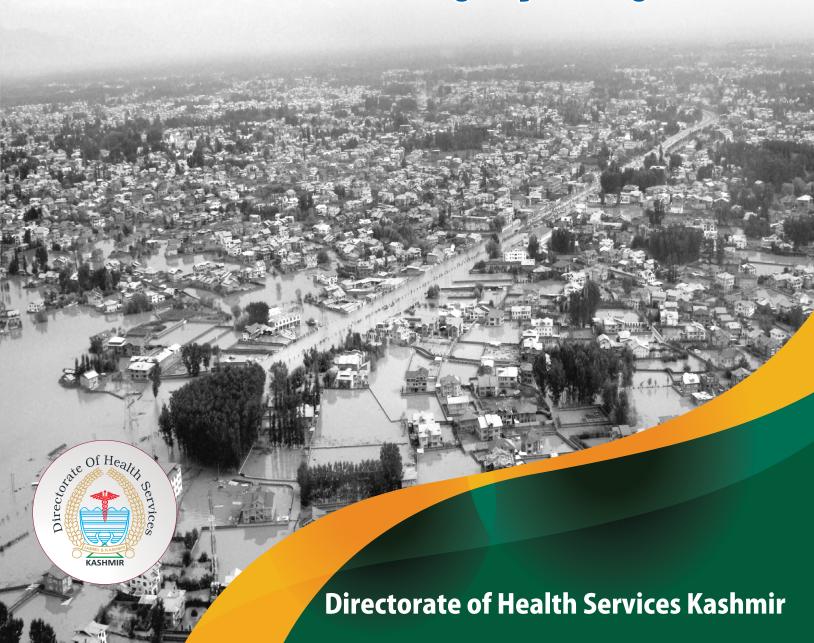


DISASTER MANAGEMENT Manual

Health Care Emergency Management







Message

I am glad to know that the Directorate of Health Services Kashmir has taken the initiative of preparing the District wise "Disaster Management Manual" to serve as a reference handbook which deals with the protocols to be implemented and assigns specific roles and responsibilities to the officials working in different capacities in the districts, including the hospitals.

Considering the vulnerability of the state to disasters, there has to be an adequate level of disaster preparedness in various Government Departments. Health sector apparatus certainly is among the first and very vital response mechanism that needs to be in place for effectively mitigating the effects of any disaster.

I compliment Directorate of Health Services Kashmir for bringing out the Disaster Management Manual.

(Mehbooba Mufti)



Minister Health & Medical Education, Jammu & Kashmir



Message

I am pleased to know that the Directorate of Health Services, Kashmir is bringing out maiden issue of its manual titled "Disaster Management Manual". The manual is a comprehensive document which shall serve as a guideline in Disaster Management.

I am sanguine that this publication will be of great use to State Health Department and other allied Departments. It shall also help Legislatures and Panchayati Raj Institutions (PRIs) to understand and contribute at the apex level for an effective support and in its implementation in case of any eventuality.

I convey my good wishes and felicitations to everyone associated with this publication.

(Bali Bhagat)



Minister of State for Housing & Urban Development Deptt., Health & Medical Education and Social Welfare Deptt., J& K



Message

I am pleased to note that the Directorate of Health Services, Kashmir is bringing out its important document "Disaster Management Manual". I hope this publication will provide inputs and technical guidance to the Health and other sister departments involved in Disaster Management. This manual will prove a handy tool not only to Health department but to the entire Disaster Management System.

I appreciate the efforts of Director Health Services, Kashmir for publishing this important document.

(AsieaNaqash)





Message

I am pleased to know that the Directorate of Health Services, Kashmir has prepared a Disaster Management Manual, specific for its hospitals.

Management of disasters is a daunting task for any administrative machinery. Though it is not possible to prevent disasters, if appropriate measures are taken, the impact of disasters, particularly on the vulnerable population, can be reduced to a great extent.

Disaster preparedness assumes greater significance in the wake of increase in frequency and intensity of disasters, such as earthquakes, landslides, avalanches, windstorms, droughts, floods etc., apart from road and fire incidents.

There is a need to develop a holistic strategy for the management of disasters, through a culture of prevention, mitigation and preparedness to generate a prompt and effective response in the event of an emergency.

We trust that Manual prepared by the Directorate of Health Services, Kashmir is implemented on ground and rehearsed, besides being reviewed and updated on a regular basis.

I wish the Department of Health Services, Kashmir success in all future endeavors.

(B. B. Vyas) Chief Secretary (IAS)



Commissioner/Secretary, Health and Medical Education, J&K.



Message

It gives me great satisfaction that the Directorate of Health Services, Kashmir is publishing Disaster Management Manual for the Directorate as well as the District Hospitals and Peripheral Health Institutions under the Administrative Control of respective Chief Medical Officer.

As I have experienced during the flood of 2014, the Department of Health is among the primary mitigating agencies to reduce the impact of any natural or manmade disaster. A comprehensive Disaster Preparedness mechanism has to be in place for effective management of any disaster.

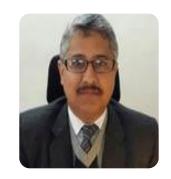
The Manual designed by the Directorate of Health Services, Kashmir will go a long way in cultivating a culture of proper and scientific managerial skills that need to be acquired by Administrators and the health personnel working in different capacities in the Department

(Dr. Pawan Kotwal)

IAS



Ex. Commissioner/Secretary, Health and Medical Education, J&K.



Message

I am pleased to know that the Directorate of Health Services, Kashmir is publishing a significant "Disaster Management Manual". J&K State is always under a sustained threat due to its geographical location and inclement weather conditions.

I am hopeful that this publication will be of great use to all the stake holders who are directly or indirectly involved in Disaster Management in the State.

I convey my best wishes and greetings to Director Health Services, Kashmir for this vital publication which will serve as a means of reference and facilitate in planning the Disaster Management interventions for the future as well

(Dr. M.K. Bhandari)

IAS



MBBS,MPH Director Health Services, Kashmir



Message

It gives me immense pleasure to publish this document titled "Disaster Management Manual". Our rendezvous with frequent disasters/disaster like situations, be it devastating floods of 2014 or recent unrest in the valley has imparted us a vast experience in its management with some incredible innovations.

The cohesive and tireless efforts put in by Health Department during these trying times to deliver complete health care at the peripheral level stands as a testimony. Directorate of Health Services Kashmir has already started training in disaster management at Regional Institute of Health and Family Welfare, Dhobiwan, Baramulla where doctors, Para-medics and support staff are regularly trained.

Hence, this comprehensive document "Disaster Management Manual" shall provide a technical edifice which will prove to be a beacon light for others to follow. Accordingly, Healthcare Emergency Management Plan was made for each District Hospital and Chief Medical Office separately, keeping local needs, topography and resource availability into consideration.

I extend my best wishes to the editorial board and appreciate the remarkable devotion and dedication shown by Medical Superintendent District Hospital Pulwama Dr. Abdul Rashid Para and Medical Superintendent District Hospital Ganderbal Dr. Samina Mufti in compilation of this manual. I would also like to seize this opportunity to appreciate the innovations made with regard to Disaster Management by the officials of Directorate of Health Services Kashmir involved with the process of compiling and framing of the "Disaster Management Manual".

Dr. Saleem-ur-Rehman

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Directorate of Health Services Kashmir



Hospitals and Disasters



BACKGROUND

Jammu & Kashmir has been traditionally vulnerable to natural disasters on account of its unique geoclimatic conditions. Floods, droughts, earthquakes and landslides are a regular phenomena. Jammu & Kashmir also witnessed several conflicts in previous years. The last few decades have witnessed an increased frequency of disasters causing tremendous human sufferings in terms of loss of life and disability in addition to huge economic losses. *Although these are not totally preventable but their impact can be minimized by effective planning*. Equally important are the "peripheral emergencies" like road, rail & air accidents, fire, drowning, stampedes in mass gathering, industrial accidents, explosions and war conflicts that have an inherent potential to convert into a mass casualty incident (MCI). The loss of life and disability are compounded by the lack of adequate medical preparedness both qualitatively and quantitatively across the state.

What are disasters?

Almost on daily basis there are reports of disasters around the world. So what do we understand? Are they accidents or something else? A disaster is defined as:

"...... a serious disruption of the functioning of the society, causing wide spread human, material, or environmental losses which exceed the ability of the affected society to cope using its own resources."

A disaster occurs when a hazard (natural or man-made) strikes a vulnerable society. Vulnerability is defined as "the extent to which a community, structure, service, or geographical area is likely to be damaged or disrupted by the impact of a particular hazard, on account of their nature, construction, or proximity to a hazard prone area".

What is "Risk"?

Risk is a measure of the expected losses (deaths, injuries, property, economic losses etc.) due to a hazard of a particular magnitude striking in a given area. The *Fig. 1* illustrates the four factors that contributes to risk. They are:

- Hazards (natural such as earthquake, floods, landslides, cyclones etc. or manmade such as exposure to hazardous material, explosion etc.)
- RISK CONTRACTOR OF THE PROPERTY OF THE PROPERT

Figure 1: Factors affecting 'Risk'

- Location of hazard relative to the community at risk.
- Exposure (the effect of hazard on infrastructure and lifeline systems serving the population such as water supply, communication, transportation network etc.)
- Vulnerability of the exposed society, structure and systems to the hazard.

Snow Avalanches at Waltengo in Year 2005



Earth Quake at Uri in Year 2005





Flood in Year 2014



Earth Quake at Uri in Year 2005



How can we reduce the risk?

Risk reduction can be done in two ways:

A. <u>Preparedness</u>: Preparedness encompasses all those measures taken before a disaster event which are aimed at minimizing loss of life, disruption of critical services and other damages when the disaster occurs. Thus, preparedness is a protective process which enables governments, communities and individuals to respond rapidly to disaster situation and cope with them effectively.

Preparedness includes development of emergency response plans, effective warning systems, maintenance of inventories, training of manpower etc.

B. <u>Mitigation</u>: Mitigation encompasses all measures taken to reduce both the effect of hazards itself and the vulnerable conditions in order to reduce the losses in a future disaster. Examples of mitigation measures include, making earthquake resistant buildings, water management in drought prone areas, management of rivers to prevent floods etc.

The Disaster Management Act, 2005

Attached as Annexure "H" (At Page No: 73)

The Disaster Management Cycle

Disaster management can be defined as the body of policy and administrative decisions and operational activities which pertain to the various stages of a disaster at various levels. Broadly disaster management can be divided into pre-disaster and post-disaster contexts.

Role of Hospitals in Disasters/Mass Casualty Incident (MCI)

Hospitals play a critical role in health care infrastructure. Hospitals have a primary responsibility of saving lives, they also provide 24x7 emergency care service and hence public perceive it as a vital resource for diagnosis, treatment and follow-up for both physical and psychological care. Hospitals are center to provide emergency care and hence when a disaster strikes the society falls back upon the hospitals to provide immediate succor in the form of emergency medical care.

What constitutes a Disaster/MCI for a hospital?

Whenever a hospital or a health care facility is confronted by a situation where it has to provide care to the large number of patients in limited time, which is beyond its normal capacity, it constitutes a disaster for the said hospital.

In others words when the resources of the hospitals (infrastructure, trained manpower and organization) are overwhelmed beyond its normal capacity and additional contingency measures are required to control the event, the hospital can be said to be in a disaster situation. This implies that a same event may have a disaster potential for a smaller hospital and not so for a bigger hospital. Therefore, disaster for a hospital is "a temporary lack of resources which is caused due to sudden influx of unexpected patient load".

In order to find out what constitutes a disaster or unmanageable incident for the hospital, the hospital needs to calculate its normal capacity, beyond which it has to act according to the Disaster Plan. According to WHO, the Mass Casualty Emergencies can be categorized in one of the following ways:-

(Reference: http://whoindia.org/en/Section33/Section34/Section38_51.htm)

Based on the Number of Casualties:

Here, the categorization is based on the number of casualties coming to a hospital at a time and the ability of the hospital to cope with those casualties. Categorization will differ from hospital to hospital and depend on several factors, such as the number of doctors and nurses available and the availability of supplies and support services

Category 1: Up to thirty patients belonging to a single accident or any other emergency, coming to a hospital casualty at one time.

Category 2: Thirty to fifty patients belonging to a single accident or any other emergency, coming to a hospital casualty at one time.

Category 3: More than fifty patients belonging to a single accident or emergency, coming to the hospital casualty at one time.

Assessment of the capacity of a hospital to respond to a given emergency situation can be assessed following two ways:-

- Hospital Treatment Capacity (HTC), is defined as the number of casualties that can be treated in the hospital in an hour and is usually calculated as 3% of total number of beds.
- **Hospital Surgical Capacity (HSC)** is the number of seriously injured patients that can be operated upon within 12-hour period i.e. HSC= Number of operation rooms x 7x 0.25 operations/12 hrs.

Note: Above categorization is for a 1000-bedded tertiary hospital, and modifications can be made depending on the bed strength and staff strength (doctors, nurses and support staff) for individual hospitals. The Hospitals can devise and calculate their own treatment capacity depending on their previous experiences.

Based on type of casualties:

Category A: Patients in critical condition:

It includes cases of poly-trauma with head injuries, thoracic injuries, abdominal injuries, fractures of major bones with profuse bleeding etc. These patients require immediate resuscitation and supportive measures. About 10% of these are beyond salvage.

Category B: Patients in serious but not life threatening condition:

It includes poly-trauma cases of a less serious nature, for example, fractures and crush injuries of limbs without major blood loss, facial injuries, spinal injuries, etc.

Category C: Walking wounded:

These patients may have minor injuries requiring wound toileting and dressing and / or limb fractures requiring closed reduction and immobilization.

Based on the categorization,

It is advisable to further classify by the contingency plan into three classes:

Class A: The plan can be put into practice without any disruption to the normal and routine work of the institution.

Class B: The plan can be put into practice with minor disruption in the day to day functioning of the hospital and with some readjustments. The plan may be upgraded to C if the numbers of casualties increase.

Class C: There would be definite disruption of routine work. Major readjustments would be required in hospital functioning, inpatient treatment, duty arrangements, laboratory & operation theatre scheduling, increased demand on stores, pharmacy, etc.

Why to have Emergency plans for hospitals?

Hospital disaster management provides the opportunity to plan, prepare and when needed enables a rational response in case of disasters/mass casualty incidents (MCI). Disasters and mass casualties can cause great confusion and inefficiency in the hospitals. They can overwhelm the hospital resources, staff, space and/or supplies. Lack of any comprehensive plan to fall back upon in times of disaster leads to a situation where there are many sources of command, many leaders and no concerted effort to solve the problem. Everyone performs his/her own work without effectively contributing in solving the larger problem of the hospital. Therefore, it is essential that all Hospital Emergency Plans have the primary feature of defining the command structure in their hospital and to extrapolate it to disaster scenario with clear cut job definitions once the disaster button is pushed. Chaos cannot be prevented during the first

minutes of a major accident or disaster, but the main aim of Hospital Emergency Plan should be to keep this time as short as possible. All hospitals should also have a realization that in a sudden mass casualty incident their hospital is actually running on full capacity. Due to greater number of patients coming in, there is a tendency and pressure to practice disaster medicine and thereby reducing the quality of medical care in the interest of greater number of surviving persons. But under all circumstances, even in a disaster, planning should be done in a way that the quality of care to the serious / critical patients is not compromised. The plan should aim at

- The survival and recuperation of as many patients as possible
- A proportional distribution of patients to other healthcare facilities

Hospitals which provide full time emergency services on a 24 hour per day, 7 days a week basis meet the standard requirements of receiving mass casualty incident patients at all times

- Hospital has sufficient number of personnel, including doctors and paramedical staff to meet the patient needs for emergency care.
- The Services are appropriate to patient needs.
- The emergency services provided are integrated with other departments/sections of the hospital.

Therefore, it is imperative for these facilities to make a Hospital Emergency Plan.

Should smaller hospitals also have emergency plans?

The public health care infrastructure in India has been planned in a pyramidal fashion with primary and community health facilities at the base and tertiary health care facilities like Medical College/University hospitals at the apex. In between there are many other hospitals like the District Hospitals, Sub-District Hospitals etc. having a moderate bed strength of 100 - 200.

Hospital planning in India has till now not focused on preparedness in case of disasters and MCI. Not only is there an urgent need to increase the preparedness of hospitals in mass casualties but also the hospitals have to expand their focus to include both internal hospital planning as well as be a part of the regional plan for disasters and mass casualties. Since the disasters do not strike in the vicinity of only bigger hospitals, it is imperative that all hospitals whether small or big providing emergency care should have an emergency plan.

The emergency plan for smaller hospitals such as Community Health Center may actually only focus around providing either mobile emergency care on the site of incident or providing intermediate stabilization and forward referral of serious patients to the nearest networked hospital. In most mass casualty incidents it has been observed that majority of the victims are not seriously injured and come in

the walking wounded category. Such small centers can provide immense help in case of disasters/MCI by providing definitive care to such victims who are not seriously injured. The emergency plan of such small hospitals would largely depend upon the concept of hospital networking.

Hospital Networking

Hospital/Health care networking is an essential step in medical preparedness planning for mass casualty incidents. Hospital networking does not necessarily mean linking up of various health care facilities with communication networks.

Network essentially means a dynamic link between various health care facilities of a given geographical area for augmentation or optimization of available resources. It means that the district authorities must have the information about the available health resources in their area.

As illustrated in the Fig. 2 the health care facilities have to be networked for

- 1. Information
- 2. Materials
- 3. Manpower
- 4. Training

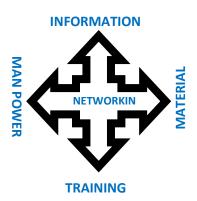


Figure 2: Components of Hospital Networking

Objectives of Networking:-

1. Analysis of existing resources.

In order to network various health care facilities the district authority should analyse the available resources in terms of materials and trained manpower. This helps in assessing the existing capabilities and limitations. This analysis can be easily done by using the WHO questionnaire for inventory analysis

2. Knowledge augmentation.

The sharing of inventory data between different hospitals, health care facilities, diagnostic laboratories, blood banks (public as well as private) etc. enriches the district medical authorities about various medical resources they have at hand in case of a mass disaster. It also helps the policy maker to critically analyse the available resources and augment them if and when required.

3. Optimal utilization of resources.

In a disaster situation no single health care facility standing alone can provide optimal care to all the victims affected. Networking helps and identifies not only the strength and weaknesses of our own hospital but also other available resources in the area so that optimal patient care can be provided. For example, a District Hospital might not have a CT scanner but the same might be available at nearby private setup which can be utilized by the district authorities in case of disaster so that the final treatment of the victims is not delayed.

Different state medical directorates and district medical authorities have to sit together with various health care providers in their areas and workout how to network these facilities.

Levels of Hospital Networking

Hospital networking can be done at various levels within the district as well as with intervening bigger hospitals at peripheral level.

Role of District Medical Authorities

The administrative units under which the responsibility of disaster management lies is the district/tehsil/block level. As we have pointed out that the medical preparedness and emergency medical planning is an integral part of any disaster management plan it becomes the responsibility of the district and tehsil/block medical authority to chalk out their respective emergency plans which are detailed into the district and tehsil/block disaster management plans. The role of medical authorities can be clearly defined in the pre-disaster and disaster phases.

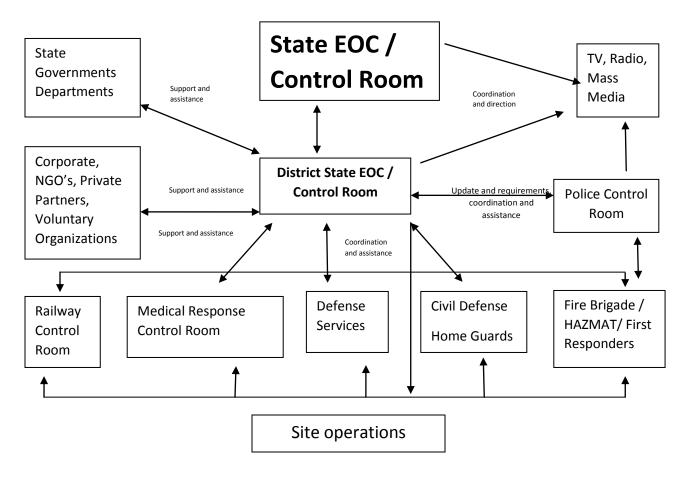
A. The pre-disaster phase:

The primary aim of the district medical authorities during the pre-disaster phase would be to critically assess the available medical resources within the district and share them with other neighboring districts. In other words the networking of the various medical resources and hospitals should be the main aim of the district medical authorities in the pre-disaster phase. The networking should not only be of facilities but of transport vehicles like ambulances, blood banks, CT scan and trained manpower like quick reaction medical teams (QRMT's), specialists, super-specialists etc. Emphasis should also be laid down on the organizational and functional aspects of such a medical networking.

B. The Disaster phase:

The district medical authorities should play a leading role in medical treatment of victims once the disaster strikes. The Chief Medical Officer/ equivalent position should take the role of incident commander and should set up a medical command structure which would work in tandem with the

district administrative authorities. A proposed structure of such a district medical command systems is given in figures 3 and 4.



