

## **Disaster Drill : 13.10.2016**

Convener of the drill: Dr. T.S. Ravikumar, Director-cum-VC, SVI MS

A Disaster Drill was conducted on 13<sup>th</sup> October 2016 at 4.00 pm. Disaster message was sent by group NIC-SMS Alert system. This alert system was implemented in a phased manner during the last 3 months, for sending simultaneous messages to different groups 'a la carte'. During the first test conducted 2 months ago, a limited leadership group messaging was done for assembly at Emergency Services. It was successful. However, in some areas the SMS connectivity was allegedly suboptimal.

Hence, during the current drill, group SMS was supplemented by Public Address System. Further, the drill was activated across the entire campus with a check list of 14 distinct geographic areas. The check list along with the minutes of actionable items for iterative process improvement is appended.

## CHECK LIST

### Disaster Drill (Dt: 13.10.2016)

1	Command Control Center	±	Group did not fully assemble
2	Main Hospital	✓	
3	Casualty/EMS	✓	
4	RICU	✓	
5	Medical ward adjacent to casualty	✓	
6	SPMC-W Hospital	✓	
7	Girls Hostel	X	Warden not aware
8	Boys Hostel	X	Warden not aware
9	Residential area quarters & Guest houses	X	
10	Auditorium	✓	
11	Communication team – Admin. Building	✓	
12	Transport/Vehicle team	✓	
13	Security Team	±	Security Officer not fully deployed staff in location prescribed-All congregated in Casualty
14	Fire Safety Team	✓	

\* While the drill was mostly successful in assemble of all expected personnel, The “Positional role” for each of them was poorly understood. Hence all were asked to read the SVIMS Disaster Plan / Policies / Procedures document in details immediately. Another overall action plan will be for each of the approximately 100 leaders activated by the disaster drill, should now become ready for activating all members reporting to the respective leaders and set up an SoP under each persons command (unitary and unified command).

## **Disaster Drill report by Medical Records Officer at 4.00 pm on 13.10.2016**

### **1. Casualty/EMS: (1-100 patients)**

- a. Nursing superintendent to mobilize stretcher and wheel chair
- b. General Manager to supply workers and mobilize supportive line staff with help of health inspector.
- c. One orthopedician to be posted in this wing.
- d. Dr. Krishna Reddy to re-assign the latest list of staff to be posted in triage 1 & 2 teams with their contact phone numbers.
- e. Dr. Krishna Reddy to assign red/green/yellow/black zone areas with list of staff posted along with their contact phone numbers and ensure to allocate other staff in their absence.

### **2. Medicine Ward:**

- a. General Manager (O) and DD (S&P) to ensure regular supply of medicines and stores item to be given and post one pharmacist and stores personnel at medicine ward.
- b. Nursing Supdt. to allocate one deputy Nursing Supdt. for bed management co-ordination.
- c. AD (Stores) to mobilize supply line co-ordination with stores and pharmacy
- d. To provide sufficient stretchers and wheel chairs
- e. One communication in-charge to be posted
- f. MCPO to make signages in medicine ward directing the visitors area, emergency way, VIPs area.

### **3. Auditorium:**

- a. Dy. Registrar to involve academic section staff and allocate sub-level working groups to receive VIPs, Police contingencies
- b. To allocate one person to have external communication with the main command area at Director's office.
- c. To allocate one person with all external stakeholders

### **4. Main Hospital(100-200 patients)**

- a. Dr Alladi Mohan to be shifted from green zone area i.e. Medicine ward to Main hospital
- b. Medical Supdt. to be incharge of main hospital and re-allocated from present EMS zone.
- c. Medical Supdt. shall ensure to move to main command area at Director's office in his absence and re-assign his role to Dr. B. Govindnarayan, RMO

