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 EDITORIAL

## Medical Community, the Ultimate Stakeholder of Disaster Management

The medical community has been increasingly confronted with a plethora of disasters; both natural and man-made. Pakistan, unfortunately, has had to bear the brunt of a great number of terrorist attacks, which can be gauged by the fact that in 2009, according to the "Pakistan Security Report 2009" published by PIPS, 2,586 terrorist, insurgent and sectarian-related incidents were reported that killed 3,021 people and injured 7,334.<sup>1</sup> On the other hand, suicide bombings killed 1,300 people and injured 3,600.<sup>2</sup> In 2010, so far, in a mere three months, around 402 people have been killed and 558 others injured.<sup>3</sup>

Disaster management is a process or strategy that is implemented when any type of catastrophic event takes place. This process, sometimes referred to as disaster recovery, is initiated when any calamitous event occurs, posing a threat to human lives.<sup>4</sup>

A disaster management plan typically comprises four phases of emergency activity; mitigation, which involves efforts to reduce potential damage due to an emergency such as outdated equipment or inadequate training; preparedness, which includes efforts to mobilize all resources and effectively train the hospital staff for a medical emergency; response, which includes strategies and actions that are activated by the hospital as a result of a disaster; and recovery—a post-disaster phase, comprising short term and long-term assessments to bring the activities of a hospital back to normalcy after the disruption.<sup>5</sup>

In the face of the increasing number of catastrophes, the placement of an efficient disaster management plan is of great importance. A survey, published in a reputed medical journal, found the medical staff in several hospitals that were surveyed to be inadequately prepared for a medical emergency. The survey, conducted at Jinnah Postgraduate Medical Center and Civil Hospital Karachi from 21st July 2007 to 24th July 2007, in order to assess the efficacy and preparedness of the doctors involved in the hospital emergency management system, found that a mere 3.3% of the 90 respondents surveyed were confident about their management of bomb blast victims.<sup>6</sup>

Large-scale calamities result in a paucity of medical resources

hence requires the implementation of a triage system to ensure the allocation of medical resources in the best possible manner. Disaster drills should be carried out to prepare the hospital staff for medical emergencies. It is imperative that the medical staff has a clear awareness of its clinical responsibility and is adequately trained in pre-hospital and hospital care.