Fire Brigade / HAZMAT/ First Responders	Police Control Room	Medical Response Control Room	Municipal corporations	Civil Defense Home Guards	Defense Services	Railway Control Room
Evacuations Fire fighting Rescue Salvage	Cordoning of area Rescue Law and order Corpse disposal Traffic management Rumor control	Transport seriously injured Emergency onsite treatment (Mobile Hospital) Corpse disposal Preventive measures Health monitoring	Emergency water and food Salvage Corpse disposal Clearance of debris Emergency repairs Coordinating Transport Temporary shelters	Evacuatio n Rescue Salvage	Called for in emergency when district contingency measures are not sufficient	Transport Rescue Salvage Railway hospitals

Figure 3

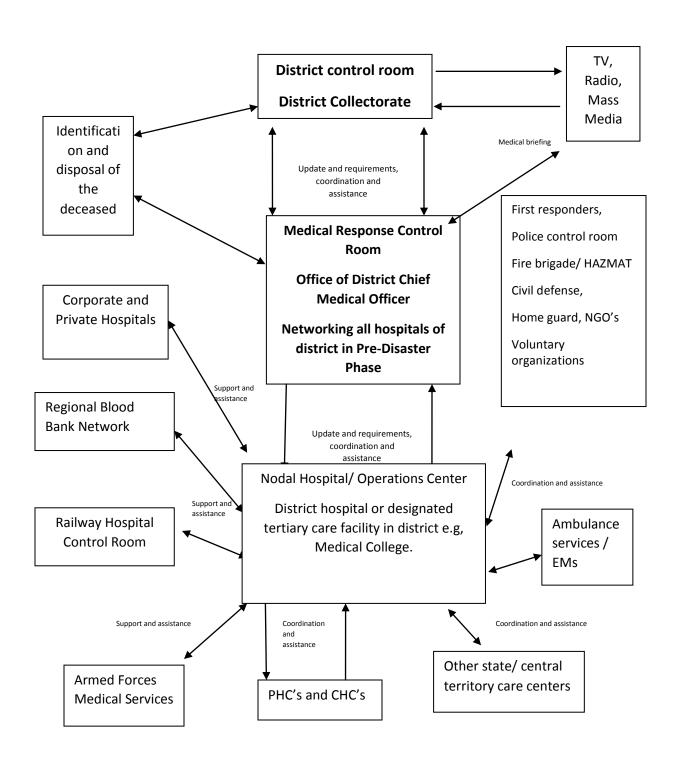


Figure 4:- District Medical Response Incident Command

Organization of Health Delivery System in Disaster/ Emergency situations

One of the important roles of the district medical authority would be to organize the overall health delivery system of the district according to the plan. The mass casualty medical preparedness plans should be dovetailed into the existing district disaster management plans.

Health delivery system management plays an important role in reducing morbidity and mortality. Intimes of disasters, the health delivery systems all of a sudden have to provide medical facilities to an unusually large number of patients out of which many would require the first aid treatment only. In order to provide medical facilities to the needy in time, it is necessary to screen out large number of minor injuries from the serious ones.

With the above intention, mass casualty management at the district level should be planned in two stages: -

i) Pre-Hospital Management

- a) First aid Parties
- b) First Aid Posts (static and mobile)
- c) Ambulance service
- d) Mobile Surgical Units.

ii) Emergency Hospital Organization

- a) Emergency Hospital Services (including critical care facilities)
- b) Emergency Surgical Services
- c) Emergency Transfusion Services
- d) Emergency Investigation Facilities

i) Pre-Hospital Management

Objective: To render first aid to victims at the spot of disaster and their transportation to nearby hospital as a part of life saving measure.

Responsibility: The duty of the officer organizing pre-hospital management is usually performed by the Chief Medical Officer or Medical Superintendent. The Officer In-charge/Chief Medical Officer/Medical Superintendent generally works under the general guidance of the District Magistrate. The scales of pre-hospital facilities which should be available in accordance with the population is given in Annexure A (At page No.59)

a) First Aid Parties

Objective: The functions of the First Aid Party is to render first aid to casualties at the place of incident and transport the casualties on stretchers to nearby first aid post. In addition to the pre-hospital first aid parties available from the health department reinforcements can be managed by availing the services of other medical care providers such as the Armed Forces, Railways, Red Cross, NGOs and other private stake holders. The networking for this should be a part of pre-disaster planning.

b) First Aid Posts

Objective: Primarily first aid posts are meant for treating the lightly wounded casualties those not requiring hospitalization, thus relieving congestion at the hospitals. They are also responsible for screening casualties sent by First Aid Parties to sort out those who need immediate hospitalization. Cases demanding urgent medical attention should be sent directly to the networked hospital without any delay.

First aid post may be static or mobile. A mobile first aid post is meant to rush medical aid to the site of incident for the treatment of casualties on the spot.

Location: First aid posts may be housed in existing government, local body, charitable or private dispensary depending upon their situation and needs of the community. The location of these posts should be planned in advance and should find a mention in the mass casualty management plan of the district. Wherever possible, these posts may be set up in proximity to a hospital as cases can be effectively screened and admitted to the hospital without any delay.

Layout and Spacing: The post should ideally consist of three areas namely Reception, Treatment and Waiting areas. They should be located in such a manner that adjacent posts should not be more than three kilometers apart so that no casualty has to travel long distance to get first aid.

Personnel: The first aid post should be manned round the clock during dire emergency. A nominal role of doctors and nurses volunteering to man the first aid posts may be maintained in each post along with their addresses and telephone numbers, if any.

Stores and Equipment: The scale of stores and equipment is placed at Annexure B (At Page No.59) these stores should be turned over periodically.

c) Ambulance Services

Objective: An efficient ambulance service is an essential part of the casualty service for the transportation of casualties from the scene of disaster to first aid posts and hospitals.

DISASTER MANAGEMENT MANUAL

Vehicles: Ambulances for lying cases may be improvised from trucks, lorries and buses with adequate stretcher fitments. Vehicles for First Aid Parties and sitting casualties may be improvised from private cars, vans, taxis, tempos and other similar light vehicles.

Stores and equipment: The scale of equipment is given in Annexure C (At page No.62)

d) Mobile Surgical Units

Mobile surgical units are generally required in catastrophic disasters like earthquakes where the hospital itself might be a victim of the disaster. Mobile surgical units might not be available with the district or the state authorities but if available their number and location should be available with the district medical authority so as to call them whenever need arises. The district authority should also network with the existing health care providers like the Railways and Defense Services who already have their own mobile surgical units.

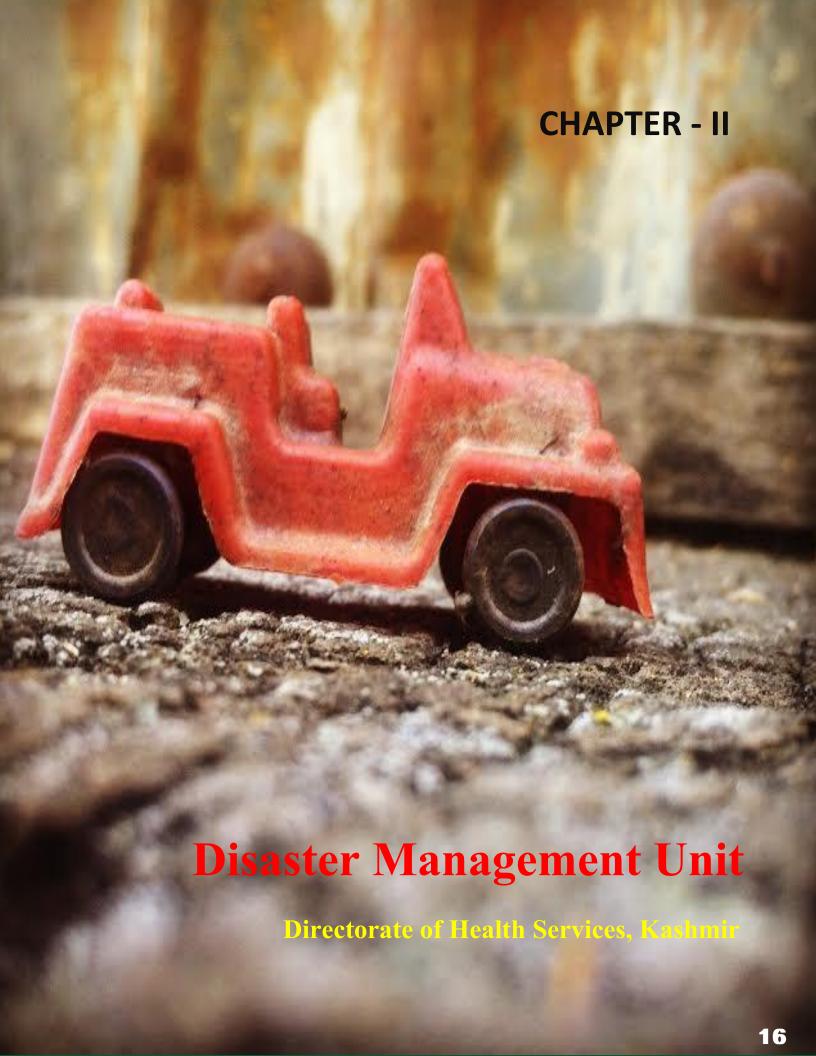
Objective: Mobile Surgical units are small surgical teams along with operation theatre setup on wheels. These units are sent to the disaster sites for performing life saving emergency surgeries. The unit should function in close coordination with the first aid posts.

Staff: Each mobile surgical unit should have three doctors including an anesthetist. It should also ideally have one fully trained nurse, one operation theatre assistant (OTA), two first aid assistants and a driver.

ii) Emergency Hospital Organization

The Director/HOD of Health & Medical Education or any other nominated official of the state should facilitate preparation of detailed plans for hospital services in the event of a disaster. These plans should ideally be district wise and should consider the assessment of all the hospital beds available in the district (government as well as private sector). The plan should also have detailed information about other medical facilities like CT Scans, Blood Banks, and Investigation Labs etc. which can be utilized at the time of mass casualty incidents.

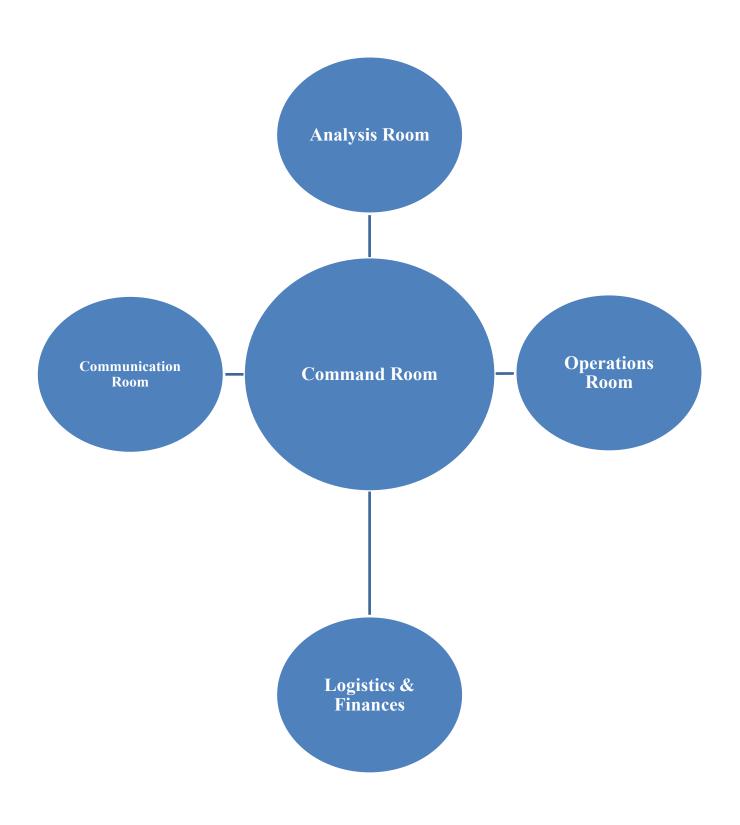
The detailed steps of hospital emergency planning are given in chapter -3



The Divisional level Disaster Preparedness and Mitigation Unit (DPMU) will function from the office of the Directorate of Health Services, Kashmir at the Old secretariat complex. In case of any disruption on account of damage to the infrastructure or inability to access the site at the Old secretariat the directorate will keep a first standby site ready at the DEPH Building, Barzulla. Alternate site (if required) will be planned at the JLNM Hospital Srinagar. The sites so identified should preferably be housed in the upper floors. A clear space in the vicinity should be made available for parking of vehicles and accessible to heavy motor vehicles. This parking space should be properly street lit.

The Epidemiologist Kashmir will be responsible for maintaining the alternate office site at Barzulla and the Medical Superintendent JLNM will identify and earmark a site at JLNM Hospital. The alternate office site/sites will consist the following:

- ❖ 04 office rooms of minimum 150 square feet with furniture consisting of 10 office chairs which will include one Command Room, One Communications Room, One Operations Room and one Analysis Room.
- 01 office hall of minimum 200 square feet with around 15 office chairs and minimum 10 office tables.
- The existing auditoriums/meeting halls at these sites shall be kept accessible and functional.
- ❖ Provision for night stays facilities for a minimum 10 persons.
- Approximately 1000 square feet covered area which can be designated and used for temporary stores.
- ❖ 02 working telephone connections with one having high speed broadband internet access.
- ❖ At least 04 working computers/laptop with printers/UPS connected to internet.
- Minimum 02 Photostat machines, one working fax connection with one standby, one mobile telephony connection from each service provider.
- ❖ 24x7 electric supply (main lines, generator, Inverter, etc) with minimum 100 liters of generator fuel.
- Minimum stock of stationery.
- ❖ Washrooms with adequate water supply/ storage.



Command Room:

This room will be used by the Chief Disaster Manager (CDM). The Director Health Services, Kashmir will function as CDM in the event of any disaster, during ordinary course of events. In case of his non-availability, the same will be operated by any officer of the Directorate of Health Services, Kashmir designated by the Director.

Role of CDM:

He/she will initiate communications with subordinate staff by any available means including wireless radio using Police assistance as well as with District functionaries including Disaster Management Department, District Development Commissioners, Health & Medical Education Department, Civil Defence, Traffic Police, Para-Military and other Departments, Government Medical College, Red Cross Society, etc to ascertain the magnitude of the disaster and the immediate requirements with respect to the Department of Health.

- ✓ The CDM will see through the implementation of Disaster Management protocols as laid down below
- ✓ The CDM will see the setting up of sub ordinate offices as per the Disaster Management manual.
- ✓ He/she will be assisted by the Personal Section of the Directorate.
- ✓ He/she will also conduct routine emergency review meetings of all sections as and when required.
- ✓ He/she will keep himself updated on time to time basis over the course of any disaster including supplies and logistics, communications, impact assessment reports and requirements reports.
- ✓ He/she will be the person who will brief or attend external meetings unless he delegates the same to someone else.
- ✓ All Disaster related correspondence will be routed through his/her office, especially with Administrative Department and other line departments as well as Ministry of Health, Government of India.

Communications Room:

The functions of this room will be supervised by Deputy Director (P&S) or a senior level officer decided by the CDM and assisted by the staff of the Planning and Personal Section. For this purpose, the designated officers/officials will maintain an update record of the institutions spread across the Kashmir Division including the physical connectivity/alternate routes to these institutions and their manpower status. This section will also be attended by Junior/Senior Assistants of Establishment Section. The primary role of this section will be as under in addition to any other duties that will be delegated by the Command Room or any specific instructions issued by the same:

- Assessment of the impact of the disaster.
- Assessment of the level of disruption of health services.
- Assessment of road & telecommunications connectivity with the affected areas.
- Will act as listening post to local or national radio/television broadcast.
- When communications become available, they will compile and prepare Disaster impact reports, will seek daily status reports of manpower available, medical supplies and consumables, additional requirements, etc.

Operations Room:

The Operations Room will be headed by Deputy Director (HQ) or a senior level officer as decided by the CDM. He/she will be assisted by the Epidemiologist, Kashmir, AEE SHTO and Junior/Senior Assistants from Schemes Section and Legal Section. The main functions of this section will include:

- Planning and mobilizing Medical relief operations from within the resources of the State as well as coordinating with external agencies to achieve the required purpose.
- Mobilizing additional manpower as per the requirement.
- Monitoring the functioning of the Ambulatory service.
- Creating standby medical teams to be stationed in all District headquarters.
- Monitoring of work done of institutions, teams, camps, etc during the time of the disaster.
- Conducting Epidemiological surveys, IEC activities,
- Will set up Public helpline for Public Grievance redressal.

Logistics and Finance:

This section will be headed by the Chief Accounts Officer of the Directorate who shall be assisted by the Controller of Provincial Stores, Head/Senior/Junior assistants from Accounts Section & Purchase Section. The main functions of this section will include:

- Ensuring availability of supplies of medicines, drugs, disposables, tents, POL, etc.
- Coordinate with the JKMSCL by compiling additional requirements of supplies.
- Creating a list of critical supplies and monitoring the same on daily basis.
- Will assess financial requirements for Disaster Management and relief operations.
- Will expend the funds as will be received from SDRF/NDRF/etc based on the requirements after the approval of CDM.

Analysis Room:

This room will be headed by Deputy Director (Schemes) and will be assisted by Senior/Junior Assistants from Schemes Section/Registration Section. The main functions of this room will be:

- Will collect data from all three other sections i.e, Communications, Operations and Logistics Room and will compile the same on a daily basis.
- Will also monitor the effectiveness of the Disaster Response measures.
- Will suggest corrective measures and additional measures.
- Will also observe trends/patterns of diseases and requirements.

In addition, the following officers will make themselves available to the Command Room for duties that may be assigned field visits, tours and inspections, review etc:

- Deputy Director (Dentistry)
- > Assistant Directors
- > State Tuberculosis Officer.
- Divisional Nutritional Officer.
- ➤ All other Nodal Officers and other staff working in the Directorate.

Phone Directory of concerned Officers/Officials:

Operation Room -

Staff assigned to report to Deputy Director (HQ), In-charge Operation Room

S.No.	Name of the Officer/Official	Designation	Mobile Number	Alternat Number
1	Dr. Kunzes Dolma	Deputy Director (HQ)	9419348103	0194-2454706
2	Dr. Rehana Kausar	Epidemiologist	9906711775	7006561705
3	Dr. S. M. Kadri	State Surveillance Officer, IDSP	9419010363	0194-2463261
4	Er. Reyaz Ahmad Khan	AEE (SHTO)	9419085269	700657958
5	Mr. Mohd Amin	Senior Assistant	9906517833	0194- 2454707
6	Mr. Shahzaman	Senior Assistant	9469686048	7006353199
7	Mr. Zubair Ahmad	Senior Assistant	9697817669	8803380977
8	Mr. Ishfaq Ahmad	Senior Assistant	9419538711	0194-2459713

Communication Room –

Staff assigned to report to Deputy Director(P&S), In-charge Communication Room

S.No.	Name of the Officer/Official	Designation	Mobile Number	Alternate Number
1	Mr. Suhail Ahmad Malik	Deputy Director (P&S)	9858445364	0194 - 2479561
2	Mr. Bashir Ahmad	Assistant Director (P&S)	9419090748	0194 - 2454707
3	Mr. Zahoor Ahmad Mantoo	P. A to DHSK	9419011681	9906510087
4	Mr. Abdul Rashid	Statistical Officer (P&S)	9419007035	9906000115
5	Mr. Zahoor Ragi	PRO to DHSK	9419066748	9797023663
6	Mr. Mushtaq Ahmad	Senior Assistant	9596130783	NA

Analysis Room -

Staff assigned to report to Deputy Director (Schemes), In-charge Analysis Room

S.No.	Name of the Officer/Official	Designation	Mobile Number	AlternatNumber e
1	Dr. Showkat lolu	Dy. Director (Schemes)	9419043028	7006502367
2	Dr. Rafi Arshad	Principal RIHFW	9419019643	9796718686
3	Dr. Ijtaba Shafi	Nodal Officer D&M	9419070388	9622871536
4	Mr. Ajaz Ahmad	NHS	9906472771	9055224237
5	Mr. Hamidullah	Senior Assistant	9858428451	7006260171
6	Mr. Abid Manzoor	Junior Assistant	9906930606	9018362214

Logistics & Finance Room –

Staff assigned to report to Accounts Officer, In-charge, Logistics & Finance Room

S.No.	Name of the Officer/Official	Designation	Mobile Number	Alternate Number
1	Mr.Muhmmad	Chief Accounts		
1	Moaqbool War	Officer	9419020873	0194 - 2454670
2	Mr. Farooq Ahmad	Assistant Accounts Officer	9419403246	0194 - 2471509
3	Mr. Fayaz Ahmad	Head Astt. (Nazarat)	9419079979	7298570205
4	Mr. Abdul Rashid	Head Astt. (Budget)	9622616200	9419091853
5	Mr. Iftikhar Hussain	Senior Assistant	9419056753	9596061515
6	Mr. Syed Ab. Haye	Senior Assistant	9419002061	9596074785
7	Mr. Gh. Jeelani Zahid	Senior Assistant	9419055881	NA
8	Mr. Nisar Ahmad	Junior Assistant	9906543060	7006039094
9	Mr. Mudasir	Multi Tasking Staff	9086905212	NA
10	Mr. Fayaz Ahmad	Nursing Orderly	9797081734	NA

Other Staff assigned to report to Command Room

S.No.	Name of the Officer/Official	Designation	Mobile Number	Alternate Number
1	Dr. Mehmooda Kar	Assistant Director	9419040106	7006868933
2	Dr. Abida Kawoosa	Divisional Nutritional Officer	9419004445	0194 - 2454767
3	Dr. G. A. Wani	Assistant Director	9419061028	8491035800



The aim of a Hospital Disaster Plan is to provide prompt and effective medical care to the maximum possible capacity in order to minimize morbidity and mortality resulting from any MCI.

Goals and Objectives of a Hospital Emergency Plan:

The main objective of a hospital emergency/disaster plan is to optimally prepare the staff and institutional resources of the hospital for effective performance in different disaster situations.

The hospital disaster plans should address not only the mass casualties which may result from MCI that has occurred away from the hospital, but should also address the situation where the hospital itself has been affected by a disaster like fire, explosion, flooding or earthquake etc. In case of MCI away from the hospital and not affecting the hospital the further goals are:

To control a large number of patients and manage the resulting problems in an organized manner, by:

- Enhancing the capacities of admission and treatment.
- > Treating the patients based on the rules of individual management, despite there being a greater number of patients.
- Ensuring proper ongoing treatment for all patients who were already present in the hospital.
- > Smooth handling of all additional tasks caused by such an incident.
- ➤ Providing medications, medical consultation, infusions, dressing material and any other necessary medical equipment.