- d. Medical Supdt. shall involve RMO-I and take necessary measures to get one additional Orthopedician at main hospital area apart from one posted in EMS zone.
- e. Supply line of Medicine and stores to be ensure by DD (S&P) and allocate sub level group with clear job roles for next level of function
- f. One Dy. Nursing Supdt./ Nursing supervisor to be posted so as to co-ordinate the waves of patient received 10 in each batch for accommodation at main hospital and shall ensure to maintain bed vacancy position.
- g. Medical Supdt. shall involve lab technicians and paramedics to handle lab samples/X-ray, U/S scans and provide reports at bedside.
- h. One additional triage area (second station) to be created with red/yellow/green/black zone areas.
- i. One Forensic medicine expert to be posted in black zone area apart from one posted in EMS zone
- j. Nursing supervisor incharge of main hospital area to shift 25 patients to general ward after stabilization
- k. Nursing supervisor to de-marcate beds at GE(S) ward as per green/red/yellow zones.

#### **5. SPMC-W/IPW:**

- a. Activate interdepartment co-ordination and leaders involvement in OBG, Paediatrics, General surgery and medicine unit
- b. To redesign one disaster center (third station) for receiving additional load of patients spill over from main hospital.
- c. RMO-II to co-ordinate the OTs and make necessary arrangements to receive patients requiring surgeries under emergency condition.
- d. Nursing Supdt. to assign one senior nursing staff to receive patients from the main entrance and distribute to the third station according to their red/yellow/green zones.
- e. Yellow zone patients to be shifted to first floor by nursing Supdt. incharge.
- f. Nursing Supdt. to allocate beds as: red zone(5 beds), yellow zone (15-20 beds); green zone(10-15 beds)
- g. RMO-II to workout on OT schedules and plan for emergencies during night shifts and weekends.
- h. DD (S&P) to allocate a sub-level team for regular supply at sub stores and allocate a person for communication with main stores to ensure un-interrupted supply.
- i. MRD personnel to receive stretcher and wheel chair patients for mass casualty

- j. One personnel to be allocated for communication with the main communication center at main command area
- k. To announce requirement of blood grouping in coordination with main blood bank.
- l. Security officer shall divert the traffic and direct visitors and VIPs at the designated areas.
- m. The Nursing Supdt. to maintain list of nurses to be involved in transportation team and shall identify supportive paramedic to shift patient across main hospital.
- n. RMO-II to assign staff from Radiology and laboratories in discussion with the concerned HoDs for coordinating transportation of lab samples and receive reports to be given at the designated wards.

## **TRAUMA DRILL**

Date: 17.10.2016 at 3.00 pm

Convener of the drill: **Dr. T.S. Ravikumar, Director-cum-VC, SVIMS**

A Trauma Drill was conducted to activate the leadership group pertaining to EMS/Casualty component of the Disaster Action Plan.

The 'mock patients' consisted of 1 Black, 2 Red, 8 Yellow and 9 Green groups. The attached checklist with debriefing summarises the drill response and corrective actions.

An 'OT Leadership group' was formed, learning from the gap analysis of the drill. This group will consist of one surgeon liaison at EMS/Casualty (Dr. Jayapal Reddy) stationed in EMS; one Anaesthesiologist (Dr. Janaki Subhadra) and OT Head nurse (Mrs. S. Shakeera), both positioned in OT complex. Further, a similar OT team leadership is to be formed at SPMC Hospital.

## Trauma Drill Check List

**Drill date: 17.10.2016 at 3.00 pm**

S.No.	Particulars	✓ or X	Debriefing
01	Call Receiving line (2286388)	✓	not clear in answering 'SVIMS-EMS'
02	Leadership group response (Casualty/EMS)		1. Over all most leaders present 2. But each should assume their 'positional roles' – they need to read disaster action document, since the trauma drill will conform mostly to EMS component of disaster plan. 3. Those HoDs are leave, should have the respective acting HoDs respond.
	Dr. Krishna Simha Reddy	✓	
	Dr. Mutheeswaraiiah	✓	
	Dr. Alladi Mohan	✓	
	Dr. Abha Chandra	X	
	Dr. Alok Samantaray	X	
	Dr. B. C. M. Prasad	✓	
	Dr. Vijaya Lakshmi	X	
	Dr. Kiran Kumar	✓	
	Dr. Siva Shankar		
	CMO on duty	✓	
	Dr. A. Y. Lakshmi	✓	
	Dr. Jyothi Bai	✓	
	Dr. Venkatrami Reddy	✓	
	Dr. Siddhartha Kumar	✓	
	Dr. Swathi	X	
	Dr. Amarnath	X	
	To be given BIRRD		
	Dr. V. Satyanarayana	✓	
	Mrs. Suneetha	✓	
	Dr. Vivekanand	X	
	Mr. P. Subramanyam	✓	
	Mrs. C. Suneetha	✓	
	Mrs. Waheeda	✓	
	Mr. N. V. S. Prasad	X	
	Mr. G. Suresh Kumar	X	
	Mr. Prakash	✓	

