

Operating Procedure (OP)				
Hazard	Air Craft Crash			
Stage of Hazard	During			
Jurisdiction Level	District			
Organization	Ministry of Health (MoH)			
Responsible	nsible Head of the Institution (HoI) - (Director, Medical			
Person	Superintendent, District Medical Officer or Medical Officer in			
Charge).				
	Heads of Sub Departments (HoD).			
Head, Accident/Emergency Department of the Hospital (HAE).				
Clinician most experienced in triage (CLN-TRG).				
Most senior Cliniciantrained in decontamination (CLN-DEC).				
	Senior Clinicians of different disciplines (SnCLN).			
	OIC, Main Switch Board (OIC-SB).			

Action	Responsibility
	-
 Activate the Disaster Response Plan 	HoI
Establish a command center	HoI
 Alert different sections of the hospital 	HoI
 Mobilize staff on call and off duty 	HoI
 Mobilize ambulances to the disaster site 	HoI
Communicate with the onsite staff	HoI
Move disaster stocks	HoI
Set up a Patient Bay and receive patients	HAE or HoI
Triage the patients	CLN-TRG
 Set up and operate a decontamination point 	CLN-DEC or HoI
Treat patients	SnCLN
 Maintain other critical services unrelated to the disaster 	HoI
 Secure belongings of the patients 	HoI
 Provide extra security inside the hospital 	HoI
 Request and receive assistance from other hospitals 	HoI
 Transfer patients for specialized care 	HoI
 Receive dead bodies 	HAE or HoI
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital 	HoI
premises including management of hazardous waste	
 Handle visitors and control crowd 	HoI
Handle VIPs	HoI
 Provide information to the public and handle media 	HoI
 Brief higher authorities 	HoI
 Provide food and refreshment to the staff 	HoI
 Change staff work shifts 	HoI
 Review the situation 	HoI
 Replenish disaster stocks 	HoI

Code Air Crash-D-DMC-N-SOP Effective Date

2011.11.30

Revision No Supersedes

Operating Procedure (OP)					
Hazard	Air Craft Crash				
Stage of Hazard	After				
Jurisdiction Level District					
Organization	Organization Ministry of Health (MoH)				
Responsible	Head of the Institution (HoI) - (Director, Medical Superintendent, District				
Person	Medical Officer				
	•				
	Clinician most experienced in triage (CLN-TRG).				
	Senior Clinicians of different disciplines (SnCLN).				
	OIC, Main Switch Board (OIC-SB)				
	Epidemiologist - RE, and Medical Officer of Health - MOH).				
	Local Public Health Staff (LPHS) - (Regional Director of Health Services -				
RDHS, Regional					
	Medical Officer or Medical Officer in Charge). Heads of Sub Departments (HoD) Head, Accident/Emergency Department of the Hospital (HAE). Clinician most experienced in triage (CLN-TRG). Senior Clinicians of different disciplines (SnCLN). OIC, Main Switch Board (OIC-SB) Epidemiologist - RE, and Medical Officer of Health - MOH). Local Public Health Staff (LPHS) - (Regional Director of Health Services -				

	Action	Responsibility
•	Mobilize ambulances to the disaster site	HoI
•	Communicate with the onsite staff	HoI
•	Triage the patients	CLN-TRG
•	Treat patients	SnCLN
-	Maintain other critical services unrelated to the disaster	HoI
•	Secure belongings of the patients	HoI
•	Provide extra security inside the hospital	HoI
•	Request and receive assistance from other hospitals	HoI
•	Transfer patients for specialized care	HoI
•	Receive dead bodies	HAE or HoI
•	Keep records and maintain communication logs	OIC-SB / HoD / HoI
•	Control infections and maintain cleanliness at the hospital premises	HoI
	including management of hazardous waste	
•	Handle visitors and control crowd	HoI
•	Handle VIPs	HoI
•	Provide information to the public and handle media	HoI
•	Brief higher authorities	HoI
•	Provide food and refreshment to the staff	HoI
•	Change staff work shifts	HoI
•	Review the situation	HoI
•	Replenish disaster stocks	HoI
•	Deactivate response plan	HoI
•	Demobilize staff and other resources	HoI
•	Evaluate and report the response	HoI
<u>ID</u> I	Camp Management	
•	Treat & manage minor ailments	LPHS
•	Prevent and control potential outbreaks	LPHS
•	Carry out disease surveillance	
•	Provide technical assistance to Local Authorities on;	LPHS
	Managing waste water	LPHS
	Providing safe water	LPHS
	Providing sanitary facilities	LPHS
	Disposing refuse	LPHS
	 Ensuring food safety 	
	- Linding root saicty	

Code Air craft crash-A-MoH-D-SOP

Effective Date

2011.11.30

Revision No

Supersedes

None

Operating Procedure (OP)			
Hazard	Air Raids		
Stage of Hazard	Before		
Jurisdiction Level	District		
Organization	Ministry of Health (MoH)		
Responsible Head of the Institution –(HoI)			
Person (Director, Medical Superintendent, District Medical Officer or			
	Medical Officer in Charge)		

Medical Officer in Charge)	
Action	Responsibility
 Ensure the participation of relevant officers in the meetings of the (DDMC) convened by Provincial / District / Divisional Secretary. Provincial / District / Divisional Disaster 	НоІ
 Management Committee Ensure that a standby generator is available at every hospital. Ensure that at least one kerosene-powered refrigeration unit is available for vaccines. 	HoI HoI
 Ensure that hospital staff is aware of the hospital rooms and buildings that are damage proof. 	HoI
 Work under the overall supervision and guidance of EOC / Divisional secretary / District Secretary / Provincial Chief Secretary. 	HoI
 Establish radio communications with EOC, Divisional secretary, District Secretary / Provincial Chief Secretary, 	HoI
 and hospitals (including private) within the division. review with staff, the precautions that have been taken to protect Review and update precautionary measures and procedures, and equipment and the post-disaster procedures to 	HoI
be followed.Fill department vehicles with fuel and park them in a protected area.	HoI
 Stock emergency medical equipment, which may be required after a disaster. 	HoI
 Determine type of injuries and illnesses expected and drugs and other medical items required, and accordingly ensure that extra supplies of medical items can be obtained quickly. 	HoI
 Provide information to all hospital staff about the disasters, likely damages and effects, and information about ways to protect equipment and property. 	НоІ
 Discharge all ambulatory patients whose release does not pose a health risk to them. If possible, transport them to their home 	HoI
areas. Re-locate non-ambulatory patients to the safest areas within the hospital. The safest rooms are likely to be; on ground floor, rooms in the centre of the building away from windows	HoI
 and rooms with concrete ceiling / roof. Provide equipment supplies such as candles, matches, lanterns and extra clothing for the comfort of the patients. 	HoI
Assemble and sterilize surgical packs in adequate number to last for four to five days. Store the sterilized surgical packs in protective cabinets to ensure that they do not get wet. Cover	HoI
the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment,	НоІ

etc., in protective coverings and store in rooms considered to		
be the most damage-proof.Protect all immovable equipment, such as x-ray machines, by	HoI	
covering them with tarpaulins or polythene.	1101	
 Unplug all electrical equipment when disaster warning is received. 	HoI	
 Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. 	НоІ	
 Ensure that all fracture equipment are ready. 	HoI	
 If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). 	HoI	
 Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. 	HoI	
 Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. 	HoI	
 Fill hospital water storage tanks and encourage water saving. If nostorage tanks exist, collect water for drinking in clean containers and protect. 	HoI	
 Prepare an area in the hospital for receiving large number of casualties. 	HoI	
 Develop emergency admission procedures (with adequate record keeping). 	HoI	
 Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. 	HoI	
 Establish work schedules to ensure that adequate staff is available for in-patients. 	HoI	
 Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. 	НоІ	
 Set up teams of doctors, nurses and dressers for visiting disaster sites. 	HoI	

Code Air Raids-B-MoH-SOP Effective Date 2011.1130 Revision No Supersedes None

Operating Procedure (OP)					
Hazard	Air Raids				
Stage of Hazard	During				
Jurisdiction Level	District				
Organization	Ministry of Health (MoH)				
Responsible Person	Head of the Institution (HoI) - (Director, Medical Superintendent,				
	District				
	Medical Officer or Medical Officer in Charge).				
	Heads of Sub Departments (HoD).				
	Head, Accident/Emergency Department of the Hospital (HAE).				
	Clinician most experienced in triage (CLN-TRG).				
	Most senior Clinician trained in decontamination (CLN-DEC).				
	Senior Clinicians of different disciplines (SnCLN)				
	OIC, Main Switch Board (OIC-SB).				

Action	Responsibility
 Activate the Disaster Response Plan 	HoI
 Establish a command centre 	HoI
 Alert different sections of the hospital 	HoI
 Mobilize staff on call and off duty 	HoI
 Mobilize ambulances to the disaster site 	HoI
 Communicate with the onsite staff 	HoI
 Move disaster stocks 	HoI
 Set up a Patient Bay and receive patients 	HAE or HoI
Triage the patients	CLN-TRG
 Set up and operate a decontamination point 	CLN-DEC or HoI
Treat patients	SnCLN
 Maintain other critical services unrelated to the disaster 	HoI
 Secure belongings of the patients 	HoI
 Request and receive assistance from other hospitals 	НоІ
 Provide extra security inside the hospital 	HoI
 Transfer patients for specialized care 	HoI
 Receive dead bodies 	HAE or HoI
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital 	HoI
premises including management of hazardous waste	
 Handle visitors and control crowd 	HoI
 Handle VIPs 	HoI
 Provide information to the public and handle media 	HoI
 Brief higher authorities 	HoI
 Provide food and refreshment to the staff 	HoI
 Change staff work shifts 	HoI
• Review the situation	HoI
 Replenish disaster stocks 	HoI

Code	Air Raids-D- DMC-D-SOP	Effective Date	2011.11.30	Revision No	
				Supersedes	None

Operating Procedure (OP)				
Hazard	Air Raids			
Stage of Hazard	After			
Jurisdiction Level	District			
Organization	Ministry of Health (MoH)			
Responsible	Head of the Institution (HoI) - (Director, Medical Superintendent,			
Person	District Medical Officer			
	or Medical Officer in Charge).			
	Heads of Sub Departments (HoD)			
	Head, Accident/Emergency Department of the Hospital (HAE).			
Clinician most experienced in triage (CLN-TRG).				
	Senior Clinicians of different disciplines (SnCLN).			
	OIC, Main Switch Board (OIC-SB)			
	Local Public Health Staff (LPHS) - (Regional Director of Health			
	Services - RDHS, Regional			
	Epidemiologist - RE, and Medical Officer of Health - MOH).			

Action	Responsibility
 Communicate with the onsite staff 	HoI
Triage the patients	CLN-TRG
 Treat patients 	SnCLN
 Maintain other critical services unrelated to the disaster 	HoI
 Secure belongings of the patients 	HoI
 Provide extra security inside the hospital 	HoI
 Request and receive assistance from other hospitals 	HoI
 Transfer patients for specialized care 	HoI
 Keep records and maintain communication logs 	HAE or HoI
 Receive dead bodies 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital premises 	HoI
including management of hazardous waste	
 Handle visitors and control crowd 	HoI
Handle VIPs	НоІ
 Provide information to the public and handle media 	HoI
 Brief higher authorities 	НоІ
Provide food and refreshment to the staff	HoI
Change staff work shifts	HoI
Review the situation	НоІ
 Replenish disaster stocks 	HoI
 Deactivate response plan 	НоІ
 Demobilize staff and other resources 	HoI
Evaluate and report the response	HoI
IDP Camp Management	
 Treat & manage minor ailments 	LPHS
 Prevent and control potential outbreaks 	LPHS
 Carry out disease surveillance 	LPHS
 Provide technical assistance to Local Authorities on; 	
 Providing safe water 	LPHS
 Ensuring food safety 	LPHS
Providing sanitary facilities	LPHS
 Disposing refuse 	LPHS
 Managing waste water 	LPHS

Code	Air Raids-A-	Effective Date	2011.11.30	Revision No	
	MoH-D-SOP			Supersedes	None

Operating Procedure (OP)					
Hazard	Chemical Accidents				
Stage of Hazard	During				
Jurisdiction Level	District				
Organization	Ministry of Health (MoH)				
Responsible	Head of the Institution (HoI) - (Director, Medical Superintendent, District				
Person	Medical Officer or Medical Officer in Charge).				
	Heads of Sub Departments (HoD).				
	Head, Accident/Emergency Department of the Hospital (HAE).				
	Clinician most experienced in triage (CLN-TRG).				
	Most senior Clinician trained in decontamination (CLN-DEC).				
	Senior Clinicians of different disciplines (SnCLN)				
	OIC, Main Switch Board (OIC-SB).				

Action	Responsibility
 Activate the Disaster Response Plan 	HoI
 Establish a command centre 	HoI
 Alert different sections of the hospital 	HoI
 Mobilize staff on call and off duty 	HoI
 Mobilize ambulances to the disaster site 	HoI
 Communicate with the onsite staff 	HoI
 Move disaster stocks 	HoI
Set up a Patient Bay and receive patients	HAE or HoI
Triage the patients	CLN-TRG
 Set up and operate a decontamination point 	CLN-DEC or HoI
Treat patients	SnCLN
 Maintain other critical services unrelated to the disaster 	HoI
 Secure belongings of the patients 	HoI
 Provide extra security inside the hospital 	HoI
 Request and receive assistance from other hospitals 	HoI
 Transfer patients for specialized care 	HoI
 Receive dead bodies 	HAE or HoI
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital 	HoI
premises including management of hazardous waste	
 Handle visitors and control crowd 	HoI
Handle VIPs	HoI
 Provide information to the public and handle media 	HoI
 Brief higher authorities 	HoI
 Provide food and refreshment to the staff 	HoI
Change staff work shifts	HoI
Review the situation	HoI
 Replenish disaster stocks 	HoI

Code	Chemical	Effective Date	2011.11.30	Revision No	
	Accidents-D- MoH-D-SOP			Supersedes	None

	Operating Procedure (OP)	
Hazard	Chemical Accidents	
Stage of Hazard	After	
Jurisdiction Level	District	
Organization	Ministry of Health (MoH)	
Responsible	Head of the Institution (HoI) - (Director, Medical S	Superintendent, District
Medical Officer or Medical Officer in Charge). Heads of Sub Departments (HoD) Head, Accident/Emergency Department of the Hospital (HAE). Clinician most experienced in triage (CLN-TRG). Senior Clinicians of different disciplines (SnCLN). OIC, Main Switch Board (OIC-SB) Epidemiologist - RE, and Medical Officer of Health - MOH). Local Public Health Staff (LPHS) - (Regional Director of Health Services -		
	RDHS, Regional	Dogwongihilitz

Action	Responsibility
 Mobilize ambulances to the disaster site 	HoI
 Communicate with the onsite staff 	HoI
Triage the patients	CLN-TRG
 Treat patients 	SnCLN
 Secure belongings of the patients 	HoI
 Maintain other critical services unrelated to the disaster 	HoI
 Provide extra security inside the hospital 	HoI
 Request and receive assistance from other hospitals 	НоІ
 Transfer patients for specialized care 	НоІ
 Receive dead bodies 	HAE or HoI
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital premises 	HoI
including management of hazardous waste	
 Handle visitors and control crowd 	HoI
Handle VIPs	HoI
 Provide information to the public and handle media 	HoI
 Brief higher authorities 	HoI
 Provide food and refreshment to the staff 	HoI
Change staff work shifts	HoI
Review the situation	HoI
 Replenish disaster stocks 	HoI
 Deactivate response plan 	HoI
 Demobilize staff and other resources 	HoI
Evaluate and report the response	HoI
IDP Camp Management	
 Treat & manage minor ailment 	LPHS
 Prevent and control potential outbreaks 	LPHS
 Carry out disease surveillance 	LPHS
 Provide technical assistance to Local Authorities on 	
 Providing safe water 	LPHS
 Ensuring food safety 	LPHS
Providing sanitary facilities	LPHS
Disposing refuse	LPHS
 Managing waste water 	LPHS
managing made mater	

Code	Chemical	Effective Date	2011.11.30	Revision No	
	Accidents-A- MoH-D-SOP			Supersedes	None

Operating Procedure (OP)					
Hazard	Civil or Internal Strife				
Stage of Hazard	Stage of Hazard Before				
Jurisdiction Level	Jurisdiction Level District				
Organization	Organization Ministry of Health (MoH)				
Responsible Person Head of the Institution –(HoI)					
	(Director, Medical Superintendent, District Medical Officer or				
Medical Officer in Charge)					
		- 4.4.4.			