In case of incidents affecting the hospital itself, the further goals of the plan would be to protect life, environment and property inside the hospital from any further damage, by:

- > Putting into effect the preparedness measures.
- Appropriate actions of the staff, who have to know their tasks in such a situation.
- > Soliciting help from outside in an optimal way.
- > Re-establishing as quickly as possible an orderly situation in the hospital, enabling a return to normal work conditions.

Principles of a Hospital Disaster Plan

Predictable: The hospital disaster plan should have a predictable chain of management.

Simple: The plan should be simple and operationally functional.

Flexible: The Plan should have organizational charts. The plan should be executable for various forms and dimensions of different disasters.

Concise: There should be Clear definition of authority. The plan should specify various roles, responsibilities, work relationships of administrative and technical groups.

Comprehensive: It should be comprehensive enough to look at the network of various other health care facilities along with formulation of an inter-hospital transfer policy in the event of a disaster. (Compatible with various hospitals)

Adaptable: Although the disaster plan is intended to provide standard procedures which may be followed with little thought, it is not complete if there is no space for adaptability.

Anticipatory: All hospital plans should be made considering the worst case scenarios.

Part of a Regional Health Plan in Disasters: A hospital cannot be a lone entity making its plans in isolation. The hospital plans have to be integrated with the regional (district/tehsil/block) plan for proper implementation.

How to proceed for making Emergency Plan for your hospital?

To make the proceedings easier it is recommended that the hospital administrators embark upon disaster planning using a Phase Plan. The hospital emergency planning can be divided into three phases:

1) Pre disaster phase

- a) Planning: Most of the assessment and planning is done in the pre disaster phase, the hospital plans are formulated and then discussed in a suitable forum for approval.
- b) The Disaster Manual: The hospital disaster plan should be written down in a document form and copies of the same should be available in all the areas of the hospital.
- c) Staff Education and Training: It is very important for the staff to know about and get trained in using the hospital disaster/emergency manual. Regular staff training by suitable drills should be undertaken in this phase.

2) Disaster Phase

- a) Phase of activation: Activation of the chain of command in the hospital.
- b) Operational phase: This is the phase in which the actual tackling of mass casualties is performed according to the disaster/emergency plan.
- c) Phase of deactivation: An important phase of the hospital emergency plan when the administration/command of the hospital is satisfied that the influx of mass casualty victims is not continuing to overwhelm the hospital facilities.

3) Post Disaster Phase

This is an important phase of disaster planning where the activities of the disaster/emergency phase are discussed and the inadequacies are noted for future improvements.

1) Pre Disaster Planning

Most of the planning of hospital emergency plans is done in pre disaster phase. It is recommended that all hospitals providing emergency care to patients start planning for the worst at the earliest. It is always good to have a ready working plan before next emergency strikes.

Hospital Disaster Management Committee

Formation of a Disaster/Emergency committee is the first step for making a disaster plan for the hospital. Most of the hospitals already have such hospital management committee, therefore an emergency/disaster management committee can be carved out from such already existing committees. The members of the disaster management committee should be from following basic facilities of the hospital.

Who should be in the committee?

The hospital administration:-

- The Director/Principal/Dean/Head of Institution/Medical Superintendent.
- Member/Members from Hospital Management Board.
- The Chiefs/Heads of various clinical departments supporting the emergency services; e.g., Casualty and Emergency Services, Orthopedics, General Surgery, Medicine, Neurosurgery (if present), Cardiothoracic Surgery (if present), Anesthesia.
- The Chiefs/Heads of various Ancillary Departments E.G., Radio-Diagnosis, Transfusion Medicine/Blood Bank, Laboratory Services/Pathology, Forensic Medicine.
- The Chief Nursing Superintendent/Matron.
- The Finance Department.
- The Stores and Supplies Department.
- The hospital engineering department.
- The Public Relation and Liaison Office.
- The Security Services of the Hospital.
- The Sanitation Department.
- Hospital Kitchen/Dietary Services.
- The Social Welfare Department (if present).
- Hospital Unions.

Central Command Structure [Incident Command System (ICS)] for hospital

In order to ensure effective control and avoid duplication of action there should be a unified command system which should be based on the individual hospital hierarchical chain. The advantages of ICS are many. It has predictable chain of management(flexible organization charts) allowing flexible response to specific emergencies, prioritized response checklists, accountability of position function; improved documentation, a common language to promote communications and facilitate outside assistance, cost effective emergency planning within the hospital.

Although this sort of chain of command is ideal to avoid chaos in emergency situations, it is seen that there is a strong opposition to formation of any such hierarchical command system by the physicians and hospital personnel. Nevertheless all doctors including the administrator should emphasize that such a command system would come into effect only at the time of mass casualty incident and would close down on withdrawal of disaster alert. Therefore all hospital personnel including doctors should respect the command hierarchy during emergencies and disasters.

Any command system may be used by the hospital but the most important rule is to make organizational chart. Each position on the chart should be function based and not position or individual based. An individual can be assigned more than one position on the chart, so a person might have to perform multiple tasks until additional support comes.

Sample organizational chart for different hospitals are given in Annexure D,E&F (At page No. 69,70 and 71) delineate the jobs according to your command system. The disaster/emergency management plan describes many jobs which may need to be performed in an emergency, but how people are assigned to jobs or the jobs to people depends on different circumstances existing in different hospitals. Therefore, the jobs delineated according to the command systems depend on the administrator or leaders of that particular hospital.

The titles used in a disaster/emergency plan are carried by functions and not individual people/designation.

Job Cards

Action sheets or job cards are the basis of a successful disaster/emergency management plan. These sheets should be made for each and every position in the organizational chart of the command system. The job cards should be detailed, stored safely (in disaster manual), colour coded and laminated. Some sample jobs cards are attached as "Annexure G" (At Page No. 72)

Plan activation of different areas of hospital

The areas which should find a mention in a hospital emergency plan are:

- Command Center.
- Communications Office/Paging/Hotline Area/Telephone Exchange.
- Security Office/Police Picket (Chowki).
- Reception and Triage Area.
- Decontamination Area (if needed).
- Minor Treatment Areas.
- Acute Care Area (Emergency Department).
- Definitive Care Areas (OTs, Wards).
- Intensive Treatment Area and activation of High Dependency Units (HDUs)
- Mortuary.
- Holding area for relatives/non-injured.
- Area for holding media briefings (separate media/PRO/spokesperson room).
- Area for holding patients in case a part of the hospital is evacuated.

All these areas should be mapped on the outlay map of the hospital. The normal capacities of the existing areas should be mentioned on these maps. Enhanced admission of patients requires an enlargement of suitable spots, if necessary, even by changing their function.

Disaster beds/ how to increase bed capacity in emergencies?

The newly arriving patients would require admission for definitive treatment therefore plans should be there to increase the bed capacity when needed. This can be achieved by the following actions:

- Discharge elective cases.
- Discharge stable recovering patients.
- Stop admitting non-emergency patients.
- Convert waiting/non-patient care areas into makeshift wards.

Planning of Public Information and Liaison

We live in the age of mass and multimedia. Every news and information source will seek access to the latest and most up to date information. In most cases, there is absence of clear and credible information. This leads to media speculations and increases the stress and pressure of the incident, especially on hospital and its staff. The disaster committee should designate one person from the hospital for regular media/press briefing.

One of the areas in the hospital should be designated as media room where media persons can be accommodated for controlled access to information. Media always gets its information but the better way is controlled one.

Planning for security of hospitals in emergency situation

During emergency situation the hospital is the focus of not only the patients being brought in but a lot of other persons including relatives, by-standers, media etc. They more often block the entrance and other areas, hampering the smooth functioning of the hospital. It is, therefore, recommended that all hospitals should have some security arrangements even in non-disaster phases. The hospital security should be operational at a very early stage of disaster. Some of the duties recommended are:

- Work in close coordination with local police.
- Maintain order within and outside the hospital.
- Direct traffic so as not block the free access of patient carrying vehicles to and outside the hospital.
- Protect key installation of the hospital (Emergency Department, Hospital Working areas, PowerStation/ Generators, Water Tanks/Water Supply etc.)
- Restrict and strictly control access to the hospital.
- Direct the entry for authorized persons to appropriate areas (ambulances to emergency, relatives to waiting area, media to media room etc.)
- Protect hospital personnel and patients.
- All hospital personnel should carry Identity cards.

Logistics planning

i) Planning for communication (within and outside the hospital)

Communications is one of the main problems in major emergencies and disasters. Information transfer has to be reduced to most important facts only. Multiple means of communications should be planned to communicate with hospital staff and administrator. The currently available communication networks which should be looked into for availability in the hospital are;

- Internal telephone exchange (for the hospital)
- Landline phones
- Private mobile/cellular phones
- Mobile/cellular phones in closed user group (CUG) for hospital staff only provided by the hospital
- Loudspeakers/public address system
- Wireless sets for security and ambulance personnel
- Communications Room

An area should be identified as communication room within the hospital and all internal and external communications must be made from here. This communication room should be in continuous contact with the command center/control room/EOC.

All important numbers of hospital personnel, police, district administration other nearby hospitals etc. should be clearly mentioned in the disaster manual and a copy of this manual should also be present in the communication room/ telephone exchange.

On getting the go ahead from the control room the disaster message should be flashed/ communicated to all the numbers.

ii) Transportation (To and from the site/other hospitals)

Transportation is necessary in an emergency situation mainly to bring the patients from the site of mass casualty incident to the hospital. Transport is also required to transfer patients to other hospitals if the facilities at the hospital in question are overwhelmed or is unable to perform its functions due to internal damage.

The transport room/driver room should also have a telephone or any other means of communication like wireless to remain in touch with the control room.

iii) Stores planning

It is recommended that adequate stores of linen, medical items, surgical items should be kept separately in the Emergency/Casualty and should be marked the "Disaster Store". The activation of this store is done only after the Disaster has been notified by the appropriate authorities.

As immediate measures the buffer stocks earmarked for the Casualty/Emergency Services should be utilized till the fresh stocks are replenished from main Hospital stores/ disaster stores.

Close liaison is kept between the Stores in-charge and the hospital administration (Central Command). Any requirements to the Operational Areas/Treatment Areas are conveyed to the Command Center.

iv)Personnel Planning - Medical and Non-Medical

a) Medical Staff:

In addition to the members of clinical staff, Para and preclinical disciplines (if present in the facility) should render their services in managing the casualties. Duty roster for standby staff should be available in the control room/Command center, Nursing Staff. The Nursing Superintendent should be able to prepare a list of nursing staff who may be made available at a short notice. The nursing personnel officer should be also able to mobilize additional nursing staff from non-critical areas.

b) Other Staff:

Duty roster (including those on standby duty) of all ancillary medical services (e.g. Radiology, Laboratory, Blood Bank) and also other hospital services (e.g. house keeping, sanitation, stores, pharmacy, kitchen etc.)should be available with the duty officer/hospital administrator.

c) Volunteers:

The role which volunteers will assume in the course of a disaster should be predetermined, rehearsed, coordinated and supervised by the regular senior staff of the health facility.

d) Reserved Staff:

In cases of large scale disasters the recommendations are made for community participation and reserve staff concept.

Preparedness will be enhanced by development of a community-wide concept of "reserve staff" identifying physicians, nurses and hospital workers who are (1) retired, (2) have changed careers to work outside of healthcare services, or (3) now work in areas other than direct patient care (e.g., risk management, utilization review). While developing the list of candidates for a community-wide "reserve staff" will require limited resources, the reserve staff concept will only be viable if adequate funds are available to regularly train and update the reserves so that they can immediately step into roles in the hospital which allow regular hospital staff to focus on incident casualties.

Hospital preparedness can be increased if state medical councils working through the State Medical Services develop procedures allowing physicians licensed in one system of medicine to practice in another under defined emergency conditions.

v) Financial Planning

An important aspect of any management plan is the financial management. It is recommended that the disaster plans are made in close association with the financial advisors of the hospital/institution. This will make them more cost effective and avoid unnecessary and repeated expenditure.

vi)Operations Planning

The incident commander after notification of the hospital disaster activates, alerts the in-charges of different important areas of the hospital. The in-charges of various facilities in turn notify and alert the staff (medical/nursing/others staff) working in these areas to immediately reach the area and carry out their functions. The in-charges also call up the reserve staff which is not on duty to be ready in case they are needed.

Essential Medical/Non-Medical Staff Activation (In Different Areas)

1) Reception and Triage Area

This area is the first area of contact between hospital personnel and the incoming patients. This area should be manned by

- Registration officer on the registration desk
- Triage Doctors/ Nurses
- Adequate number of doctors in the emergency room/ casualty
- Adequate number of stretchers/trolley bearers
- Hospital attendants

Triage criteria for disasters and the patients will be color coded according to the kind of treatment they deserve e.g.

ONE - Immediate Resuscitation (RED)

TWO - Potentially Life Threatening Injuries (YELLOW)

THREE - Walking Wounded (GREEN)

FOUR - Dead (BLACK/WHITE)

- 2) Decontamination Area (If needed in Nuclear, Biological and Chemical Disasters)
- Acute Care Area (Emergency Department) Responsible Person Casualty Medical Officer/ Doctor In-Charge Emergency Services
- 4) **Definitive Care Areas** (Operation Theaters, Wards) Responsible person Theater services.
- 5) Intensive Treatment Area Activation (HDU/ICU'S)

 Responsible person Head of Anesthesiology/ Critical Care/ Medicine.
- 6) Minor Treatment Areas

The staff mainly nursing staff and hospital attendants who are familiar with first aid, splinting and dressing can be sent to the minor treatment areas and thus saving the medical staff for more intensive and resuscitation areas

7) Holding Area for Relatives/Non-Injured

A hospital staff member will stay with the family members. (Social services will be assigned here after reporting to the Command Center and other personnel assigned as needed) A list of the visitor's names in association with the patient they are inquiring about should be kept. Volunteers may be needed to escort visitors within the facility.

Essential Nursing Staff Activation

To be done by the Matron / Nursing Superintendent of the hospital in association with Deputy Nursing Superintendents and other nursing administrators.

Essential Ancillary Services (Lab, Radiology, Pharmacy)

i) Laboratory Services

Department Head or designee will

- Call in their own personnel as needed after reporting to Command Center.
- ➤ Call personnel from nearby hospitals and clinics as necessary.
- ➤ Have arrangements made to obtain additional blood, equipment and supplies from area agencies.

i) Radiology Services

Department/Unit/Section Head or designee will:

- ➤ Call any or all personnel needed. Arrange for extra supplies to be brought in if needed.
- ➤ Coordinate flow of work and delegation of work areas.

Other members of the Radiology staff will:

o Perform all x-ray exams/ CT scans/ Ultrasounds etc. as needed and assigned.

iii) Blood Bank

iv) Mortuary Services (Care for the Dead)

Mortuary should be situated away from the main entrance of the hospital. It should be adequately staffed with senior forensic specialist/any designee appointed for that purpose. Patients pronounced DEAD ON ARRIVAL (DOA) should be tagged with a disaster tag and body should be sent to mortuary. The emergency department should also notify about all deaths to the command control room. Bodies should be stored in the alternate morgue area if the capacity of mortuary to store bodies is overwhelmed. Mortuary personnel will remain with bodies until removed by Mortuary In-Charge. After bodies have been identified, the information will be filed on the disaster tag and medical records notified as to the identification of the patient. The bodies may be removed via a separate gate of the hospital with the knowledge of the Mortuary in-charge. A complete record of all bodies must be maintained along with the name of the agency removing them, e.g., police, fire department, etc.

Be sure appropriate paperwork is filled out.

Other Ancillary Services

1) Hospital Dietary Services (Kitchen)

Department/Unit/Section head or designee will:

- ➤ Call in their own personnel as needed after reporting to Command Center.
- Prepare to serve nourishments to ambulatory patients, in-house patients and personnel as need arise.
- ➤ Utilize additional areas for extra eating space.
- ➤ Be responsible for setting up menus in disaster situation and maintain adequate supplies.

2) Sanitation Services

Adequate sanitation services within and around the hospital should be ensured by the hospital administration.

3) Hospital Laundry and Sterile Supply

The hospital administration should ensure adequate supply of clean hospital linen, sterile dressing and sterile supply of instruments to the essential areas of the hospital.

4) Essential Services

Water: Adequate provision should be made to meet the additional requirement of water. Planning should also be done for alternative sources of water such as storage tanks or tube well which can provide water in case of possible breakdown in the normal system of supply. Light and Power: Provision should be made for standby generators to provide light and power to essential areas of the hospital like Emergency Department, Operation Theatres, ICUs etc.

Phase of Staff Education and Training

Once the Disaster Plan is ready, the next phase would be the education and training of the staff of the hospital about the plan and specific roles of each staff member in case of a disaster.

Concept of Common Language in Disaster Situation

The initial chaos of any disaster scenario in a hospital can be minimized by proper training of the hospital staff about their roles and responsibilities in case of a MCI/Disaster so that, everyone knows his/her job and work continues in an orderly manner without any confusion

Introduction of Disaster Management Training to Hospital Leadership

A presentation made to all administrators, department heads and managers regarding the implementation of the Hospital Disaster Plan into the facility's emergency response plan will

help solidify support in all areas of the hospital. This program should be a combination of education and public relations. Managers should be made to feel that they are all an integral part of the new system. Interested managers can be recruited to become a part of the trainer class.

Introductory Lessons for all Hospital Staff

An orientation and education program is required for personnel who participate in implementing the emergency preparedness plan. Education should address the following

- > Specific roles and responsibilities during emergencies
- The information and skills required to perform duties during emergencies
- > The backup communication system used during disasters and emergencies and
- ➤ How supplies and equipment are obtained during disasters or emergencies

Disaster Drills

As a part of the emergency management plan, every hospital is required to have a structure in place to respond to emergencies. This structure is routinely tested during drills. The evaluation modules for hospital disaster drills are designed to be a part of that testing. Viewed in this way, the hospital disaster drill evaluations can provide a learning opportunity for all those who participate in a planned drill. The disaster drill evaluation modules present topics for evaluation in a systematic manner. They should be used to identify strengths and weaknesses in hospital disaster drills and the results gained from evaluation should be applied to further training and drill planning. Although the evaluation modules can be used to identify improvement in repeated drills, they are not intended to be used to make final or complete judgments about whether a hospital passes or fails in its planning and training endeavors. The value of this approach is to identify specific weaknesses that can be targeted for improvement and to promote continuing efforts to strengthen hospital disaster preparedness.

Table Top drills

Table Top Exercise is a paper drill intended to demonstrate the working and communication relationships of functions found within the disaster management plan. The exercise is intended primarily for the administrators, managers and personnel who could conceivably be placed into an officer's position upon activation of the disaster plan.

Partial Evacuation/Non-Evacuation Drills

Hospital evacuation may become a necessity if the hospital itself becomes a victim of any disaster. Such situations need to be foreseen and proper planning has to go into how to evacuate and which areas of the hospitals need tobe evacuated first in case of an internal disaster.

Revision of Hospitals Disaster/Emergency Plan

Continuous revisions should be made in the Hospital Disaster Management Plan taking leads from the regular disaster drills in the hospital. This would refine the plan and cover up the deficiencies faced in the Drill Phase.

Continuing Staff Education

2) Phase of Disaster

Disaster Activation– Alert and Mobilization Phase (plans for alerting the disaster committee, staff, other facilities via phones/paging and mobilizing resources to appropriate activated areas) Several critical events must occur in this phase:

The Hospital Administration must appoint an Incident Commander.

- **a.** The Incident Commander must not be expected to carry out any patient care, logistical, security, or other activities, but must be free to command and coordinate the overall disaster response.
- **b.** The Hospital Administration must choose the most competent person to be Incident commander. (Competence in the context of coordinating a hospital during a disaster.) An Emergency Department physician with Emergency Medical Services and disaster experience would be ideal, but the Incident Commander need not be a physician, nurse, or administrator. (For example, if a security chief from another hospital just happens to be visiting, and has managed many hospital disasters before, the Hospital Administration could appoint him as Incident Commander.) The Incident Commander inherits authority directly from the Hospital Administration.
- **c.** The hospital Incident Commander's job is to direct all stakeholders of the hospital's participation in the disaster operation. The effectiveness of the hospital is his responsibility.

Incident Staff

a. The purpose of the Incident Staff (comprised of Command and General Staff) is to provide the hospital Incident Commander with enough manpower to meet all his or her responsibilities in conducting the disaster relief operation. This frees him or her to carry out the Incident Commander's primary functions of overall supervision, development and implementation of strategic decisions, approving there questing and releasing of resources, and liaison with the Hospital Administration and any other participating agencies. For a small disaster operation, the

hospital Incident Commander may discharge some or all of the Incident Staff duties himself or herself, but a large disaster operation might have an Incident Staff numbers of which can vary.

b. A Staff consisting of the seven positions most appropriate for a medium-sized disaster by grouping all hospital-related ICS functions into these seven positions. The seven positions in an ideal incident command system as are follows:

***** The operations chief:

The operations chief is overall in-charge of all patient care activities and supervises the following areas:

a. Medical Care

Emergency Department

In patient areas

Surgical services

Critical care units

b. Ancillary Services

Laboratory Services

Radiology Services

Pharmacy Services

Mortuary Services

c. Human Services

Psychological Support

Social Work Support

***** The Logistics chief:

The logistics chief is overall in-charge of all support services of the hospital and supervises the following areas:

- a. Communication systems
- b. Transportation
- c. Dietary Services
- d. Stores
- e. Sanitation, Water and Power Supply

***** The Planning Chief:

The planning chief is overall in-charge of the manpower planning and is responsible for making immediate as well as extended rosters of the following staff:

- a. Medical Staff
- b. Nursing Staff
- c. Group 'C' and 'D' Staff (Orderlies/Drivers/Sweepers)

The public information officer/Public Relations Officer:

The public information officer is responsible for dissemination of all the information, medical or otherwise, to the relatives coming to the hospital as well as to the media.

