

## ACKNOWLEDGEMENT

With immense satisfaction, I bring to you a project on an interesting & contemporary topic of disaster management. There is a vast difference in the preparation levels, quality and compliance level of regulations laid down between the government and private health facilities. The project of “Gap Analysis in Preparation for Disaster Management of ESI Hospital” entailed meeting a number of crucial appointments of the hospital, visiting almost all the departments, and interview numerous working hands in ESI Hospital at Basaidarapur.

It is said that the journey is more important than the destination, and excellence is a journey and not a destination. Any mission at any level cannot be satisfactorily completed without the support and guidance of learned people. In performing my dissertation, I sought the help and guidance of luminaries and esteemed personalities in the field of hospital administration, who deserve my greatest gratitude. This project would not have reached the level without the blessings of **Dr S K Raju, Medical Superintendent, ESI Hospital, Basaidarapur** as well as the support of his staff and office holders of the hospital. I would like to unequivocally express my gratitude to **Dr Girish Arora, I/C Emergency Ward, ESI Hospital, Basaidarapur** who had been beside me at all times giving his ever willing and unstinted support as well as his inspiring guidance during all phases of the project.

I would also like to express my deepest gratitude to my mentor **Dr A K Khokhar, Dean Training, International Institute of Health Management Research (IIHMR) Delhi** who provided me with valuable and intricate guidelines towards the compilation of the project and directing my thoughts and objectives towards the zeal and enthusiasm to achieve the task.

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### **LIST OF ABBREVIATIONS**

A & E	Accident and Emergency
ANS/DNS	Assistant Nursing Superintendent /Deputy Nursing Superintendent
CMO	Chief Medical Officer
CMS	Chief Medical Superintendent
CSSD	Central Stores and Supply Depot
CT	Computerized Tomography
CUG	Close User Group
DMP	Disaster Management Plan
ED	Emergency Department
EOC	Emergency Operations Center
HAZMAT	Hazardous Material
HDU	High Dependency Unit
ICU	Intensive Care Unit
I/C	In-Charge
HEICS	Hospital Emergency Incident Command system
HOD	Head of Department
HSC	Hospital Surgical Capacity
HTC	Hospital Treatment Capacity
MCI	Mass Casualty Incident
MICU	Medical Intensive Care unit
MLC	Medico Legal Case
MO	Medical Officer
MO IC	Medical Officer In Charge
MRD	Medical Records Department
MS	Medical Superintendent
OPD	Out Patient Department
OT	Operation Theater
OTA	Operation Theater Assistant
QRMTs	Quick Response Medical Teams

## ABSTRACT

1. Hospitals have a big role to play on occurrence of a disaster as they are among the first establishments to be affected, whether they are victims themselves (internal ) or catering to mass casualties (external). Since heavy demand is placed on their services at the time of a disaster, the hospitals need to be primed to handle such an unusual workload. This demands a comprehensive, documented and tested disaster management plan (DMP) to be in place in every hospital.
2. In India, hospitals rarely have a documented DMP and even rarely conduct disaster drills or publish the reports of such drills. The NABH/JACHO actually requires hospitals to test their emergency plan twice a year, including at least one community-wide drill. Alertness for disasters is a dynamic process. In addition to having a well documented DMP in place, it is prudent to have regular drills to test the hospital's DMP. The drills may be hospital disaster drills, computer simulations or other exercises. To this end, it was prudent to carry out the gap analysis of preparation level for Disaster Management of ESC Model Hospital, Basaidarapur.
3. The study design was cross sectional study with secondary data review. The study employs both qualitative and quantitative approaches to data gathering .The data collection source for the study is secondary data source and observation. The methodology involves a descriptive type multiple case design study relying on documentation and standard operating procedures as the sources of evidence. The main sources of secondary data are the international publication on disaster management, NDMA guidelines, hospital records, and Hospital Safety Index by WHO. In addition to the secondary data, participative observation method used to know more on the representative activities of the hospital related to disaster management plan.
4. One can assess the hospital disaster drills to test various components viz incident command, communications, triage, patient flow, reporting, security and other issues even without actual carrying out the drill by just construing the hospital DM Manual. The Survey has highlighted that internal and external communications the key to effective disaster response was conspicuous by its absence; a well-defined incident command center if designated

could reduce response time as well as confusion while accurate phone numbers of key players is vital for shortening the reaction time.

5. A well defined and a comprehensive Disaster Management Plan/ Manual is the key to efficient functioning during a disaster, key hospital personnel are not trained in a formal incident command system which is an organized procedure for managing resources and personnel during an emergency. The sensitivity towards the awareness and consciousness of implications of serious repercussions is lacking.
6. It is recommended that all hospitals should have a programme structured for emergency and disaster risk management that addresses risk assessment, hazard and vulnerability reduction, response and recovery, and the focuses on the readiness of the hospital to respond to emergencies and disasters.