Medical Officer in Charge)	
Action	Responsibility
 Ensure the participation of relevant officers in the meetings of the Provincial / District / Divisional Disaster Management Committee (DDMC) convened by Provincial / District / Divisional Secretary. 	HoI
 Ensure that a standby generator is available at every hospital. 	HoI
 Ensure that at least one kerosene-powered refrigeration unit is 	НоІ
available for vaccines.Ensure that hospital staff is aware of the hospital rooms and buildings that are damage proof.	НоІ
 Work under the overall supervision and guidance of EOC / 	HoI
Divisional secretary / District Secretary / Provincial Chief	
Secretary.	
 Establish radio communications with EOC, Divisional 	HoI
secretary, District Secretary / Provincial Chief Secretary, and	
hospitals (including private) within the division.	
 Review and update precautionary measures and procedures, and 	HoI
review with staff, the precautions that have been taken to protect	
equipment and the post-disaster procedures to be followed.	
 Fill department vehicles with fuel and park them in a protected 	
area.	HoI
 Stock emergency medical equipment, which may be required 	1101
after a disaster.	HoI
 Determine type of injuries and illnesses expected and drugs and 	77.7
other medical items required, and accordingly ensure that extra	HoI
supplies of medical items can be obtained quickly.	
 Provide information to all hospital staff about the disasters, likely 	
damages and effects, and information about ways to protect	HoI
equipment and property.	1101
 Discharge all ambulatory patients whose release does not pose a 	
health risk to them. If possible, transport them to their home	HoI
areas.	
 Re-locate non-ambulatory patients to the safest areas within the 	Hol
hospital. The safest rooms are likely to be; on ground floor,	HoI
rooms in	
 the centre of the building away from windows and rooms with 	
concrete ceiling / roof.	HoI
 Provide equipment supplies such as candles, matches, lanterns 	HoI
and extra clothing for the comfort of the patients.	
 Assemble and sterilize surgical packs in adequate number to last 	

	for four to five days. Store the sterilized surgical packs in		HoI	
	protective cabinets to ensure that they do not get wet. Cover the		1101	
	stock with polythene as an added safety measure.			
	Pack all valuable instruments, such as surgical tools,			
	-		HoI	
	ophthalmoscopes, portable sterilizers, CGS, dental equipment,			
	etc., in protective coverings and store in rooms considered to be			
	the most damage-proof.			
•	Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene.		HoI	
•	Unplug all electrical equipment when disaster warning is			
	received.			
•	Check the emergency electrical generator to ensure that it is		HoI	
	operational and that a buffer stock of fuel exists. If an emergency		1101	
	generator is not available at the hospital, arrange for one on loan.			
-	Ensure that all fracture equipment are ready.			
•	If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a		HoI	
	daily basis).		HoI	
	Assess the level of medical supplies in stock, including: fissure		1101	
	materials, surgical dressings, splints, plaster rolls, disposable			
	needles and syringes and local antiseptics.		HoI	
	-			
-	Request central stores for immediate dispatch of supplies likely			
_	to be needed to hospitals on an emergency priority basis.		HoI	
•	Fill hospital water storage tanks and encourage water saving. If		HoI	
	no storage tanks exist, collect water for drinking in clean		1101	
	containers and protect.			
•	Prepare an area in the hospital for receiving large number of			
_	casualties.		HoI	
•	Develop emergency admission procedures (with adequate record keeping).			
•	Orient field staff with standards of services and procedures	HoI		
	including tagging as stipulated in this EMRP.		HoI	
•				
	available for in-patients.		HoI	
•	Organize in-house emergency medical teams to ensure that			
	adequate staff is available at all times to handle emergency		HoI	
	casualties.		1101	
•	Set up teams of doctors, nurses and dressers for visiting disaster			
	sites.		Hol	
Code	Civil or Internal Effective Date 2011.11.31		Revision No	

Supersedes

None

Strife -B-MoH-

D-SOP

Operating Procedure (OP)					
Hazard	Civil or Internal Strife				
Stage of Hazard	During				
Jurisdiction Level	District				
Organization	Ministry of Health (MoH)				
Responsible	Head of the Institution (HoI) - (Director, Medical				
Person	Superintendent, District				
	Heads of Sub Departments (HoD).				
	Medical Officer or Medical Officer in Charge).				
	Head, Accident/Emergency Department of the Hospital (HAE).				
	Clinician most experienced in triage (CLN-TRG).				
	Most senior Clinician trained in decontamination (CLN-DEC).				
	OIC, Main Switch Board (OIC-SB).				
	Senior Clinicians of different disciplines (SnCLN).				

Action	Responsibility
 Activate the Disaster Response Plan 	HoI
Establish a command centre	HoI
 Alert different sections of the hospital 	HoI
 Mobilize staff on call and off duty 	HoI
 Mobilize ambulances to the disaster site 	HoI
 Communicate with the onsite staff 	HoI
 Move disaster stocks 	HoI
Set up a Patient Bay and receive patients	HAE or HoI
Triage the patients	CLN-TRG
 Set up and operate a decontamination point 	CLN-DEC or HoI
Treat patients	SnCLN
 Maintain other critical services unrelated to the disaster 	HoI
 Secure belongings of the patients 	HoI
 Provide extra security inside the hospital 	HoI
 Request and receive assistance from other hospitals 	HoI
 Transfer patients for specialized care 	HoI
 Receive dead bodies 	HAE or HoI
 Control infections and maintain cleanliness at the hospital 	OIC-SB / HoD / HoI
premises including management of hazardous waste	
 Keep records and maintain communication logs 	HoI
 Handle visitors and control crowd 	HoI
Handle VIPs	HoI
 Provide information to the public and handle media 	HoI
Brief higher authorities	HoI
 Provide food and refreshment to the staff 	HoI
Change staff work shifts	HoI
Review the situation	HoI
 Replenish disaster stocks 	HoI

Code	Civil or Internal	Effective Date	2011.11.31	Revision No	
	Strife -D-MoH- D-SOP			Supersedes	None

	Operating Procedure (OP)			
Hazard	Civil or Internal Strife			
Stage of Hazard	After			
Jurisdiction Level	District			
Organization	Ministry of Health (MoH)			
Responsible	Head of the Institution (HoI) - (Director, Medical Superintendent, District			
Person	Medical Officer			
	or Medical Officer in Charge).			
	Heads of Sub Departments (HoD)			
	Head, Accident/Emergency Department of the Hospital (HAE).			
	Clinician most experienced in triage (CLN-TRG).			
Senior Clinicians of different disciplines (SnCLN).				
	OIC, Main Switch Board (OIC-SB)			
	Local Public Health Staff (LPHS) - (Regional Director of Health Services			
	- RDHS, Regional			
	Epidemiologist - RE, and Medical Officer of Health - MOH).			
	Action			

Action	Responsibility
Action Mobilize ambulances to the disaster site Communicate with the onsite staff Triage the patients Treat patients Maintain other critical services unrelated to the disaster Secure belongings of the patients Provide extra security inside the hospital Request and receive assistance from other hospitals Transfer patients for specialized care Keep records and maintain communication logs Receive dead bodies Control infections and maintain cleanliness at the hospital premises including management of hazardous waste Handle visitors and control crowd Handle VIPs Provide information to the public and handle media Brief higher authorities Provide food and refreshment to the staff Change staff work shifts Review the situation Replenish disaster stocks Deactivate response plan Demobilize staff and other resources Evaluate and report the response IDP Camp Management	HoI HoI CLN-TRG SnCLN HoI
 Deactivate response plan 	HoI
 Evaluate and report the response 	
 IDP Camp Management Treat & manage minor ailments Prevent and control potential outbreaks Carry out disease surveillance Provide technical assistance to Local Authorities on 	LPHS LPHS LPHS
 Providing safe water Ensuring food safety Providing sanitary facilities Disposing refuse Managing waste water 	LPHS LPHS LPHS LPHS LPHS
	1

Code	Civil or Internal	Effective Date	2011.11.30	Revision No	
	Strife -A-MoH- D-SOP			Supersedes	None

	Operating Procedure (OP)			
Hazard	Coastal Erosion			
Stage of Hazard	After			
Jurisdiction Level	District			
Organization				
Responsible	Ministry of Health (MoH) Head of the Institution (HoI) - (Director, Medical	Superintendent, District		
Person	Medical Officer	- up		
1 CI SUII	Heads of Sub Departments (HoD)			
	or Medical Officer in Charge).			
	Head, Accident/Emergency Department of the Hospital (HAE). Clinician most experienced in triage (CLN-TRG).			
	Senior Clinicians of different disciplines (SnCLN)			
	OIC, Main Switch Board (OIC-SB)	,		
	Epidemiologist - RE, and Medical Officer of Heal			
	Local Public Health Staff (LPHS) - (Regional Dir	ector of Health Services -		
	RDHS, Regional	D		
	Action	Responsibility		
 Communicate wit 	h the onsite staff	HoI		
	aces to the disaster site	HoI		
 Triage the patient 	s	CLN-TRG		
Treat patients		SnCLN		
	tical services unrelated to the disaster	HoI		
 Secure belongings Provide extra secure 	rity inside the hospital	HoI HoI		
	ve assistance from other hospitals	HoI		
	for specialized care	HoI		
 Receive dead bodies 		HAE or HoI		
 Keep records and maintain communication logs 		OIC-SB / HoD / HoI		
	s and maintain cleanliness at the hospital premises ment of hazardous waste	HoI		
 Handle visitors ar 		HoI		
 Handle VIPs 		HoI		
	on to the public and handle media	HoI		
 Brief higher authors 		HoI		
Provide food and refreshment to the staffChange staff work shifts		HoI HoI		
Review the situation		HoI		
 Replenish disaster stocks 		HoI		
 Deactivate response plan 		HoI		
 Demobilize staff a 	HoI			
Evaluate and repoIDP Camp Management	HoI			
Treat & manage r		LPHS		
	ol potential outbreaks	LPHS		
 Carry out disease 	surveillance	LPHS		
	assistance to Local Authorities on			
Providing s		LPHS		
Ensuring foProviding s	od safety anitary facilities	LPHS		
Providing sDisposing r		LPHS		
Managing v		LPHS		
111111111111111111111111111111111111111		LPHS		

Effective Date 2011.11.30 Revision N	D
-A- SOP Supersedes	None
SOP	sedes

Operating Procedure (OP)			
Hazard	Cyclone		
Stage of Hazard	Before		
Jurisdiction Level District			
Organization Ministry of Health (MoH)			
Responsible Head of the Institution –(HoI)			
Person	(Director, Medical Superintendent, District Medical Officer or		
	Medical Officer in Charge)		

Medical Officer in Charge)					
Action	Responsibility				
 Ensure the participation of relevant officers in the meetings the Provincial / District / Divisional Disaster Management Committee (DDMC) convened by Provincial / District / 	of HoI				
 Divisional Secretary. Ensure that a standby generator is available at every hospita. Ensure that at least one kerosene-powered refrigeration unit available for vaccines. 	TT T				
 Ensure that hospital staff is aware of the hospital rooms and buildings that are damage proof. 	HoI				
 Work under the overall supervision and guidance of EOC / Divisional secretary / District Secretary / Provincial Chief 	HoI				
 Secretary. Establish radio communications with EOC, Divisional secretary, District Secretary / Provincial Chief Secretary, and hospitals (including private) within the division. 	HoI				
 Review and update precautionary measures and procedures, and review with staff, the precautions that have been taken t protect equipment and the post-disaster procedures to be 					
followed.Fill department vehicles with fuel and park them in a protect area.	ted HoI				
 Stock emergency medical equipment, which may be require after a disaster. 	ed HoI				
 Determine type of injuries and illnesses expected and drugs and other medical items required, and accordingly ensure the 	поі				
 extra supplies of medical items can be obtained quickly. Provide information to all hospital staff about the disasters, likely damages and effects, and information about ways to protect equipment and property. 	НоІ				
 Discharge all ambulatory patients whose release does not possible, transport them to their hon areas. 					
 Re-locate non-ambulatory patients to the safest areas within the hospital. The safest rooms are likely to be; on ground floor, rooms in the centre of the building away from window and rooms with concrete ceiling / roof. 					

•	Provide equipment supplies such as candles, matches, lanterns	
	and extra clothing for the comfort of the patients.	HoI
•	Assemble and sterilize surgical packs in adequate number to last for four to five days. Store the sterilized surgical packs in	НоІ
•	protective cabinets to ensure that they do not get wet. Cover the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to	НоІ
	be the most damage-proof.	
•	Protect all immovable equipment, such as x-ray machines, by	
	covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is	HoI
_	received.	
•	Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange	НоІ
	for one on loan.	
•	Ensure that all fracture equipment are ready.	НоІ
•	If surgery is to be performed following the disaster, arrange	
	for emergency supplies of anesthetic gases (usually supplied on a daily basis).	HoI
•	Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls,	НоІ
	disposable needles and syringes and local antiseptics.	
•	Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis.	НоІ
	Fill hospital water storage tanks and encourage water saving.	HoI
	If no storage tanks exist, collect water for drinking in clean	
•	containers and protect. Prepare an area in the hospital for receiving large number of	HoI
	casualties.	
•	Develop emergency admission procedures (with adequate record keeping).	HoI
•	Orient field staff with standards of services and procedures	HoI
	including tagging as stipulated in this EMRP.	Hel
•	Establish work schedules to ensure that adequate staff is	HoI
	available for in-patients. Organize in-house emergency medical teams to ensure that	HoI
_	adequate staff is available at all times to handle emergency	
	casualties.	
•	Set up teams of doctors, nurses and dressers for visiting disaster sites.	НоІ

Code Cyclone-BMoH-D-SOP Effective Date 2011.11.30 Revision No
Supersedes None

Operating Procedure (OP)				
Hazard	Cyclone			
Stage of Hazard	During			
Jurisdiction Level	District			
Organization	Ministry of Health (MoH)			
Responsible	Head of the Institution (HoI) - (Director, Medical			
Person	Superintendent, District			
	Medical Officer or Medical Officer in Charge).			
Heads of Sub Departments (HoD).				
Head, Accident/Emergency Department of the Hospital (HA)				
Clinician most experienced in triage (CLN-TRG).				
Most senior Clinician trained in decontamination (CLN-D				
	Senior Clinicians of different disciplines (SnCLN).			
	OIC, Main Switch Board (OIC-SB).			

Action Responsibility				
	·			
 Activate the Disaster Response Plan 	HoI			
Establish a command centre	HoI			
 Alert different sections of the hospital 	HoI			
 Mobilize staff on call and off duty 	HoI			
 Mobilize ambulances to the disaster site 	HoI			
Communicate with the onsite staff	HoI			
Move disaster stocks	HoI			
Set up a Patient Bay and receive patients	HAE or HoI			
Triage the patients	CLN-TRG			
 Set up and operate a decontamination point 	CLN-DEC or HoI			
Treat patients	SnCLN			
 Maintain other critical services unrelated to the disaster 	HoI			
 Secure belongings of the patients 	HoI			
 Provide extra security inside the hospital 	HoI			
 Request and receive assistance from other hospitals 	HoI			
 Transfer patients for specialized care 	HoI			
 Receive dead bodies 	HAE or HoI			
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI			
 Control infections and maintain cleanliness at the hospital 	HoI			
premises including management of hazardous waste				
 Handle visitors and control crowd 	HoI			
Handle VIPs	HoI			
 Provide information to the public and handle media 	HoI			
Brief higher authorities	HoI			
Provide food and refreshment to the staff	HoI			
Change staff work shifts	HoI			
Review the situation	HoI			
 Replenish disaster stocks 	HoI			

Code	Cyclone-D-	Effective Date	2011.11.30	Revision No	
	MoH-D-SOP			Supersedes	None

	Operating Procedure (OP)
Hazard	Cyclone
Stage of Hazard	After
Jurisdiction Level	District
Organization	Ministry of Health (MoH)
Responsible	Head of the Institution (HoI) - (Director, Medical Superintendent, District
Person	Medical Officer
_ 02002	or Medical Officer in Charge).
	Heads of Sub Departments (HoD)
	Head, Accident/Emergency Department of the Hospital (HAE).
	Clinician most experienced in triage (CLN-TRG).
	Senior Clinicians of different disciplines (SnCLN).
	Local Public Health Staff (LPHS) - (Regional Director of Health Services
	- RDHS, Regional
	OIC, Main Switch Board (OIC-SB)
	Epidemiologist - RE, and Medical Officer of Health - MOH).
	Action Responsibility

Epidemiologist - RE, and Medical Officer of I	,
Action	Responsibility
 Communicate with the onsite staff 	HoI
 Mobilize ambulances to the disaster site 	HoI
Triage the patients	CLN-TRG
 Treat patients 	SnCLN
 Maintain other critical services unrelated to the disaster 	HoI
 Secure belongings of the patients 	HoI
 Provide extra security inside the hospital 	HoI
 Request and receive assistance from other hospitals 	HoI
 Transfer patients for specialized care 	HoI
 Receive dead bodies 	HAE or HoI
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital premises 	HoI
including management of hazardous waste	
 Handle visitors and control crowd 	HoI
Handle VIPs	HoI
 Provide information to the public and handle media 	HoI
 Brief higher authorities 	HoI
 Provide food and refreshment to the staff 	HoI
 Change staff work shifts 	HoI
Review the situation	HoI
 Replenish disaster stocks 	HoI
 Deactivate response plan 	HoI
 Demobilize staff and other resources 	HoI
 Evaluate and report the response 	HoI
IDP Camp Management	
 Treat & manage minor ailments 	LPHS
 Prevent and control potential outbreaks 	LPHS
 Carry out disease surveillance 	LPHS
 Provide technical assistance to Local Authorities on 	
 Providing safe water 	
 Ensuring food safety 	LPHS
 Providing sanitary facilities 	LPHS
Disposing refuse	LPHS
Managing waste wate	LPHS
	LPHS

Code	Cyclone-A-	Effective Date	2011.11.30	Revision No	
	MoH-D-SOP			Supersedes	None

	Operating Procedure (OP)				
Hazard	Dam Breach				
Stage of Hazard	During				
Jurisdiction Level	District				
Organization	Ministry of Health (MoH)				
Responsible	Head of the Institution (HoI) - (Director	r. Medical			
Person	Superintendent, District Medical Office				
2 022 022	Charge).				
	Heads of Sub Departments (HoD).				
	Head, Accident/Emergency Department	of the Hospital (HAE)			
	Clinician most experienced in triage (C.	<u>-</u>			
	Most senior Clinician trained in deconta	•			
	Senior Clinicians of different discipline	•			
	OIC, Main Switch Board (OIC-SB).	S (SHCLIT).			
	Action	Responsibility			
 Activate the Dis 	aster Response Plan	Hol			
 Establish a com 	<u>*</u>	HoI			
 Alert different se 	ections of the hospital	HoI			
	n call and off duty	HoI			
	ances to the disaster site	HoI			
	ith the onsite staff	HoI			
 Move disaster st 		HoI			
Set up a PatientTriage the patien	Bay and receive patients	HAE or HoI CLN-TRG			
0 1	ate a decontamination point	CLN-TRO CLN-DEC or HoI			
Treat patients	ace a decontainment on point	SnCLN			
1	critical services unrelated to the disaster	HoI			
 Secure belongin 	gs of the patients	HoI			
	curity inside the hospital	HoI			
_	eive assistance from other hospitals	HoI			
	s for specialized care	HoI			
 Receive dead bo Keep records an 	d maintain communication logs	HAE or HoI OIC-SB / HoD / HoI			
-	ns and maintain cleanliness at the hospital	HoI			
	ing management of hazardous waste	1101			
-	and control crowd	HoI			
Handle VIPs		HoI			
	tion to the public and handle media	HoI			
 Brief higher autl 		HoI			
	d refreshment to the staff	HoI			
 Change staff wo Poviovy the situation 		Hol			
 Review the situal Replenish disast 		HoI HoI			
Replenish disast	CI SIUCKS	1101			

Code	Dam Breach-D- MoH-D -SOP	Effective Date	2011.11.30	Revision No	
	M0H-D -30F			Supersedes	None

Operating Procedure (OP)			
Hazard	Dam Breach		
Stage of Hazard	After		
Jurisdiction Level	District		
Organization	Ministry of Health (MoH)		
Responsible	Head of the Institution (HoI) - (Director, Medical		
Person	Superintendent, District Medical Officer		
	or Medical Officer in Charge).		
	Heads of Sub Departments (HoD)		
	Head, Accident/Emergency Department of the Hospital (HAE).		
	Clinician most experienced in triage (CLN-TRG).		
	Senior Clinicians of different disciplines (SnCLN).		
	Local Public Health Staff (LPHS) - (Regional Director of		
	Health Services - RDHS, Regional		
	OIC, Main Switch Board (OIC-SB)		
	Epidemiologist - RE, and Medical Officer of Health - MOH).		