***** The Liaison Officer:

The liaison officer is responsible for maintaining a close liaison with the other agencies providing rescue and relief to the victims of MCI/ Disaster. His work is liaison with the following agencies:

- ✓ The Police
- ✓ The Ambulance Services
- ✓ The Defense Medical Services
- ✓ Railways or others agencies providing medical relief
- ✓ Others hospitals in the network / Area
- ✓ Blood Banks or other ancillary medical services in the area

***** The Security and Fire Officer:

The security and fire officer is responsible for activating and alerting all the security staff within the hospital and mobilizing them to areas like hospital gate, emergency department etc. where they are needed most.

***** The Finance Officer:

The Finance Officer is responsible for allocation of emergency funds and facilitating emergency purchases if and when needed in the course of the disaster.

An important concept embodied in the Incident Command System is that of span of control. The ideal maximum span of control is five; this means that each member in the command structure should supervise no more than five others. (The functional imperative of this principle, for any management problem, is: when things get too complex, delegate.) It is not essential to unfold the whole incidence command structure of the hospital in all disasters. Depending upon the time of the day and the level of disaster the positions mentioned in the incidence command structure can be taken over by the staff working in the hospital that time.

Multiple roles can be performed by a single person till the time other people arrive to support the existing staff. Sample incident command system charts are provided as Annexure D,

E &- F. (At Pge No. 69,70 and 71)

Different types of hospital responses:

a) In-Hospital Response Phase

(Small multi-casualty incident, using only main Emergency Department Patient Care): During this phase, extra resources are brought to areas such as the ICU's, OT, and Emergency Department, and some elective operations may be postponed, but otherwise hospital operations proceed much as normal.

Even if the situation presents with many patients, it is advisable to start in the Small Multi-Casualty Incident Phase, because it is only a slight extension of normal operations, and can be started without difficulty.

Later on the incident commander can order more staff to reach the hospital and help out in both direct patient care activities as well as support activities.

b) Additional Area/Out of Hospital Support Phase

(Large multi casualty incident using additional areas of the hospital as overflow zones. Also utilizing other definitive care areas of the hospital like the OT's, ICU, HDU's, Pediatric/ Maternal facilities): During this Phase, the number of patients disrupts normal functioning; the Emergency Department is no longer able to handle the patient load, even with extra resources. Other emergency patient care areas must be opened. This requires assigning extra nurses, physicians, and support personnel to the area, and establishing command and communication links to the area for adequate coordination.

The Emergency Department may be able to decongest by postponing care for trivial problems (sore throats, children with fever etc.) and take more serious patients.

c) Damage to Hospital Phase

(Structural Assessment Plans, Damage Control Plans and Evacuation Plans are activated)

d) Catastrophic Disaster in City Phase

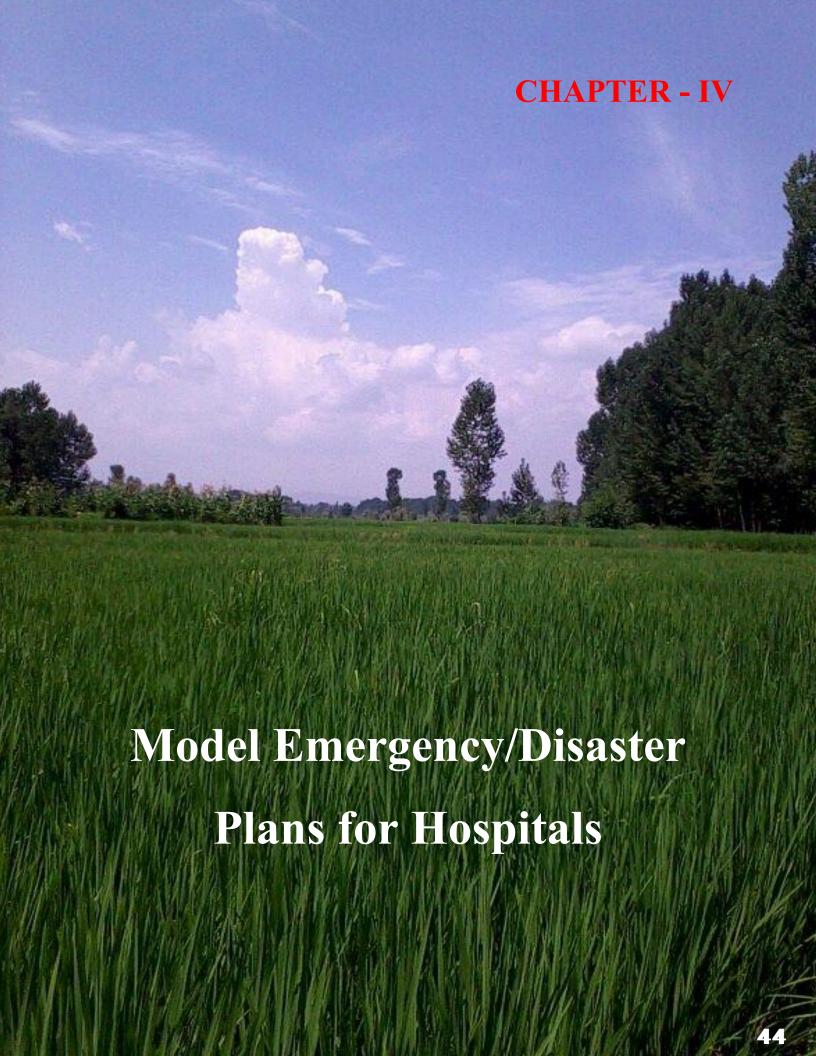
(e.g. Earth quake/ Serial Bombings, hundreds of patients coming to hospital – Inter-hospital Transfer Protocol Plans come into force) If a particular Hospital is tasked with caring for hundreds of patients, hospital must be able to extend the hospital's resources out to nearby areas that can handle large numbers of patients During such an extended operation, we would have to some degree, merge our Incident Staff with that of the city, in order to form a Unified Command and to allow proper coordination.

Disaster Deactivation (Demobilization phase)

Disaster Deactivation or declaring the disaster to be over is also a very important step in the hospital emergency plan. The decision to deactivate the hospital emergency plan should be taken after proper assessment of the situation by the incident commander and other hospital administrator. The deactivation should not be too early (premature) or too late. It is very difficult to reactivate the emergency plan once it has been declared over because staff fatigue sets in which is difficult to overcome.

3.Post Disaster Debriefing

Importance of debriefing exercises as a part of Planning cannot be stressed further. Debriefing is a process in which the Disaster Committee sits down after the Disaster has been deactivated and tries to figure out how things went. It can be best described as a critical self review of a hospital's own performance during a disaster. What went right is taken cognizance of and what went wrong is further incorporated into the disaster plans



What is Hospital Emergency Plan/ Disaster Manual?

The Hospital Emergency is a Plan, a written document, also known as "Disaster/ Emergency Manual". The reporting, recording, coordinating and evaluating activities associated with disaster management should be specified in this disaster manual. The disaster manual should incorporate the following:

- ➤ Medical Command Authority (Unified Incident command).
- > Control center location.
- ➤ Names and contact numbers of all members of the staff and their position according to the Incident Command Structure.
- Disaster Alert Codes.
- > Quick reaction teams formation, responsibilities and movement details.
- > Responsibilities of individuals and departments.
- ➤ Job Action Cards.
- Chronological Action Plan.
- > Details of resource mobilization for logistics and manpower.
- ➤ Details of Operational Areas (Patient Care Areas). This should include the existing patient care areas (Reception and Triage areas, Emergency and Resuscitation areas, Definitive care areas, Intensive care areas, etc.). The plan should also label certain areas which are free in the hospital area and can be optionally used as patient care areas during the initial surge of patients.
- > Standing Orders and Protocols for patient management.
- ➤ Hospital Triage Criteria.
- Documentation details.
- > Communications (Intra and Inter Hospital).
- Networking including capacities and capabilities of health facilities.
- > Pre-hospital transports.
- > Security arrangements.
- ➤ Police networks.
- > Evacuation details.
- ➤ Medico-legal responsibilities.
- ➤ Disposal of the Dead (Role of Mortuary services and Forensic Departments in identification, storage and disposal of the deceased).

A Model Hospital Emergency Plan for a Community Level Hospital - The CHC

A Community Health Center (CHC) is an intermediate level healthcare center between a Primary Health Center and a District Hospital. The CHC has the facilities for admission of up to 30 patients. It has a general physician, a surgeon, a gynecologist, and a pediatrician who provide specialist care in Medicine, Obstetrics & Gynaecology, Surgery and Paediatrics. The approximate staff strength of a CHC is 6-7 doctors, 8-10 nurses, 8-10other staff (including clerical staff, paramedical staff, hospital attendants, drivers etc.)

Why should CHC have an emergency Plan?

Although strictly speaking a Community Health Center is a very small facility not geared up for even taking serious emergencies in normal time, but in cases of Mass Casualty Incidents/ Catastrophic disasters the resources of a CHC can be utilized in order to decrease the unwanted burden at the District level or university level teaching hospitals. CHC's can hence be utilized for treating the Priority - 3 (the not so seriously injured walking wounded patients) and can also be utilized for mass storage of the deceased.

Therefore CHC can act as a primary level hospital where basic first aid can be given and patients can be triaged again. If needed some of them who become unstable can be shifted to a district/university level hospital.

Preparation of a hospital emergency plan for Community Health Centers (CHC)

a) Listing of Manpower and formation of Incident Command.

The Medical Officer In-Charge (MOI/C) of the CHC is the administrative head of the CHC and has the responsibility to make an Emergency Plan. He/She should call a meeting of all the staff members of CHC (medical and non-medical) and distribute the work according to the Incident Command Structure. As the staff is less, one person has to do multiple roles.

- b) The CHC should actually have two types of Emergency Plans.
 - i) Out of Hospital plan (Plan A): It should come to force once the Chief Medical Officer (CMO) of the district decides that the resources of the CHC can be best utilized by mobilizing them to the field. The CHC should be ready with the plan to move, required

- doctors/nurses and medical supplies to the field for on spot triage, treatment and transport of victims to District/ Medical College/University Hospital.
- ii) In Hospital Emergency Plan (Plan-B):- The District CMO asks the Medical Officer Incharge of CHC to prepare his team inside the CHC to treat the Priority 3 (walkingwounded) patients and re-triage them to be transferred to bigger hospital if needed. The resources can also be utilized for sorting, Identification and storage of the deceased temporarily.

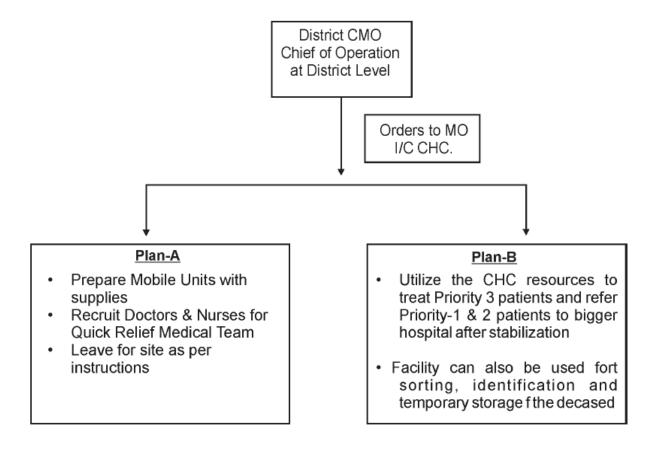


Figure 5: Activation of the Specific Plan according to the orders from District CMO.

Pre Disaster Phase (Phase of Planning)

- **a)** The MO, I/C should start preparing the plan by first noting down the list of doctors, nurses and the manpower along with their contact numbers. He also delineates the jobs according to the Incident Command System discussed in chapter 2.
- **b)** The MO I/C of CHC should also have the contact numbers of District Medical Officials, District Administration and Police for smooth communication with them and good networking.

- c) He should also have a ready list of other medical practitioners of the nearby area along with their contact numbers so that their services can be utilized in case of need.
- **d)** The MO I/C designates the following areas in the CHC and mark them on the map of CHC complex.
- **➤** Control Room (with telephone & mobile numbers)
- ➤ Incoming area (where patients are brought initially)
 - i) Area for Triage
 - ii) Area for first aid for walking-wounded
 - iii) Patient referral area (from where they are taken to higher centers if needed)
 - iv) Area for keeping the brought dead (Temporary Morgue)
 - v) Area for keeping the Emergency Stores (pre packed) for 10 patients each (for treatment ease at center and also for quick relief medical teams)
- e) Communications: Assure a functional telephone line in the CHC. Have a checklist for contact numbers of all staff members. A loud speaker (megaphone) should be ideally present in control room and an ambulance.
- **f)** Security: Must have ready contact numbers of the nearest police picket/ station for information regarding disaster and also to ask the police to provide security to CHC. The police might also help in providing transport to the MCI victims.
- **g)** Transportation: The ambulances should be periodically maintained and checked to be in functional condition. Utilized according to Plan A (outside hospital) or Plan B (transport to other facilities). Transportation can also be asked for, from district headquarters, other departmental vehicles (ICDS/BDO) nearby community etc.
- **h)** Water & Electricity: The MO, I/C should have the contact numbers of the civic authorities/PWD etc. for backup of electrical & proper water supply.
- i) Medical Supplies: Adequate medical supplies should be assured along with the establishment of one disaster cupboard. The disaster cupboard should have supplies in the group of 10 patients each. It should be checked regularly for expiry of medical supplies.
- **j)** Hospital Networking: MO, I/C should have numbers of the entire district medical authorities, medical practitioners, Institutions, NGO's, Volunteer organizations located in the Block/ Tehsil, who can be of help, when called upon.

The Disaster Phase Notification

a) Information comes to CHC by

- i) District CMO
- ii) Police
- iii) Individuals

b) Person receiving the call gathers the following Information

- i) Nature & Magnitude
- ii) Possible number of victims
- iii) Location
- iv) Time of incident
- v) Time of arrival at CHC

c) Passes the Information to MO I/C CHC

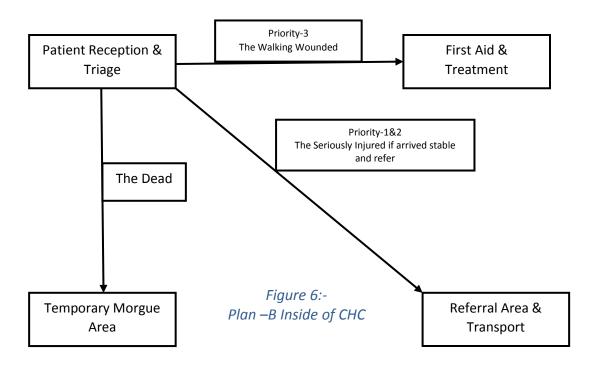
MO I/C CHC contacts District CMO and passes information to him They make a collective decision to:

Activate either

Plan – A (Outside CHC - Mobile Units – QRMT's)

Plan – B (Inside CHC)

Plan - A (Outside CHC)	Plan - B (Inside CHC)	
1. MO I/C Informs all staff members and calls them to	It should be ke pt in mind that a CHC is capable to	
CHC.	take care of the priority 3 patient and stabilize &	
2. The Emergency Stores I/C (Nurse) Open the stores	refer priority 1&2 patients.	
& takes out the supplies according to the expected	It can also be used to sort, identity & store the dead	
casualties	bodies.	
3. The Transport I/C /Driver checks the readiness of	1. MO I/C to inform all staff members to reach CHC.	
Ambulance and fuel.	2. Inform Police for Security of CHC and additional	
4. 1-2 teams of Medical Professionals (1 Doctor + 1	Transport if needed.	
Nurse) are made. If present Hospital (Attendant/	3. Inform other nearby hospitals for supplies and	
Orderly) is added to the team for help.	manpower if needed	
5. Supplies & Manpower loaded onto the	4. The Chief of operations reaches CHC reports to MO	
Ambulance.	I/C & prepares the treatment Teams.	
6. Proceed to field for on-site tri age, treatment &	5. Transport I/C – Arranges ambulance in referral	
Referral to higher center according to Triage.	area for transporting Priority 1 & 2 patients to	
	bigger hospitals	



d) Post Disaster Debriefing

The MO I/C of the CHC should sit down with his team after the disaster has been called off and prepare a report as to how things went during the disaster and what were the problem areas. This will help in developing a more robust plan for the next time.

A model Hospital Emergency Plan for a District/Municipal level Hospital

A District Hospital is the main general hospital in the district and is generally located at the district headquarter. Sometimes also referred to as civil hospital it is the tertiary level of health care set up provided by the State Governments. The average bed strength of a district hospital ranges from 150-250. The district hospital provides a wide variety of specialty care but do not provide super specialty care at most places. Lack of both physical resources and trained manpower leads to the added burden which a district level hospital faces. The district medical authorities through the Chief Medical Officer (CMO) constitute the administrative background of all rescue and relief measures in the district as far as medical preparedness for disasters and mass casualty incidents are concerned. The District Hospital is generally the hub of hospital care in mass casualty incidents and is headed by the Medical Superintendent (MS) The average staff strength of a District Hospital range from 100-200 which includes about 30-50 Doctors, 75-100 Nurses, 25-50 Ancillary staff.

When to declare the Hospital Emergency Plan

The District Hospital has a moderate bed strength of 100-200 beds and a running 24 x 7 emergency, hence can handle about 6-10 cases coming immediately without any disruption of services.

But receipt of more that 25-30 patients at one time or more than 50 patients over a few hours would require the activation of a hospital emergency plan.

Preparation of Hospital Emergency Plan for District Hospital

a) Pre-Disaster Phase (Phase of Planning)

i) Formation of a Hospital Emergency/Disaster Committee:

The Medical Superintendent (MS) of the district hospital must constitute a disaster preparedness committee which would sit down and prepare the hospital emergency plan and the emergency manual.

The following should be the members of the committee (individual hospital may choose different persons):

- Medical Superintendent
- ➤ I/C Emergency Services
- ➤ I/C Surgery
- ➤ I/C Orthopedics
- > I/C Anesthesiology
- ➤ I/C Medicine
- ➤ I/C Pediatrics
- ➤ I/C Gynecology
- ➤ I/C from any other clinical department casualty.
- ➤ I/C Nursing Superintendent
- > Store Officers
- > Account Officer
- > Sanitation In-charge

ii) The formation of the Hospital Incident Command:

It is very important that the prominent members of the staff take up specific roles during an Emergency.

This incident command structure should be written down so that there is no confusion and the persons are known by this position on the command structure e.g. Operations Chief, Logistics Chief etc.

The committee might decide that one person holds more than one position or work of one person is divided amongst different people.

Incident Commander CMS, Can take added role of PRO Operation Chief in-charge Liaison Chief Planning Chief Stores In-charge of all medical care Logistics Chief CMS to take (Senior Doctor) (Senior Surgeons) (Senor Doctor) this role Liaising with Manpower other To ensure planning in agencies fo that different help adequate areas Support Nursing In-Medical medical Communication Branches charge Care Insupply In-charge (Matron) District CMO charge reach the (MOIC patients Transport Doctors Emergency care areas Casualty Lab when Nearby Medical demanded Hospitals/ Officer Dietary Nurses by Pvt. Radology operation Doctors chief Sanitation ED Group C&D Pharmacy & Water District Authority Surgery NS **Blood Banks** ICU Ensure Police adequate Orthopedic staff in emergency. OT and Wards Mobile Units

Figure 7: below shows the model incident command structure for a district level hospital.

iii).. Control Room:

The office of the MS should act as the control room and should have good communication network like landline, mobiles and if possible in-hospital CUG (Close User Group Mobile Connection). The MS should ensure that the control room should have all contact numbers of the hospitals, staff which is mentioned in the incident command. The control room should also have detailed contact numbers of District Medical Authorities, District Administration, Police, Fire Services, nearby hospitals, Private Physicians, Blood Banks, NGOs etc. which can be contacted if external help is needed.

iv) Organization of Patient Treatment Areas

The Operations Chief who is the senior surgeon should be actively involved in deciding about the organization of patient treatment areas as she/he will be the one responsible for all medical care at time of disaster.

