



CARICOM

PAN-CARIBBEAN DISASTER PREPAREDNESS AND PREVENTION PROJECT

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REPORT OF WORKSHOP

ON

"MANAGEMENT OF HEALTH SERVICES IN DISASTER"

FOR

HEALTH PERSONNEL

held at the

Medical Library, Holberton Hospital

ST. JOHN'S, ANTIGUA

July 9 - 12, 1984.

*Prepared by Gloria E. Noel  
PAHO/WHO Nursing Services Advisor  
15 July, 1984.*

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## INTRODUCTION

The Organization of Health Services is an essential component of Disaster Preparedness and Management for however timely the health care response may be in the event of a disaster, its effect can be nullified if health services are disorganized and fragmented.

Institutional organization of health care facilities - Government and private at all levels of care is equally important if the needs which may arise for disaster management in or outside of a hospital are to be met effectively and effeciently.

In Antigua and Barbuda there are

"A National Disaster Management Plan"

and "An Operational Manual for Holberton Hospital in Disaster Situations(1982)" which addresses to some extent the Organization of Health Services in the Holberton Hospital and the use of Health Centres and Sub-centres, as "First Aid and Dressing Centres".

The need to further refine these two plans so that the Health Sector could respond effectively in the event of a disaster has been identified.

Consequently a four-day Workshop on "Health Services Management in Disaster" for health personnel was planned by the Pan-Caribbean Disaster Preparedness and Prevention Project in collaboration with the Ministry of Health, Antigua

Purpose

1. The Purpose of the Workshop was twofold:
  1. To strengthen the knowledge and skills of health personnel in the Management of Health Services in the event of a disaster.
  2. To test the "Study Guide on Health Services Organization in the event of a Disaster" developed for PAHO by the University of Wisconsin".

2. Objectives

The course is divided into seven (7) lessons. For each lesson learning objectives have been stated as follows:

2. 1. Introduction

- List four results of sudden natural disasters which may cause health health problems for people.

Understand the importance of having a health care disaster plan as an integral part of an overall national disaster preparedness plan.

List the three chronological stages of disaster management activities.

Identify the five general objectives of an emergency plan.

2. 2 Organization of the Health System

Recognize that a unified health care disaster plan should include the country's official health care system; autonomous, semiautonomous, and private health facilities; and voluntary agencies.

Explain why regionalization of health services is important in times of disaster.

Define the five classification of medical care centers used in disaster management planning.

2. 3     Organization of First Level Care at the Disaster Site

List the two types of care normally provided at the site of a disaster.

Describe five minimal standards of organization required at the disaster site.

Explain the advantages and disadvantages of mobile hospitals.

Define the mission of search and rescue units.

Explain the primary basis for classifying casualties at the disaster site.

Describe the degrees of injury and priorities normally associated with red, green and yellow triage tags.

2. 4     Organization of Rural Health Services for Disaster Situations

List the two major limitations in planning for disaster management of health services in remote communities and rural areas.

Identify the most important predisaster activity that can be carried out in these areas.

List five subjects which should be taught people in remote communities and rural areas to prepare them to cope with sudden natural disasters.

Be familiar with the human resources who may be available in small communities to provide health services in disaster situations.

2. 5.    Organization of Health Care Facilities for Disaster Situations

Understand the general principles involved in planning for disaster situations in health care facilities.

List the three principal objectives of a disaster plan developed for a health care facility.

List the five characteristics for such a plan.

Realize that a plan must provide specific actions to be taken during the periods of alert, impact, emergency, rehabilitation and reconstruction.

cont.

2. 5 Know the six basic services that must be assured if a health facility is to function in carrying out its disaster plan.

Describe five functions of a Disaster Plan Committee.

List four ways in which the number of available beds can be increased.

Understand the factors a hospital must analyze in defining its operational capacity in times of internal or external disaster.

2. 6. Implementing the Disaster Plan in a Health Care Facility

Understand why it is important to have a clearly defined, detailed procedure for declaration that a disaster plan is in operation.

Appreciate the complexity of alerting units and departments that the disaster plan is being put in immediate operation.

Know how the triage procedure at the health care facility functions.

Describe the roles of the Triage, Major Treatment and Minor Treatment areas.