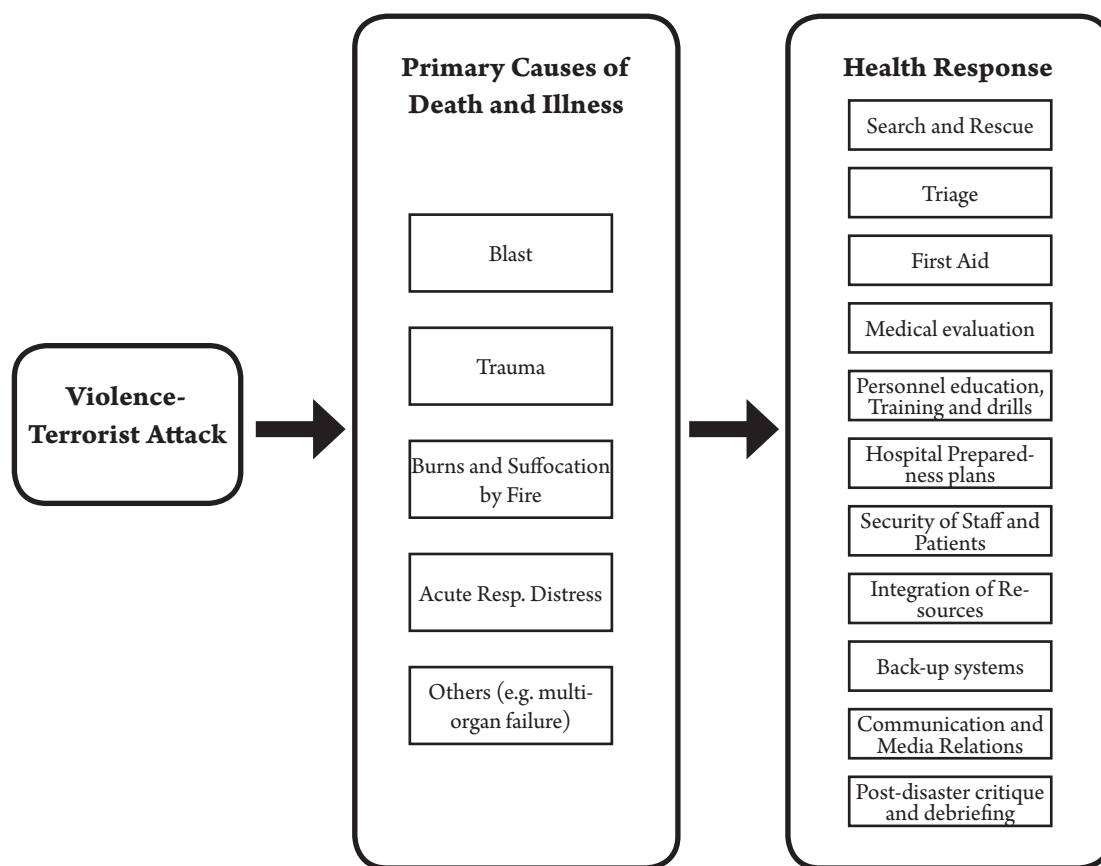
Surgeons should be well aware of their roles and equipped with the knowledge of working with limited resources in the face of a mass casualty influx. The provision of high-quality surgical care not only requires technical skills but also involves non-technical skills such as acumen, decision-making, effective communication and team work.<sup>7</sup>

According to an article published by the American College of Surgeons, the following steps should be taken to prepare for a disaster:<sup>8</sup>

- Planning and rehearsals to prepare for a disaster.
- Methods to integrate local, regional, and national resources into a disaster system.
- Establishment of a Hospital Emergency System.
- To take steps for the protection and security of health care delivery personnel and facilities.
- Proper implementation of the triage principles
- Detection and decontamination of biological, chemical, and radiation exposure.
- To ensure proper communication and security.
- To establish proper media relations.
- Critical incident stress management (CISM).
- Logistics of medical evaluation, stabilization, disposition, and treatment of victims.
- To maintain records and conduct post disaster debriefing, critique, and reporting.
- To publish research and experience in disaster management.

A recently concluded meeting, arranged by Director General of Disaster Management Government of Sind, an auxiliary body of Federal Government Disaster management Authority, was attended by all stake holders e.g. Officials of law enforcing agencies, civil administration, civil defense officials, Ambulance service providers, the medical community, repre-

### Flow chart for health response to a disaster



sented by senior health officials, and media personnel. It was unanimously decided that a central command and control centre will be established, which will include representatives from all concerned departments, including medical personnel, at the command centre. They will be posted at the site of impending danger or any anticipated eventuality.

It was noted that health volunteers and ambulance drivers are not properly trained so triage is not done on the spot properly and dead bodies and minor injured patients were transported to hospital leaving some seriously injured patients. There is great need to impart training to these people for future catastrophe. Another aspect of concern was an announcement made at the time of disaster by the government that it will bear the cost of treatment at some prestigious private hospital. This makes an influx of patients to these hospitals and even people with minor injuries rush to the hospital for claiming compensation offered by concerned government. The last thing of major importance is to ensure safety of hospital staff working inside and their movement to and from the hospital as most of the time the roads are choked or blocked by miscreants.

The disturbing increase in the number of calamities striking Pakistan makes the implementation of these steps extremely crucial in order to minimize the morbidities and mortalities. Hazards cannot be prevented; however, with proper training and preparedness they can be prevented from turning into medical disasters.

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