The disaster management committee should look into and chart the following areas in the hospital for patient care activities:

- ❖ <u>Patient Reception Area:</u> In this area the patients are received and triaged. The registration and documentation is also done in this area. This area should be just outside or nearby the emergency.
- ❖ <u>Patient Resuscitation Area:</u> This area is for priority 1 patients who require immediate stabilization and transfer for surgery. This area should be inside the emergency premises.
- ❖ <u>Patient Observation Area:</u> This area is kept for priority 2 patients who can wait for their definitive management for some time. This area should also be marked near the emergency.
- ❖ <u>Minor Treatment Area:</u> This area is earmarked for the priority 3 (walking wounded patients) and it can be away from the emergency and is generally in the out-patient department.
- Operation Theatre: The committee should decide the policy regarding vacation of the operation theatre when the disaster is declared. All elective surgeries should be suspended and OT should get ready for emergency victims.
- ❖ <u>Organization of Wards:</u> The emergency ward, surgery ward and orthopedic ward will be required to vacate some beds of elective patients by temporarily discharging them. In case some other beds are vacant, these patients can be taken up on those beds.
- ❖ Organization of the Mortuary: The Medical Superintendent along with the MO I/C mortuary services organize the existing mortuary to take the load of MCI. In case the mortuary area is not sufficient one specific area which ideally should be at the back side of the hospital be earmarked for keeping the dead bodies temporarily till they are identified or disposed.

v) Organization of Patient Transfer after stabilization

An area in the hospital should be earmarked as "patients transfer area" from where all patients who cannot be treated at district level hospital because of lack of resources can be transferred to further higher centers. This area also will be under the Operations Chief.

vi) The Medical Support Services

The Operation Chief also ensures that the necessary investigations (Radiology, Laboratory etc.) are not delayed. He is assisted by the Support Branch In-charge.

vii) The Nursing Services

The In-charge Nursing Services should directly report to the Operation Chief and provide adequate nursing staff where ever needed.

viii) Organization of the Logistics

The Logistics Chief has an important role to play once the disaster is declared. He/she takes over the charge of all ancillary services of the hospital like:

- **❖** Communication
- Transport
- Dietary Supply
- Sanitation
- ❖ Water & Electricity

ix) Medical Supplies

The Officer In-charge Stores should be called to the hospital if needed and He/she opens the hospital stores so that medical supplies are not hindered. In case there is a need he/she should be authorized to buy the necessary stocks on contingency basis.

x) Security

Most of the district hospitals do not have permanent security employees for the hospital premises and in general take the help of local police/ home guards for peace time security. In case the emergency plan is activated, the Medical Superintendent should immediately inform the police who will be responsible for clearing the area for smooth entrance of the patients and the doctors and also to provide security to the hospital.

xi) Public Relations Officer (PRO)

The disaster committee should designate one person preferably the Medical Superintendent who knows the overall picture of the mass casualty incident to brief the media. Media can also be used to disseminate public information regarding unknown and unattended patients in the hospital.

b) The Disaster Phase

Notification and Activation of Plan:

Information regarding the mass casualty incidents is received by the operator at District Hospital from

- ❖ District CMO
- Police
- **❖** General Public

The person on the board verifies the incident and gathers information regarding

- Nature and magnitude of event
- Possible numbers of victims
- Location
- ❖ Time of Incident
- Expected time of arrival of victims at district hospital

This person on the board passes the information to the Medical Superintendent who after knowing number of expected casualties activates the hospital emergency plan.

- All staff present in the hospital is asked to reach the patient receiving areas as described earlier.
- All Chief of respective areas to be contacted and informed according to the incident command structure.
- ❖ All the Chiefs of respective areas to reach the hospital and report to Medical Superintendent and carry out the requisite work of their areas.

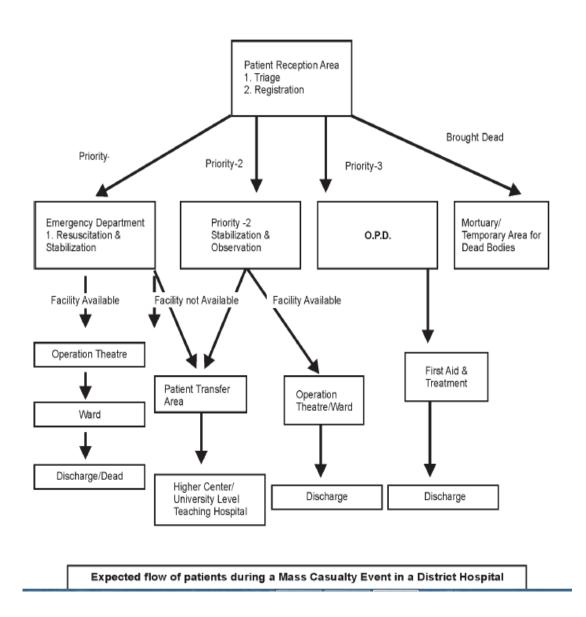
All the staff members report to the respective areas of work and take direct orders from their area Chief and also pass out the requirements to their superiors in vertical fashion who then passes on the requirements to the logistics/ stores department.

c) Deactivation of the Emergency Plan

Once the incident commander (Medical Superintendent) and the Chiefs of respective areas are convinced that there will be no more casualties who will come to the hospital, they would take a decision to deactivate the plan and resume the normal functioning of the hospital. Once the decision is taken it is very difficult to reactivate the plan within a short period of time.

d) Post Disaster Debriefing

The Medical Superintendent (MS) of the district hospital should sit down with his/her team after the disaster has been called off and prepare a report as to how things went during the disaster and what were the problem areas. This will help in developing a more robust plan for the next time.



ENVISIONED REQUIREMENT FOR BETTER DISASTER RESPONSE WITH REGARD TO HEALTH DEPARTMENT

1. First aid station: 6 No

The first aid station being proposed is a trawler mounted container type facility that can be deployed at short notice at any location.



2. Ambulance boat: 4 No

The <u>ambulance boat</u> is a water <u>ambulance</u> used for emergency medical care in islands and during floods.



3. Heatpac system: 30 No

The primary function of Heatpac system is to prevent the injured from becoming hypothermic.It consists of (1) Personal Heater and (2)Heat Preserving products

4. Heat pack kit: 30 No.

it consist of personal heater, fuel, heat distribution tube, heat mattress(chair pad), infusion sleeve, rescue bag, thermal over-boots etc.



NorCare bed: 50 No



The NorCare bed is a light weight bed, capable of enduring maximum stress and weight. in a field hospital setting, the high quality of the NorCare bed makes it suitable for internal medical- as well as for surgical inpatients.

1. Personal protection equipment- reusable: 10 No.

the equipment shall protect medical staff while decontaminating causalities in disasters espacially during chemical accidents, chemical; warfare, terrorist attacks, radiaactive fallout etc

1. Rofi rapid tent: 5 No

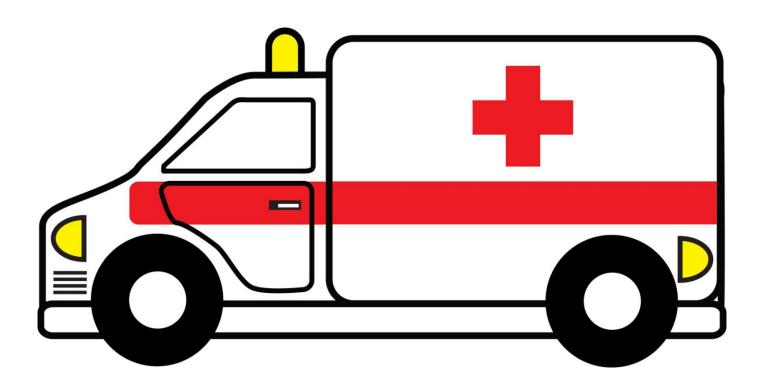
The Rapid Tent is a perfect solution in need of shelter during long hours on scene. Sets up quickly with ease



2. 20 bedded hospital (Mobile)



ANNEXURE



Annexure-A

Scales for pre-hospital facilities according to population:

➤ Population Coverage => 3-5 lakhs

➤ No. of First Aid parties => 40

➤ No. of First Aid Posts. => 7, Mobile - 1, Static - 6

No. of Mobile Surgical Units
 No. of Ambulances
 6

➤ No. of Emergency Hospital Beds => 100-150

Annexure B

Equipment for a First Aid Party (equipment for casualty services):

S.No	Equipment / Particulars	Scale	Authorization	Recommendation	Remarks
i) Fo	r Each Member of FA Party				
1	Helmet	Per member	1	1 Fiber Glass	
2	Water bottle with sling		1	1 Steel Glass	
3	Electric torch		1	1 Commander 4 cell	
4	First aid pouch with contents		1	1	
ii)	For Driver of First Aid Party			1	
5	Vehicle Helmet	Per Driver	1	1 Fibre Glass	
ii) Fo	or First Aid Party	1			
6	Stretchers	Per Party	Per party	2 Aluminium Folded	
7	Blankets		2	2	
8	Durries		2	2 Ground Sheets	
9	Leg Splints Sets		2	2	
iv)Ha	aversack Containing The Followi	ng Items		1	
10	Bandages triangular		36	36	
11	Bandages roll		36	36	
12	Cotton wool		8	8	
13	Cans for tightening		8		
14	Dressing pads		24	24	
15	Lint, cut in size of 8"x12"		6	6	
`16	Lint, cut in size of 8"x12"		2	2	
L	l		I	1	L

S.No	Equipment / Particulars	Scale	Authorization	Recommendation	Remarks
17	Scissors (approx 7" long, one blade pointed and one blade blunt)		1	1	
18	Pencil, lead		1	2	
19	Labels, casualty identity		1	1	
	(packets of 20)				
20	Safety razor blade		1	1 Packet	
21	New addition		1	1 Liq Spray	
22	Sterile dressing pad on sticking Plates		100		
23	Tincture of iodine			1x1 Pints Bottle	
24	Paracetamol tablets			100 X0.5g	
25	Brufen tablets			100x400mg	
26	Bathing Soap			1 Cake	
27	Hand bellow type Ambu bag			1	
28	Hand balloon attached suction apparatus			1	
ii	i) Contents of First Aid				
	POUCH (with each First Aider)				
29	Bandages Triangular	Individual First	9	9	
30	Bandage roller		9	9	
31	Dressing, sterile pads		9	9	
32	Labels casualty identity (packets of 20)		1	1	
33	Safety pins, large		1 Dozen	1 Dozen	
vii)	Ambulance Equipments	l			
34	Driver	Helmet	1	1 Fiber Glass	
35	Attendants	Helmet	1	1	
				Fiber Glass	
36	Water Bottle Ambulance		1		
37	Stretcher	4		4	
				Light Aluminium	

S.No	Equipment / Particulars	Scale	Authorization	Recommendation	Remarks
38	Blankets	4	4		
39	Hot Water Bottle	4	4		
40	Torch	1			
41	Bandages Triangular	6	6		
42	Bandages, Loosewave 5 cm	6	6		
43	Cotton Wool	6	6		
44	Dressing First Field	12	12		
45	Lint, Un-medicated	6	6		
46	Safety Pins (Large)	2 Dozen	2 Dozen		
47	Scissors	1	1		
48	Pressure Bandage	1	2		
49	Splints, Wooden Sets	1	1		
50	Snaps for Splints	1	1		
51	Canes for Tightening Improvised Tourniquets	4	4		
52	Tincture Benzoin			1x1 pints Bottle	
53	Tabs. Paracetamol			100	
54	Tabs. Trimenthoprim (Septron)		100	100	
55	Cap. Ampiclox (500 mg)		10	100	
56	Tab (Diazepan 5 mg)		50	100	
57	Tab Diazepam 10 ml amp		5	100	
58	Foot Operated Suction		1	1	
59	Ambu Bag		1	1	
60	Oxygen		1	1	

Annexure-C

Medical Stores & Equipment For First Aid Posts

S.	Equipment/Particulars	Scale	Author	rization	Recommen	dation	lark
No No			Basic Requirement	Percentage of Reserve	Basic Requirement	Percentage of Reserve	Remark s
1	Tab Acethysacylic Acid	For Each	30 tabs	100%	Disprin	100%	
2	Tab Sulphadiazine		50 tab	100	Septron	100	
3	Lysol-8 Oz		1	100	1 box	100	
4	Morphine Sulphate ¼ g 1cc Ampoules		1 box	100	1 box	100	
5	Liq. Adrenalin		1 amp	100	10 amp	100	
6	Sod. Bicarbonate 8 oz		8 oz	100	500 gm	100	
7	Inj. Sera ATS ampoules		3	100	Inj TT 5	100	
8	Spirit, methytaled, mineralized 500 ml		4	50	4	50	
9	Air way medium I.R.		1	NIL	2	NIL	
10	Forceps Torque (Cross action)		1	Nil	1	NIL	
11	Mouth gag (sydenhauns)		1	NIL	1	NIL	
12	Glucose saline giving		10	50	I/V Sets	50	
13	Bandages loose wove		1000	75	5cm	75	
14	Bandages loose wove		100 2-1/2x6 Yards	75 Meters	5cmx6	75	
15	Bandages triangular		18	50	18	50	
16	Bandages many tailed		3	100	3	100	
17	Dressing first field		25	100	25	100	
18	Dressing shell		10	100	10	100	
19	Gauze absorbent, 25" wide x 3 yards		6 pkts	50	60cm	50	
20	Lint, cotton absorbent in 1 lbpkts		1 lb	100	500 pkts	100	

S.	Equipment/Particulars	Scale	Authorization		Recor	nmendation	-ks
No			Basic Requirement	Percentage of Reserve	Basic Requirement	Percentage of Reserve	Remarks
21	Wool, cotton absorbant in 1 lbpkts		2 lb	75	500 pkts	75	
22	Plaster, adhesive, zineoxide 5 cm x 5m yard spool.		1 spool	50	1 spool	100	
23	Silk, stabilized, no.3(T) in vial		1	100	1	100	
24	Wool, cotton absorbent		2 lb	50	2 lb	50	
25	Forceps astery 5"Post	Per FA	4	100	10cm *4	100	
26	Forceps dissecting		1	100	1	100	
27	Forceps sinus 7"		1	100	15cm x1	100	
28	Forceps, dressing		1	100	1	100	
29	Forceps, sterilizer, chattels		1	100	1	100	
30	Probe		1'	100	1	100	
31	Scissors, surgical		1'	100	1	100	
32	Scalpal		1'	100	1	100	
33	Knife BP Handle Blade No 22		1 3	100 50	1	100	
34	Splinter forceps		1'	100	1	100	
35	Tongue depress forceps		1'	100	1	100	
36	Smgeons Overalls		*	2	100		
37	Smgeons Rubber Gloves		2 pairs	100	2 pairs	100	
38	Scissors, Stretcher bearers (7" long) blade blunt		2 pointed -1	50	2	50	1 blade
39	Catcher No 8 IR		1	100	1	100	
40	Catcher No 6 IR		1	100	1	100	
41	Razer common DISPOSABLE (for medical officer on duty)		1	100	1	100	

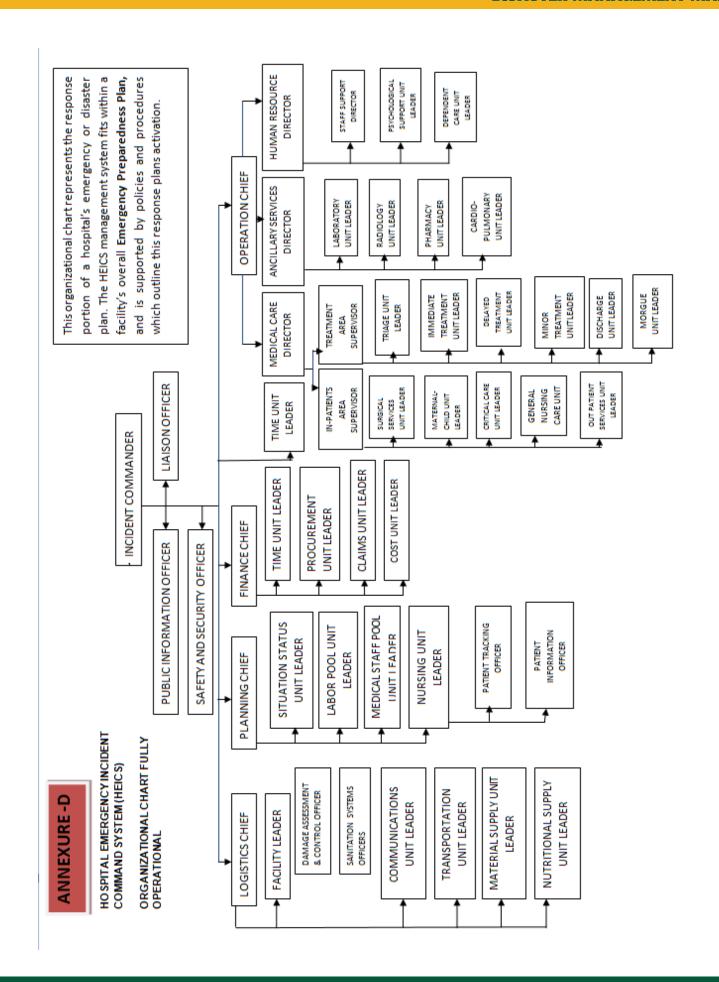
S. No	Equipment/Particulars	Scale	Authorization		Recomm	nendation	Remarks
			Basic Requirement	Percentage of Reserve	Basic Requirement	Percentage of Reserve	Rem
42	Syringes Hypodemic 2cc with needles 2, in case	Per FA post	1	100	5	100	
43	Syringo record 10cc with needle space 2cc		4	100	5	100	
44	Syringe hypodermic with needles space for 2cc		4	100	20	100	
45	Syringe hypodermic with needles space for 10cc		2	100	10	100	
46	Medicine glass, 2 oz		1	100	20 ml	100	
47	Pins Safety, tins for 36		1	100	1	100	
48	Toumiquest		2	50	2	50	
49	Splinting, Gooches wood 24"x 18" pieces	96 cm,	2	50	60x	50	
50	Splints, arm, wood plian sets of 8		1	100	1	100	
51	Splints, knee, thomas's without foot pieces		3	100	3	100	
52	Splints, dosterior, wood with a foot piece		4	100	4	100	
53	Straps and buckles for spints doze		2	50	2	100	
54	Eye sheds		3	50	3	50	
55	Hot Water bottle IR 12'x18'		4	50	30x20 cm, 4	50	
56	Stevelizer, fish kettle with long size 15x14 cm, 1		1	100	40x10	100	
57	Stoves, kerosene small gas stove (standby)		1	100	1	100	
58	Basin, dressing EI kidney shape, 10 cm		2	100	25cm,2	100	
59	Bowl EI 8 cm		2	100	20cm,2	100	
60	jug measure EI graduated 1 point		1	100	20cm,2	100	
61	jar, dressing 10"/7" EI with cover		2	100	25x15cm, 2	100	

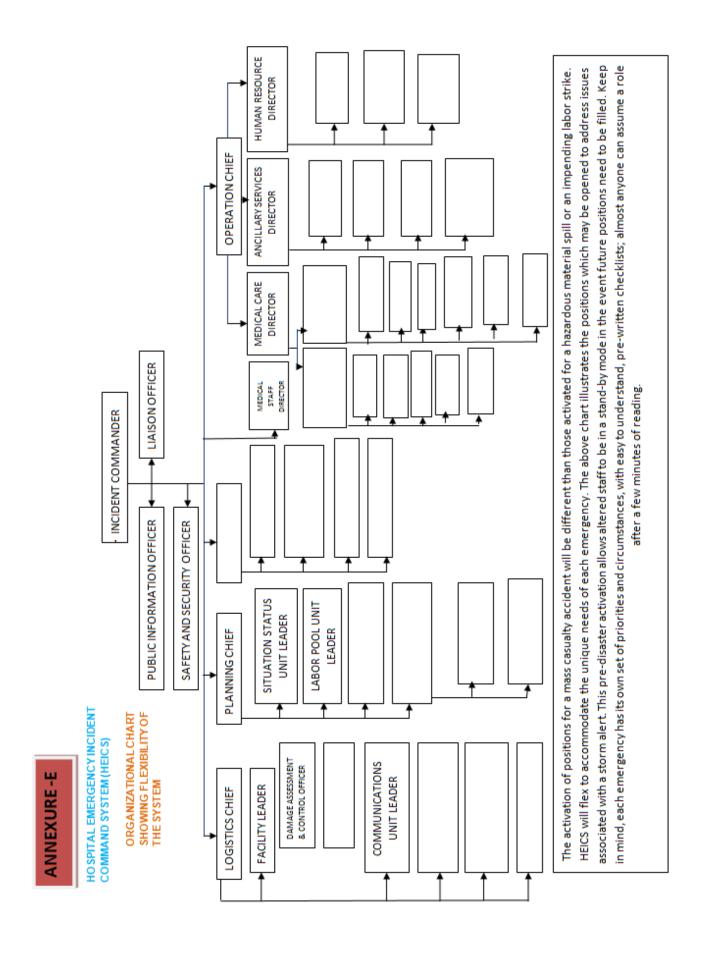
S.	Equipment/Particulars	Scale	Author	ization	Recom	mendation	ırks
No			Basic Requirement	Percentage of Reserve	Basic Requirement	Percentage of Reserve	Remarks
62	Tray, dressing EI 11"x9"x2"		1	100	30x20x5 In, 1	100	
63	Basin EI washing 14"		2	50	40cm, 2	50	
64	Bed		1	100	1	100	
65	Bin, Ash large		1	100	11	100	
66	Bottle urine EI		1	100	1	100	
67	Brush, Nail, ward		1	100	1	100	
68	Cup, Feeding, EI		2	100	2	100	
69	Mug enabled		3	50	3	50	
70	Pail Plastic		1	100	1	100	
71	Table with treast less size		1	100	1	100	
72	Lamp hurricane torch		6	100			
73	Candles		6	50	6	50	
74	Match boxes		6	50	6	50	
75	Kerosene Oil		2 gallons	50	10 ltr	100	
76	Towel Hand size		4	50	4	25	
77	Soap hand cake		2	50	2	50	
78	Soda Washing		1 lb	50	15kg	50	
79	Floor mop-shest handle		1	100	1	100	
80	Stretcher, ambulance (modified light aluminium)		6	50	Modified light aluminium, 6	50	
81	sheets water proof width 36"	3m	100	3m	100		
82	Blankets	12	50	12	50		
83	Crutches	2pairs	50	2pairs	50		