Describe the roles of the Switchboard Operator, Family Information Center and Director of Public Information in keeping people in the community informed.

2. 7. Update and Evaluating the Hospital Disaster Management Plan

Give the two reasons for updating a hospital plan at least once a year.

Understand the need to evaluate every element of the institution and the activities each is expected to carry out in implementing the plan.

List the two main purposes of an evaluation.

List the types of drills which may be used in evaluating a plan.

List the three principal objectives of evaluation drills.

Know the importance of involving external agencies and institutions in a drill evaluating a hospital plan.

Understand the advantages of simulated disasters in evaluating a plan.

Understand the benefits and limitations of performance audits in evaluating a plan.

Dates and Venue

3. Workshop Sessions were held at the Medical Library, Holberton Hospital, July 9 through 12, 1984.

4. Opening Session

Mr. H. Barnes, Permanent Secretary was Chairman of the Opening Session. Dr. D. W. Heinemann, Project Manager/Health Advisor, Pan-Caribbean Disaster Preparedness and Prevention Project addressed the gathering. Honourable C. M. O'Mard, Minister responsible for Health, delivered an address and formally declared the Workshop open. The full text of the Minister's address is attached as Annex I. Mrs. M. Simon, Assistant Secretary, made Closing Remarks. The programme for the opening ceremony is attached as Annex II.

5. Participants

Twenty four (24) participants representative of senior members of the inter-disciplinary health team including the Assistant Secretary (Hospital Administration) Medical Superintendent, Supervisors Housekeeping services, Radiographers, Physicians, Hospital Steward, Nursing tutors, Nurses and Public Health Inspectors attended.

- i. Participants were drawn from the Holberton Hospital, Mental Hospital, Fiennes Institute and Community Services. A representative of the Red Cross Society attended all sessions. A representative of the Peace Corps attended some sessions as an observer.
- ii. The Medical Superintendent of the Holberton Hospital participated as a group member and was a very valuable resource to the group.  
The List of Participants is attached as Annex iii (a) and Group Members as Annex iii (b).

6. Facilitators/Resource Persons were:

Mr. H. Barnes, Permanent Secretary, Ministry of Health  
Miss O. Gardner, Principal Nursing Officer, Ministry of Health  
Miss A. Lowe, Nurse Educator, Project Hope  
Mrs. G. Noel, PAHO/WHO Nursing Services Advisor.

7. Content Outline

The content followed the outline in the study guide namely:

Lesson I - Introduction

- A. Preface
- B. Introduction

Lesson II - Organization of the Health System

- A. General Organization
- B. Classification of Medical Care Centers

Lesson III - Organization of First Level Care at the Disaster Site

- A. Minimal Standards of organization
- B. Role of mobile hospital
- C. Search and rescue units
- D. Triage and tagging of casualties

Lesson IV - Organization of Rural Health Services for Disaster Situations

- A. Limitations
- B. The community

Lesson V- Organization of Health Care Facilities for Disaster Situations

- A. General Principles
- B. Plans for Internal and External Disasters
- C. Purpose, Objectives, Characteristics of the Plan
- D. Basic Services
- E. Structure of the Plan

Lesson VI - Implementing the Disaster Plan in a Health Care Facility

- A. Activating the Plan
- B. Communications
- C. Emergency Unit or Ward
- D. Security
- E. Disaster Committee
- F. Administration
- G. Triage



- H. Treatment Areas
- I. Medical-Surgical Support
- J. Expanding Capacity
- K. Administrative Services
- L. Termination of the Disaster Plan

#### Lesson VII - Updating and Evaluating the Hospital Disaster Management Plan

- A. Purpose of Evaluating and Updating
- B. Methods
- C. Drills
- D. Simulation Exercises
- E. Performance Audits

#### 8. Teaching/Learning Methodology

The methodology used was primarily self study. Participants were divided into three (3) groups, each group with a Facilitator/Resource Person.

Before group work, however, there was a plenary session during which the Holberton Hospital Disaster Plan was reviewed by Mr. Kelvin Charles, Surgeon Specialist, Holberton Hospital. The Classification of Medical Care Centres in Antigua was presented by Dr. A. Boyd and discussed by participants.

