



**SECTION OF
RESUSCITATION WARD
(PRE-OPERATIVE)**

720 SQUARE FEET

functions are unstable on movement after resuscitation may be moved on their litter to the operating room, and then placed directly on the Paul table (see plate 4), using the wooden cross-clamp provided for this purpose.

Blood Collection Service at the Emergency Hospital

To ensure that the hospital has a capacity, albeit austere, for whole blood transfusions in the first 24 hours post-disaster, supplies for bleeding 100 walking donors are provided for the hospital.

The Emergency Hospital must utilise initially plasma volume expanders and intravenous electrolytic solutions for resuscitative purposes. Ample supplies of these, principally dextran 6% w/v solution, are available in the hospital.

The physician in charge of the resuscitation/recovery area should supervise the service for collecting blood from the walking donors. A small collection unit may be set up in a nearby building. A nurse, a technician and a nursing aide will form the basic staff for the collection unit. The Director of Municipal Emergency Health Services should make local arrangements with the Canadian Red Cross Society for the supply of technical personnel to staff such collection units. Staff members of the hospital may be requested to act as donors.

Volunteer donors from the local area or from volunteers requested to come forward at Emergency Welfare Centres should be asked to assemble in a building close to the Emergency Hospital. To avoid loss of time and risks of confusion these donors should not enter the hospital.

Equipment

Hospital folding beds and G.S. blankets are available from hospital equipment. Some twenty beds are held in the hospital stores. Additional tables, chairs, etc. should be earmarked from original building furnishings in the pre-planning phase to equip the unit. The blood donor kits are packaged separately and will be found with the pharmacy supplies. A list of contents of the blood donor kit is to be found in Appendix C.

Emergency Blood Services

A phased programme for emergency blood collection is described in the manual Emergency Blood Services 1961.

In the first 24 hours post-disaster, Emergency Blood Services teams will collect blood from group 'O' donors. In the second 24 hours these teams will group and type blood from all donors. It is expected that blood from these sources will be made available to the Emergency Hospital at some period in the second 24 hours post-disaster.

Operating Area

The most senior and skilled surgeon on the hospital staff should be Area Chief. His main duties will be to supervise sorting in the Admission and Discharge Area. He will also supervise, in liaison with the Area Chief of the Resuscitation and Recovery Areas, the general flow of casualties to surgery, and arrange the relief of surgical staff at appropriate intervals.

The staffing of the three operating rooms is indicated in fig. 2. In the initial stages of a disaster the staff will work on a twenty-four hour basis with two twelve-hour shifts of personnel. The staffing pattern allows one surgeon per operating room with a para-medical professional person (dentist or veterinarian) assisting him and another para-medical person giving the anaesthetic. The staffing pattern will allow for rest periods for staff (medical and nursing) which may be arranged in shifts as desired.

Location of Operating Area

The Resuscitation and Post-operative Recovery Areas should be contiguous with the the operating area. They should be in the same general area but separate entities. This will allow for economies in the use of supervisory medical and nursing staff. From the recovery room the patients are transferred to the wards, as expeditiously as possible. The operating area should be located in a section of the building away from the general flow of traffic.

Equipment

There is sufficient equipment for three separate Operating Rooms. These may be set up