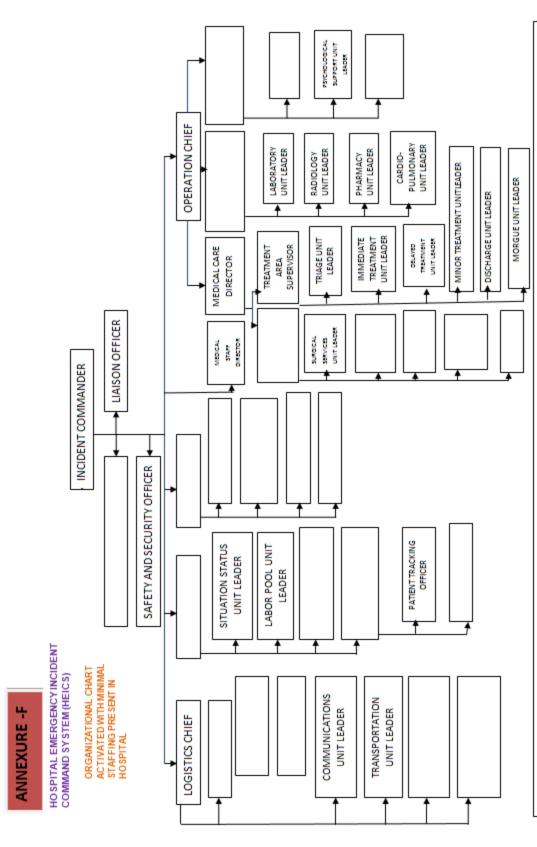
S.	Equipment/Particulars		Author	rization	Recom	mendation	v.
No		Scale	Basic Requirement	Percentage of Reserve	Basic Requirement	Percentage of Reserve	Remarks
84	Walking stickes	3	50	3	100		
85	pencils	1	100	2	100		
86	Torches with dry batteries	2	50	2	50		
87	Casualty Resister	for FA post	2	50	2	50	
88	Tie-on labels set of 18 in an envelop		4 sets	100	4 sets	100	
89	Tea box contents 1. Tea 2. Condensed milk 3. sugar 4. cups and saucers 5. sauce pan 6. spoons 7. kettle EI		2 lb 2 lb 4lb 3 sets 1 6		2 lb 2 lb 4lb 3 sets 1 6		
90	Chlorosol (PGMS Dettol)		1 lb	100 velon 50ml	Dettol / sa	100	
91	injecticthiopantiomlsodi, ampoule of 0.5 cc (pentothel sodium)		6amp	50	батр	50	
92	ParaffirumLiouldum		8 oz	100	8 oz	100	
93	Tab. Phenobarbitone gr.1 (Luminal, Gaudenal)		51 Nos	100	51 Nos	100	
94	PethidianeHychochloride 500 mg Amp PethidianeHychochloride100 mg Amp		25 amp	100	25 amp	100	
95	Tr. Benzoin Co		1 lb	100	1 lb	100	
96	Antigas gangrene serum (4000 Lu)		10 amp	100	10 amp	100	
97	Bandages, elastic. Adhesive, 2-1/2"x5 yards		3 No's	100	3 No's	100	
98	Needle, Serum		4 No's	100	4 No's	100	
99	Needle Holder, Mayo		1 No	100	1 No	100	

S.	Equipment/Particulars		Author	ization	Recom	mendation	rks
No		Scale	Basic Requirement	Percentage of Reserve	Basic Requirement	Percentage of Reserve	Remarks
100	Nylon Structure _material medium Hanks of 50		1 hank	100	1 hank	100	
101	Forceps Dissecting, Toothed 7"		1 No	100	1 No	100	
102	Splinting, wire, (Cramer) 60mm x 8cm		6 piece	100	6 piece	100	
103	Listons Long Splint		1 set	100	1 set	100	
104	Sphygmomanometre dial type		1 No	100	1 No	100	
105	Tubing, Drainage 3/16"		1 metre	100	1 metre	100	
106	Measure glass double (1/2 oz & 2 oz) 100		1	100	1	100	
107	Bag, ice, head 1.R.7-1/2 ins		1 No	100	1 No	100	
108	Sand bag, empty 16"/6"		3	100	3	100	
109	Thermometer, Diniel case		1	100	1	100	
110	Tray EI kidney shaped 10"		2	100	2	100	
111	Transfusion Equipment self		1 set	100	1 set	100	
112	Mask face		6	100	6	100	
113	Nose pads		10	100	10	100	
114	O2 Cylinder		1	100	1	100	
115	Measuring tape		1	100	1	100	
116	Needles, snuture, cutting, straight, traingular, pointed,		1 packet	50	1 packet	50	
	size 2 large packets of 6						

S. No	Equipment/Particulars	Scale	Author	ization	Recom	mendation	ks
			Basic Requirement	Percentage of Reserve	Basic Requirement	Percentage of Reserve	Remarks
117	Liner thread size 30/12 inches Length (Hanks of 50		2	50	2	50	
118	Personal equipments: Doctors , Nurses, First Aiders, lay Personnel, Drivers, Attendents.			1 each			
119	In xylocaine 50 ml vial					1 vial	100
120	Suction Apparatus foot operated				1 No	100	
121	Ethyl chloride Spray				1 No	100	
122	Liquid spray for pains, burns, wounds and bleeding nest				1 each	100	
123	Band- Aid strip				1		
124	Hand bellow type resuscitation				1 No	100	
125	Ryle's tube (polythene)				5 No	100	
126	Butterfly Hypodermic needle set				1 No	100	
127	Brufen Tablets 400 mg each				100	100	
128	Oral rehydration solution				100	100	
129	Inj. Tetanus Toxide 10 dose vial				10 gals	100	
130	Pneumatic splints				1	100	







position can be added as more personnel arrive. It should be remembered that a person might be required to perform more than one job. As more staff becomes to care for the arriving injured. The five positions with double boxed borders are those which should be immediately activated upon notice of the crash. The other A bus crash in the gally, A.M. hours will find hospital management and staff at a minimum, the HEICS system allows a minimum activation of positions necessary available they relieve the individual with multiple assignments. For example the Night Supervisor initially becomes the incident commander and Labor Pool Unit Leader. Tasks (positions) which are assigned a high priority may be divided among arriving (available) individuals.

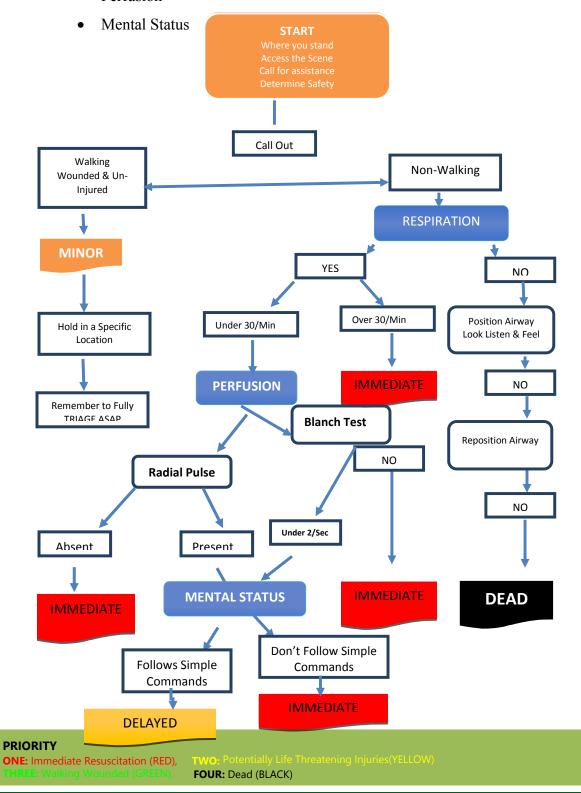
Annexure G

SAMPLE IN HOSPITAL TRIAGE PROTOCOL IN DISASTERS

TRIAGE

(Color Coded Wrist Band) ,On the basis of:

- Respiration
- Perfusion



Annexure H

THE DISASTER MANAGEMENT ACT, 2005

ARRANGEMENT OF SECTIONS

CHAPTER I PRELIMINARY

SECTIONS

- 1. Short title, extent and commencement.
- 2. Definitions.

CHAPTER II THE NATIONAL DISASTER MANAGEMENT AUTHORITY

- 3. Establishment of National Disaster Management Authority.
- 4. Meetings of National Authority.
- 5. Appointment of officers and other employees of the National Authority.
- 6. Powers and functions of National Authority.
- 7. Constitution of advisory committee by National Authority.
- 8. Constitution of National Executive Committee.
- 9. Constitution of sub-committees.
- 10. Powers and functions of National Executive Committee.
- 11. National plan.
- 12. Guidelines for minimum standards of relief.
- 13. Relief in loan repayment, etc.

CHAPTER III STATE DISASTER MANAGEMENT AUTHORITY

- 14. Establishment of State Disaster Management Authority.
- 15. Meetings of the State Authority.
- 16. Appointment of officers and other employees of State Authority.
- 17. Constitution of advisory committee by the State Authority.
- 18. Powers and functions of State Authority.
- 19. Guidelines for minimum standard of relief by State Authority.
- 20. Constitution of State Executive Committee.
- 21. Constitution of sub-committees by State Executive Committee.
- 22. Functions of the State Executive Committee.
- 23. State Plan.
- 24. Powers and functions of State Executive Committee in the event of threatening disaster situation.

CHAPTER IV DISTRICT DISASTER MANAGEMENT AUTHORITY

- 25. Constitution of District Disaster Management Authority.
- 26. Powers of Chairperson of District Authority.

SECTIONS

- 27. Meetings.
- 28. Constitution of advisory committees and other committees.
- 29. Appointment of officers and other employees of District Authority.
- 30. Powers and functions of District Authority.
- 31. District Plan.
- 32. Plans by different authorities at district level and their implementation.
- 33. Requisition by the District Authority.
- 34. Powers and functions of District Authority in the event of any threatening disaster situation or disaster.

CHAPTER V

MEASURES BY THE GOVERNMENT FOR DISASTER MANAGEMENT

- 35. Central Government to take measures.
- 36. Responsibilities of Ministries or Departments of Government of India.
- 37. Disaster management plans of Ministries or Departments of Government of India.
- 38. State Government to take measures.
- 39. Responsibilities of departments of the State Government.
- 40. Disaster management plan of departments of State.

CHAPTER VI LOCAL AUTHORITIES

41. Functions of the local authority.

CHAPTER VII NATIONAL INSTITUTE OF DISASTER MANAGEMENT

- 42. National Institute of Disaster Management.
- 43. Officers and other employees of the National Institute.

CHAPTER VIII NATIONAL DISASTER RESPONSE FORCE

- 44. National Disaster Response Force.
- 45. Control, direction, etc.

CHAPTER IX

FINANCE, ACCOUNTS AND AUDIT

- 46. National Disaster Response Fund.
- 47. National Disaster Mitigation Fund.
- 48. Establishment of funds by State Government.
- 49. Allocation of funds by Ministries and Departments.
- 50. Emergency procurement and accounting.

CHAPTER X OFFENCES AND PENALTIES

SECTIONS

- 51. Punishment for obstruction, etc.
- 52. Punishment for false claim.
- 53. Punishment for misappropriation of money or materials, etc.
- 54. Punishment for false warning.
- 55. Offences by Departments of the Government.
- 56. Failure of officer in duty or his connivance at the contravention of the provisions of this Act.
- 57. Penalty for contravention of any order regarding requisitioning.
- 58. Offence by companies.
- 59. Previous sanction for prosecution.
- 60. Cognizance of offences.

CHAPTER XI

MISCELLANEOUS

- 61. Prohibition against discrimination.
- 62. Power to issue direction by Central Government.
- 63. Powers to be made available for rescue operations.
- 64. Making or amending rules, etc., in certain circumstances.
- 65. Power of requisition of resources, provisions, vehicles, etc., for rescue operations, etc.
- 66. Payment of compensation.
- 67. Direction to media for communication of warnings, etc.
- 68. Authentication of orders of decisions.
- 69. Delegation of powers.
- 70. Annual report.
- 71. Bar of jurisdiction of court.
- 72. Act to have overriding effect.
- 73. Action taken in good faith.
- 74. Immunity from legal process.
- 75. Power of Central Government to make rules.
- 76. Power to make regulations.
- 77. Rules and regulations to be laid before Parliament.
- 78. Power of State Government to make rules.
- 79. Power to remove difficulties.

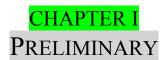
THE DISASTER MANAGEMENT ACT, 2005

ACT No. 53 OF 2005

[23rd December, 2005.]

An Act to provide for the effective management of disasters and for matters connected therewith or incidental thereto.

BE it enacted by Parliament in the Fifty-sixth Year of the Republic of India as follows:—



- 1. Short title, extent and commencement.—(1) This Act may be called the Disaster Management Act, 2005.
- (2) It extends to the whole of India.
- (3) It shall come into force on such date as the Central Government may, by notification in the Official Gazette appoint; and different dates* may be appointed for different provisions of this Act and for different States, and any reference to commencement in any provision of this Act in relation to any State shall be construed as a reference to the commencement of that provision in that State.
- **2. Definitions.**—In this Act, unless the context otherwise requires,—
- (a) "affected area" means an area or part of the country affected by a disaster;
- (b) "capacity-building" includes—
 - (i) identification of existing resources and resources to be acquired or created;
 - (ii) acquiring or creating resources identified under sub-clause (i);
 - (iii) organisation and training of personnel and coordination of such training for effective management of disasters;
- (c) "Central Government" means the Ministry or Department of the Government of India having administrative control of disaster management;
- (d) "disaster" means a catastrophe, mishap, calamity or grave occurrence in any area, arising from natural or man made causes, or by accident or negligence which results in substantial loss of life or human suffering or damage to, and destruction of, property, or damage to, or degradation of, environment, and is of such a nature or magnitude as to be beyond the coping capacity of the community of the affected area;
- (e) "disaster management" means a continuous and integrated process of planning, organising, coordinating and implementing measures which are necessary or expedient for—
 - (i) prevention of danger or threat of any disaster;
 - (ii) mitigation or reduction of risk of any disaster or its severity or consequences;
 - (iii) capacity-building;
 - (iv) preparedness to deal with any disaster;
 - (v) prompt response to any threatening disaster situation or disaster;
 - (vi) assessing the severity or magnitude of effects of any disaster;

^{1. 28}th July, 2006 (ss. 2, 3, 4, 5, 6, 8, 10, 75, 77, 79), vide notification No. S.O. 1216(E), dated 28th July, 2006;

^{*1}st August, 2007 [ss. 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 38, 39, 40, 41, 48, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, sub-sec. (2) of s. 70, 71, 72, 73, 74, 78, 79], *vide* notification No. S.O. 722(E), dated 7th May, 2007:

^{*17}th March, 2008 (ss. 44, 45), vide notification No. 517(E), dated 17th March, 2008;

^{*18}th October, 2011 (s. 46), vide notification No. S.O. 2397(E), dated 18th October, 2011, see Gazette of India, Extraordinary, Part II, sec. 3(ii).

- (vii) evacuation, rescue and relief;
- (viii) rehabilitation and reconstruction;
- (f) "District Authority" means the District Disaster Management Authority constituted under sub-section (1) of section 25;
- (g) "District Plan" means the plan for disaster management for the district prepared under section 31;
- (h) "local authority" includes panchayati raj institutions, municipalities, a district board, cantonment board, town planning authority or Zila Parishad or any other body or authority, by whatever name called, for the time being invested by law, for rendering essential services or, with the control and management of civic services, within a specified local area;
- (i) "mitigation" means measures aimed at reducing the risk, impact or effects of a disaster or threatening disaster situation;
- (*j*) "National Authority" means the National Disaster Management Authority established under sub-section (*1*) of section 3:
- (*k*) "National Executive Committee" means the Executive Committee of the National Authority constituted under sub-section (*I*) of section 8;
- (*l*) "National Plan" means the plan for disaster management for the whole of the country prepared under section 11;
- (*m*) "preparedness" means the state of readiness to deal with a threatening disaster situation or disaster and the effects thereof;
- (n) "prescribed" means prescribed by rules made under this Act;
- (o) "reconstruction" means construction or restoration of any property after a disaster;
- (p) "resources" includes manpower, services, materials and provisions;
- (q) "State Authority" means the State Disaster Management Authority established under sub-section (1) of section 14 and includes the Disaster Management Authority for the Union territory constituted under that section;
- (r) "State Executive Committee" means the Executive Committee of a State Authority constituted under subsection (1) of section 20;
- (s) "State Government" means the Department of Government of the State having administrative control of disaster management and includes Administrator of the Union territory appointed by the President under article 239 of the Constitution;
- (t) "State Plan" means the plan for disaster management for the whole of the State prepared under section 23.

CHAPTER II

THE NATIONAL DISASTER MANAGEMENT AUTHORITY

- **3. Establishment of National Disaster Management Authority.**—(1) With effect from such date as the Central Government may, by notification in the Official Gazette appoint in this behalf, there shall be established for the purposes of this Act, an authority to be known as the National Disaster Management Authority.
- (2) The National Authority shall consist of the Chairperson and such number of other members, not exceeding nine, as may be prescribed by the Central Government and, unless the rules otherwise provide, the National Authority shall consist of the following:—
- (a) the Prime Minister of India, who shall be the Chairperson of the National Authority, *ex officio*; (b) other members, not exceeding nine, to be nominated by the Chairperson of the National Authority.
- (3) The Chairperson of the National Authority may designate one of the members nominated under clause (b) of sub-section (2) to be the Vice-Chairperson of the National Authority.
- (4) The term of office and conditions of service of members of the National Authority shall be such as may be prescribed.
- **4. Meetings of National Authority**.—(*1*) The National Authority shall meet as and when necessary and at such time and place as the Chairperson of the National Authority may think fit.
- (2) The Chairperson of the National Authority shall preside over the meetings of the National Authority.
- (3) If for any reason the Chairperson of the National Authority is unable to attend any meeting of the National Authority, the Vice-Chairperson of the National Authority shall preside over the meeting.
- **5. Appointment of officers and other employees of the National Authority**.—The Central Government shall provide the National Authority with such officers, consultants and employees, as it considers necessary for carrying out the functions of the National Authority.
- **6. Powers and functions of National Authority.**—(1) Subject to the provisions of this Act, the National Authority shall have the responsibility for laying down the policies, plans and guidelines for disaster management for ensuring timely and effective response to disaster.
- (2) Without prejudice to generality of the provisions contained in sub-section (1), the National Authority may
 - (a) lay down policies on disaster management;
 - (b) approve the National Plan;
 - (c) approve plans prepared by the Ministries or Departments of the Government of India in accordance with the National Plan;
 - (d) lay down guidelines to be followed by the State Authorities in drawing up the State Plan;
 - (e) lay down guidelines to be followed by the different Ministries or Departments of the Government of India for the purpose of integrating the measures for prevention of disaster or the mitigation of its effects in their development plans and projects;

- (f) coordinate the enforcement and implementation of the policy and plan for disaster management;
- (g) recommend provision of funds for the purpose of mitigation;
- (h) provide such support to other countries affected by major disasters as may be determined by the Central Government;
- (*i*) take such other measures for the prevention of disaster, or the mitigation, or preparedness and capacity building for dealing with the threatening disaster situation or disaster as it may consider necessary;
- (*j*) lay down broad policies and guidelines for the functioning of the National Institute of Disaster Management.
- (3) The Chairperson of the National Authority shall, in the case of emergency, have power to exercise all or any of the powers of the National Authority but exercise of such powers shall be subject to *ex post facto* ratification by the National Authority.
- 7. Constitution of advisory committee by National Authority.—(1) The National Authority may constitute an advisory committee consisting of experts in the field of disaster management and having practical experience of disaster management at the national, State or district level to make recommendations on different aspects of disaster management. (2) The members of the advisory committee shall be paid such allowances as may be prescribed by the Central Government in consultation with the National Authority.
- **8.** Constitution of National Executive Committee.—(1) The Central Government shall, immediately after issue of notification under sub-section (1) of section 3, constitute a National Executive Committee to assist the National Authority in the performance of its functions under this Act.
- (2) The National Executive Committee shall consist of the following members, namely:—
 - (a) the Secretary to the Government of India in charge of the Ministry or Department of the Central Government having administrative control of the disaster management, who shall be Chairperson, ex officio;
 - (b) the Secretaries to the Government of India in the Ministries or Departments having administrative control of the agriculture, atomic energy, defence, drinking water supply, environment and forests, finance (expenditure), health, power, rural development, science and technology, space, telecommunication, urban development, water resources and the Chief of the Integrated Defence Staff of the Chiefs of Staff Committee, ex officio.
- (3) The Chairperson of the National Executive Committee may invite any other officer of the Central Government or a State Government for taking part in any meeting of the National Executive Committee and shall exercise such powers and perform such functions as may be prescribed by the Central Government in consultation with the National Authority.
- (4) The procedure to be followed by the National Executive Committee in exercise of its powers and discharge of its functions shall be such as may be prescribed by the Central Government.
- **9. Constitution of sub-committees.**—(1) The National Executive Committee may, as and when it considers necessary, constitute one or more sub-committees, for the efficient discharge of its functions.