For each lesson there were:

- A Study Guide
- Learning Objectives
- Learning Activities (Reading Assignments)
- Evaluation (Self Assessment Tests)

The content of the PAHO text (Scientific Publication No 443) in relation to each lesson and the questions and answers of the self Assessment Tests were discussed by participants and resource persons. Course content and Self Assessment Tests were modified and/or adapted as appropriate to the local situation.

There were unscheduled plenary sessions when necessary, for participants to clarify issues and arrive at consensus.

Two films namely "Management fo Mass Casualties" and "Hospitals don't burn down" depicting disasters internal and external to the hospital were reviewed. These generated much discussion in relation to Disaster Preparedness Planning and Management. Participants related certain aspects of the films to their own situation and discussed mechanisms for improving institutional capabilities.

Resource Material were:

Antigua and Barbuda Disaster Plan

Operational Manual for Holberton Hospital in Disaster Situations

Study Guide - Health Sciences Organization in the PAHO/WHO Scientific Publication No 443 Health Services Organization in the event of Disaster.

The Time Schedule is attached as Annex iv.

9. Classification of Medical Care Centres for Disaster Situations

Participants agreed that the 'Classification of Medical Care for Disaster Situations outlined in the text (page 9) was not relevant to Antigua.

It was agreed that the Holberton Hospital could serve as the National Centre for Health Care. Existing sub-centres could serve as First Aid centres. Four existing health centres namely:

Grays Farm

Carty's Hill

Liberta

St. John's

could serve as an intermediary link\$between Holberton Hospital and the sub-centres if they were upgraded and the necessary critical supplies, equipment and facilities provided.

It was also proposed that steps should be taken to collaborate with private institutions for the use of their facilities during a disaster (Adelin Clinic).

10. Recommendations

During the group work and plenary sessions, a number of questions in terms of disaster planning at national and institutional levels were Raised. On the basis of these, resource persons prepared Guidelines for participants to discuss on the last day of the workshop and make Recommendations.

Each group made Recommendations for strengthening the National Disaster Preparedness and Management Plan and also the Holberton Hospital Disaster Plan.

Participants requested that as a matter of urgency these recommendations be submitted through the Pan-Caribbean Disaster Preparedness and Prevention Project to the National Disaster Committee and Holberton Hospital Sub-Committee.

Guidelines for discussion and Recommendations made by participants are attached as Annex V and VI respectively.

11. Evaluation

11. 1 Pre-Test and Post-Test (Final Examination)

Analysis of the Pre and Post tests are as follows:

Result	Pre-test	Post-test
	%	%
Correct Answers,	49	73
Incorrect Answers	43	26
No Answer	08	01
Total	100	100

The detailed analysis of the Pre and Post Tests are attached as Annex VII (a) and Annex VII(b) respectively.

11. 2 Evaluation of Workshop

Thirteen (13) participants completed an evaluation questionnaire(See Annex VIII)

Generally, the consensus was that the Workshop was relevant, timely and useful. The methodology was particularly helpful in that it allowed for self study and learning at the individual's own pace. All participants indicated that the

course prepared them to feel more confident to respond and function effectively in the event of a disaster and/or Simulation Exercises.

11. 2. 1. Analysis of Evaluation

Question 1.

Relevancy of Course

All participants responded that the course was "relevant"

Question 2.

Course Content

All participants stated that the course was "just right"

Question 3.

Usefulness of the various components of the Course

Participants were asked to rate on a scale from 1 to 5 the usefulness of the various components of the course.

Responses are as follows:

Component	Very Useful		Useful		Not Useful
	1	2	3	4	5
Study Guide	4	3	5	1	-
Text Book (PAHO) Publication No 443	3	4	5	1	-
Self Assessment Tests	6	4	3	-	-

Question 4.

To what extent has this course prepared you to function effectively in the event of a disaster?

To a great extent	-	8 responses
To some extent	-	5 responses
Not at all	-	0

Question 5.

How confident do you feel to participate in a Simulation Exercise to test your response to a Disaster situation, and also to test the effectiveness of the Holberton Hospital Disaster Management Plan.

Very confident	3 responses
Confident	10 responses
Not confident	0

Question 6.

Additional Comments

Comments made by participants are quoted below:

"This workshop made us realize how little we know of the Disaster Plans of Antigua".