Epidemiologist - RE, and Medical Offi	cer of Health - MOH).
Action	Responsibility
	1 3
 Communicate with the onsite staff 	HoI
 Mobilize ambulances to the disaster site 	HoI
 Triage the patients 	CLN-TRG
■ Treat patients	SnCLN
 Maintain other critical services unrelated to the disaster 	HoI
 Secure belongings of the patients 	HoI
 Provide extra security inside the hospital 	HoI
 Request and receive assistance from other hospitals 	HoI
 Transfer patients for specialized care 	HoI
 Receive dead bodies 	HAE or HoI
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital 	HoI
premises including management of hazardous waste	
 Handle visitors and control crowd 	HoI
Handle VIPs	HoI
 Provide information to the public and handle media 	HoI
Brief higher authorities	HoI
 Provide food and refreshment to the staff 	HoI
Change staff work shifts	HoI
Review the situation	HoI
 Replenish disaster stocks 	HoI
 Deactivate response plan 	HoI
 Demobilize staff and other resources 	HoI
Evaluate and report the response	HoI
IDP Camp Management	
 Treat & manage minor ailments 	LPHS
 Prevent and control potential outbreaks 	LPHS
 Carry out disease surveillance 	LPHS
 Provide technical assistance to Local Authorities on 	
 Providing safe water 	LPHS
 Ensuring food safety 	LPHS
 Providing sanitary facilities 	LPHS
 Disposing refuse 	LPHS
 Managing waste water 	LPHS
	I .

Code Dam Breach-A	- Effective Date	2011.11.30		Revision No	
MoH-D -SOP				Supersedes	None
	04	D (OD)			
Hagand	_	ng Procedure (OP)			
Hazard Store of Hazard	Droughts				
Stage of Hazard Jurisdiction Level	During				
	District	1.1 (3.4 11)			
Organization	Ministry of He		3.7	1. 1	
Responsible		stitution (HoI) - (Directo			
Person	_	t, District Medical Offic	er or M	1edical Offi	cer in
	Charge).				
		Departments (HoD).			
		t/Emergency Departmen		-	(HAE).
		experienced in triage (*	
		inician trained in decont		•	DEC).
	Senior Clinicians of different disciplines (SnCLN).				
		-	`	, .	
		itch Board (OIC-SB).	·	ŕ	
	Action	itch Board (OIC-SB).		Responsibi	lity
	Action aster Response Pla	itch Board (OIC-SB).	HoI	ŕ	lity
Establish a com	Action aster Response Plamand centre	itch Board (OIC-SB).	HoI HoI	ŕ	lity
Establish a comAlert different s	Action caster Response Pla mand centre ections of the hosp	itch Board (OIC-SB).	HoI HoI HoI	ŕ	lity
Establish a comAlert different sMobilize staff o	Action saster Response Pla mand centre ections of the hosp n call and off duty	itch Board (OIC-SB). n ital	HoI HoI HoI	ŕ	lity
Establish a comAlert different sMobilize staff oMobilize ambul	Action caster Response Pla mand centre ections of the hosp	itch Board (OIC-SB). n ital	HoI HoI HoI	ŕ	lity
Establish a comAlert different sMobilize staff oMobilize ambul	Action Easter Response Plasmand centre ections of the hosp n call and off duty ances to the disaster with the onsite staff	itch Board (OIC-SB). n ital	HoI HoI HoI HoI	ŕ	lity
 Establish a com Alert different s Mobilize staff o Mobilize ambul Communicate w Move disaster s 	Action Easter Response Plasmand centre ections of the hosp n call and off duty ances to the disaster with the onsite staff	itch Board (OIC-SB). n ital er site	HoI HoI HoI HoI HoI HoI	ŕ	lity
 Establish a com Alert different s Mobilize staff o Mobilize ambul Communicate w Move disaster s Set up a Patient Triage the patien 	Action Easter Response Plasmand centre ections of the hosp n call and off duty ances to the disaste with the onsite staff tocks Bay and receive pants	itch Board (OIC-SB). in ital er site atients	HoI HoI HoI HoI HoI HAE CLN	Responsibi or HoI -TRG	lity
 Establish a com Alert different s Mobilize staff o Mobilize ambul Communicate w Move disaster s Set up a Patient Triage the patient Set up and opera 	Action Easter Response Plasmand centre ections of the hosp in call and off duty ances to the disaste with the onsite staff tocks Bay and receive pa	itch Board (OIC-SB). in ital er site atients	HoI HoI HoI HoI HoI HAE CLN	Responsibi or HoI -TRG -DEC or HoI	lity
 Establish a com Alert different s Mobilize staff o Mobilize ambul Communicate w Move disaster st Set up a Patient Triage the patient Set up and opera Treat patients 	Action caster Response Plasmand centre ections of the hosp n call and off duty ances to the disaste with the onsite staff tocks Bay and receive pants ate a decontamination	itch Board (OIC-SB). in ital er site attients on point	HoI HoI HoI HoI HoI HAE CLN CLN SnCI	Responsibi or HoI -TRG -DEC or HoI	lity
 Establish a com Alert different s Mobilize staff o Mobilize ambul Communicate w Move disaster st Set up a Patient Triage the patient Set up and opera Treat patients Maintain other of 	Action Easter Response Plasmand centre ections of the hosp in call and off duty ances to the disaste with the onsite staff tocks Bay and receive paints ate a decontamination	itch Board (OIC-SB). in ital er site atients	HoI HoI HoI HoI HoI HAE CLN CLN SnCI HoI	Responsibi or HoI -TRG -DEC or HoI	lity
 Establish a com Alert different s Mobilize staff o Mobilize ambul Communicate w Move disaster st Set up a Patient Triage the patient Set up and operated patients Maintain other of Secure belonging 	Action Easter Response Plasmand centre ections of the hosp in call and off duty ances to the disaste with the onsite staff tocks Bay and receive paints ate a decontamination ags of the patients	itch Board (OIC-SB). In ital er site attients on point related to the disaster	HoI HoI HoI HoI HoI HAE CLN SnCI HoI	Responsibi or HoI -TRG -DEC or HoI	lity
 Establish a com Alert different s Mobilize staff o Mobilize ambul Communicate w Move disaster st Set up a Patient Triage the patient Set up and opera Treat patients Maintain other of Secure belongin Provide extra se 	Action caster Response Plasmand centre ections of the hosp n call and off duty ances to the disaste with the onsite staff tocks Bay and receive pants ate a decontamination critical services unrugs of the patients curity inside the ho	itch Board (OIC-SB). In ital er site attients on point related to the disaster ospital	HoI HoI HoI HoI HoI HAE CLN CLN SnCI HoI	Responsibi or HoI -TRG -DEC or HoI	lity
 Establish a com Alert different s Mobilize staff o Mobilize ambul Communicate w Move disaster st Set up a Patient Triage the patient Set up and opera Treat patients Maintain other of Secure belongin Provide extra se Request and rec 	Action Easter Response Plasmand centre ections of the hosp in call and off duty ances to the disaste with the onsite staff tocks Bay and receive paints ate a decontamination ags of the patients	itch Board (OIC-SB). In ital er site attients on point related to the disaster ospital n other hospitals	HoI HoI HoI HoI HoI HAE CLN SnCI HoI HoI HoI	or HoI -TRG -DEC or HoI _N	lity
 Establish a com Alert different s Mobilize staff o Mobilize ambul Communicate w Move disaster st Set up a Patient Triage the patient Set up and opera Treat patients Maintain other of Secure belongin Provide extra se Request and rec Transfer patient Receive dead both 	Action caster Response Plasmand centre ections of the hosp n call and off duty ances to the disaste with the onsite staff tocks Bay and receive pants ate a decontamination critical services unrugs of the patients curity inside the hose ive assistance from s for specialized cap dies	itch Board (OIC-SB). In ital er site attients on point related to the disaster ospital m other hospitals re	HoI HoI HoI HoI HoI HAE CLN SnCI HoI HoI HoI HoI	or HoI -TRG -DEC or HoI N	
 Establish a com Alert different s Mobilize staff o Mobilize ambul Communicate w Move disaster st Set up a Patient Triage the patient Set up and opera Treat patients Maintain other of Secure belongin Provide extra se Request and rec Transfer patient Receive dead bo Keep records an 	Action caster Response Plasmand centre ections of the hosp n call and off duty ances to the disaster with the onsite staff tocks Bay and receive paints ate a decontamination critical services unrugs of the patients curity inside the hose ive assistance from s for specialized can odies and maintain communication.	itch Board (OIC-SB). In ital or site attients on point related to the disaster ospital n other hospitals re nication logs	HoI HoI HoI HoI HoI HAE CLN SnCI HoI HoI HoI HoI HoI	or HoI -TRG -DEC or HoI _N	
 Establish a com Alert different s Mobilize staff o Mobilize ambul Communicate w Move disaster st Set up a Patient Triage the patient Set up and opera Treat patients Maintain other of Secure belongin Provide extra se Request and rec Transfer patient Receive dead bo Keep records an Control infectio 	Action Easter Response Plasmand centre ections of the hosp in call and off duty ances to the disaster with the onsite staff stocks Bay and receive paints ate a decontamination critical services unrugs of the patients curity inside the hose ive assistance from the staff tooks and maintain community and maintain community and maintain clean	itch Board (OIC-SB). In ital It site It in ital It is site It in ital It is site It is it is ital It is it	HoI HoI HoI HoI HoI HAE CLN SnCI HoI HoI HoI HoI	or HoI -TRG -DEC or HoI N	
 Establish a com Alert different s Mobilize staff o Mobilize ambul Communicate w Move disaster st Set up a Patient Triage the patient Set up and opera Treat patients Maintain other of Secure belongin Provide extra se Request and rec Transfer patient Receive dead both Keep records an Control infection premises include 	Action caster Response Plasmand centre ections of the hosp n call and off duty ances to the disaster with the onsite staff tocks Bay and receive pants ate a decontamination critical services unrugs of the patients curity inside the hose ive assistance from s for specialized can odies and maintain communis and maintain cle ing management of	itch Board (OIC-SB). In ital It site It in ital It is site It in ital It is site It is it is ital It is it	HoI HoI HoI HoI HoI HAE CLN SnCI HoI HoI HoI HoI HoI HoI	or HoI -TRG -DEC or HoI N	
 Establish a com Alert different s Mobilize staff o Mobilize ambul Communicate w Move disaster st Set up a Patient Triage the patient Set up and opera Treat patients Maintain other of Secure belongin Provide extra se Request and rec Transfer patient Receive dead both Keep records and Control infection premises include Handle visitors 	Action Easter Response Plasmand centre ections of the hosp in call and off duty ances to the disaster with the onsite staff stocks Bay and receive paints ate a decontamination critical services unrugs of the patients curity inside the hose ive assistance from the staff tooks and maintain community and maintain community and maintain clean	itch Board (OIC-SB). In ital It site It in ital It is site It in ital It is site It is it is ital It is it	HoI	or HoI -TRG -DEC or HoI N	
 Establish a com Alert different s Mobilize staff o Mobilize ambul Communicate w Move disaster st Set up a Patient Triage the patient Set up and opera Treat patients Maintain other of Secure belongin Provide extra se Request and rec Transfer patient Receive dead bo Keep records an Control infection premises included Handle visitors Handle VIPs 	Action Easter Response Plasmand centre ections of the hosp in call and off duty ances to the disaster with the onsite staff stocks Bay and receive paints ate a decontamination critical services unrugs of the patients curity inside the hose eive assistance from s for specialized can odies and maintain communis and maintain cle ing management of and control crowd	itch Board (OIC-SB). In ital It is site It is	HoI HoI HoI HoI HoI HAE CLN SnCI HoI HoI HoI HoI HoI HoI	or HoI -TRG -DEC or HoI N	
 Establish a com Alert different s Mobilize staff o Mobilize ambul Communicate w Move disaster st Set up a Patient Triage the patient Set up and opera Treat patients Maintain other of Secure belongin Provide extra se Request and rec Transfer patient Receive dead bo Keep records an Control infection premises included Handle visitors Handle VIPs 	Action caster Response Plasmand centre ections of the hosp n call and off duty ances to the disaster with the onsite staff tocks Bay and receive pants ate a decontamination critical services unrugs of the patients curity inside the hose ive assistance from s for specialized can odies and maintain community and maintain cle ing management of and control crowd	itch Board (OIC-SB). In ital It is site It is	HoI	or HoI -TRG -DEC or HoI N	
 Establish a com Alert different s Mobilize staff o Mobilize ambul Communicate w Move disaster st Set up a Patient Triage the patient Set up and opera Treat patients Maintain other of Secure belongin Provide extra se Request and rec Transfer patient Receive dead both Keep records and Control infection premises included Handle visitors Handle VIPs Provide information Brief higher aut 	Action caster Response Planand centre ections of the hosp in call and off duty ances to the disaster with the onsite staff tocks Bay and receive paints ate a decontamination critical services unrugs of the patients curity inside the hose ive assistance from s for specialized can odies and maintain community and maintain cle ing management of and control crowd attion to the public a horities d refreshment to the	itch Board (OIC-SB). In ital ital er site attients on point related to the disaster ospital m other hospitals re nication logs canliness at the hospital hazardous waste and handle media	HoI	or HoI -TRG -DEC or HoI N	

•	Review the situation			HoI		
•	 Replenish disaster stocks 			HoI		
Code	Droughts-D-	Effective Date	2011.11.30		Revision No	
	MoH-D -SOP				Supersedes	None

Hazard	Earthquakes	
a		
Stage of Hazard	After	
Jurisdiction Level	District	
Organization	Ministry of Health (MoH)	
Responsible	Head of the Institution (HoI) - (Directo	r, Medical
Person	Superintendent, District Medical Office	r
	or Medical Officer in Charge).	
	Heads of Sub Departments (HoD)	
	Head, Accident/Emergency Department	t of the Hospital (HAE).
	Clinician most experienced in triage (C	LN-TRG).
	Senior Clinicians of different discipline	·
	Local Public Health Staff (LPHS) - (Re	· ·
	Health Services - RDHS, Regional	
	OIC, Main Switch Board (OIC-SB)	
	Epidemiologist - RE, and Medical Office	cer of Health - MOH).
	Action	Responsibility
 Mobilize ambulation Triage the patients Maintain other of Secure belongin Provide extra se Request and recommendation Receive dead both Keep records an Control infection premises including 	eritical services unrelated to the disaster gs of the patients curity inside the hospital eive assistance from other hospitals s for specialized care	HoI HoI CLN-TRG SnCLN HoI HoI HoI HoI HoI HoI HoI HoI HoI HAE or HoI OIC-SB / HoD / HoI HoI
 Brief higher auth 	d refreshment to the staff ork shifts	HoI HoI HoI HoI HoI

 Replenish disaster stocks 	HoI
 Deactivate response plan 	HoI
 Demobilize staff and other resources 	HoI
 Evaluate and report the response 	HoI
	1101
IDP Camp Management	I DIIC
■ Treat & manage minor ailments	LPHS
 Prevent and control potential outbreaks 	LPHS
 Carry out disease surveillance 	LPHS
 Provide technical assistance to Local Authorities on 	
 Providing safe water 	LPHS
 Ensuring food safety 	LPHS
 Providing sanitary facilities 	LPHS
Disposing refuse	LPHS
 Managing waste water 	LPHS
Wallaging waste water	

Code	Earthquakes-A-	Effective Date	2011.11.30	Revision No	
	MoH-D-SOP			Supersedes	None
				1	

	Operating Procedure (OP)			
Hazard	Epidemics			
Stage of Hazard	Before			
Jurisdiction Level	District			
Organization	Ministry of Health (MoH)			
Responsible	Head of the Institution –(HoI)			
Person	(Director, Medical Superintendent, District Medical Officer or			
	Medical Officer in Charge)			
	Action	Responsibility		
the Provincial / I	cipation of relevant officers in the meetings of District / Divisional Disaster Management MC) convened by Provincial / District / ctary.	HoI		
Ensure that a sta	ndby generator is available at every hospital.	HoI		
Ensure that at lea	ast one kerosene-powered refrigeration unit is	HoI		
available for vac	ecines.			
Ensure that hosp	oital staff is aware of the hospital rooms and	HoI		
buildings that are	e damage proof.			
Work under the	overall supervision and guidance of EOC /	HoI		
Divisional secre	tary / District Secretary / Provincial Chief			
Secretary.				
secretary, Distric	communications with EOC, Divisional et Secretary / Provincial Chief Secretary, including private) within the division.	HoI		
 Review and upd 	ate precautionary measures and procedures,	HoI		
and review with	staff, the precautions that have been taken to			
protect equipmen	nt and the post-disaster procedures to be			
followed.				
Fill department varea.	vehicles with fuel and park them in a protected	HoI		
Stock emergency	y medical equipment, which may be required			
after a disaster.		HoI		
■ Determine type of	of injuries and illnesses expected and drugs	HoI		
and other medica	al items required, and accordingly ensure that	1101		
		1		

	extra supplies of medical items can be obtained quickly.	
•	Provide information to all hospital staff about the disasters,	HoI
	likely damages and effects, and information about ways to	1101
	protect equipment and property.	
	Discharge all ambulatory patients whose release does not pose	HoI
	a health risk to them. If possible, transport them to their home	
	areas.	
		HoI
	the hospital. The safest rooms are likely to be; on ground	
	floor, rooms in the centre of the building away from windows	
	and rooms with concrete ceiling / roof.	
	Č	HoI
	Trovide equipment supplies such as candres, materies, functins	HoI
	and extra clothing for the comfort of the patients. Assemble and sterilize surgical packs in adequate number to	1101
	last for four to five days. Store the sterilized surgical packs in	
	protective cabinets to ensure that they do not get wet. Cover	
	the stock with polythene as an added safety measure.	HoI
•	Tuck all variable liberaliteits, such as surgical tools,	
	ophthalmoscopes, portable sterilizers, CGS, dental equipment,	
	etc., in protective coverings and store in rooms considered to be the most damage-proof.	** *
		HoI
	covering them with tarpaulins or polythene.	
•	emping an electrical equipment when disaster warming is	HoI
	received. Charle the amorganey electrical generator to ansure that it is	
•	Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an	
	emergency generator is not available at the hospital, arrange	
	for one on loan.	HoI
•	Ensure that all fracture equipment are ready.	HoI
•	if surgery is to be performed following the disaster, arrange	
	for emergency supplies of anesthetic gases (usually supplied on a daily basis).	HoI
		1101
	fissure materials, surgical dressings, splints, plaster rolls,	
	disposable needles and syringes and local antiseptics.	HoI
•	request central stores for immediate dispatch of supplies	
	likely to be needed to hospitals on an emergency priority basis.	HoI
	If no storage tanks exist, collect water for drinking in clean	
	containers and protect.	HoI
•	repare an area in the hospital for receiving raige number of	** *
	casualties. Develop emergency admission procedures (with adequate	HoI
_	record keeping).	HoI
•		
	including tagging as stipulated in this EMRP.	HoI
•	Establish work senedates to ensure that adequate stair is	1101
	available for in-patients. Organize in-house emergency medical teams to ensure that	HoI
	adequate staff is available at all times to handle emergency	
	casualties.	HoI

	Set up teams of doctors, nurses and dressers for visiting disaster sites.				
Code	Epidemics-B- MoH-D -SOP	Effective Date	2000	Revision No Supersedes	None

	Operating Procedure (OP)
Hazard	Epidemics
Stage of Hazard	During
Jurisdiction Level	District
Organization	Ministry of Health (MoH)
Responsible	Head of the Institution (HoI) - (Director, Medical
Person	Superintendent, District Medical Officer or Medical Officer in
	Charge).
	Heads of Sub Departments (HoD).
	Head, Accident/Emergency Department of the Hospital (HAE).
	Clinician most experienced in triage (CLN-TRG).
	Most senior Clinician trained in decontamination (CLN-DEC).
	Senior Clinicians of different disciplines (SnCLN).
	OIC, Main Switch Board (OIC-SB).