DISASTER MANAGEMENT MANUAL

- (2) The National Executive Committee shall, from amongst its members, appoint the Chairperson of the sub-committee referred to in sub-section (1).
- (3) Any person associated as an expert with any sub-committee may be paid such allowances as may be prescribed by the Central Government.
- **10. Powers and functions of National Executive Committee.**—(1) The National Executive Committee shall assist the National Authority in the discharge of its functions and have the responsibility for implementing the policies and plans of the National Authority and ensure the compliance of directions issued by the Central Government for the purpose of disaster management in the country.
- (2) Without prejudice to the generality of the provisions contained in sub-section (1), the National Executive Committee may—
 - (a) act as the coordinating and monitoring body for disaster management;
 - (b) prepare the National Plan to be approved by the National Authority;
 - (c) coordinate and monitor the implementation of the National Policy;
 - (d) lay down guidelines for preparing disaster management plans by different Ministries or Departments of the Government of India and the State Authorities;
 - (e) provide necessary technical assistance to the State Governments and the State Authorities for preparing their disaster management plans in accordance with the guidelines laid down by the National Authority;
 - (f) monitor the implementation of the National Plan and the plans prepared by the Ministries or Departments of the Government of India;
 - (g) monitor the implementation of the guidelines laid down by the National Authority for integrating of measures for prevention of disasters and mitigation by the Ministries or Departments in their development plans and projects;
 - (h) monitor, coordinate and give directions regarding the mitigation and preparedness measures to be taken by different Ministries or Departments and agencies of the Government;
 - (i) evaluate the preparedness at all governmental levels for the purpose of responding to any threatening disaster situation or disaster and give directions, where necessary, for enhancing such preparedness;
 - (*j*) plan and coordinate specialised training programme for disaster management for different levels of officers, employees and voluntary rescue workers;
 - (k) coordinate response in the event of any threatening disaster situation or disaster;
 - (*l*) lay down guidelines for, or give directions to, the concerned Ministries or Departments of the Government of India, the State Governments and the State Authorities regarding measures to be taken by them in response to any threatening disaster situation or disaster;
 - (*m*) require any department or agency of the Government to make available to the National Authority or State Authorities such men or material resources as are available with it for the purposes of emergency response, rescue and relief;

- (*n*) advise, assist and coordinate the activities of the Ministries or Departments of the Government of India, State Authorities, statutory bodies, other governmental or non-governmental organisations and others engaged in disaster management;
- (o) provide necessary technical assistance or give advice to the State Authorities and District Authorities for carrying out their functions under this Act;
- (p) promote general education and awareness in relation to disaster management; and
- (q) perform such other functions as the National Authority may require it to perform.
- **11. National Plan.**—(*I*) There shall be drawn up a plan for disaster management for the whole of the country to be called the National Plan.
- (2) The National Plan shall be prepared by the National Executive Committee having regard to the National Policy and in consultation with the State Governments and expert bodies or organisations in the field of disaster management to be approved by the National Authority.
- (3) The National Plan shall include—
 - (a) measures to be taken for the prevention of disasters, or the mitigation of their effects;
 - (b) measures to be taken for the integration of mitigation measures in the development plans;
 - (c) measures to be taken for preparedness and capacity building to effectively respond to any threatening disaster situations or disaster;
 - (d) roles and responsibilities of different Ministries or Departments of the Government of India in respect of measures specified in clauses (a), (b) and (c).
- (4) The National Plan shall be reviewed and updated annually.
- (5) Appropriate provisions shall be made by the Central Government for financing the measures to be carried out under the National Plan.
- (6) Copies of the National Plan referred to in sub-sections (2) and (4) shall be made available to the Ministries or Departments of the Government of India and such Ministries or Departments shall draw up their own plans in accordance with the National Plan.
- **12. Guidelines for minimum standards of relief.**—The National Authority shall recommend guidelines for the minimum standards of relief to be provided to persons affected by disaster, which shall include,—
 - (i) the minimum requirements to be provided in the relief camps in relation to shelter, food, drinking water, medical cover and sanitation;
 - (ii) the special provisions to be made for widows and orphans;
 - (iii) ex gratia assistance on account of loss of life as also assistance on account of damage to houses and for restoration of means of livelihood;
 - (iv) such other relief as may be necessary.
- **13. Relief in loan repayment, etc.**—The National Authority may, in cases of disasters of severe magnitude, recommend relief in repayment of loans or for grant of fresh loans to the persons affected by disaster on such concessional terms as may be appropriate.

CHAPTER III STATE DISASTER MANAGEMENT AUTHORITIES

- **14. Establishment of State Disaster Management Authority.**—(1) Every State Government shall, as soon as may be after the issue of the notification under sub-section (1) of section 3, by notification in the Official Gazette, establish a State Disaster Management Authority for the State with such name as may be specified in the notification of the State Government.
- (2) A State Authority shall consist of the Chairperson and such number of other members, not exceeding nine, as may be prescribed by the State Government and, unless the rules otherwise provide, the State Authority shall consist of the following members, namely:—
- (a) the Chief Minister of the State, who shall be Chairperson, ex officio;
- (b) other members, not exceeding eight, to be nominated by the Chairperson of the State Authority;
- (c) the Chairperson of the State Executive Committee, ex officio.
- (3) The Chairperson of the State Authority may designate one of the members nominated under clause (b) of subsection (2) to be the Vice-Chairperson of the State Authority.
- (4) The Chairperson of the State Executive Committee shall be the Chief Executive Officer of the State Authority, *ex officio*:

Provided that in the case of a Union territory having Legislative Assembly, except the Union territory of Delhi, the Chief Minister shall be the Chairperson of the Authority established under this section and in case of other Union territories, the Lieutenant Governor or the Administrator shall be the Chairperson of that Authority: Provided further that the Lieutenant Governor of the Union territory of Delhi shall be the Chairperson and the Chief Minister thereof shall be the Vice-Chairperson of the State Authority.

- (5) The term of office and conditions of service of members of the State Authority shall be such as may be prescribed.
- **15. Meetings of the State Authority**.—(*1*) The State Authority shall meet as and when necessary and at such time and place as the Chairperson of the State Authority may think fit.
- (2) The Chairperson of the State Authority shall preside over the meetings of the State Authority.
- (3) If for any reason, the Chairperson of the State Authority is unable to attend the meeting of the State Authority, the Vice-Chairperson of the State Authority shall preside at the meeting.
- **16. Appointment of officers and other employees of State Authority.**—The State Government shall provide the State Authority with such officers, consultants and employees, as it considers necessary, for carrying out the functions of the State Authority.
- 17. Constitution of advisory committee by the State Authority.—(1) A State Authority may, as and when it considers necessary, constitute an advisory committee, consisting of experts in the field of disaster management and having practical experience of disaster management to make recommendations on different aspects of disaster management.

- (2) The members of the advisory committee shall be paid such allowances as may be prescribed by the State Government.
- **18. Powers and functions of State Authority.**—(*1*) Subject to the provisions of this Act, a State Authority shall have the responsibility for laying down policies and plans for disaster management in the State.
- (2) Without prejudice to the generality of provisions contained in sub-section (1), the State Authority may—
 - (a) lay down the State disaster management policy;
 - (b) approve the State Plan in accordance with the guidelines laid down by the National Authority;
 - (c) approve the disaster management plans prepared by the departments of the Government of the State;
 - (d) lay down guidelines to be followed by the departments of the Government of the State for the purposes of integration of measures for prevention of disasters and mitigation in their development plans and projects and provide necessary technical assistance therefor;
 - (e) coordinate the implementation of the State Plan;
 - (f) recommend provision of funds for mitigation and preparedness measures;
 - (g) review the development plans of the different departments of the State and ensure that prevention and mitigation measures are integrated therein;
 - (h) review the measures being taken for mitigation, capacity building and preparedness by the departments of the Government of the State and issue such guidelines as may be necessary.
- (3) The Chairperson of the State Authority shall, in the case of emergency, have power to exercise all or any of the powers of the State Authority but the exercise of such powers shall be subject to *ex post facto* ratification of the State Authority.
- 19. Guidelines for minimum standard of relief by State Authority.—The State Authority shall lay down detailed guidelines for providing standards of relief to persons affected by disaster in the State:

 Provided that such standards shall in no case be less than the minimum standards in the guidelines laid down by the National Authority in this regard.
- **20.** Constitution of State Executive Committee.—(1) The State Government shall, immediately after issue of notification under sub-section (1) of section 14, constitute a State Executive Committee to assist the State Authority in the performance of its functions and to coordinate action in accordance with the guidelines laid down by the State Authority and ensure the compliance of directions issued by the State Government under this Act.
- (2) The State Executive Committee shall consist of the following members, namely:—
 - (a) the Chief Secretary to the State Government, who shall be Chairperson, ex officio;
 - (b) four Secretaries to the Government of the State of such departments as the State Government may think fit, ex officio.

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- (3) The Chairperson of the State Executive Committee shall exercise such powers and perform such functions as may be prescribed by the State Government and such other powers and functions as may be delegated to him by the State Authority.
- (4) The procedure to be followed by the State Executive Committee in exercise of its powers and discharge of its functions shall be such as may be prescribed by the State Government.
- **21.** Constitution of sub-committees by State Executive Committee.—(1) The State Executive Committee may, as and when it considers necessary, constitute one or more sub-committees, for efficient discharge of its functions.
- (2) The State Executive Committee shall, from amongst its members, appoint the Chairperson of the sub-committee referred to in sub-section (1).
- (3) Any person associated as an expert with any sub-committee may be paid such allowances as may be prescribed by the State Government.
- **22.** Functions of the State Executive Committee.—(1) The State Executive Committee shall have the responsibility for implementing the National Plan and State Plan and act as the coordinating and monitoring body for management of disaster in the State.
- (2) Without prejudice to the generality of the provisions of sub-section (1), the State Executive Committee may—
 - (a) coordinate and monitor the implementation of the National Policy, the National Plan and the State Plan;
 - (b) examine the vulnerability of different parts of the State to different forms of disasters and specify measures to be taken for their prevention or mitigation;
 - (c) lay down guidelines for preparation of disaster management plans by the departments of the Government of the State and the District Authorities;
 - (d) monitor the implementation of disaster management plans prepared by the departments of the Government of the State and District Authorities;
 - (e) monitor the implementation of the guidelines laid down by the State Authority for integrating of measures for prevention of disasters and mitigation by the departments in their development plans and projects;
 - (f) evaluate preparedness at all governmental or non-governmental levels to respond to any threatening disaster situation or disaster and give directions, where necessary, for enhancing such preparedness;
 - (g) coordinate response in the event of any threatening disaster situation or disaster;
 - (h) give directions to any Department of the Government of the State or any other authority or body in the State regarding actions to be taken in response to any threatening disaster situation or disaster;
 - (i) promote general education, awareness and community training in regard to the forms of disasters to which different parts of the State are vulnerable and the measures that may be taken by such community to prevent the disaster, mitigate and respond to such disaster;

- (*j*) advise, assist and coordinate the activities of the Departments of the Government of the State, District Authorities, statutory bodies and other governmental and non-governmental organisations engaged in disaster management;
- (k) provide necessary technical assistance or give advice to District Authorities and local authorities for carrying out their functions effectively;
- (1) advise the State Government regarding all financial matters in relation to disaster management;
- (*m*) examine the construction, in any local area in the State and, if it is of the opinion that the standards laid for such construction for the prevention of disaster is not being or has not been followed, may direct the District Authority or the local authority, as the case may be, to take such action as may be necessary to secure compliance of such standards;
- (n) provide information to the National Authority relating to different aspects of disaster management;
- (o) lay down, review and update State level response plans and guidelines and ensure that the district level plans are prepared, reviewed and updated;
- (p) ensure that communication systems are in order and the disaster management drills are carried out periodically;
- (q) perform such other functions as may be assigned to it by the State Authority or as it may consider necessary.
- **23. State Plan.**—(1) There shall be a plan for disaster management for every State to be called the State Disaster Management Plan.
- (2) The State Plan shall be prepared by the State Executive Committee having regard to the guidelines laid down by the National Authority and after such consultation with local authorities, district authorities and the people's representatives as the State Executive Committee may deem fit.
- (3) The State Plan prepared by the State Executive Committee under sub-section (2) shall be approved by the State Authority.
- (4) The State Plan shall include,—
 - (a) the vulnerability of different parts of the State to different forms of disasters;
 - (b) the measures to be adopted for prevention and mitigation of disasters;
 - (c) the manner in which the mitigation measures shall be integrated with the development plans and projects;
 - (d) the capacity-building and preparedness measures to be taken;
 - (e) the roles and responsibilities of each Department of the Government of the State in relation to the measures specified in clauses (b), (c) and (d) above;
 - (f) the roles and responsibilities of different Departments of the Government of the State in responding to any threatening disaster situation or disaster.
- (5) The State Plan shall be reviewed and updated annually.

- (6) Appropriate provisions shall be made by the State Government for financing for the measures to be carried out under the State Plan.
- (7) Copies of the State Plan referred to in sub-sections (2) and (5) shall be made available to the Departments of the Government of the State and such Departments shall draw up their own plans in accordance with the State Plan.
- **24. Powers and functions of State Executive Committee in the event of threatening disaster situation.**—For the purpose of, assisting and protecting the community affected by disaster or providing relief to such community or, preventing or combating disruption or dealing with the effects of any threatening disaster situation, the State Executive Committee may—
 - (a) control and restrict, vehicular traffic to, from or within, the vulnerable or affected area;
 - (b) control and restrict the entry of any person into, his movement within and departure from, a vulnerable or affected area;
 - (c) remove debris, conduct search and carry out rescue operations;
 - (d) provide shelter, food, drinking water, essential provisions, healthcare and services in accordance with the standards laid down by the National Authority and State Authority;
 - (e) give direction to the concerned Department of the Government of the State, any District Authority or other authority, within the local limits of the State to take such measure or steps for rescue, evacuation or providing immediate relief saving lives or property, as may be necessary in its opinion;
 - (f) require any department of the Government of the State or any other body or authority or person in charge of any relevant resources to make available the resources for the purposes of emergency response, rescue and relief;
 - (g) require experts and consultants in the field of disasters to provide advice and assistance for rescue and relief;
 - (h) procure exclusive or preferential use of amenities from any authority or person as and when required;
 - (i) construct temporary bridges or other necessary structures and demolish unsafe structures which may be hazardous to public;
 - (*j*) ensure that non-governmental organisations carry out their activities in an equitable and non-discriminatory manner;
 - (k) disseminate information to public to deal with any threatening disaster situation or disaster;
 - (*l*) take such steps as the Central Government or the State Government may direct in this regard or take such other steps as are required or warranted by the form of any threatening disaster situation or disaster.

CHAPTER IV DISTRICT DISASTER MANAGEMENT AUTHORITY

- **25.** Constitution of District Disaster Management Authority.—(1) Every State Government shall, as soon as may be after issue of notification under sub-section (1) of section 14, by notification in the Official Gazette, establish a District Disaster Management Authority for every district in the State with such name as may be specified in that notification.
- (2) The District Authority shall consist of the Chairperson and such number of other members, not exceeding seven, as may be prescribed by the State Government, and unless the rules otherwise provide, it shall consist of the following, namely:—
 - (a) the Collector or District Magistrate or Deputy Commissioner, as the case may be, of the district who shall be Chairperson, *ex officio*;
 - (b) the elected representative of the local authority who shall be the co-Chairperson, *ex officio*:

 Provided that in the Tribal Areas, as referred to in the Sixth Schedule to the Constitution, the Chief Executive Member of the district council of autonomous district, shall be the co-Chairperson, *ex officio*;
 - (c) the Chief Executive Officer of the District Authority, ex officio;
 - (d) the Superintendent of Police, ex officio;
 - (e) the Chief Medical Officer of the district, ex officio;
 - (f) not exceeding two other district level officers, to be appointed by the State Government.
- (3) In any district where zila parishad exists, the Chairperson thereof shall be the co-Chairperson of the District Authority.
- (4) The State Government shall appoint an officer not below the rank of Additional Collector or Additional District Magistrate or Additional Deputy Commissioner, as the case may be, of the district to be the Chief Executive Officer of the District Authority to exercise such powers and perform such functions as may be prescribed by the State Government and such other powers and functions as may be delegated to him by the District Authority.
- **26. Powers of Chairperson of District Authority.**—(1) The Chairperson of the District Authority shall, in addition to presiding over the meetings of the District Authority, exercise and discharge such powers and functions of the District Authority as the District Authority may delegate to him.
- (2) The Chairperson of the District Authority shall, in the case of an emergency, have power to exercise all or any of the powers of the District Authority but the exercise of such powers shall be subject to *ex post facto* ratification of the District Authority.
- (3) The District Authority or the Chairperson of the District Authority may, by general or special order, in writing, delegate such of its or his powers and functions, under sub-section (1) or (2), as the case may be, to the Chief Executive Officer of the District Authority, subject to such conditions and limitations, if any, as it or he deems fit.

- **27. Meetings**.—The District Authority shall meet as and when necessary and at such time and place as the Chairperson may think fit.
- **28.** Constitution of advisory committees and other committees.—(1) The District Authority may, as and when it considers necessary, constitute one or more advisory committees and other committees for the efficient discharge of its functions.
- (2) The District Authority shall, from amongst its members, appoint the Chairperson of the Committee referred to in sub-section (1).
- (3) Any person associated as an expert with any committee or sub-committee constituted under sub-section (1) may be paid such allowances as may be prescribed by the State Government.
- **29. Appointment of officers and other employees of District Authority**.—The State Government shall provide the District Authority with such officers, consultants and other employees as it considers necessary for carrying out the functions of District Authority.
- **30.** Powers and functions of District Authority.—(1) The District Authority shall act as the district planning, coordinating and implementing body for disaster management and take all measures for the purposes of disaster management in the district in accordance with the guidelines laid down by the National Authority and the State Authority.
- (2) Without prejudice to the generality of the provisions of sub-section (1), the District Authority may—
 - (i) prepare a disaster management plan including district response plan for the district;
 - (ii) coordinate and monitor the implementation of the National Policy, State Policy, National Plan, State Plan and District Plan:
 - (iii) ensure that the areas in the district vulnerable to disasters are identified and measures for the prevention of disasters and the mitigation of its effects are undertaken by the departments of the Government at the district level as well as by the local authorities;
 - (*iv*) ensure that the guidelines for prevention of disasters, mitigation of its effects, preparedness and response measures as laid down by the National Authority and the State Authority are followed by all departments of the Government at the district level and the local authorities in the district;
 - (v) give directions to different authorities at the district level and local authorities to take such other measures for the prevention or mitigation of disasters as may be necessary;
 - (vi) lay down guidelines for prevention of disaster management plans by the department of the Government at the districts level and local authorities in the district;
 - (vii) monitor the implementation of disaster management plans prepared by the Departments of the Government at the district level;
 - (*viii*) lay down guidelines to be followed by the Departments of the Government at the district level for purposes of integration of measures for prevention of disasters and mitigation in their development plans and projects and provide necessary technical assistance therefor;
 - (ix) monitor the implementation of measures referred to in clause (viii);

- (x) review the state of capabilities for responding to any disaster or threatening disaster situation in the district and give directions to the relevant departments or authorities at the district level for their up gradation as may be necessary;
- (xi) review the preparedness measures and give directions to the concerned departments at the district level or other concerned authorities where necessary for bringing the preparedness measures to the levels required for responding effectively to any disaster or threatening disaster situation;
- (xii) organise and coordinate specialised training programmes for different levels of officers, employees and voluntary rescue workers in the district;
- (*xiii*) facilitate community training and awareness programmes for prevention of disaster or mitigation with the support of local authorities, governmental and non-governmental organisations;
- (xiv) set up, maintain, review and upgrade the mechanism for early warnings and dissemination of proper information to public;
- (xv) prepare, review and update district level response plan and guidelines;
- (xvi) coordinate response to any threatening disaster situation or disaster;
- (*xvii*) ensure that the Departments of the Government at the district level and the local authorities prepare their response plans in accordance with the district response plan;
- (xviii) lay down guidelines for, or give direction to, the concerned Department of the Government at the district level or any other authorities within the local limits of the district to take measures to respond effectively to any threatening disaster situation or disaster;
- (*xix*) advise, assist and coordinate the activities of the Departments of the Government at the district level, statutory bodies and other governmental and non-governmental organisations in the district engaged in the disaster management;
- (xx) coordinate with, and give guidelines to, local authorities in the district to ensure that measures for the prevention or mitigation of threatening disaster situation or disaster in the district are carried out promptly and effectively;
- (xxi) provide necessary technical assistance or give advise to the local authorities in the district for carrying out their functions;
- (*xxii*) review development plans prepared by the Departments of the Government at the district level, statutory authorities or local authorities with a view to make necessary provisions therein for prevention of disaster or mitigation;
- (*xxiii*) examine the construction in any area in the district and, if it is of the opinion that the standards for the prevention of disaster or mitigation laid down for such construction is not being or has not been followed, may direct the concerned authority to take such action as may be necessary to secure compliance of such standards;

- (*xxiv*) identify buildings and places which could, in the event of any threatening disaster situation or disaster, be used as relief centers or camps and make arrangements for water supply and sanitation in such buildings or places;
- (xxv) establish stockpiles of relief and rescue materials or ensure preparedness to make such materials available at a short notice;
- (xxvi) provide information to the State Authority relating to different aspects of disaster management; (xxvii) encourage the involvement of non-governmental organisations and voluntary social-welfare institutions working at the grassroots level in the district for disaster management;
- (xxviii) ensure communication systems are in order, and disaster management drills are carried out periodically;
- (*xxix*) perform such other functions as the State Government or State Authority may assign to it or as it deems necessary for disaster management in the District.
- **31. District Plan.**—(1) There shall be a plan for disaster management for every district of the State.
- (2) The District Plan shall be prepared by the District Authority, after consultation with the local authorities and having regard to the National Plan and the State Plan, to be approved by the State Authority.
- (3) The District Plan shall include—
 - (a) the areas in the district vulnerable to different forms of disasters;
 - (b) the measures to be taken, for prevention and mitigation of disaster, by the Departments of the Government at the district level and local authorities in the district;
 - (c) the capacity-building and preparedness measures required to be taken by the Departments of the Government at the district level and the local authorities in the district to respond to any threatening disaster situation or disaster;
- (d) the response plans and procedures, in the event of a disaster, providing for—
 - (i) allocation of responsibilities to the Departments of the Government at the district level and the local authorities in the district;
 - (ii) prompt response to disaster and relief thereof;
 - (iii) procurement of essential resources;
 - (iv) establishment of communication links; and
 - (v) the dissemination of information to the public;
 - (e) such other matters as may be required by the State Authority.
- (4) The District Plan shall be reviewed and updated annually.
- (5) The copies of the District Plan referred to in sub-sections (2) and (4) shall be made available to the Departments of the Government in the district.
- (6) The District Authority shall send a copy of the District Plan to the State Authority which shall forward it to the State Government.