"Material served as a fairly reasonable guideline but could have related more to our local situation. I hope that future workshops will be planned in a similar fashion".

"Need for more clarification in some areas of the Hospital Disaster Plan. Recommendations submitted by the various groups should be given urgent consideration".

"Highlighted the need for proper training in Disaster Management for communities, health personnel and others"

"Group work was more beneficial than the entire class together. Recommendations should be taken seriously and put into practice"

"We had a great deal to cover in a short time. Others can be given the exposure to a similiar workshop"

"Training for all categories of Hospital Personnel including Barbuda. Personnel should be trained in Radio Amateur Acitivity and also First Aid"

" The workshop lacked advance planning since some of the participants were only alerted to attend after the workshop was opened.

The blend of personnel present are lacking Dispensers Lab. personnel, Operators, Orderlies, etc.".

"Nurses from Barbuda should be involved in future workshops of this nature.

The plan for the workshop should be conveyed to participants early so that they plan to give full attention".

"All categories of workers should be involved e.g. Dispensers, Lab. techians and Orderlies".

"A very good Workshop. Congratulations and thanks to the course organiser".

PAN-CARIBBEAN DISASTER PREPAREDNESS AND PREVENTION PROJECT

ADDRESS DELIVERED

BY

HON. CHRISTOPHER M. O'MARD

MINISTER OF HEALTH

ANTIGUA AND BARBUDA.

Up till 1978, what is now known as the National Disaster Preparedness Committee was called Hurricane Relief Committee. The narrow and restricted connotation indicates the hide bound limits within which the Committee operated. Moreover, it is nearer the truth to say that the Committee did not operate at all. It existed only on paper.

The subject was part of the portfolio of the Minister responsible for Home Affairs and one Minister after another tried in vain to get members to attend meetings even though these were called only during the hurricane season.

There is little wonder then that our National Disaster Preparedness Committee has inherited some of the diseases from which its parents suffered. Since 1978, gallant efforts have been made to infuse new blood, and yet in parts it remains weak and sickly. Since 1978, gallant efforts have been made to give the Committee new directions, yet in many respects it still totters along the old and narrow path.

Since the subject of Disaster Preparedness has become the responsibility of Health, it has been conceived as continual planning to save life and minimize suffering in the event of a disaster ---natural or man-made.

It is difficult if not impossible to conceive of any department of government more liable to be affected in the event of a national disaster than Health. Be it an air or sea disaster taking place within our space, be it a hurricane, be it a huge fire, be it a long and widespread shortage of water, health personnel will be stretched to their limit. It is for this reason that we emphasise the necessity for absolute preparedness.

Indeed different divisions of Health would be required to play different parts in relation to any one type of disaster, and various parts in respect of various sub-committees should be formed and nurtured to deal with disasters. For example, it is conceivable that a disaster calling for communal living will make great demands upon the Sanitation Department; one resulting in severe injuries to many persons will make great demands upon the staff of the Holberton Hospital. These are only two examples but they ought to indicate that preparedness is essential. There ought to be a specialized committee to deal with the specialized



cases and every individual needs to know the part that he or she is expected to play in the event of a disaster.

In my capacity as Chairman of the National Disaster Preparedness Committee, I appeal to the several chairmen of the Sub-Committees to ensure that their committees are alive. A committee must have a chairman and members who know that they are members and what they are required to do. The committee should meet regularly to make and review plans and to educate members regarding their roles. Then each Sub-Committee should articulate its plan in documentary form to serve as a means of education for its members and ready information to the members of the National Committee.

It is recognized that the structure of different Sub-committees will vary according to their roles and may be more complicated than meets the eye. The Holberton Hospital Sub-Committee must if necessary be geared to deal with disasters of many types. It must be geared to protect the patients and staff and at the same time deal with pressures from the public; it must be able to deal in certain cases with receiving injured and dying patients and at the same time keeping off a inquisitive and thoughtless public. Surely, there must be a Plan to serve as a guide to every staff member ranging from Telephone operator to Hospital Administrator and Medical Superintendent. It is the PLAN that will prevent conflict and confusion under abnormal circumstances and in times of disaster. The existing plan calls for revision and updating. It is hoped that this Workshop will result in the necessary updating and revision of the plan and that consequently the public will be educated regarding the use of health facilities in the event of disaster--man-made or natural.