OIC, Main Switch Board (OIC-SB).				
Action	Responsibility			
 Activate the Disaster Response Plan 	HoI			
Establish a command centre	HoI			
 Alert different sections of the hospital 	HoI			
 Mobilize staff on call and off duty 	HoI			
 Mobilize ambulances to the disaster site 	HoI			
 Communicate with the onsite staff 	HoI			
Move disaster stocks	HoI			
 Set up a Patient Bay and receive patients 	HAE or HoI			
Triage the patients	CLN-TRG			
 Set up and operate a decontamination point 	CLN-DEC or HoI			
Treat patients	SnCLN			
 Maintain other critical services unrelated to the disaster 	HoI			
 Secure belongings of the patients 	HoI			
 Provide extra security inside the hospital 	HoI			
 Request and receive assistance from other hospitals 	HoI			
 Transfer patients for specialized care 	HoI			
 Receive dead bodies 	HAE or HoI			
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI			
 Control infections and maintain cleanliness at the hospital 	HoI			
premises including management of hazardous waste				
 Handle visitors and control crowd 	HoI			
Handle VIPs	HoI			
 Provide information to the public and handle media 	HoI			
 Brief higher authorities 	HoI			
 Provide food and refreshment to the staff 	HoI			
Change staff work shifts	HoI			
Review the situation	HoI			
 Replenish disaster stocks 	HoI			

	Operating Procedure (OP)
Hazard	Explosions
Stage of Hazard	During
Jurisdiction Level	District
Organization	Ministry of Health (MoH)
Responsible	Head of the Institution (HoI) - (Director, Medical
Person	Superintendent, District Medical Officer or Medical Officer in
	Charge).
	Heads of Sub Departments (HoD).
	Head, Accident/Emergency Department of the Hospital (HAE).
	Clinician most experienced in triage (CLN-TRG).
	Most senior Clinician trained in decontamination (CLN-DEC).
	Senior Clinicians of different disciplines (SnCLN).
	OIC, Main Switch Board (OIC-SB).

OIC, Main Switch Board (OIC-SB).	,
Action	Responsibility
 Activate the Disaster Response Plan Establish a command centre Alert different sections of the hospital Mobilize staff on call and off duty Mobilize ambulances to the disaster site Communicate with the onsite staff Move disaster stocks Set up a Patient Bay and receive patients Triage the patients Set up and operate a decontamination point 	Responsibility HoI HoI HoI HoI HoI HoI HoI CLN-TRG CLN-DEC or HoI
 Treat patients Maintain other critical services unrelated to the disaster Secure belongings of the patients Provide extra security inside the hospital Request and receive assistance from other hospitals Transfer patients for specialized care Receive dead bodies Keep records and maintain communication logs Control infections and maintain cleanliness at the hospital premises including management of hazardous waste Handle visitors and control crowd 	SnCLN HoI HoI HoI HoI HoI HoI HoI HoI HAE or HoI OIC-SB / HoD / HoI HoI
 Handle Visitors and control crowd Handle VIPs Provide information to the public and handle media Brief higher authorities Provide food and refreshment to the staff Change staff work shifts Review the situation Replenish disaster stocks 	HoI HoI HoI HoI HoI HoI

Code Explosions-D- Effective Date 2011.11.30 Revision No

MoH-D -SOP	Supersedes None					
	Operating Procedure (OP)					
Hazard	Explosions					
Stage of Hazard	After					
Jurisdiction Level	District					
Organization	Ministry of Health (MoH)					
Responsible	Head of the Institution (HoI) - (Director, Medical					
Person	Superintendent, District Medical Officer					
	or Medical Officer in Charge).					
	Heads of Sub Departments (HoD)					
	Head, Accident/Emergency Department of the Hospital (HAE).					
	Clinician most experienced in triage (CLN-TRG).					
	Senior Clinicians of different disciplines (SnCLN).					
	Local Public Health Staff (LPHS) - (Regional Director of					
	Health Services - RDHS, Regional					
	OIC, Main Switch Board (OIC-SB)					
	Epidemiologist - RE, and Medical Officer of Health - MOH).					
	Action Responsibility					

Epidemiologist - RE, and Medical Offic	,
Action	Responsibility
 Communicate with the onsite staff 	HoI
 Mobilize ambulances to the disaster site 	HoI
Triage the patients	CLN-TRG
Treat patients	SnCLN
 Maintain other critical services unrelated to the disaster 	HoI
 Secure belongings of the patients 	HoI
 Provide extra security inside the hospital 	HoI
 Request and receive assistance from other hospitals 	HoI
 Transfer patients for specialized care 	HoI
 Receive dead bodies 	HAE or HoI
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital 	HoI
premises including management of hazardous waste	
 Handle visitors and control crowd 	HoI
	HoI
 Handle VIPs 	HoI
 Provide information to the public and handle media 	HoI
 Brief higher authorities 	HoI
 Provide food and refreshment to the staff 	HoI
 Change staff work shifts 	HoI
 Review the situation 	HoI
 Replenish disaster stocks 	HoI
 Deactivate response plan 	HoI
 Demobilize staff and other resources 	HoI
• Evaluate and report the response	
IDP Camp Management	LPHS
 Treat & manage minor ailments 	LPHS
 Prevent and control potential outbreaks 	LPHS
 Carry out disease surveillance 	
 Provide technical assistance to Local Authorities on 	
 Providing safe water 	LPHS
Ensuring food safety	LPHS

	Providing saDisposing reManaging w			LPHS LPHS	S	
Code	Explosions-A- MoH-D -SOP	Effective Date	2011.11.30		Revision No Supersedes	None

Operating Procedure (OP)					
Hazard	Hazard Fire				
Stage of Hazard	During				
Jurisdiction Level	District				
Organization	Ministry of Health (MoH)				
Responsible	Head of the Institution (HoI) - (Directo	r, Medical			
Person	Superintendent, District Medical Office				
	Charge).				
	Heads of Sub Departments (HoD).				
	Head, Accident/Emergency Departmen	t of the Hospital (HAE).			
	Clinician most experienced in triage (C	LN-TRG).			
	Most senior Clinician trained in deconta	amination (CLN-DEC).			
	Senior Clinicians of different discipline	s (SnCLN).			
	OIC, Main Switch Board (OIC-SB).				
	Action	Responsibility			
 Activate the Dis 	aster Response Plan	HoI			
Establish a com	<u>*</u>	HoI			
	ections of the hospital	HoI			
	n call and off duty	HoI			
	ances to the disaster site	HoI			
	ith the onsite staff	HoI			
Move disaster stSet up a Patient		HoI HAE or HoI			
Set up a PatientTriage the patien	Bay and receive patients	CLN-TRG			
	tte a decontamination point	CLN-TRO CLN-DEC or HoI			
Treat patients	ne a decontamination point	SnCLN			
-	ritical services unrelated to the disaster	HoI			
_	gs of the patients	HoI			
	curity inside the hospital	HoI			
_	eive assistance from other hospitals	HoI			
Transfer patientsReceive dead bo	HoI HAE or HoI				
	OIC-SB / HoD / HoI				
 Keep records and maintain communication logs Control infections and maintain cleanliness at the hospital 		HoI			
premises including management of hazardous waste					
 Handle visitors a 	HoI				
Handle VIPs	HoI				
	tion to the public and handle media	HoI			
Brief higher autl	norities	HoI			

-	Provide food and	refreshment to t	he staff	HoI		
-	Change staff worl	c shifts		HoI		
-	Review the situati	on		HoI		
•	Replenish disaster	stocks		HoI		
	-					
Code	Fire-D-MoH-D	Effective Date	2011	1.11.30	Revision No	
	-SOP				Supersedes	None

Operating Procedure (OP)

Hazard	Fire			
Stage of Hazard	After			
Jurisdiction Level		District		
Organization	Ministry of Health (MoH)			
Responsible	Head of the Institution (HoI) - (Director, Medical			
Person	Superintendent, District Medical Office			
rerson	-	CC1		
	or Medical Officer in Charge).			
	Heads of Sub Departments (HoD)			
	Head, Accident/Emergency Departme	± ` '		
	Clinician most experienced in triage (ŕ		
	Senior Clinicians of different disciplin	· · · · · · · · · · · · · · · · · · ·		
	Local Public Health Staff (LPHS) - (I	Regional Director of		
	Health Services - RDHS, Regional			
	OIC, Main Switch Board (OIC-SB)			
	Epidemiologist - RE, and Medical Of	ficer of Health - MOH).		
	Action	Responsibility		
 Communicate with the onsite staff Mobilize ambulances to the disaster site Triage the patients Treat patients Maintain other critical services unrelated to the disaster Secure belongings of the patients Provide extra security inside the hospital Request and receive assistance from other hospitals Transfer patients for specialized care Receive dead bodies Keep records and maintain communication logs Control infections and maintain cleanliness at the hospital 		HoI CLN-TRG SnCLN HoI HoI HoI HoI HoI HAE or HoI OIC-SB / HoD / HoI		
premises including management of hazardous waste Handle visitors and control crowd Handle VIPs Provide information to the public and handle media Brief higher authorities Provide food and refreshment to the staff Change staff work shifts HoI		HoI HoI HoI		
 Review the situa 		HoI		
 Replenish disast Descrivete respective 	HoI			
-	 Deactivate response plan Demobilize staff and other resources Hol 			
 Demobilize staff and other resources Evaluate and report the response 				

HoI

Evaluate and report the response

IDP Camp Management	
 Treat & manage minor ailments 	LPHS
 Prevent and control potential outbreaks 	LPHS
 Carry out disease surveillance 	LPHS
 Provide technical assistance to Local Authorities on Providing safe water Ensuring food safety Providing sanitary facilities Disposing refuse 	LPHS LPHS LPHS LPHS
Managing waste water	LPHS

Code	Fire-A-MoH-D -SOP	Effective Date	2011.11.30	Revision No	
	-501			Supersedes	None

Operating Procedure (OP)			
Hazard	Flood (General)		
Stage of Hazard	Before		
Jurisdiction Level	District		
Organization	Ministry of Health (MoH)		
Responsible	Head of the Institution –(HoI)		
Person	(Director, Medical Superintendent, District Medical Officer or		
	Medical Officer in Charge)		
Action Responsibility			
■ Ensure the partic the Provincial / I	HoI		

the Co	sure the participation of relevant officers in the meetings of e Provincial / District / Divisional Disaster Management ommittee (DDMC) convened by Provincial / District / visional Secretary.	НоІ
■ En	sure that a standby generator is available at every hospital.	HoI
■ En	sure that at least one kerosene-powered refrigeration unit is	HoI
ava	ailable for vaccines.	
■ En	sure that hospital staff is aware of the hospital rooms and	HoI
bu	ildings that are damage proof.	
• W	ork under the overall supervision and guidance of EOC /	HoI
Di	visional secretary / District Secretary / Provincial Chief	
Se	cretary.	
sec	tablish radio communications with EOC, Divisional cretary, District Secretary / Provincial Chief Secretary, d hospitals (including private) within the division.	HoI
■ Re	eview and update precautionary measures and procedures,	НоІ

and review with staff, the precautions that have been taken to	
protect equipment and the post-disaster procedures to be	
followed.	
ionowed.	
• Fill department vehicles with fuel and park them in a protected area.	HoI
 Stock emergency medical equipment, which may be required after a disaster. 	HoI
Determine type of injuries and illnesses expected and drugs and other medical items required, and accordingly ensure that extra supplies of medical items can be obtained quickly.	HoI
 Provide information to all hospital staff about the disasters, likely damages and effects, and information about ways to protect equipment and property. 	HoI
 Discharge all ambulatory patients whose release does not pose a health risk to them. If possible, transport them to their home 	HoI
 Re-locate non-ambulatory patients to the safest areas within the hospital. The safest rooms are likely to be; on ground floor, rooms in the centre of the building away from windows 	HoI
and rooms with concrete ceiling / roof.Provide equipment supplies such as candles, matches, lanterns	HoI
 and extra clothing for the comfort of the patients. Assemble and sterilize surgical packs in adequate number to last for four to five days. Store the sterilized surgical packs in protective cabinets to ensure that they do not get wet. Cover 	HoI
 the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. 	HoI
 Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. 	HoI
 Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange 	HoI
for one on loan. • Ensure that all fracture equipment are ready.	HoI
 If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). 	HoI
 Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. 	HoI
Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis.	HoI

•	Fill hospital water	storage tanks a	nd encourage water saving.	HoI		
•	containers and pro	otect.	rater for drinking in clean receiving large number of	HoI		
•	Develop emergene record keeping).	cy admission pro	ocedures (with adequate	HoI		
•	Orient field staff vincluding tagging		f services and procedures this EMRP.	HoI		
•				HoI		
•				HoI		
•		octors, nurses an	nd dressers for visiting	HoI		
Code	Flood (General)- B-MoH-D - SOP	Effective Date	2011.11.30		Revision No	None

Supersedes

None

	Operating Procedure (OP)			
Hazard	Flood (General)			
Stage of Hazard	During			
Jurisdiction Level	District			
Organization	Ministry of Health (MoH)			
Responsible	Head of the Institution (HoI) - (Director, Medical			
Person	Superintendent, District Medical Officer or Medical Officer in			
	Charge).			
	Heads of Sub Departments (HoD).			
	Head, Accident/Emergency Department of the Hospital (HAE).			
	Clinician most experienced in triage (CLN-TRG).			
	Most senior Clinician trained in decontamination (CLN-DEC).			
	Senior Clinicians of different disciplines (SnCLN).			
	OIC, Main Switch Board (OIC-SB).			
	Action Responsibility			

Action	Responsibility
 Activate the Disaster Response Plan 	HoI
Establish a command centre	HoI
 Alert different sections of the hospital 	HoI
 Mobilize staff on call and off duty 	HoI
 Mobilize ambulances to the disaster site 	HoI
 Communicate with the onsite staff 	HoI
Move disaster stocks	HoI
Set up a Patient Bay and receive patients	HAE or HoI
Triage the patients	CLN-TRG
 Set up and operate a decontamination point 	CLN-DEC or HoI
Treat patients	SnCLN
 Maintain other critical services unrelated to the disaster 	HoI
 Secure belongings of the patients 	HoI
 Provide extra security inside the hospital 	HoI
 Request and receive assistance from other hospitals 	HoI

 Transfer patients for specialized care 	HoI
 Receive dead bodies 	HAE or HoI
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital 	HoI
premises including management of hazardous waste	
 Handle visitors and control crowd 	HoI
Handle VIPs	HoI
 Provide information to the public and handle media 	HoI
 Brief higher authorities 	HoI
 Provide food and refreshment to the staff 	HoI
Change staff work shifts	HoI
Review the situation	HoI
 Replenish disaster stocks 	HoI

Code Flood (General)-D-MoH-D -SOP Effective Date 2011.11.30 Revision No Supersedes None

	Operating Procedure (OP)		
Hazard	Flood (General)		
Stage of Hazard	After		
Jurisdiction Level	District		
Organization	Ministry of Health (MoH)		
Responsible	Head of the Institution (HoI) - (Director, Medical		
Person	Superintendent, District Medical Officer		
	or Medical Officer in Charge).		
	Heads of Sub Departments (HoD)		
	Head, Accident/Emergency Department of the Hospital (HAE).		
	Clinician most experienced in triage (CLN-TRG).		
	Senior Clinicians of different disciplines (SnCLN).		
	Local Public Health Staff (LPHS) - (Regional Director of		
	Health Services - RDHS, Regional		
	OIC, Main Switch Board (OIC-SB)		
	Epidemiologist - RE, and Medical Officer of Health - MOH).		