03	Triage Action	+/-	Setup done, But 2 <sup>nd</sup> Triage team members not designed.
04	Colour Assignment and Appropriateness	✓	
	CMO	✓	
	Resident - I (Dr. Subramanyam)	✓	
	Resident - II (Dr. Sowjanya)	✓	
	Staff Nurse – I	✓	
	Staff Nurse – II	✓	
05	Red Team performance	✓	
	Team 1	✓	
	Team 2	✓	
	Team 3	✓	
	Dr. Krishna Reddy	✓	
	Dr. Hari Hara Sastry	✓	
	Dr. Sidda Reddy	✓	
	Dr. D. Rajasekhar	Not needed	
	Dr. Venkat Sastry	✓	
	Dr. Shivaram	✓	
	Dr. Rathna Kumar	✓	
	Dr. Kiran Kumar	✓	
	Dr. Kishore	✓	
	Dr. Nawaz	✓	
	Dr. Ravikanth	X	
	Dr. Vamsidhar	X	
	Dr. Vasudeva Chetty	X	
	Dr. Shameem	X	
	Dr. Moshin	X	
	Dr. Sumanth Reddy	X	
	Dr. Sai Neelima	X	
	Dr. V. Balaji	X	
	Sailaja, Head Nurse	X	



06	Yellow team performance	✓	
	<p><b><u>FACULTY:</u></b>  Surgery: Dr. Kishore Babu(9242132151)  Anesthesia: Dr. Alok Samanthuray(9493547653)  Dentistry: Dr. Vani Priya(8008650307)  ENT: Dr. Amarnath(9490640323)  OBG: Dr. Vijayalakshmi(9393620621)  Surgical GE: Dr. Chandra Maliteeswaran:  (9894141440)  Urology: Dr. Rakesh(9490082850)  Neurosurgery: Dr. Krishna Mohan(7382180729)  Casualty Medical Officer:  Dr. Jagadish(9908296926)</p> <p><b><u>Residents/Asst. Prof.:</u></b>  General Surgery: Dr. Ramakrishna(9242132151)  Dr. Nagesh (9493547690)  Anaesthesia: Dr. Brinda(9849726595)  Dentistry: Dr. Vani Priya (8008650307)  ENT: Dr. Guru Prakash(8332001209)  OBG: Dr. V. S. Hema(7730059163)  Surgical GE: 1. Dr. Varun(9573480099)  2. Dr. G. Ramnaresh(9493591583)  Surgical Oncology: Dr. Ramesh  Reddy(9000253509)  Urology: Dr. Prasad(9848603374)  Neuro Surgery: Dr. Ravikumar(9849221912)</p>	✓ ✓ X X X	<p>The yellow group was appraised of their role in managing “immediately non-life threatening injuries”. The group should organise itself into 5-10 teams with 2-3 members in each team. The department leaders should call for reinforcements from their respective departments depending on magnitude of mass casualty.</p>
07	OT Complex readiness and coordination	✓	
08	Blood Bank interface	✓	
09	Security Performance	✓	
10	Communication/PR interface	✓	

## Message:

Trauma Drill  
Alert await Trauma action message.

Trauma Drill  
Warning. Await Trauma action message

Trauma Drill  
Trauma Action. Proceed immediately to Casualty/EMS area.

Trauma Drill  
Action - Proceed to Casualty/EMS immediately

Proceed to assigned location immediately (3.00 pm)