I must emphasise that DISASTER must not be construed as limited to hurricanes and the period June to October. Just a little carelessness in shopping arrangements for your food--flour, rice, cornmeal, etc. can cause widespread food poisoning. An aeroplane of any description making a landing or taking off can become an instrument of disaster at a snap of the fingers; something going wrong inside a tourist liner in port can cause a situation calling for hospital space in a short time, and a widespread shortage of water over a long period can be the cause of numerous problems making demands upon health staff in the day-to-day performance of their work. Such a situation may very well call for adjustments in housekeeping in some areas. The situation will

arise if it has not yet arisen. There ought to be a clearly conceived and carefully articulated plan to deal with it.

Finally, in declaring this Workshop open let me remind the public that any Plan formulated by the Health Personnel will prove well nigh useless unless the public itself cooperates. In the event of a disaster the hospital, for example, is not the place where inquisitive women, and men too, should go in search of "meleé". Co-operate by keeping away from the scenes of action so that those concerned may proceed unimpeded with reducing and saving life.

And so with these few words having been spoken, it now behoves me to declare this workshop formally open.



PAN-CARIBBEAN DISASTER PREPAREDNESS AND  
PREVENTION PROJECT

WORKSHOP ON

"MANAGEMENT OF HEALTH SERVICES IN DISASTER"

FOR

HEALTH PERSONNEL

*held at the  
Medical Library*

HOLBERTON HOSPITAL

ST. JOHN'S, ANTIGUA

*July 9 - 12, 1984.*

MANAGEMENT OF HEALTH SERVICES IN DISASTERWORKSHOP 9 - 12 JULY, 1984.NAMES OF PARTICIPANTS

NAMES	DESIGNATION
1. Baptiste Veronica	Public Health Nurse
2. Belle Leroy	Housekeeper - Holberton Hospital
3. Bennett Marjorie *	Principal Tutor - School of Nursing-Holberton Hospital
4. Gordon Morvelle	Steward - Holberton Hospital
5. Henry Curletta	Staff Nurse - Fiennes Institute
6. Joseph Gloria	Housekeeper - Holberton Hospital
7. Joseph Linda	Tutor -School of Nursing - Holberton Hospital
8. Josiah Alpha *	Radiographer - Holberton Hospital
9. Knowles Carolie	Sister - Casualty - Holberton Hospital
10. Lake Dr. Cuthrin	Medical Superintendent - Holberton Hospital
11. Lake Edmeade	Public Health Inspector
12. Martin Rosemary	Sister - Theatre - Holberton Hospital
13. Mason Doreen	Assistant Matron - Holberton Hospital
14. Mukund Dr. *	Medical Officer - Holberton Hospital
15. Peters Elkanah	Assistant Master - Fiennes Institute
16. Pilgrim Louise	Matron - Holberton Hospital
17. Price Gwendolyn	Assistant Departmental Sister - Holberton Hospital
18. Price Gerald	Red Cross Society
19. Richardson Lindley	Public Health Nurse
20. Simon Dr. Lester *	Pathologist - Holberton Hospital
21. Simon Marilyn	Assistant Secretary - Holberton Hospital
22. Singhton Estelle *	Peace Corps (Observer)
23. Southwell Emelda *	Matron - Fiennes Institute
24. Thomas Gary	Technician -X-Ray Department - Holberton Hospital

\* Attended some sessions.

MANAGEMENT OF HEALTH SERVICES IN DISASTER

WORKSHOP 9 - 12 JULY, 1984

GROUP WORK

Group I

G. Joseph  
D. Mason  
C. Henry  
V. Baptiste  
R. Martin  
E. Singhton (Observer)  
A. Lowe  
G. Noel

Group II

Gerald Price  
C. Knowles  
M. Gordon  
M. Simon  
E. Lake  
E. Peters  
C. Lake  
O. Gardner

Group III

L. Pilgrim  
L. Belle  
G. Price  
L. Richardson  
A. Josiah  
G. Thomas  
L. Joseph  
H. Barnes

PAN-CARIBBEAN DISASTER PREPAREDNESS  
AND PREVENTION PROJECT

WORKSHOP ON "HEALTH SERVICES MANAGEMENT IN DISASTER"