Action	Responsibility
 Communicate with the onsite staff 	HoI
 Mobilize ambulances to the disaster site 	HoI
Triage the patients	CLN-TRG
Treat patients	SnCLN
 Maintain other critical services unrelated to the disaster 	HoI
 Secure belongings of the patients 	HoI
 Provide extra security inside the hospital 	HoI
 Request and receive assistance from other hospitals 	HoI
 Transfer patients for specialized care 	HoI
 Receive dead bodies 	HAE or HoI
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital 	HoI
premises including management of hazardous waste	
 Handle visitors and control crowd 	HoI
Handle VIPs	HoI
 Provide information to the public and handle media 	HoI

	MoH-D -SOP					Supersedes	None	
Code	Flood (General)-A-	Effective Date		2011.11.30		Revision No		
	 Managing w 	aste water						
	Disposing refuseManaging waste water			LPHS				
• Providing sanitary facilities				LPHS				
	• Ensuring food safety				LPHS			
	Providing safe water Fig. 1. 6			LPHS LPHS				
-	Provide technical assistance to Local Authorities on				I DII	3		
_	Daniel de de destad	:-t	1 A41:4:					
•	Carry out disease	surveillance			LPHS	5		
•	 Prevent and control potential outbreaks 					LPHS		
•	Treat & manage minor ailments				LPHS			
ID	P Camp Managen	<u>nent</u>						
•	Evaluate and report the response				HoI			
•	 Demobilize staff and other resources 				HoI			
•	 Deactivate response plan 				HoI			
•	 Replenish disaster stocks 				HoI			
•	Review the situation				HoI			
-	Change staff work shifts				HoI			
-	Provide food and refreshment to the staff				HoI			
•	Brief higher autho	orities			HoI			

	Operating Procedure (OP)
Hazard	Forest Fire
Stage of Hazard	During
Jurisdiction Level	District
Organization	Ministry of Health (MoH)
Responsible	Head of the Institution (HoI) - (Director, Medical
Person	Superintendent, District Medical Officer or Medical Officer in
	Charge).
	Heads of Sub Departments (HoD).
	Head, Accident/Emergency Department of the Hospital (HAE).
	Clinician most experienced in triage (CLN-TRG).
	Most senior Clinician trained in decontamination (CLN-DEC).
	Senior Clinicians of different disciplines (SnCLN).
	OIC, Main Switch Board (OIC-SB).

Supersedes

None

Action	Responsibility
 Activate the Disaster Response Plan 	HoI
Establish a command centre	HoI
 Alert different sections of the hospital 	HoI
 Mobilize staff on call and off duty 	HoI
 Mobilize ambulances to the disaster site 	HoI
 Communicate with the onsite staff 	HoI
Move disaster stocks	HoI
Set up a Patient Bay and receive patients	HAE or HoI
Triage the patients	CLN-TRG
 Set up and operate a decontamination point 	CLN-DEC or HoI
Treat patients	SnCLN
 Maintain other critical services unrelated to the disaster 	HoI

 Secure belongings of the patients 	HoI
 Provide extra security inside the hospital 	HoI
 Request and receive assistance from other hospitals 	HoI
 Transfer patients for specialized care 	HoI
 Receive dead bodies 	HAE or HoI
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital 	HoI
premises including management of hazardous waste	
 Handle visitors and control crowd 	HoI
Handle VIPs	HoI
 Provide information to the public and handle media 	HoI
 Brief higher authorities 	HoI
 Provide food and refreshment to the staff 	HoI
Change staff work shifts	HoI
Review the situation	HoI
 Replenish disaster stocks 	HoI

Code Forest Fire-D-MoH-D -SOP Effective Date 2011.11.30 Revision No Supersedes None

Operating Procedure (OP)					
Hazard	Forest Fire				
Stage of Hazard	After				
Jurisdiction Level	District				
Organization	Ministry of Health (MoH)				
Responsible	Head of the Institution (HoI) - (Director, Medical				
Person	Superintendent, District Medical Officer				
	or Medical Officer in Charge).				
	Heads of Sub Departments (HoD)				
	Head, Accident/Emergency Department of the Hospital (HAE).				
	Clinician most experienced in triage (CLN-TRG).				
	Senior Clinicians of different disciplines (SnCLN).				
	Local Public Health Staff (LPHS) - (Regional Director of				
	Health Services - RDHS, Regional				
	OIC, Main Switch Board (OIC-SB)				
	Epidemiologist - RE, and Medical Officer of Health - MOH).				

Epidefinologist - RE, and Medical Offic	
Action	Responsibility
 Communicate with the onsite staff 	HoI
 Mobilize ambulances to the disaster site 	HoI
Triage the patients	CLN-TRG
Treat patients	SnCLN
 Maintain other critical services unrelated to the disaster 	HoI
 Secure belongings of the patients 	HoI
 Provide extra security inside the hospital 	HoI
 Request and receive assistance from other hospitals 	HoI
 Transfer patients for specialized care 	HoI
 Receive dead bodies 	HAE or HoI
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital 	HoI
premises including management of hazardous waste	
 Handle visitors and control crowd 	HoI
Handle VIPs	HoI
 Provide information to the public and handle media 	HoI
Brief higher authorities	HoI
Provide food and refreshment to the staff	HoI
Change staff work shifts	HoI
Review the situation	HoI
 Replenish disaster stocks 	HoI
 Deactivate response plan 	HoI
 Demobilize staff and other resources 	HoI
Evaluate and report the response	HoI
IDP Camp Management	
 Treat & manage minor ailments 	LPHS
 Prevent and control potential outbreaks 	LPHS
 Carry out disease surveillance 	LPHS
 Provide technical assistance to Local Authorities on 	
 Providing safe water 	LPHS
 Ensuring food safety 	LPHS
 Providing sanitary facilities 	LPHS
Disposing refuse	LPHS
Managing waste water	LPHS

Code	Forest Fire-A- MoH-D -SOP	Effective Date	2011.11.30	Revision No Supersedes	None

	Operating Procedure (OP)			
Hazard	Industrial Disasters			
Stage of Hazard	During			
Jurisdiction Level	District			
Organization	Ministry of Health (MoH)			
Responsible	Head of the Institution (HoI) - (Director, Medical			
Person	Superintendent, District Medical Officer or Medical Officer in			
	Charge).			
	Heads of Sub Departments (HoD).			
	Head, Accident/Emergency Department of the Hospital (HAE).			
	Clinician most experienced in triage (CLN-TRG).			
	Most senior Clinician trained in decontamination (CLN-DEC).			
	Senior Clinicians of different disciplines (SnCLN).			
	OIC, Main Switch Board (OIC-SB).			
Action Responsibility				

Action	Responsibility
 Activate the Disaster Response Plan 	HoI
Establish a command centre	HoI
 Alert different sections of the hospital 	HoI
 Mobilize staff on call and off duty 	HoI
 Mobilize ambulances to the disaster site 	HoI
Communicate with the onsite staff	HoI
Move disaster stocks	HoI
 Set up a Patient Bay and receive patients 	HAE or HoI
Triage the patients	CLN-TRG
 Set up and operate a decontamination point 	CLN-DEC or HoI
Treat patients	SnCLN
 Maintain other critical services unrelated to the disaster 	HoI
Secure belongings of the patients	HoI
 Provide extra security inside the hospital 	HoI
 Request and receive assistance from other hospitals 	HoI
 Transfer patients for specialized care 	HoI
 Receive dead bodies 	HAE or HoI
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital 	HoI
premises including management of hazardous waste	
 Handle visitors and control crowd 	HoI
Handle VIPs	HoI
 Provide information to the public and handle media 	HoI
Brief higher authorities	HoI
 Provide food and refreshment to the staff 	HoI
Change staff work shifts	HoI
Review the situation	HoI
Replenish disaster stocks	HoI

Code	Industrial	Effective Date	2011.11.30	Revision No	
	Disasters-D-MoH- D -SOP			Supersedes	None

Operating Procedure (OP)		
Hazard	Industrial Disasters	
Stage of Hazard	After	

Jurisdiction Level	District			
Organization	Ministry of Health (MoH)			
Responsible	Head of the Institution (HoI) - (Director, Medical			
Person	Superintendent, District Medical Officer			
	or Medical Officer in Charge).			
	Heads of Sub Departments (HoD)			
	Head, Accident/Emergency Department of the Hospital (HAE).			
	Clinician most experienced in triage (CLN-TRG).			
	Senior Clinicians of different disciplines (SnCLN).			
	Local Public Health Staff (LPHS) - (Regional Director of			
	Health Services - RDHS, Regional			
	OIC, Main Switch Board (OIC-SB)			
	Epidemiologist - RE, and Medical Officer of Health - MOH).			

Epidemiologist - RE, and Medical Office	er of Health - MOH).
Action	Responsibility
 Communicate with the onsite staff 	HoI
 Mobilize ambulances to the disaster site 	HoI
 Triage the patients 	CLN-TRG
Treat patients	SnCLN SnCLN
 Maintain other critical services unrelated to the disaster 	HoI
 Secure belongings of the patients 	HoI
 Provide extra security inside the hospital 	HoI
 Request and receive assistance from other hospitals 	HoI
 Transfer patients for specialized care 	HoI
 Receive dead bodies 	HAE or HoI
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital 	HoI
premises including management of hazardous waste	1101
 Handle visitors and control crowd 	HoI
 Handle VIPs 	HoI
 Provide information to the public and handle media 	HoI
 Brief higher authorities 	HoI
 Provide food and refreshment to the staff 	HoI
 Change staff work shifts 	HoI
Review the situation	HoI
 Replenish disaster stocks 	HoI
 Deactivate response plan 	HoI
 Demobilize staff and other resources 	HoI
 Evaluate and report the response 	HoI
IDP Camp Management	1101
■ Treat & manage minor ailments	LPHS
 Prevent and control potential outbreaks 	LPHS
 Carry out disease surveillance 	LPHS
	Lilis
 Provide technical assistance to Local Authorities on 	
Providing safe water	LPHS
• Ensuring food safety	LPHS
 Providing sanitary facilities 	LPHS
Disposing refuse	LPHS
 Disposing refuse Managing waste water	LPHS
• Managing waste water	

Code	Industrial Disasters-A-MoH-	Effective Date	2011.11.30	Revision No	None
	D -SOP			Supersedes	None

	Operating Procedure (OP)	
Hazard	Landslides	
Stage of Hazard	Before	
Jurisdiction Level	District	
Organization	Ministry of Health (MoH)	
Responsible	Head of the Institution –(HoI)	
Person	(Director, Medical Superintendent, Dist	crict Medical Officer or
	Medical Officer in Charge)	
	Action	Responsibility
the Provincial / l	cipation of relevant officers in the meetings of District / Divisional Disaster Management MC) convened by Provincial / District / tary.	HoI
Ensure that a sta	ndby generator is available at every hospital.	HoI
Ensure that at least	ast one kerosene-powered refrigeration unit is	HoI
available for vac	cines.	
Ensure that hosp	HoI	
buildings that ar		
Work under the	overall supervision and guidance of EOC /	HoI
Divisional secre		
secretary, Distric	communications with EOC, Divisional et Secretary / Provincial Chief Secretary, including private) within the division.	HoI
 Review and upd 	ate precautionary measures and procedures,	HoI
	staff, the precautions that have been taken to	
protect equipment followed.	nt and the post-disaster procedures to be	
• Fill department area.	vehicles with fuel and park them in a protected	HoI
 Stock emergency after a disaster. 	y medical equipment, which may be required	HoI
 Determine type 	of injuries and illnesses expected and drugs	HoI
and other medica	al items required, and accordingly ensure that	
extra supplies of	medical items can be obtained quickly.	
= =	tion to all hospital staff about the disasters,	HoI

likely damages and effects, and information about ways to protect equipment and property. Discharge all ambulatory patients whose release does not pose a health risk to them. If possible, transport them to their home areas. Re-locate non-ambulatory patients to the safest areas within the hospital. The safest rooms are likely to be; on ground floor, rooms in the centre of the building away from windows and rooms with concrete ceiling / roof. Provide equipment supplies such as candles, matches, lanterns and extra clothing for the comfort of the patients. Assemble and sterilize surgical packs in adequate number to last for four to five days. Store the sterilized surgical packs in protective cabinets to ensure that they do not get wet. Cover the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff wit			
 Discharge all ambulatory patients whose release does not pose a health risk to them. If possible, transport them to their home areas. Re-locate non-ambulatory patients to the safest areas within the hospital. The safest rooms are likely to be; on ground floor, rooms in the centre of the building away from windows and rooms with concrete ceiling / roof. Provide equipment supplies such as candles, matches, lanterns and extra clothing for the comfort of the patients. Assemble and sterilize surgical packs in adequate number to last for four to five days. Store the sterilized surgical packs in protective cabinets to ensure that they do not get wet. Cover the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. <		likely damages and effects, and information about ways to	
 Discharge all ambulatory patients whose release does not pose a health risk to them. If possible, transport them to their home areas. Re-locate non-ambulatory patients to the safest areas within the hospital. The safest rooms are likely to be; on ground floor, rooms in the centre of the building away from windows and rooms with concrete ceiling / roof. Provide equipment supplies such as candles, matches, lanterns and extra clothing for the comfort of the patients. Assemble and sterilize surgical packs in adequate number to last for four to five days. Store the sterilized surgical packs in protective cabinets to ensure that they do not get wet. Cover the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. <		protect equipment and property.	НоТ
areas. Re-locate non-ambulatory patients to the safest areas within the hospital. The safest rooms are likely to be; on ground floor, rooms in the centre of the building away from windows and rooms with concrete ceiling / roof. Provide equipment supplies such as candles, matches, lanterns and extra clothing for the comfort of the patients. Assemble and sterlibre surgical packs in adequate number to last for four to five days. Store the sterilized surgical packs in protective cabinets to ensure that they do not get wet. Cover the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment developed to be the most damage-proof. Protect all immovable equipment are ready. If surgery is to be performed following the disaster, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualities. Develop emergency admission procedures (with adequate record keeping). Organize in-house emergency medical teams to ensure that adequate staff	•	Discharge all ambulatory patients whose release does not pose	1101
Re-locate non-ambulatory patients to the safest areas within the hospital. The safest rooms are likely to be; on ground floor, rooms in the centre of the building away from windows and rooms with concrete ceiling / roof. Provide equipment supplies such as candles, matches, lanterns and extra clothing for the comfort of the patients. Assemble and sterilize surgical packs in adequate number to last for four to five days. Store the sterilized surgical packs in protective cabinets to ensure that they do not get wet. Cover the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Organitze in-house emergency medical teams to ensure that adequate staff is available at all times		a health risk to them. If possible, transport them to their home	
Re-locate non-ambulatory patients to the satest areas within the hospital. The safest rooms are likely to be; on ground floor, rooms in the centre of the building away from windows and rooms with concrete ceiling / roof. Provide equipment supplies such as candles, matches, lanterns and extra clothing for the comfort of the patients. Assemble and sterilize surgical packs in adequate number to last for four to five days. Store the sterilized surgical packs in protective cabinets to ensure that they do not get wet. Cover the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Organize in-house emergency medical teams to ensure that adequate staff is available at all times		areas.	
the hospital. The safest rooms are likely to be; on ground floor, rooms in the centre of the building away from windows and rooms with concrete ceiling / roof. Provide equipment supplies such as candles, matches, lanterns and extra clothing for the comfort of the patients. Assemble and sterilize surgical packs in adequate number to last for four to five days. Store the sterilized surgical packs in protective cabinets to ensure that they do not get wet. Cover the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate st		Re-locate non-ambulatory patients to the safest areas within	HoI
floor, rooms in the centre of the building away from windows and rooms with concrete ceiling / roof. Provide equipment supplies such as candles, matches, lanterns and extra clothing for the comfort of the patients. Assemble and sterilize surgical packs in adequate number to last for four to five days. Store the sterilized surgical packs in protective cabinets to ensure that they do not get wet. Cover the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emerge		• •	
and rooms with concrete ceiling / roof. Provide equipment supplies such as candles, matches, lanterns and extra clothing for the comfort of the patients. Assemble and sterilize surgical packs in adequate number to last for four to five days. Store the sterilized surgical packs in protective cabinets to ensure that they do not get wet. Cover the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available		•	
 Provide equipment supplies such as candles, matches, lanterns and extra clothing for the comfort of the patients. Assemble and sterilize surgical packs in adequate number to last for four to five days. Store the sterilized surgical packs in protective cabinets to ensure that they do not get wet. Cover the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available at all times to handle		•	
and extra clothing for the comfort of the patients. Assemble and sterilize surgical packs in adequate number to last for four to five days. Store the sterilized surgical packs in protective cabinets to ensure that they do not get wet. Cover the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needled to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available to in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Set up teams of doctors, nurses and dressers for visiting		<u> </u>	HoI
 Assemble and sterilize surgical packs in adequate number to last for four to five days. Store the sterilized surgical packs in protective cabinets to ensure that they do not get wet. Cover the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency ca	-		
last for four to five days. Store the sterilized surgical packs in protective cabinets to ensure that they do not get wet. Cover the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Set up teams of doctors, nurses and dressers for visiting	_	<u> </u>	HoI
protective cabinets to ensure that they do not get wet. Cover the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Hol	-	<u> </u>	
the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Bot Protect all requipment are ready. Hol Hol Hol Hol Hol Hol Hol Ho			
 Pack all valuable instruments, such as surgical tools, ophthalmoscopes, portable sterilizers, CGS, dental equipment, etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Set up teams of doctors, nurses and dressers for visiting 		· · · · · · · · · · · · · · · · · · ·	HoI
etc., in protective coverings and store in rooms considered to be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Bett up teams of doctors, nurses and dressers for visiting	•	Pack all valuable instruments, such as surgical tools,	1101
 be the most damage-proof. Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Bet up teams of doctors, nurses and dressers for visiting 		• • • •	
 Protect all immovable equipment, such as x-ray machines, by covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Bet up teams of doctors, nurses and dressers for visiting 			
covering them with tarpaulins or polythene. Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Bet up teams of doctors, nurses and dressers for visiting			HoI
 Unplug all electrical equipment when disaster warning is received. Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Bet up teams of doctors, nurses and dressers for visiting 		<u> </u>	
 Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Bet up teams of doctors, nurses and dressers for visiting 	•		
 Check the emergency electrical generator to ensure that it is operational and that a buffer stock of fuel exists. If an emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Bet up teams of doctors, nurses and dressers for visiting 			НоТ
emergency generator is not available at the hospital, arrange for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Hol Hol Hol Hol	•		1101
for one on loan. Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Dorient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Hol Hol Hol Hol Hol Hol Hol Ho			
 Ensure that all fracture equipment are ready. If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Bet up teams of doctors, nurses and dressers for visiting 			Hel
 If surgery is to be performed following the disaster, arrange for emergency supplies of anesthetic gases (usually supplied on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Bet up teams of doctors, nurses and dressers for visiting 			пог
on a daily basis). Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Hol Hol Hol Hol Hol Hol Hol Ho	•		HoI
 Assess the level of medical supplies in stock, including: fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Hol <			
fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Hol Hol Hol Hol Hol Hol Hol Ho		· · · · · · · · · · · · · · · · · · ·	Но
disposable needles and syringes and local antiseptics. Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Set up teams of doctors, nurses and dressers for visiting	•	11	1101
 Request central stores for immediate dispatch of supplies likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Set up teams of doctors, nurses and dressers for visiting 			
likely to be needed to hospitals on an emergency priority basis. Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Set up teams of doctors, nurses and dressers for visiting		• • •	HoI
 Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Set up teams of doctors, nurses and dressers for visiting 			
If no storage tanks exist, collect water for drinking in clean containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Hol Set up teams of doctors, nurses and dressers for visiting			HoI
containers and protect. Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Hol Hol Hol Hol Hol Hol Hol Ho	•	•	
 Prepare an area in the hospital for receiving large number of casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Bet up teams of doctors, nurses and dressers for visiting 		<u> </u>	Пот
 casualties. Develop emergency admission procedures (with adequate record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. HoI HoI HoI HoI HoI HoI HoI HoI HoI 		-	1101
record keeping). Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Hol Hol Hol Hol Hol Hol Hol Hol			
 Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Set up teams of doctors, nurses and dressers for visiting 	•	Develop emergency admission procedures (with adequate	HoI
 Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Set up teams of doctors, nurses and dressers for visiting 			HoI
 Establish work schedules to ensure that adequate staff is available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Set up teams of doctors, nurses and dressers for visiting 	•		
 available for in-patients. Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Bet up teams of doctors, nurses and dressers for visiting 			HoI
 Organize in-house emergency medical teams to ensure that adequate staff is available at all times to handle emergency casualties. Set up teams of doctors, nurses and dressers for visiting 	-	_	Пот
adequate staff is available at all times to handle emergency casualties. HoI Set up teams of doctors, nurses and dressers for visiting		<u>-</u>	пот
 Set up teams of doctors, nurses and dressers for visiting 			
			HoI
uisaster sites.	•		
		uisaster sites.	

