMENTS		
51	Head of Neurosurgery	Shall give appropriate assistances for the smooth running of the treatment and management of the disaster victims
52	Head of O&G	
53	Head of ENT	
54	Head of Ophtalmology	
55	Head of Physiotherapy	
56	Head of Occupational Therapy	
61	Others	

ED3C-Red Alert

Location: ETD Seminar Room

Personnel: Report to RD3C

- 1) Medical Incident Commander – Head ETD
- 2) Assistant Medical Officer U42 / U32 ETD
- 3) Call Taker – Assigned by IC
- 4) Dispatcher – Assigned by IC
- 5) Runner – Assigned by IC



Appointed staff (Room Managers) stationed at HOC to help run activities at HOC smoothly.

No.	Category	Activity
1.	Record Officer	Collect and manage data for report and documents.
2	AMO U32 (Assigned by AMO U42-admin)	In-charge of equipment
3	Sister U32 (Assigned by Head Matron)	Ensure enough manpower, food and refreshment at HOC
4	2 AMOs (Assigned by AMO U42-admin)	Make call
5	2 Staff nurses (Assigned by Head Matron)	Receive call
6	1 Staff nurse (Assigned by Head Matron)	Record and document all events and disaster response activities at HOC according to provided mini (Diarist)
7	Clerk (Appointed by Administrative Coordinator)	Assist in record and documentation
8.	PPK	General helper and runner

PERSONNEL WHO MAN THE HOSPITAL OPERATION CENTER