JULY 9 - 12, 1984

	MONDAY 9 JULY	TUESDAY 10 JULY	WEDNESDAY 11 JULY	THURSDAY 12 JULY
8:30 - 9:00 am	Opening Session	Self Study	Self Study	Post - Test
9:00 - 9:30 am	Introduction to Workshop Methodology -Mrs. G. Noel, PAHO/WHO	Organization of First level Care at the Disaster site	Organization of Health Care Facilities for Disaster situations	
9:30 - 10:15 am	Pre - Test			
10:15 - 10:30 am		P R E A K		
10:30 - 11:30 am	Review of Holberton Hospital Disaster Management Plan -Dr. K. Charles, Surgeon, Holberton Hospital	Organization of First level care at the Disaster site	Organization of Health care Facilities for Disaster situations	Recommendations for Refining the Holberton Hospital Disaster Management Plan
11:30 - 12:30 pm	Classification of Medical Care Centres in Antigua -Dr. A. Boyd, C.M.O.	Self Assessment Test Discussion	Self Assessment Test Discussion	Groups' Report
12:30 - 1:00 pm		L U N C H		
1:00 - 2:45 pm	Self Study Introduction Self Assessment Test Discussion	Film on "Triage" Discussion	Self Study Implementing the Disaster Plan in a Health Care Facility Self Assessment Test Discussion	Discussion on Post - Test
2:45 - 4:30 pm	Self Study Organization of the Health System  Self Assessment Post	Self Study Organization of Rural Health Services for Disaster Situations  Self Assessment Post	Self Study Updating and Evaluating the Hospital Disaster Management plan  Self Assessment Test	Film: "Hospitals don't burn down"  Discussion. Evaluation of Workshop

MANAGEMENT OF HEALTH SERVICES IN DISASTER  
WORKSHOP 9 - 12 JULY, 1984.

Guidelines for Discussion

Group Work

Recommendations for Disaster Management

A. National Level

1. Command Post  
-Site Commander
2. Use of Regional Health Institutions
3. Obtain critical supplies and equipment identified by Health Administrators
4. Collaborate and obtain authority to permit use of Private Health facilities in the event of a disaster.
5. Clarification of relationships between sub-committees and National Committee in the event of a disaster.

B. Medical Sub-Committee

1. Role and functions of the medical sub-committee need to be clearly defined.
2. Development of Health Sector Plan - to include community, health and other institutions.
3. Development of Training Programs
  3. 1. Community members in disaster preparedness and management.
  3. 2. Management of mass casualties for physicians, nurses and other health personnel.
  3. 3. Basic life saving techniques for security forces.
  3. 4. Orientation of orderlies, ambulance drivers, telephone operators, maids, records clerks and other ancillary personnel to roles, functions and responsibilities in disaster situations.
4. Holberton Hospital Disaster Management Plan
  4. 1. Clarify when Command Post starts to function.
  4. 2. Assign specific roles, functions and responsibilities of personnel in the Command Post.

- 4. 3. Identification Symbols - vehicular and personnel.
- 4. 4. Improving Fire Plan
- 4. 5. Collaboration with voluntary security and other agencies in defining their roles, functions and responsibilities in the event of a disaster.
- 4. 6. Inclusion of Community member on Hospital Disaster Committee.
- 4. 7. Improvement in Notification and Recall of Supplementary personnel.
- 4. 8. Availability of list of equipment and supplies from voluntary agencies for use in disaster.
- 4. 9. Compilation of list of critical supplies and equipment needed in Hospital to cope with disaster situation.
- 4.10. Delegation of part-time responsibility to single individual for disaster preparedness in hospital.



MANAGEMENT OF HEALTH SERVICES IN DISASTER

WORKSHOP 9-12 July, 1984.

RECOMMENDATIONS

The following recommendations have been made by participants attending Workshop on Health Services Organisation in Disaster Situations.