Code	Landslides-B-	Effective Date	2011.11.30	Revision No	
	MoH-D -SOP			Supersedes	None

	Operating Procedure (OP)			
Hazard	Landslides			
Stage of Hazard	During			
Jurisdiction Level	District			
Organization	Ministry of Health (MoH)			
Responsible	Head of the Institution (HoI) - (Directo	or Medical		
Person	Superintendent, District Medical Office			
1 015011	Charge).	of Medical Officer in		
	Heads of Sub Departments (HoD).			
	Head, Accident/Emergency Departmen	t of the Hospital (HAE)		
	Clinician most experienced in triage (C	-		
	Most senior Clinician trained in decont	· ·		
	Senior Clinicians of different discipline	· · · · · · · · · · · · · · · · · · ·		
	OIC, Main Switch Board (OIC-SB).	(SII C 21 ().		
	Action	Responsibility		
	aster Response Plan	HoI		
Establish a com		HoI		
	ections of the hospital	HoI		
	n call and off duty	HoI		
 Mobilize ambulances to the disaster site Communicate with the onsite staff 		HoI HoI		
Move disaster st		HoI		
	Bay and receive patients	HAE or HoI		
 Triage the patien 		CLN-TRG		
Set up and opera	ate a decontamination point	CLN-DEC or HoI		
Treat patients		SnCLN		
	critical services unrelated to the disaster	HoI		
_	gs of the patients	HoI		
	curity inside the hospital eive assistance from other hospitals	HoI HoI		
Transfer patients	HoI			
 Receive dead bo 	HAE or HoI			
 Keep records an 	OIC-SB / HoD / HoI			
 Control infections and maintain cleanliness at the hospital 		HoI		
premises includi				
 Handle visitors and control crowd HoI 				
		Hol		
 Provide information to the public and handle media Brief higher authorities HoI 				
_	d refreshment to the staff	HoI		
 Change staff wo 	HoI			
 Review the situa 		HoI		

 Replenish disast 	HoI			
Code Landslides-D- MoH-D -SOP	Effective Date 2011.11.30	Revision No Supersedes None		
Hazard	Operating Procedure (OP Landslides)		
Stage of Hazard	After			
Jurisdiction Level	District			
Organization Pagnongible	Ministry of Health (MoH) Head of the Institution (HoI) - (Dire	otor Madical		
Responsible Person	Superintendent, District Medical Off	•		
reison	or Medical Officer in Charge).	licei		
	Heads of Sub Departments (HoD)			
	Head, Accident/Emergency Departm	nent of the Hospital (HAE)		
	Clinician most experienced in triage	-		
	Senior Clinicians of different discipl	· ·		
	Local Public Health Staff (LPHS) -	, ,		
	Health Services - RDHS, Regional			
	OIC, Main Switch Board (OIC-SB)			
	Epidemiologist - RE, and Medical Officer of Health - MOH).			
	Action			
	ACHOH	Responsibility		
		Responsibility		
	ith the onsite staff	НоІ		
 Mobilize ambula 	rith the onsite staff ances to the disaster site	HoI HoI		
Mobilize ambulaTriage the patien	rith the onsite staff ances to the disaster site	HoI HoI CLN-TRG		
Mobilize ambulaTriage the patienTreat patients	rith the onsite staff ances to the disaster site	HoI HoI CLN-TRG SnCLN		
 Mobilize ambula Triage the patien Treat patients Maintain other of 	rith the onsite staff ances to the disaster site ants	HoI HoI CLN-TRG		
 Mobilize ambula Triage the patien Treat patients Maintain other of Secure belongin Provide extra se 	rith the onsite staff ances to the disaster site ints critical services unrelated to the disaster gs of the patients curity inside the hospital	HoI HoI CLN-TRG SnCLN HoI		
 Mobilize ambula Triage the patien Treat patients Maintain other of Secure belongin Provide extra se Request and reconstruction 	rith the onsite staff ances to the disaster site ants critical services unrelated to the disaster gs of the patients curity inside the hospital eive assistance from other hospitals	HoI HoI CLN-TRG SnCLN HoI HoI HoI		
 Mobilize ambula Triage the patien Treat patients Maintain other of Secure belongin Provide extra se Request and reconstraints Transfer patients 	rith the onsite staff ances to the disaster site ints ritical services unrelated to the disaster gs of the patients curity inside the hospital eive assistance from other hospitals s for specialized care	HoI HoI CLN-TRG SnCLN HoI HoI HoI HoI		
 Mobilize ambula Triage the patients Treat patients Maintain other of Secure belongin Provide extra se Request and reconstruction Transfer patients Receive dead both 	rith the onsite staff ances to the disaster site ints critical services unrelated to the disaster gs of the patients curity inside the hospital eive assistance from other hospitals is for specialized care odies	HoI HoI CLN-TRG SnCLN HoI HoI HoI HoI HoI HoI		
 Mobilize ambula Triage the patien Treat patients Maintain other of Secure belongin Provide extra se Request and recommendation Transfer patients Receive dead book Keep records an 	rith the onsite staff ances to the disaster site ints ritical services unrelated to the disaster gs of the patients curity inside the hospital eive assistance from other hospitals s for specialized care	HoI HoI CLN-TRG SnCLN HoI HoI HoI HoI		
 Mobilize ambula Triage the patien Treat patients Maintain other of Secure belongin Provide extra se Request and recommendate and recommenda	rith the onsite staff ances to the disaster site ints critical services unrelated to the disaster gs of the patients curity inside the hospital eive assistance from other hospitals is for specialized care odies d maintain communication logs ins and maintain cleanliness at the hospital ing management of hazardous waste	HoI HoI CLN-TRG SnCLN HoI HoI HoI HoI HoI HoI OIC-SB / HoD / HoI		
 Mobilize ambula Triage the patien Treat patients Maintain other of Secure belongin Provide extra se Request and reconstruction Transfer patients Receive dead both Keep records an Control infection premises including thandle visitors and the patients 	rith the onsite staff ances to the disaster site ints ritical services unrelated to the disaster gs of the patients curity inside the hospital eive assistance from other hospitals is for specialized care idies d maintain communication logs ins and maintain cleanliness at the hospital	HoI HoI CLN-TRG SnCLN HoI		
 Mobilize ambula Triage the patien Treat patients Maintain other of Secure belongin Provide extra se Request and reconstruction Transfer patients Receive dead both Keep records and Control infection premises including thandle visitors and Handle VIPs 	rith the onsite staff ances to the disaster site atts critical services unrelated to the disaster gs of the patients curity inside the hospital eive assistance from other hospitals as for specialized care adies d maintain communication logs as and maintain cleanliness at the hospital ang management of hazardous waste and control crowd	HoI HoI CLN-TRG SnCLN HoI		
 Mobilize ambula Triage the patien Treat patients Maintain other of Secure belongin Provide extra se Request and recommendate and recommenda	rith the onsite staff ances to the disaster site ints critical services unrelated to the disaster gs of the patients curity inside the hospital eive assistance from other hospitals is for specialized care odies d maintain communication logs ins and maintain cleanliness at the hospital ing management of hazardous waste and control crowd tion to the public and handle media	HoI HoI CLN-TRG SnCLN HoI		
 Mobilize ambula Triage the patien Treat patients Maintain other of Secure belongin Provide extra se Request and reconstruction Transfer patients Receive dead both Keep records and Control infection premises including the Handle visitors and Handle VIPs Provide information Brief higher authorized 	rith the onsite staff ances to the disaster site ints critical services unrelated to the disaster gs of the patients curity inside the hospital eive assistance from other hospitals is for specialized care odies d maintain communication logs ins and maintain cleanliness at the hospital ing management of hazardous waste and control crowd tion to the public and handle media	HoI HoI CLN-TRG SnCLN HoI		
 Mobilize ambula Triage the patien Treat patients Maintain other of Secure belongin Provide extra se Request and recommender Transfer patients Receive dead both Keep records and Control infection premises including premises including the Handle visitors at Handle VIPs Provide information Brief higher autilation Provide food and Change staff wo 	rith the onsite staff ances to the disaster site ints critical services unrelated to the disaster gs of the patients curity inside the hospital eive assistance from other hospitals is for specialized care odies d maintain communication logs ins and maintain cleanliness at the hospital ing management of hazardous waste and control crowd tion to the public and handle media morities d refreshment to the staff irk shifts	HoI HoI CLN-TRG SnCLN HoI		
 Mobilize ambula Triage the patien Treat patients Maintain other of Secure belongin Provide extra se Request and reconstruction Transfer patients Receive dead both Keep records and Control infection premises including the Handle visitors and Handle VIPs Provide information Brief higher autilation Provide food and Change staff wood Review the situation 	rith the onsite staff ances to the disaster site ints ritical services unrelated to the disaster gs of the patients curity inside the hospital eive assistance from other hospitals is for specialized care odies d maintain communication logs ins and maintain cleanliness at the hospital ing management of hazardous waste and control crowd tion to the public and handle media morities d refreshment to the staff irk shifts ution	HoI HoI CLN-TRG SnCLN HoI		
 Mobilize ambula Triage the patien Treat patients Maintain other of Secure belongin Provide extra se Request and reconstruction Transfer patients Receive dead both Keep records and Control infection premises including the premises including the provide information Brief higher autilation Provide food and Change staff wood Review the situation Replenish disast 	rith the onsite staff ances to the disaster site ants ritical services unrelated to the disaster gs of the patients curity inside the hospital eive assistance from other hospitals is for specialized care adies d maintain communication logs and maintain cleanliness at the hospital ang management of hazardous waste and control crowd tion to the public and handle media morities d refreshment to the staff rk shifts ation er stocks	HoI HoI CLN-TRG SnCLN HoI		
 Mobilize ambula Triage the patien Treat patients Maintain other of Secure belongin Provide extra se Request and reconstruction Transfer patients Receive dead both Keep records and Control infection premises including the premises including the provide information of the provide information of the provide food and Change staff wood Review the situate Replenish disast Deactivate response 	rith the onsite staff ances to the disaster site ints critical services unrelated to the disaster gs of the patients curity inside the hospital eive assistance from other hospitals is for specialized care odies d maintain communication logs ins and maintain cleanliness at the hospital ing management of hazardous waste and control crowd tion to the public and handle media horities d refreshment to the staff irk shifts ition er stocks onse plan	HoI HoI CLN-TRG SnCLN HoI		
 Mobilize ambula Triage the patien Treat patients Maintain other of Secure belongin Provide extra se Request and reconstruction Transfer patients Receive dead both Keep records and Control infection premises including the premises including the provide information of the provide information of the provide food and Change staff wood Review the situate Replenish disast Deactivate response 	rith the onsite staff ances to the disaster site ints ritical services unrelated to the disaster gs of the patients curity inside the hospital eive assistance from other hospitals is for specialized care odies d maintain communication logs ins and maintain cleanliness at the hospital ing management of hazardous waste and control crowd tion to the public and handle media morities d refreshment to the staff rk shifts ation er stocks onse plan f and other resources	HoI HoI CLN-TRG SnCLN HoI		
 Mobilize ambula Triage the patien Treat patients Maintain other of Secure belongin Provide extra se Request and reconstruction Transfer patients Receive dead both Keep records and Control infection premises including the Handle visitors and Handle VIPs Provide information Brief higher authorized food and Change staff wood Review the situated Replenish disast Deactivate response Demobilize staff 	rith the onsite staff ances to the disaster site ints ritical services unrelated to the disaster gs of the patients curity inside the hospital eive assistance from other hospitals is for specialized care idies d maintain communication logs ins and maintain cleanliness at the hospital ing management of hazardous waste and control crowd tion to the public and handle media morities d refreshment to the staff rk shifts ation er stocks onse plan f and other resources oort the response ement	HoI HoI CLN-TRG SnCLN HoI		

	Drayant and control notantial cuthural-	I DIIC
•	Prevent and control potential outbreaks	LPHS
•	Carry out disease surveillance	LPHS
		LPHS
	Dravida tashnical assistance to I asal Authorities on	
•	Provide technical assistance to Local Authorities on	
	 Providing safe water 	
	 Ensuring food safety 	LPHS
		LPHS
	\mathcal{C}	LPHS
	 Disposing refuse 	
	 Managing waste water 	LPHS
		LPHS
		İ

Code	Landslides-A- MoH-D -SOP	Effective Date	2011.11.30	Revision No	
	M0H-D -30F			Supersedes	None

	Operating Procedure (OP)	
Hazard	Lightning & Thunderstorm	
Stage of Hazard	Before	
Jurisdiction Level	District	
Organization	Ministry of Health (MoH)	
Responsible	Head of the Institution –(HoI)	
Person	(Director, Medical Superintendent, Dist	trict Medical Officer or
	Medical Officer in Charge)	
	Action	Responsibility
the Provincial /	cipation of relevant officers in the meetings of District / Divisional Disaster Management MC) convened by Provincial / District / etary.	НоІ
Ensure that a sta	andby generator is available at every hospital.	HoI
Ensure that at le	ast one kerosene-powered refrigeration unit is	HoI
available for vac	ecines.	
Ensure that hosp	pital staff is aware of the hospital rooms and	HoI
buildings that ar	e damage proof.	
 Work under the overall supervision and guidance of EOC / 		HoI
Divisional secre		
secretary, Distric		
Review and upd	ate precautionary measures and procedures,	HoI
and review with	staff, the precautions that have been taken to	
protect equipme followed.	nt and the post-disaster procedures to be	
• Fill department area.	vehicles with fuel and park them in a protected	HoI
• Stock emergency after a disaster.	y medical equipment, which may be required	HoI
 Determine type 	of injuries and illnesses expected and drugs	HoI
and other medic	al items required, and accordingly ensure that	
extra supplies of	extra supplies of medical items can be obtained quickly.	
Provide informa	tion to all hospital staff about the disasters,	HoI
likely damages a	and effects, and information about ways to	
protect equipme	nt and property.	
 Discharge all an 	abulatory patients whose release does not pose	HoI
a health risk to t	hem. If possible, transport them to their home	
areas.		
■ Re-locate non-ar	mbulatory patients to the safest areas within	HoI

	the hospital. The safest rooms are likely to be; on ground	
	floor, rooms in the centre of the building away from windows	
	and rooms with concrete ceiling / roof.	
	Provide equipment supplies such as candles, matches, lanterns	HoI
	and extra clothing for the comfort of the patients.	1101
	Assemble and sterilize surgical packs in adequate number to	HoI
	last for four to five days. Store the sterilized surgical packs in	
	protective cabinets to ensure that they do not get wet. Cover	
	the stock with polythene as an added safety measure.	11-1
•	Pack all valuable instruments, such as surgical tools,	HoI
	ophthalmoscopes, portable sterilizers, CGS, dental equipment,	
	etc., in protective coverings and store in rooms considered to be the most damage-proof.	
	Protect all immovable equipment, such as x-ray machines, by	TT-T
	covering them with tarpaulins or polythene.	HoI
•	Unplug all electrical equipment when disaster warning is	
	received.	
•	Check the emergency electrical generator to ensure that it is	HoI
	operational and that a buffer stock of fuel exists. If an	
	emergency generator is not available at the hospital, arrange for one on loan.	
•	Ensure that all fracture equipment are ready.	HoI
•	If surgery is to be performed following the disaster, arrange	HoI
	for emergency supplies of anesthetic gases (usually supplied	1101
	on a daily basis).	
•	Assess the level of medical supplies in stock, including:	HoI
	fissure materials, surgical dressings, splints, plaster rolls, disposable needles and syringes and local antiseptics.	
	Request central stores for immediate dispatch of supplies	HoI
	likely to be needed to hospitals on an emergency priority	1101
	basis.	
_	E311 be a self-all and a self-all and a self-all all all a self-all all all a self-all all all a self-all all a self-all all all a self-all all all all all all all all all all	HoI
•	Fill hospital water storage tanks and encourage water saving. If no storage tanks exist, collect water for drinking in clean	
	containers and protect.	TT T
•	Prepare an area in the hospital for receiving large number of	HoI
	casualties.	
•	Develop emergency admission procedures (with adequate	HoI
	record keeping).	TT T
•	Orient field staff with standards of services and procedures	HoI
	including tagging as stipulated in this EMRP. Establish work schedules to ensure that adequate staff is	HoI
•	Establish work schedules to ensure that adequate staff is available for in-patients.	
•	Organize in-house emergency medical teams to ensure that	HoI
	adequate staff is available at all times to handle emergency	
	casualties.	HoI
•	Set up teams of doctors, nurses and dressers for visiting	
	disaster sites.	

