

Disaster Medical Planning

the management and coordination and regulation of other forms of casualty transport.

Medical equipment required for the management of casualties in the field had been specified in the Health Services Disaster Plan.

Recovery

The arrangements necessary to restore a community to normality. The recovery phase may be very prolonged, and may involve multiple agencies, with medical services becoming increasingly involved as the recovery process proceeds, while public health services and mental health services may become increasingly active.

DISASTER PLANNING

Planning for disasters recognises that overall control of a coordinated response is delegated to the Police Service at State, District and Local level. The State Emergency Operations Controller (SEOCN), is the State Police Commander. Disaster plans are prepared to coordinate the extraordinary measures necessary when a disaster occurs. Such plans are not normally activated for those incidents which are within the capacity of Combat Agencies or Functional Areas to manage.

The responsibility for planning, preparing and responding to disasters, and for the recovery process, is at the lowest effective level. As incidents escalate to major emergencies and to disasters, the control and coordination of the response is transferred to the next highest level. DISPLAN requires the process to commence at the local (Local Government) level, moving up to the (Emergency) District level, and thence to the State. Disaster medical planning assumes that the lowest effective level for planning and response is at the Area Health Service level, escalating to the State level. Local planning concerns the internal plans required of hospitals for the management of disasters, either internal or external.

HOSPITAL PLANNING

Internal Disasters

All hospitals are required to maintain internal plans for internal disasters. This relates to disasters affecting the hospital itself, for example, a major fire, flood or earthquake requiring evacuation of the hospital and relocation of patients. Hospitals relocated to other sites following internal disasters will continue to remain responsible for the management of their patients. Plans should include the arrangements made for relocation and accommodation following evacuation.

External Disasters

Internal Response

Following activation of a disaster medical plan, hospitals will be required to respond according to their defined role. All hospitals will be expected to provide for the admission of abnormally large numbers of casualties. Not all

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casualties may be brought to the hospital by ambulance, and many different transport systems may be used, while others may present themselves to the hospital. Hospitals will be expected to provide sheltered treatment for casualties, irrespective of the numbers presented. Bed status will not be a valid reason for excluding any casualties.

Each hospital will have in its plan a command structure, with a nominated hospital Disaster Medical Commander to command disaster responses within the hospital. A designated command area will be established to provide for the influx of abnormally large numbers of casualties. The hospital will continue to receive casualties not involved in the disaster, and provision must be made to triage and manage these patients.

The hospital Disaster Medical Commander will be responsible to the Medical Controller, during the hospital's response phase to the disaster. Hospitals receiving overwhelming numbers of casualties may be supplemented by Disaster Medical Teams from other sources, directed by the Medical Controller, to be transported to work under the command of the hospital Medical Commander. These additional resources may be obtained from outside the Area Health Service.

Other health resources presenting to assist in the disaster will work within the hospital under the direction of the Hospital Medical Commander.

External Response

Major hospitals may be requested to provide Disaster Medical Team(s) to be transported to the site of a disaster to work under the direction of a designated Medical Commander, to triage and treat mass casualties on-site. The decision to dispatch medical teams will be made by the Medical Controller, in consultation with the Medical Commander and the Ambulance Controller and Ambulance Commander. It should be noted that the majority of major incidents are best handled on-site by the Ambulance Service, allowing the maximum medical resources to be mobilised at receiving hospitals for definitive management of mass casualties presented. However, there are some situations which call for the dispatch of Disaster Medical Teams to the site. These include disasters with overwhelming numbers of casualties where evacuation to hospital may be delayed, or where there are trapped patients, preventing early commencement of definitive care.

In many disaster situations, the use of mobile Disaster Medical Teams will be to supplement the resources of other hospitals, overwhelmed by the influx of mass casualties.

A Disaster Medical Team consists of two registered medical practitioners and four registered nurses. Following activation of the medical component of a Disaster Plan, Disaster Medical Teams are responsible to the Medical Controller.

DISASTER SITE MANAGEMENT

Site Control

DISPLAN identifies the Police Service as the authority to control the site of a disaster, subject to certain conditions, e.g. in the presence of fire, the

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