A. National Disaster Committee Should:-

1. Include details on the setting up of a Command Post at scenes of Disaster in the National Disaster Plan.
2. Assign the responsibility of Site Commanders to specific individuals and include this in the National Disaster Plan.
3. Make arrangements for use of Regional Health Institutions, e.g. Puerto Rico and Guadeloupe as referral centres for critically ill or large numbers of casualties.
4. Seek necessary authority and directives to permit use of private health facilities during a disaster e.g. Adelin's Clinic.
5. Define the relationship between the various sub-committees and the National Disaster Committee during a National Disaster.
6. Require critical supplies and equipment for use in health institutions during disaster.
7. Develop and acquire a budget to ensure an adequate state of disaster Preparedness.

cont. 2. Recommendations

- A.
  - 8. Clearly define and detail the role and functions of the Medical Sub-committee.
  - 9. Ensure that the Medical Sub-committee develops a Health Sector Plan to include Community health and various institutions other than Holberton Hospital.
  - 10. Ensure that the Medical Sub-committee arranges for educational programmes in Disaster Preparedness, using the Red Cross and other agencies namely:
    - 1. Training of community members in the basic First Aid and other areas of disaster preparedness and management.
    - 2. Training of Security Forces and ambulance drivers in basic life Saving techniques e.g. CPR, emergency deliveries.
    - 3. Training of health personnel - physicians and nurses in Management of Mass Casualties including Triage.
- B. Holberton Hospital Disaster Committee should:-
  - 1. Orient all hospital staff members to their part in the Hospital Disaster Plan and also to the Health Sector Plan
  - 2. Include a community member or members and the Lead Orderly on the Hospital Disaster Committee.
  - 3. Consider the resiting of the Command Post to a more central location.
  - 4. Detail in the plan when the command post should start to function.
  - 5. Review and assign specific roles of personnel in the Command Post.
  - 6. Review the composition of personnel in the Command Post and consider inclusion of the housekeeper.

cont. 3. Recommendations

- B. 7. Compile a list of critical supplies and equipment needed for functioning in a disaster and submit to National Disaster Committee.
8. Design and acquire appropriate symbols for identification of vehicles and personnel during a disaster e.g. flag with hospital crest, arm band with hospital crest or stickers and coloured arm bands.
9. Institute training programmes for:-
- Orderlies in CPR, Lifting, First Aid.
  - Telephone operators in use of telephone and alerting procedures.
  - Nurses and doctors in Management of Mass Casualties.
10. Acquire funds to install a fire alarm system to include smoke detectors in the hospital. (Fire alarm should be connected to the Fire Department St. John's).
11. Arrange frequent fire drills for hospital staff and post fire instructions in strategic areas of all Wards and departments.
12. Acquire and place fire extinguishers and fire buckets in all Wards and departments of the hospital.
13. Initiate immediate discussions with voluntary, security and other agencies regarding their roles, functions and responsibilities in relation to the Hospital Disaster Plan.
14. Ensure that all categories of hospital staff know the location of pick-up points in and around the city in the event of a disaster.

Cont. 4. Recommendations

- B.
15. Include a floor plan of the Casualty area in the Hospital Disaster Manual.
  16. Review the categorizing system for triage at the hospital as stated in the Manual and make it consistent
  17. Keep a list of equipment and supplies available for use in disaster from voluntary agencies within the country, e.g. Red Cross, the Navy Base, St. John's Ambulance.
  18. Review the location of Priority Cards in the Casualty Area.
  19. Assign a specific location for the "Reporting form" as mentioned on P.14 of the draft Manual.
  20. Add the Ottos Primary School and the Seventh Day Adventist School to the list of evacuation sites for hospitalized patients.
  21. Identify a specific site for housing the hospital vehicles in the event of a hurricane.
  22. Delegate responsibility on a part-time basis to a single individual for disaster preparedness in the hospital.
  23. Refine the existing Hospital Disaster Manual to include changes as suggested in these recommendations.

MANAGEMENT OF HEALTH SERVICES IN DISASTERWORKSHOP 9 - 12 JULY, 1984Results of Pre-Test (P2-6 of Study Guide)

Twelve (12) participants completed the Pre-Test. Average time taken 27 minutes within range of 20-35 minutes.