	Operating Procedure (OP)			
Hazard	Lightning & Thunderstorm			
Stage of Hazard	During			
Jurisdiction Level	District			
Organization	Ministry of Health (MoH)			
Responsible	Head of the Institution (HoI) - (Director, Medical			
Person	Superintendent, District Medical Officer or Medical Officer in			
	Charge).			
	Heads of Sub Departments (HoD).			
	Head, Accident/Emergency Department of the Hospital (HAE).			
	Clinician most experienced in triage (CLN-TRG).			
	Most senior Clinician trained in decontamination (CLN-DEC).			
	Senior Clinicians of different disciplines (SnCLN).			
	OIC, Main Switch Board (OIC-SB).			
	Action Responsibility			

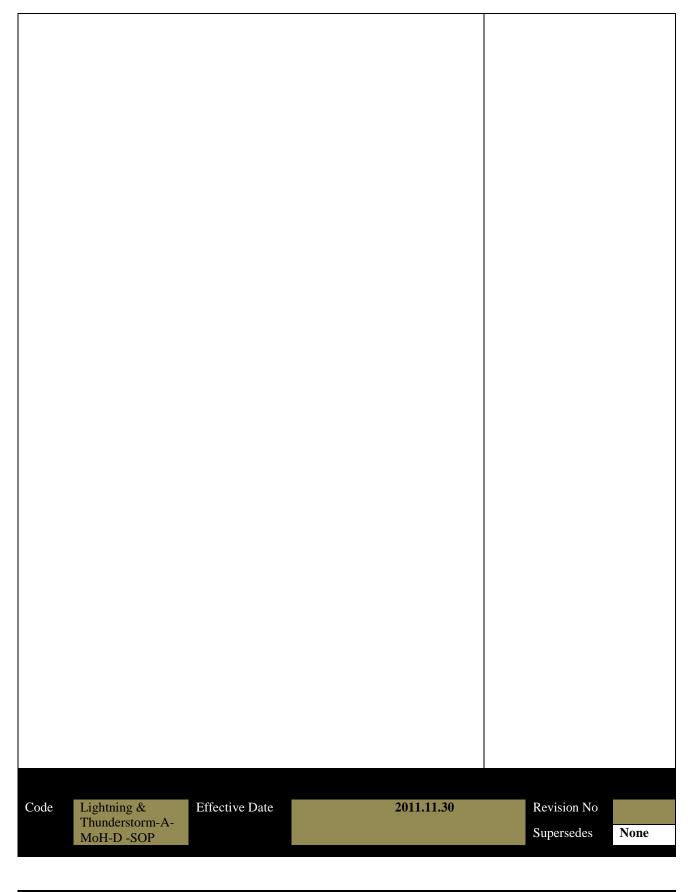
Action		Responsibil	lity
		-	·
 Activate the Disaster Response Plan 	HoI		
Establish a command centre	HoI		
 Alert different sections of the hospital 	HoI		
 Mobilize staff on call and off duty 	HoI		
 Mobilize ambulances to the disaster site 	HoI	HoI	
 Communicate with the onsite staff 	HoI		
 Move disaster stocks 	HoI		
 Set up a Patient Bay and receive patients 	HAE	or HoI	
 Triage the patients 	CLN	-TRG	
 Set up and operate a decontamination point 	CLN	-DEC or HoI	
Treat patients	SnCI	LN	
 Maintain other critical services unrelated to the disaster 	HoI		
 Secure belongings of the patients 	HoI		
 Provide extra security inside the hospital 	HoI	HoI	
 Request and receive assistance from other hospitals 	HoI	HoI	
 Transfer patients for specialized care 	HoI		
 Receive dead bodies 	HAE	or HoI	
 Keep records and maintain communication logs 	OIC-	SB / HoD / Ho	οI
 Control infections and maintain cleanliness at the hospital 	HoI		
premises including management of hazardous waste			
 Handle visitors and control crowd 	HoI		
Handle VIPs	HoI		
 Provide information to the public and handle media 	HoI		
 Brief higher authorities 	HoI		
 Provide food and refreshment to the staff 	HoI		
Change staff work shifts	HoI		
Review the situation	HoI		
 Replenish disaster stocks 	HoI		
		D N	
Code Lightning & Effective Date 2011.11.30		Revision No	

MoH-D -SOP			Supersedes	None
	Operat	ing Procedure (OP)		

Operating Procedure (OP)		
Hazard	Lightning & Thunderstorm	
Stage of Hazard	After	

Jurisdiction Level	District	
Organization	Ministry of Health (MoH)	
Responsible	Head of the Institution (HoI) - (Director, Medical	
Person	Superintendent, District Medical Officer	
	or Medical Officer in Charge).	
	Heads of Sub Departments (HoD)	
	Head, Accident/Emergency Department of the Hospital (HAE).	
	Clinician most experienced in triage (CLN-TRG).	
	Senior Clinicians of different disciplines (SnCLN).	
	Local Public Health Staff (LPHS) - (Regional Director of	
	Health Services - RDHS, Regional	
	OIC, Main Switch Board (OIC-SB)	
	Epidemiologist - RE, and Medical Officer of Health - MOH).	

Epidemiologist - RE, and Medical Off	icer of Health - MOH).
Action	Responsibility
	·
 Communicate with the onsite staff 	HoI
 Mobilize ambulances to the disaster site 	HoI
Triage the patients	CLN-TRG
Treat patients	SnCLN
 Maintain other critical services unrelated to the disaster 	HoI
 Secure belongings of the patients 	HoI
 Provide extra security inside the hospital 	HoI
 Request and receive assistance from other hospitals 	HoI
 Transfer patients for specialized care 	HoI
 Receive dead bodies 	HAE or HoI
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital 	HoI
premises including management of hazardous waste	
 Handle visitors and control crowd 	HoI
Handle VIPs	HoI
 Provide information to the public and handle media 	HoI
 Brief higher authorities 	HoI
 Provide food and refreshment to the staff 	HoI
 Change staff work shifts 	HoI
Review the situation	HoI
 Replenish disaster stocks 	HoI
 Deactivate response plan 	HoI
 Demobilize staff and other resources 	HoI
 Evaluate and report the response 	HoI
IDP Camp Management	
Treat & manage minor ailments	LPHS
 Prevent and control potential outbreaks 	LPHS
Carry out disease surveillance	LPHS
Provide technical assistance to Local Authorities on	
 Providing safe water 	LPHS
 Ensuring food safety 	LPHS
 Providing sanitary facilities 	LPHS
	LPHS
Disposing refuse Managing wests water	LPHS
Managing waste water	



Operating Procedure (OP)				
Hazard	Manmade Disasters			
Stage of Hazard	During			
Jurisdiction Level	District			
Organization	Ministry of Health (MoH)			
Responsible	Head of the Institution (HoI) - (Director, Medical			
Person	Superintendent, District Medical Officer or Medical Officer in			

Charge).
Heads of Sub Departments (HoD).
Head, Accident/Emergency Department of the Hospital (HAE).
Clinician most experienced in triage (CLN-TRG).
Most senior Clinician trained in decontamination (CLN-DEC).
Senior Clinicians of different disciplines (SnCLN).
OIC, Main Switch Board (OIC-SB).

OIC, Main Switch Board (OIC-SB).					
Action	Responsibility				
 Activate the Disaster Response Plan 	HoI				
Establish a command centre	HoI				
 Alert different sections of the hospital 	HoI				
 Mobilize staff on call and off duty 	HoI				
 Mobilize ambulances to the disaster site 	HoI				
 Communicate with the onsite staff 	HoI				
Move disaster stocks	HoI				
Set up a Patient Bay and receive patients	HAE or HoI				
Triage the patients	CLN-TRG				
 Set up and operate a decontamination point 	CLN-DEC or HoI				
Treat patients	SnCLN				
 Maintain other critical services unrelated to the disaster 	HoI				
Secure belongings of the patients	HoI				
 Provide extra security inside the hospital 	HoI				
 Request and receive assistance from other hospitals 	HoI				
 Transfer patients for specialized care 	HoI				
 Receive dead bodies 	HAE or HoI				
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI				
 Control infections and maintain cleanliness at the hospital 	HoI				
premises including management of hazardous waste					
 Handle visitors and control crowd 	HoI				
Handle VIPs	HoI				
 Provide information to the public and handle media 	HoI				
 Brief higher authorities 	HoI				
 Provide food and refreshment to the staff 	HoI				
Change staff work shifts	HoI				
Review the situation	HoI				
 Replenish disaster stocks 	HoI				
Code Manmade Effective Date 2011.11.30	Revision No				
Disasters-D-					
MoH-D -SOP	Supersedes None				

Operating Procedure (OP)				
Hazard	Maritime Hazards			
Stage of Hazard	Stage of Hazard During			
Jurisdiction Level	1 Level District			
Organization	mization Ministry of Health (MoH)			
Responsible	e Head of the Institution (HoI) - (Director, Medical			
Person	Superintendent, District Medical Officer or Medical Officer in			
	Charge).			
	Heads of Sub Departments (HoD).			
Head, Accident/Emergency Department of the Hospital (HAE).				

Clinician most experienced in triage (**CLN-TRG**).

Most senior Clinician trained in decontamination (**CLN-DEC**).

Senior Clinicians of different disciplines (**SnCLN**).

OIC, Main Switch Board (**OIC-SB**).

Action	Responsibility	
	Y	
Activate the Disaster Response PlanEstablish a command centre	HoI HoI	
 Alert different sections of the hospital 	HoI	
 Mobilize staff on call and off duty 	HoI	
 Mobilize starr on carr and on duty Mobilize ambulances to the disaster site 	HoI	
 Communicate with the onsite staff 	HoI	
Move disaster stocks	HoI	
 Set up a Patient Bay and receive patients 	HAE or HoI	
 Triage the patients 	CLN-TRG	
 Set up and operate a decontamination point 	CLN-TRG CLN-DEC or HoI	
 Treat patients 	SnCLN	
Maintain other critical services unrelated to the disaster	HoI	
 Secure belongings of the patients 	HoI	
 Provide extra security inside the hospital 	HoI	
 Request and receive assistance from other hospitals 	HoI	
 Transfer patients for specialized care 	HoI	
 Receive dead bodies 	HAE or HoI	
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI	
 Control infections and maintain cleanliness at the hospital 	HoI	
premises including management of hazardous waste		
 Handle visitors and control crowd 	HoI	
Handle VIPs	HoI	
 Provide information to the public and handle media 	HoI	
 Brief higher authorities 	HoI	
 Provide food and refreshment to the staff 	HoI	
Change staff work shifts	HoI	
Review the situation	HoI	
 Replenish disaster stocks 	HoI	
Code Effective Date 2011.11.30	Revision No	

Operating Procedure (OP)				
Hazard	Maritime Hazards			
Stage of Hazard	After			
Jurisdiction Level	Jurisdiction Level District			
Organization Ministry of Health (MoH)				
Responsible	Responsible Head of the Institution (HoI) - (Director, Medical			
Person	Superintendent, District Medical Officer			
	or Medical Officer in Charge).			
Heads of Sub Departments (HoD)				
Head, Accident/Emergency Department of the Hospital (HAE)				
	Clinician most experienced in triage (CLN-TRG).			

Supersedes

None

Maritime Hazards-

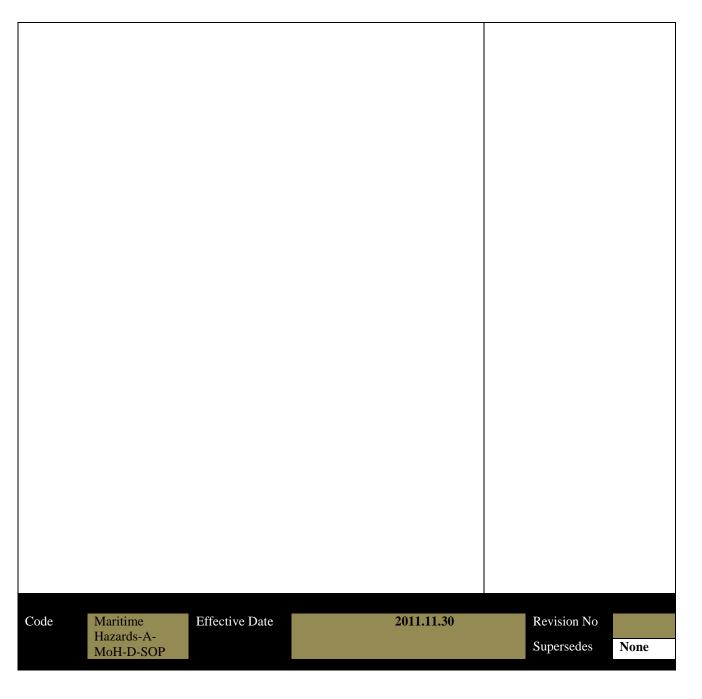
D-MoH-D-SOP

Senior Clinicians of different disciplines (**SnCLN**).

Local Public Health Staff (**LPHS**) - (Regional Director of Health Services - RDHS, Regional OIC, Main Switch Board (**OIC-SB**)

Enidemiologist - RE, and Medical Officer of Health - MOH)

Epidemiologist - RE, and Medical Officer of Health - MOH).				
	Action	Responsibility		
		ı		
	Communicate with the onsite staff	HoI		
	Mobilize ambulances to the disaster site	HoI		
	Triage the patients	CLN-TRG		
	Treat patients	SnCLN		
	Maintain other critical services unrelated to the disaster	HoI		
	Secure belongings of the patients	HoI		
	Provide extra security inside the hospital	HoI		
	Request and receive assistance from other hospitals	HoI		
	Transfer patients for specialized care	HoI		
	Receive dead bodies	HAE or HoI		
	Keep records and maintain communication logs	OIC-SB / HoD / HoI		
	Control infections and maintain cleanliness at the hospital	HoI		
	premises including management of hazardous waste	1101		
•	Handle visitors and control crowd	HoI		
•	Handle VIPs	HoI		
•	Provide information to the public and handle media	HoI		
	Brief higher authorities	HoI		
	Provide food and refreshment to the staff	HoI		
	Change staff work shifts	HoI		
	Review the situation	HoI		
	Replenish disaster stocks	HoI		
	Deactivate response plan	HoI		
•	Demobilize staff and other resources	HoI		
•	Evaluate and report the response	HoI		
ID	P Camp Management	1101		
-	Treat & manage minor ailments	LPHS		
•	Prevent and control potential outbreaks	LPHS		
•	Carry out disease surveillance	LPHS		
•	·			
•	Provide technical assistance to Local Authorities on			
	 Providing safe water 	LPHS		
	 Ensuring food safety 	LPHS		
	 Providing sanitary facilities 	LPHS		
	 Disposing refuse 	LPHS		
	 Managing waste water 	LPHS		
	Wianaging waste water			

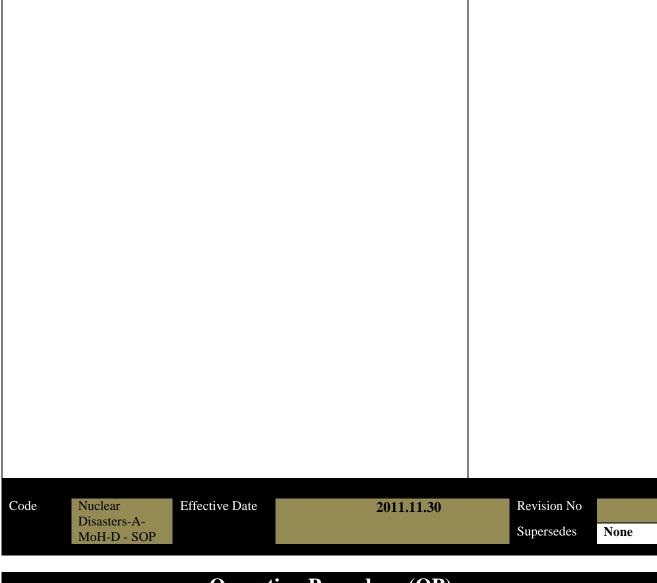


	Operating Procedure (OP)				
Hazard	Nuclear Disasters				
Stage of Hazard	During				
Jurisdiction Level	District				
Organization	Ministry of Health (MoH)				
Responsible	Head of the Institution (HoI) - (Director, I	Medical			
Person	Superintendent, District Medical Officer or Medical Officer in				
	Charge).				
	Heads of Sub Departments (HoD).				
	Head, Accident/Emergency Department of the Hospital (HAE).				
	Clinician most experienced in triage (CLI	N-TRG).			
	Most senior Clinician trained in decontamination (CLN-DEC).				
	Senior Clinicians of different disciplines (SnCLN).				
	OIC, Main Switch Board (OIC-SB).				
	Action	Responsibility			

					** *		
•	Activate the Disas	-	an		HoI		
•	Establish a comma				HoI		
•	Alert different sec	-			HoI		
•	Mobilize staff on	•			HoI		
•	Mobilize ambulan				HoI		
•	Communicate wit	h the onsite staff	f		HoI		
•	Move disaster sto	eks			HoI		
•	Set up a Patient B	ay and receive p	atients		HAE or HoI		
•	Triage the patients	3			CLN-	-TRG	
•	Set up and operate	e a decontaminat	tion point		CLN-	-DEC or HoI	
•	Treat patients		-		SnCL	N	
•	Maintain other cri	tical services un	related to the di	saster	HoI		
•	Secure belongings	of the patients			HoI		
•	Provide extra secu	-	ospital		HoI		
•	Request and recei			ls	HoI		
•	Transfer patients f				HoI		
•	Receive dead bod	-			HAE	or HoI	
	Keep records and	maintain comm	unication logs			SB / HoD / H	oI
	Control infections			hospital	HoI		
	premises including						
	Handle visitors an	_			HoI		
	Handle VIPs				HoI		
	Provide information	on to the public	and handle med	ia	HoI		
	Brief higher author				HoI		
				HoI			
	Change staff work		Starr		HoI		
	Review the situati				HoI		
	Replenish disaster				HoI		
	reprenish disaster	SIOCKS			1101		
Code	Nuclear	Effective Date		2011.11.30		Revision No	
	Disasters-D- MoH-D - SOP					Supersedes	None
	MOI1-D - 201					Superseucs	TULL

	Operating Procedure (OP)				
Hazard	Nuclear Disasters				
Stage of Hazard	After				
Jurisdiction Level	District				
Organization	Ministry of Health (MoH)	Ministry of Health (MoH)			
Responsible	Head of the Institution (HoI) - (Director, M	l edical			
Person	Superintendent, District Medical Officer				
	or Medical Officer in Charge).				
	Heads of Sub Departments (HoD)				
	Head, Accident/Emergency Department of the Hospital (HAE).				
	Clinician most experienced in triage (CLN-TRG).				
	Senior Clinicians of different disciplines (S	SnCLN).			
	Local Public Health Staff (LPHS) - (Regional Director of				
	Health Services - RDHS, Regional				
	OIC, Main Switch Board (OIC-SB)				
	Epidemiologist - RE, and Medical Officer of Health - MOH).				
Action Responsibility					

	Communicate with the onsite staff Mobilize ambulances to the disaster site Triage the patients Treat patients Maintain other critical services unrelated to the disaster Secure belongings of the patients Provide extra security inside the hospital Request and receive assistance from other hospitals Transfer patients for specialized care Receive dead bodies Keep records and maintain communication logs Control infections and maintain cleanliness at the hospital premises including management of hazardous waste Handle visitors and control crowd Handle VIPs Provide information to the public and handle media Brief higher authorities Provide food and refreshment to the staff Change staff work shifts Review the situation Replenish disaster stocks Deactivate response plan Demobilize staff and other resources	HoI HoI CLN-TRG SnCLN HoI
	premises including management of hazardous waste	Hol
•		HoI
•	Handle VIPs	HoI
-	<u>=</u>	HoI
-		HoI
•		HoI
•		HoI
•	Review the situation	HoI
•	Replenish disaster stocks	HoI
•	1 1	HoI
•		HoI
•	Evaluate and report the response	HoI
IL	P Camp Management	
•	Treat & manage minor ailments	LPHS
•	Prevent and control potential outbreaks	LPHS
•	Carry out disease surveillance	LPHS
•		
•	Provide technical assistance to Local Authorities on	
	 Providing safe water 	LPHS
	 Ensuring food safety 	LPHS
	 Providing sanitary facilities 	LPHS
	 Disposing refuse 	LPHS
	 Managing waste water 	LPHS



	Operating Procedure (OP) Hazard Oil Spills				
Hazard					
Stage of Hazard	Stage of Hazard During				
Jurisdiction Level District					
Organization	Ministry of Health (MoH)				
Responsible	Head of the Institution (HoI) - (Director	r, Medical			
Person	Superintendent, District Medical Office	r or Medical Officer in			
	Charge).				
Head, Accident/Emergency Department of the Hospital (HAI					
Clinician most experienced in triage (CLN-TRG).					
Most senior Clinician trained in decontamination (CLN-D					
	s (SnCLN).				
	Responsibility				
- A .:	, , , , , , , , , , , , , , , , , , ,				
Activate the DisEstablish a com	HoI HoI				
	HoI				
Alert different sections of the hospitalMobilize staff on call and off duty		HoI			
	ances to the disaster site	HoI			
■ Communicate w	rith the onsite staff	HoI			

•	Move disaster stocks	HoI
•	Set up a Patient Bay and receive patients	HAE or HoI
•	Triage the patients	CLN-TRG
•	Set up and operate a decontamination point	CLN-DEC or HoI
•	Treat patients	SnCLN
•	Maintain other critical services unrelated to the disaster	HoI
•	Secure belongings of the patients	HoI
•	Provide extra security inside the hospital	HoI
•	Request and receive assistance from other hospitals	HoI
•	Transfer patients for specialized care	HoI
•	Receive dead bodies	HAE or HoI
•	Keep records and maintain communication logs	OIC-SB / HoD / HoI
•	Control infections and maintain cleanliness at the hospital	HoI
	premises including management of hazardous waste	
•	Handle visitors and control crowd	HoI
•	Handle VIPs	HoI
•	Provide information to the public and handle media	HoI
•	Brief higher authorities	HoI
•	Provide food and refreshment to the staff	HoI
•	Change staff work shifts	HoI
•	Review the situation	HoI
•	Replenish disaster stocks	HoI

Code	Oil Spills-D-	Effective Date	2011.11.30	Revision No	
	MoH-D - SOP			Supersedes	None

	Operating Procedure (OP)				
Hazard	Hazard Oil Spills				
Stage of Hazard After					
Jurisdiction Level					
Organization	Ministry of Health (MoH)				
Responsible	Head of the Institution (HoI) - (Directo	r, Medical			
Person	Superintendent, District Medical Office	er			
	or Medical Officer in Charge).				
	Heads of Sub Departments (HoD)				
	Head, Accident/Emergency Departmen	t of the Hospital (HAE).			
	Clinician most experienced in triage (CLN-TRG).				
	Senior Clinicians of different disciplines (SnCLN).				
Local Public Health Staff (LPHS) - (Regional Director of					
Health Services - RDHS, Regional					
OIC, Main Switch Board (OIC-SB)					
Epidemiologist - RE, and Medical Officer of Health - MOH).					
Action Responsibility					
Communicate w	HoI				
Mobilize ambulationTriage the patien	HoI				
Trage the patients	CLN-TRG SnCLN				
_	eritical services unrelated to the disaster	HoI			
 Secure belongin 	gs of the patients	HoI			
Provide extra se	curity inside the hospital	HoI			

 Request and receive assistance from other hospitals 	HoI
 Transfer patients for specialized care 	HoI
 Receive dead bodies 	HAE or HoI
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital 	HoI
premises including management of hazardous waste	
 Handle visitors and control crowd 	HoI
 Handle VIPs 	HoI
 Provide information to the public and handle media 	HoI
 Brief higher authorities 	HoI
 Provide food and refreshment to the staff 	HoI
Change staff work shifts	HoI
Review the situation	HoI
 Replenish disaster stocks 	HoI
 Deactivate response plan 	HoI
 Demobilize staff and other resources 	HoI
Evaluate and report the response	HoI
IDP Camp Management	
 Treat & manage minor ailments 	LPHS
 Prevent and control potential outbreaks 	LPHS
 Carry out disease surveillance 	LPHS
•	
 Provide technical assistance to Local Authorities on 	
 Providing safe water 	LPHS
 Ensuring food safety 	LPHS
 Providing sanitary facilities 	LPHS
 Disposing refuse 	LPHS
Managing waste water	LPHS

Code Oil Spills-A- Effective Date 2011.11.30 Revision No						
Code Oil Spills-A- Effective Date 2011.11.30 Revision No						
Code Oil Spills-A- Effective Date 2011.11.30 Revision No						
MoH-D - SOP	Code	Oil Spills-A-	Effective Date	2011.11.30	Revision No	

Operating Procedure (OP)					
Hazard Radiological Hazards					
Stage of Hazard During					
Jurisdiction Level					
Organization	Drganization Ministry of Health (MoH)				
Responsible	Head of the Institution (HoI) - (Directo	or, Medical			
Person	Superintendent, District Medical Office				
_ 0_00_	Charge).				
	Heads of Sub Departments (HoD).				
	Head, Accident/Emergency Department	nt of the Hospital (HAE).			
	Clinician most experienced in triage (± '			
	Most senior Clinician trained in decont				
	Senior Clinicians of different discipline	` '			
	OIC, Main Switch Board (OIC-SB).				
Action Responsibility					
1					
 Activate the Disa 	HoI				
 Establish a comm 	nand centre	HoI			
	ections of the hospital	HoI			
	n call and off duty	HoI			
	inces to the disaster site	HoI			
■ Communicate wi	HoI				
 Move disaster ste 	HoI				
Set up a Patient l	HAE or HoI				
 Triage the patien 	CLN-TRG				
Set up and opera	CLN-DEC or HoI				
Treat patientsMaintain other comments	SnCLN HoI				
Ivialitatii otilei el	HoI				
Secure belonging	gs of the patients curity inside the hospital	HoI			
	eive assistance from other hospitals	HoI			

•	Transfer patients for specialized care	HoI
•	Receive dead bodies	HAE or HoI
•	Keep records and maintain communication logs	OIC-SB / HoD / HoI
•	Control infections and maintain cleanliness at the hospital	HoI
	premises including management of hazardous waste	
•	Handle visitors and control crowd	HoI
•	Handle VIPs	HoI
•	Provide information to the public and handle media	HoI
•	Brief higher authorities	HoI
•	Provide food and refreshment to the staff	HoI
•	Change staff work shifts	HoI
•	Review the situation	HoI
•	Replenish disaster stocks	HoI
0.1.	Padialagical Fff di Data	Desiring No.

Code Radiological Hazards-D-MoH-D - SOP Effective Date 2011.11.30 Revision No Supersedes None

	Operating Procedure (OP)				
Hazard	Radiological Hazards				
Stage of Hazard	After				
Jurisdiction Level	District				
Organization	Ministry of Health (MoH)				
Responsible	Head of the Institution (HoI) - (Director, Medical				
Person	Superintendent, District Medical Officer				
	or Medical Officer in Charge).				
	Heads of Sub Departments (HoD)				
	Head, Accident/Emergency Department of the Hospital (HAE).				
	Clinician most experienced in triage (CLN-TRG).				
	Senior Clinicians of different disciplines (SnCLN).				
	Local Public Health Staff (LPHS) - (Regional Director of				
	Health Services - RDHS, Regional				
	OIC, Main Switch Board (OIC-SB)				
	Epidemiologist - RE, and Medical Officer of Health - MOH).				

Action	Responsibility
 Communicate with the onsite staff 	HoI
 Mobilize ambulances to the disaster site 	HoI
Triage the patients	CLN-TRG
Treat patients	SnCLN
 Maintain other critical services unrelated to the disaster 	HoI
 Secure belongings of the patients 	HoI
 Provide extra security inside the hospital 	HoI
 Request and receive assistance from other hospitals 	HoI
 Transfer patients for specialized care 	HoI
 Receive dead bodies 	HAE or HoI
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI
 Control infections and maintain cleanliness at the hospital 	HoI
premises including management of hazardous waste	
 Handle visitors and control crowd 	HoI
Handle VIPs	HoI
 Provide information to the public and handle media 	

Brief higher authorities	HoI
Provide food and refreshment to the staff	HoI
Change staff work shifts	HoI
Review the situation	HoI
Replenish disaster stocks	HoI
Deactivate response plan	HoI
Demobilize staff and other resources	HoI
Evaluate and report the response	HoI
OP Camp Management	HoI
Treat & manage minor ailments	1101
Prevent and control potential outbreaks	LPHS
Carry out disease surveillance	LPHS
carry out disease surventance	LPHS
Provide technical assistance to Local Authorities on	
Providing safe water	
 Ensuring food safety 	LPHS
- · · · · · · · · · · · · · · · · · · ·	LPHS
	LPHS
• Disposing refuse	LPHS
 Managing waste water 	LPHS

~ .					
Code	Radiological Hazards-A-	Effective Date	2011.11.30	Revision No	
	MoH-D - SOP			Supersedes	None

	Operating Procedure (OP)				
Hazard	Tsunami				
Stage of Hazard	Before				
Jurisdiction Level	District				
Organization	Ministry of Health (MoH)				
Responsible	Head of the Institution –(HoI)				
Person	(Director, Medical Superintendent, District Medical Officer or				
	Medical Officer in Charge)				
	Action	Responsibility			
the Provincial / I	cipation of relevant officers in the meetings of District / Divisional Disaster Management MC) convened by Provincial / District / tary.	HoI			
Ensure that a sta	ndby generator is available at every hospital.	HoI			
 Ensure that at lea 	ast one kerosene-powered refrigeration unit is	HoI			
available for vac	cines.				
Ensure that hosp	ital staff is aware of the hospital rooms and	HoI			
buildings that are	HoI				
Work under the	 Work under the overall supervision and guidance of EOC / 				
Divisional secretary / District Secretary / Provincial Chief					
Secretary. Establish radio secretary, District and hospitals (in	HoI				
 Review and upda 	ate precautionary measures and procedures,	HoI			
and review with	staff, the precautions that have been taken to				
protect equipmen					
followed.					
Fill department varea.	vehicles with fuel and park them in a protected	HoI			
 Stock emergency after a disaster. 	y medical equipment, which may be required	HoI			
■ Determine type of	of injuries and illnesses expected and drugs	HoI			

	and other medical items required, and accordingly ensure that	
	extra supplies of medical items can be obtained quickly.	
•	Provide information to all hospital staff about the disasters,	HoI
	likely damages and effects, and information about ways to	1101
	protect equipment and property.	
		HoI
-	Discharge all ambulatory patients whose release does not pose	
	a health risk to them. If possible, transport them to their home	
	areas.	HoI
•	Re-locate non-ambulatory patients to the safest areas within	П01
	the hospital. The safest rooms are likely to be; on ground	
	floor, rooms in the centre of the building away from windows	
	and rooms with concrete ceiling / roof.	
•	Provide equipment supplies such as candles, matches, lanterns	HoI
	and extra clothing for the comfort of the patients.	TT T
•	Assemble and sterilize surgical packs in adequate number to	HoI
	last for four to five days. Store the sterilized surgical packs in	
	protective cabinets to ensure that they do not get wet. Cover	
	the stock with polythene as an added safety measure. Pack all valuable instruments, such as surgical tools,	HoI
-	ophthalmoscopes, portable sterilizers, CGS, dental equipment,	
	etc., in protective coverings and store in rooms considered to	
	be the most damage-proof.	
•	Protect all immovable equipment, such as x-ray machines, by	HoI
	covering them with tarpaulins or polythene.	
•	Unplug all electrical equipment when disaster warning is	
	received. Check the emergency electrical generator to ensure that it is	HoI
	operational and that a buffer stock of fuel exists. If an	
	emergency generator is not available at the hospital, arrange	
	for one on loan.	HoI
•	Ensure that all fracture equipment are ready.	-101
•	If surgery is to be performed following the disaster, arrange	HoI
	for emergency supplies of anesthetic gases (usually supplied on a daily basis).	
•	Assess the level of medical supplies in stock, including:	HoI
	fissure materials, surgical dressings, splints, plaster rolls,	
	disposable needles and syringes and local antiseptics.	** *
•	Request central stores for immediate dispatch of supplies	HoI
	likely to be needed to hospitals on an emergency priority	
	basis. Fill hospital water storage tanks and encourage water saving.	
_	If no storage tanks exist, collect water for drinking in clean	HoI
	containers and protect.	
•	Prepare an area in the hospital for receiving large number of	HoI
	casualties.	
•	Develop emergency admission procedures (with adequate	Hel
_	record keeping). Orient field steff with standards of services and procedures	HoI
•	Orient field staff with standards of services and procedures including tagging as stipulated in this EMRP.	HoI
•	Establish work schedules to ensure that adequate staff is	
	available for in-patients.	HoI
•	Organize in-house emergency medical teams to ensure that	HoI
	adequate staff is available at all times to handle emergency	

casualties.

Set up teams of doctors, nurses and dressers for visiting disaster sites.

HoI

Code Tsunami- B-MoH- Effective Date 30.11.2011 Revision No Supersedes None

Operating Procedure (OP)				
Hazard	Tsunami			
Stage of Hazard	During			
Jurisdiction Level	District			
Organization	Ministry of Health (MoH)			
Responsible	Head of the Institution (HoI) - (Director, Medical			
Person	Superintendent, District Medical Officer or Medical Officer in			
	Charge).			
	Heads of Sub Departments (HoD).			
	Head, Accident/Emergency Department of the Hospital (HAE			
Clinician most experienced in triage (CLN-TRG).				
	Most senior Clinician trained in deconta			
	Senior Clinicians of different discipline	· · · · · · · · · · · · · · · · · · ·		
	OIC, Main Switch Board (OIC-SB).	o (Michily).		
	Action	Responsibility		
	1200101			
 Activate the Dis 	aster Response Plan	HoI		
Establish a com		HoI		
	ections of the hospital	HoI		
	n call and off duty ances to the disaster site	Hol		
	rith the onsite staff	HoI HoI		
 Move disaster st 		HoI		
 Set up a Patient Bay and receive patients HAE or HoI 				
 Triage the patien 		CLN-TRG		
	ate a decontamination point	CLN-DEC or HoI		
■ Treat patients SnCLN				
	Hol			
	gs of the patients curity inside the hospital	HoI HoI		
	eive assistance from other hospitals	HoI		
_	s for specialized care	HoI		
 Receive dead bo 	•	HAE or HoI		
-	d maintain communication logs	OIC-SB / HoD / HoI		
 Control infections and maintain cleanliness at the hospital HoI 				
premises including management of hazardous waste Handle visitors and control crowd HoI				
Handle visitors aHandle VIPs	HoI HoI			
	tion to the public and handle media	HoI		
Brief higher autl	<u> </u>	HoI		
_	d refreshment to the staff	HoI		
 Change staff wo 		HoI		
■ Review the situation HoI				
Replenish disast	HoI			

Code		Effective Date	2011.11.30	Revision No	
	Tsunami-D-				
	MoH-D - SOP			Supersedes	None

	Operating Procedure (OP)					
Hazard	Tsunami					
Stage of Hazard	After					
Jurisdiction Level	District					
Organization	Ministry of Health (MoH)					
Responsible	Head of the Institution (HoI) - (Director, Medical					
Person	Superintendent, District Medical Officer					
	or Medical Officer in Charge).					
	Heads of Sub Departments (HoD)					
	Head, Accident/Emergency Department of the Hospital (HAE).					
	Clinician most experienced in triage (CLN-TRG).					
	Senior Clinicians of different disciplines (SnCLN).					
	Local Public Health Staff (LPHS) - (Regional Director of					
	Health Services - RDHS, Regional					
	OIC, Main Switch Board (OIC-SB)					
	Epidemiologist - RE, and Medical Officer of Health - MOH).					

Epidemiologist - RE, and Medical Officer of Health - MOH).		
Action	Responsibility	
	·	
 Communicate with the onsite staff 	HoI	
 Mobilize ambulances to the disaster site 	HoI	
Triage the patients	CLN-TRG	
Treat patients	SnCLN	
 Maintain other critical services unrelated to the disaster 	HoI	
 Secure belongings of the patients 	HoI	
 Provide extra security inside the hospital 	HoI	
 Request and receive assistance from other hospitals 	HoI	
 Transfer patients for specialized care 	HoI	
 Receive dead bodies 	HAE or HoI	
 Keep records and maintain communication logs 	OIC-SB / HoD / HoI	
 Control infections and maintain cleanliness at the hospital 	HoI	
premises including management of hazardous waste		
 Handle visitors and control crowd 	HoI	
Handle VIPs	HoI	
 Provide information to the public and handle media 	HoI	
Brief higher authorities	HoI	
Provide food and refreshment to the staff	HoI	
Change staff work shifts	HoI	
Review the situation	HoI	
 Replenish disaster stocks 	HoI	
 Deactivate response plan 	HoI	
 Demobilize staff and other resources 	HoI	
Evaluate and report the response	HoI	
IDP Camp Management		
 Treat & manage minor ailments 	LPHS	
 Prevent and control potential outbreaks 	LPHS	
 Carry out disease surveillance 	LPHS	
 Provide technical assistance to Local Authorities on 		

Code	Tsunami-A-	Effective Date	1.11.30	Revision No	
					ı
				LPHS	
•		aste water		LPHS	
•		nitary facilities		LPHS	
•	U	d safety		LPHS LPHS	
•	Providing sat	1 C	т	DIIC	

Supersedes

None