Question	No. correct answers	No. incorrect answers	No answers	Remarks
1	5	7	-	
2	-	12	-	For local situation "d" is the correct answer
3	11	1	-	
4	7	3	2	
5	4	8	-	
6	-	8	4	Number used for identifying categories for Triage. colour coding not used.
7	9	3	-	
8	-	12	-	
9	-	12	-	
10	3	8	1	Can be more than one answer. Answers not mutually exclusive.
11	1	11	-	
12	3	9	-	
13	2	9	1	Question not considered clear since each person should know beforehand, roles of different personnel
14	10	2	-	
15	6	6	-	
16	6	6	-	Answer can be "True" if "practices" are Standards.
17	10	1	1	
18	12	-	-	
19	8	3	1	Change "uniting" to "co-ordinating".
20	7	2	3	
21	12	-	-	
22	3	9	-	Color Code not yet being used locally.

cont. Results of Pre-Test (P2-6 of Study Guide)

Question	No. correct answers	No. incorrect answers	No answers	Remarks
23	11	-	1	
24	2	8	2	
25	7	5	-	
26	5	6	1	
27	2	10	-	
28	12	-	-	
29	9	1	2	
30	-	4	8	Not part of Hospital Plan. Limited applicability in local situation.
31	7	4	1	
32	9	2	1	
33	10	1	1	
34	7	3	2	
	200	176	32	

Analysis

49 per cent questions answered correctly

43 per cent questions answered incorrectly

8 per cent questions not answered

MANAGEMENT OF HEALTH SERVICES IN DISASTERWORKSHOP 9 - 12 JULY, 1984.Results of Final Examination

17 participants completed the Final Examination. Average time for completion was 20 minutes.

Question	No. Correct	No. Incorrect	No Answer	Total	Remarks
1	14	3	-	17	
2	15	2	-	17	For local situation "d" considered correct answer
3	6	9	2	17	
4	-	-	-		Question deleted
5	17	-	-	17	
6	8	9	-	17	
7	9	7	1	17	
8	7	10	-	17	
9	14	3	-	17	Key incorrect. Answers should be "a" and "c"
10	13	4	-	17	
11	7	10	-	17	
12	14	3	-	17	
13	14	3	-	17	
14	12	5	-	17	
15	14	3	-		
16	10	6	1	17	Not applicable in terms of responsibilities identified in plan
17	15	2	-	17	
18	3	14	-	17 *	
19	4	13	-	17	Question not applicable
20	13	4	-	17	
21	15	2	-	17	

cont.

Question	No. Correct	No. Incorrect	No Answer	Total	Remarks
22	12	5	-	17	
23	15	2	-	17	
24	7	10	-	17	
25	12	5	-	17	
26	14	2	1	17	Use "co-ordinating" rather than "uniting"
27	11	5	1	17	
28	16	1	-	17	
29	6	10	1	17	Usefulness of question not clear
30	10	7	-	17	
31	17	-	-	17	
32	16	-	1	17	
33	17	-	-	17	
34	10	5	2	17	
35	15	2	-	17	
36	5	11	1	17	*Contradiction is text relating to this question on "panic" See pages 21 and 76
37	15	2	-	17	
Total	422	179	11	612	

#### Analysis

69 Per cent questions answered correctly

29 Per cent questions answered incorrectly

If Questions #18. #19 and #36 which could be considered of limited applicability to local situation

Analysis would be	Correct Answers	=	73%
	Incorrect Answers	=	26%
	No Answers	=	1%



WORKSHOP ON DISASTER MANAGEMENTEVALUATION

1. Was the course material relevant to your work in Disaster Management in Antigua & Barbuda.

Please check one box.

Very relevant

☐

Relevant

☐

Not relevant

☐

2. Was the content of this course. Check one:

too difficult

☐

just right

☐

too easy

☐

3. How useful were the various components of the course to you.  
Circle one number on scale:

	<i>Very useful</i>		<i>Useful</i>		<i>Not useful</i>
a. Study Guide	1	2	3	4	5
b. Textbook (PAHO Publication #443)	1	2	3	4	5
c. Self Assessment Tests	1	2	3	4	5

4. To what extent has this course prepared you to function effectively in the event of a disaster. Check one:

To a great  
extent

☐

to some  
extent

☐

not at  
all

☐

5. How confident do you feel to participate in a Simulation Exercise to test your response to a Disaster situation, and also to test the effectiveness of the Holberton Hospital Disaster Management Plan. Please Check one:

very confident

☐

confident

☐

not confident

☐

6. Additional Comments.