- (7) The District Authority shall, review from time to time, the implementation of the Plan and issue such instructions to different departments of the Government in the district as it may deem necessary for the implementation thereof.
- **32. Plans by different authorities at district level and their implementation.**—Every office of the Government of India and of the State Government at the district level and the local authorities shall, subject to the supervision of the District Authority.—
- (a) prepare a disaster management plan setting out the following, namely:—
 - (i) provisions for prevention and mitigation measures as provided for in the District Plan and as is assigned to the department or agency concerned;
 - (ii) provisions for taking measures relating to capacity-building and preparedness as laid down in the District Plan;
 - (iii) the response plans and procedures, in the event of, any threatening disaster situation or disaster;
 - (b) coordinate the preparation and the implementation of its plan with those of the other organisations at the district level including local authority, communities and other stakeholders;
 - (c) regularly review and update the plan; and
 - (d) submit a copy of its disaster management plan, and of any amendment thereto, to the District Authority.
- **33. Requisition by the District Authority.**—The District Authority may by order require any officer or any Department at the district level or any local authority to take such measures for the prevention or mitigation of disaster, or to effectively respond to it, as may be necessary, and such officer or department shall be bound to carry out such order.
- **34.** Powers and functions of District Authority in the event of any threatening disaster situation or disaster.—For the purpose of assisting, protecting or providing relief to the community, in response to any threatening disaster situation or disaster, the District Authority may—
 - (a) give directions for the release and use of resources available with any Department of the Government and the local authority in the district;
 - (b) control and restrict vehicular traffic to, from and within, the vulnerable or affected area;
 - (c) control and restrict the entry of any person into, his movement within and departure from, a vulnerable or affected area;
 - (d) remove debris, conduct search and carry out rescue operations;
 - (e) provide shelter, food, drinking water and essential provisions, healthcare and services;
 - (f) establish emergency communication systems in the affected area;
 - (g) make arrangements for the disposal of the unclaimed dead bodies;
 - (h) recommend to any Department of the Government of the State or any authority or body under that Government at the district level to take such measures as are necessary in its opinion;
 - (i) require experts and consultants in the relevant fields to advise and assist as it may deem necessary;
 - (j) procure exclusive or preferential use of amenities from any authority or person;
 - (k) construct temporary bridges or other necessary structures and demolish structures which may be hazardous to public or aggravate the effects of the disaster;
 - (*l*) ensure that the non-governmental organisations carry out their activities in an equitable and non-discriminatory manner;
 - (m) take such other steps as may be required or warranted to be taken in such a situation.

CHAPTER V

MEASURES BY THE GOVERNMENT FOR DISASTER MANAGEMENT

- **35.** Central Government to take measures.—(1) Subject to the provisions of this Act, the Central Government shall take all such measures as it deems necessary or expedient for the purpose of disaster management.
- (2) In particular and without prejudice to the generality of the provisions of sub-section (*I*), the measures which the Central Government may take under that sub-section include measures with respect to all or any of the following matters, namely:—
 - (a) coordination of actions of the Ministries or Departments of the Government of India, State Governments, National Authority, State Authorities, governmental and non-governmental organisations in relation to disaster management;
 - (b) ensure the integration of measures for prevention of disasters and mitigation by Ministries or Departments of the Government of India into their development plans and projects;
 - (c) ensure appropriate allocation of funds for prevention of disaster, mitigation, capacity-building and preparedness by the Ministries or Departments of the Government of India;
 - (d) ensure that the Ministries or Departments of the Government of India take necessary measures for preparedness to promptly and effectively respond to any threatening disaster situation or disaster;
 - (e) cooperation and assistance to State Governments, as requested by them or otherwise deemed appropriate by it;
 - (f) deployment of naval, military and air forces, other armed forces of the Union or any other civilian personnel as may be required for the purposes of this Act;
 - (g) coordination with the United Nations agencies, international organisations and governments of foreign countries for the purposes of this Act;
 - (h) establish institutions for research, training, and developmental programmes in the field of disaster management;
 - (i) such other matters as it deems necessary or expedient for the purpose of securing effective implementation of the provisions of this Act.
- (3) The Central Government may extend such support to other countries affected by major disaster as it may deem appropriate.
- **36. Responsibilities of Ministries or Departments of Government of India.**—It shall be the responsibility of every Ministry or Department of the Government of India to—
- (a) take measures necessary for prevention of disasters, mitigation, preparedness and capacity-building in accordance with the guidelines laid down by the National Authority;
- (b) integrate into its development plans and projects, the measures for prevention or mitigation of disasters in accordance with the guidelines laid down by the National Authority;

- (c) respond effectively and promptly to any threatening disaster situation or disaster in accordance with the guidelines of the National Authority or the directions of the National Executive Committee in this behalf;
- (d) review the enactments administered by it, its policies, rules and regulations, with a view to incorporate therein the provisions necessary for prevention of disasters, mitigation or preparedness;
- (e) allocate funds for measures for prevention of disaster, mitigation, capacity-building and preparedness;
- (f) provide assistance to the National Authority and State Governments for—
 - (i) drawing up mitigation, preparedness and response plans, capacity-building, data collection and identification and training of personnel in relation to disaster management;
 - (ii) carrying out rescue and relief operations in the affected area;
 - (iii) assessing the damage from any disaster;
 - (iv) carrying out rehabilitation and reconstruction;
- (g) make available its resources to the National Executive Committee or a State Executive Committee for the purposes of responding promptly and effectively to any threatening disaster situation or disaster, including measures for—
 - (i) providing emergency communication in a vulnerable or affected area;
 - (ii) transporting personnel and relief goods to and from the affected area;
 - (iii) providing evacuation, rescue, temporary shelter or other immediate relief;
 - (iv) setting up temporary bridges, jetties and landing places;
 - (v) providing, drinking water, essential provisions, healthcare, and services in an affected area;
 - (h) take such other actions as it may consider necessary for disaster management.
- **37. Disaster management plans of Ministries or Departments of Government of India.**—(1) Every Ministry or Department of the Government of India shall—
- (a) prepare a disaster management plan specifying the following particulars, namely:—
 - (i) the measures to be taken by it for prevention and mitigation of disasters in accordance with the National Plan;
 - (ii) the specifications regarding integration of mitigation measures in its development plans in accordance with the guidelines of the National Authority and the National Executive Committee;
 - (iii) its roles and responsibilities in relation to preparedness and capacity-building to deal with any threatening disaster situation or disaster;
 - (*iv*) its roles and responsibilities in regard to promptly and effectively responding to any threatening disaster situation or disaster;
 - (v) the present status of its preparedness to perform the roles and responsibilities specified in sub-clauses (iii) and (iv);
 - (vi) the measures required to be taken in order to enable it to perform its responsibilities specified in subclauses (iii) and (iv);

- (b) review and update annually the plan referred to in clause (a);
- (c) forward a copy of the plan referred to in clause (a) or clause (b), as the case may be, to the Central Government which Government shall forward a copy thereof to the National Authority for its approval.
- (2) Every Ministry or Department of the Government of India shall—
- (a) make, while preparing disaster management plan under clause (a) of sub-section (1), provisions for financing the activities specified therein;
- (b) furnish a status report regarding the implementation of the plan referred to in clause (a) of sub-section (1) to the National Authority, as and when required by it.
- **38. State Government to take measures**.—(1) Subject to the provisions of this Act, each State Government shall take all measures specified in the guidelines laid down by the National Authority and such further measures as it deems necessary or expedient, for the purpose of disaster management.
- (2) The measures which the State Government may take under sub-section (1) include measures with respect to all or any of the following matters, namely:—
- (a) coordination of actions of different departments of the Government of the State, the State Authority, District Authorities, local authority and other non-governmental organisations;
- (b) cooperation and assistance in the disaster management to the National Authority and National Executive Committee, the State Authority and the State Executive Committee, and the District Authorities;
 - (c) cooperation with, and assistance to, the Ministries or Departments of the Government of India in disaster management, as requested by them or otherwise deemed appropriate by it;
 - (*d*) allocation of funds for measures for prevention of disaster, mitigation, capacity-building and preparedness by the departments of the Government of the State in accordance with the provisions of the State Plan and the District Plans;
 - (e) ensure that the integration of measures for prevention of disaster or mitigation by the departments of the Government of the State in their development plans and projects;
 - (f) integrate in the State development plan, measures to reduce or mitigate the vulnerability of different parts of the State to different disasters;
 - (g) ensure the preparation of disaster management plans by different departments of the State in accordance with the guidelines laid down by the National Authority and the State Authority;
 - (h) establishment of adequate warning systems up to the level of vulnerable communities;
 - (i) ensure that different departments of the Government of the State and the District Authorities take appropriate preparedness measures;
 - (*j*) ensure that in a threatening disaster situation or disaster, the resources of different departments of the Government of the State are made available to the National Executive Committee or the State Executive Committee or the District Authorities, as the case may be, for the purposes of effective response, rescue and relief in any threatening disaster situation or disaster;

- (k) provide rehabilitation and reconstruction assistance to the victims of any disaster; and
- (*l*) such other matters as it deems necessary or expedient for the purpose of securing effective implementation of provisions of this Act.
- **39. Responsibilities of departments of the State Government**.—It shall be the responsibility of every department of the Government of a State to—
- (a) take measures necessary for prevention of disasters, mitigation, preparedness and capacity-building in accordance with the guidelines laid down by the National Authority and the State Authority;
- (b) integrate into its development plans and projects, the measures for prevention of disaster and mitigation;
- (c) allocate funds for prevention of disaster, mitigation, capacity-building and preparedness;
- (d) respond effectively and promptly to any threatening disaster situation or disaster in accordance with the State Plan, and in accordance with the guidelines or directions of the National Executive Committee and the State Executive Committee;
- (e) review the enactments administered by it, its policies, rules and regulations with a view to incorporate therein the provisions necessary for prevention of disasters, mitigation or preparedness;
- (f) provide assistance, as required, by the National Executive Committee, the State Executive Committee and District Authorities, for—
 - (i) drawing up mitigation, preparedness and response plans, capacity-building, data collection and identification and training of personnel in relation to disaster management;
 - (ii) assessing the damage from any disaster;
 - (iii) carrying out rehabilitation and reconstruction;
- (g) make provision for resources in consultation with the State Authority for the implementation of the District Plan by its authorities at the district level;
- (h) make available its resources to the National Executive Committee or the State Executive Committee or the District Authorities for the purposes of responding promptly and effectively to any disaster in the State, including measures for—
 - (i) providing emergency communication with a vulnerable or affected area;
 - (ii) transporting personnel and relief goods to and from the affected area;
 - (iii) providing evacuation, rescue, temporary shelter or other immediate relief;
 - (iv) carrying out evacuation of persons or live-stock from an area of any threatening disaster situation or disaster;
 - (v) setting up temporary bridges, jetties and landing places;
 - (vi)providing drinking water, essential provisions, healthcare and services in an affected area;
 - (i) such other actions as may be necessary for disaster management.
- **40. Disaster management plan of departments of State**.—(1) Every department of the State Government, in conformity with the guidelines laid down by the State Authority, shall—

- (a) prepare a disaster management plan which shall lay down the following:—
 - (i) the types of disasters to which different parts of the State are vulnerable;
 - (ii) integration of strategies for the prevention of disaster or the mitigation of its effects or both with the development plans and programmes by the department;
 - (iii) the roles and responsibilities of the department of the State in the event of any threatening disaster situation or disaster and emergency support function it is required to perform;
 - (*iv*) present status of its preparedness to perform such roles or responsibilities or emergency support function under sub-clause (*iii*);
 - (ν) the capacity-building and preparedness measures proposed to be put into effect in order to enable the Ministries or Departments of the Government of India to discharge their responsibilities under section 37;
- (b) annually review and update the plan referred to in clause (a); and
- (c) furnish a copy of the plan referred to in clause (a) or clause (b), as the case may be, to the State Authority.
- (2) Every department of the State Government, while preparing the plan under sub-section (1), shall make provisions for financing the activities specified therein.
- (3) Every department of the State Government shall furnish an implementation status report to the State Executive Committee regarding the implementation of the disaster management plan referred to in sub-section (1).

CHAPTER VI LOCAL AUTHORITIES

- **41. Functions of the local authority.**—(1) Subject to the directions of the District Authority, a local authority shall—
- (a) ensure that its officers and employees are trained for disaster management;
- (b) ensure that resources relating to disaster management are so maintained as to be readily available for use in the event of any threatening disaster situation or disaster;
- (c) ensure all construction projects under it or within its jurisdiction conform to the standards and specifications laid down for prevention of disasters and mitigation by the National Authority, State Authority and the District Authority;
- (d) carry out relief, rehabilitation and reconstruction activities in the affected area in accordance with the State Plan and the District Plan.
- (2) The local authority may take such other measures as may be necessary for the disaster management.

CHAPTER VII

NATIONAL INSTITUTE OF DISASTER MANAGEMENT

- **42. National Institute of Disaster Management.**—(1) With effect from such date as the Central Government may, by notification in the Official Gazette appoint in this behalf, there shall be constituted an institute to be called the National Institute of Disaster Management.
- (2) The National Institute of Disaster Management shall consist of such number of members as may be prescribed by the Central Government.
- (3) The term of office of, and vacancies among, members of the National Institute of Disaster Management and manner of filling such vacancies shall be such as may be prescribed.
- (4) There shall be a governing body of the National Institute of Disaster Management which shall be constituted by the Central Government from amongst the members of the National Institute of Disaster Management in such manner as may be prescribed.
- (5) The governing body of the National Institute of Disaster Management shall exercise such powers and discharge such functions as may be prescribed by regulations.
- (6) The procedure to be followed in exercise of its powers and discharge of its functions by the governing body, and the term of office of, and the manner of filling vacancies among the members of the governing body, shall be such as may be prescribed by regulations.
- (7) Until the regulations are made under this section, the Central Government may make such regulations; and any regulation so made may be altered or rescinded by the National Institute of Disaster Management in exercise of its powers.
- (8) Subject to the provisions of this Act, the National Institute of Disaster Management shall function within the broad policies and guidelines laid down by the National Authority and be responsible for planning and promoting training and research in the area of disaster management, documentation and development of national level information base relating to disaster management policies, prevention mechanisms and mitigation measures.
- (9) Without prejudice to the generality of the provisions contained in sub-section (8), the National Institute, for the discharge of its functions, may—
 - (a) develop training modules, undertake research and documentation in disaster management and organise training programmes;
 - (b) formulate and implement a comprehensive human resource development plan covering all aspects of disaster management;
 - (c) provide assistance in national level policy formulation;
 - (d) provide required assistance to the training and research institutes for development of training and research programmes for stakeholders including Government functionaries and undertake training of faculty members of the State level training institutes;

- (e) provide assistance to the State Governments and State training institutes in the formulation of State level policies, strategies, disaster management framework and any other assistance as may be required by the State Governments or State training institutes for capacity-building of stakeholders, Government including its functionaries, civil society members, corporate sector and people's elected representatives;
- (f) develop educational materials for disaster management including academic and professional courses;
- (g) promote awareness among stakeholders including college or school teachers and students, technical personnel and others associated with multi-hazard mitigation, preparedness and response measures;
- (h) undertake, Organise and facilitate study courses, conferences, lectures, seminars within and outside the country to promote the aforesaid objects;
- (i) undertake and provide for publication of journals, research papers and books and establish and maintain libraries in furtherance of the aforesaid objects;
- (j) do all such other lawful things as are conducive or incidental to the attainment of the above objects; and
- (k) undertake any other function as may be assigned to it by the Central Government.
- **43. Officers and other employees of the National Institute**.—The Central Government shall provide the National Institute of Disaster Management with such officers, consultants and other employees, as it considers necessary, for carrying out its functions.

CHAPTER VIII

NATIONAL DISASTER RESPONSE FORCE

- **44. National Disaster Response Force**.—(*1*) There shall be constituted a National Disaster Response Force for the purpose of specialist response to a threatening disaster situation or disaster.
- (2) Subject to the provisions of this Act, the Force shall be constituted in such manner and, the conditions of service of the members of the Force, including disciplinary provisions therefore, be such as may be prescribed.
- **45. Control, direction, etc.**—The general superintendence, direction and control of the Force shall be vested and exercised by the National Authority and the command and supervision of the Force shall vest in an officer to be appointed by the Central Government as the Director General of the National Disaster Response Force.

CHAPTER IX FINANCE, ACCOUNTS AND AUDIT

- **46. National Disaster Response Fund.**—(1) The Central Government may, by notification in the Official Gazette, constitute a fund to be called the National Disaster Response Fund for meeting any threatening disaster situation or disaster and there shall be credited thereto—
- (a) an amount which the Central Government may, after due appropriation made by Parliament by law in this behalf provide;
- (b) any grants that may be made by any person or institution for the purpose of disaster management.
- (2) The National Disaster Response Fund shall be made available to the National Executive Committee to be applied towards meeting the expenses for emergency response, relief and rehabilitation in accordance with the guidelines laid down by the Central Government in consultation with the National Authority.
- **47. National Disaster Mitigation Fund.**—(*1*) The Central Government may, by notification in the Official Gazette, constitute a Fund to be called the National Disaster Mitigation Fund for projects exclusively for the purpose of mitigation and there shall be credited thereto such amount which the Central Government may, after due appropriation made by Parliament by law in this behalf, provide.
- (2) The National Disaster Mitigation Fund shall be applied by the National Authority.
- **48. Establishment of funds by State Government**.—(1) The State Government shall, immediately after notifications issued for constituting the State Authority and the District Authorities, establish for the purposes of this Act the following funds, namely:—
 - (a) the fund to be called the State Disaster Response Fund;
 - (b) the fund to be called the District Disaster Response Fund;
 - (c) the fund to be called the State Disaster Mitigation Fund;
 - (d) the fund to be called the District Disaster Mitigation Fund.
- (2) The State Government shall ensure that the funds established—
 - (i) under clause (a) of sub-section (1) is available to the State Executive Committee;
 - (ii) under sub-clause (c) of sub-section (1) is available to the State Authority;
 - (ii) under clauses (b) and (d) of sub-section (1) are available to the District Authority.
- **49. Allocation of funds by Ministries and Departments.**—(1) Every Ministry or Department of the Government of India shall make provisions, in its annual budget, for funds for the purposes of carrying out the activities and programmes set out in its disaster management plan.
- (2) The provisions of sub-section (1) shall, *mutatis mutandis*, apply to departments of the Government of the State.

- **50. Emergency procurement and accounting.**—Where by reason of any threatening disaster situation or disaster, the National Authority or the State Authority or the District Authority is satisfied that immediate procurement of provisions or materials or the immediate application of resources are necessary for rescue or relief.—
 - (a) it may authorise the concerned department or authority to make the emergency procurement and in such case, the standard procedure requiring inviting of tenders shall be deemed to be waived;
 - (b) a certificate about utilisation of provisions or materials by the controlling officer authorised by the National Authority, State Authority or District Authority, as the case may be, shall be deemed to be a valid document or voucher for the purpose of accounting of emergency, procurement of such provisions or materials.

CHAPTER X

OFFENCES AND PENALTIES

- **51. Punishment for obstruction, etc.**—Whoever, without reasonable cause—
- (a) obstructs any officer or employee of the Central Government or the State Government, or a person authorised by the National Authority or State Authority or District Authority in the discharge of his functions under this Act; or
- (b) refuses to comply with any direction given by or on behalf of the Central Government or the State Government or the National Executive Committee or the State Executive Committee or the District Authority under this Act,
- shall on conviction be punishable with imprisonment for a term which may extend to one year or with fine, or with both, and if such obstruction or refusal to comply with directions results in loss of lives or imminent danger thereof, shall on conviction be punishable with imprisonment for a term which may extend to two years.
- **52. Punishment for false claim.**—Whoever knowingly makes a claim which he knows or has reason to believe to be false for obtaining any relief, assistance, repair, reconstruction or other benefits consequent to disaster from any officer of the Central Government, the State Government, the National Authority, the State Authority or the District Authority, shall, on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.
- **53. Punishment for misappropriation of money or materials, etc.**—Whoever, being entrusted with any money or materials, or otherwise being, in custody of, or dominion over, any money or goods, meant for providing relief in any threatening disaster situation or disaster, misappropriates or appropriates for his own use or disposes of such money or materials or any part thereof or wilfully compels any other person so to do, shall on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.
- **54. Punishment for false warning**.—Whoever makes or circulates a false alarm or warning as to disaster or its severity or magnitude, leading to panic, shall on conviction, be punishable with imprisonment which may extend to one year or with fine.

- **55. Offences by Departments of the Government.**—(1) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly unless he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence.
- (2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a Department of the Government and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any officer, other than the head of the Department, such officer shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.
- **56.** Failure of officer in duty or his connivance at the contravention of the provisions of this Act.—Any officer, on whom any duty has been imposed by or under this Act and who ceases or refuses to perform or withdraws himself from the duties of his office shall, unless he has obtained the express written permission of his official superior or has other lawful excuse for so doing, be punishable with imprisonment for a term which may extend to one year or with fine.
- **57. Penalty for contravention of any order regarding requisitioning**.—If any person contravenes any order made under section 65, he shall be punishable with imprisonment for a term which may extend to one year or with fine or with both.
- **58. Offence by companies.**—(1) Where an offence under this Act has been committed by a company or body corporate, every person who at the time the offence was committed, was in charge of, and was responsible to, the company, for the conduct of the business of the company, as well as the company, shall be deemed to be guilty of the contravention and shall be liable to be proceeded against and punished accordingly:
- Provided that nothing in this sub-section shall render any such person liable to any punishment provided in this Act, if he proves that the offence was committed without his knowledge or that he exercised due diligence to prevent the commission of such offence.
- (2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a company, and it is proved that the offence was committed with the consent or connivance of or is attributable to any neglect on the part of any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also, be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Explanation.—For the purpose of this section—

- (a) "company" means any body corporate and includes a firm or other association of individuals; and
- (b) "director", in relation to a firm, means a partner in the firm.
- **59. Previous sanction for prosecution.**—No prosecution for offences punishable under sections 55 and 56 shall be instituted except with the previous sanction of the Central Government or the State Government, as the case may be, or of any officer authorised in this behalf, by general or special order, by such Government.

- **60.** Cognizance of offences.—No court shall take cognizance of an offence under this Act except on a complaint made by—
- (a) the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised in this behalf by that Authority or Government, as the case may be; or
- (b) any person who has given notice of not less than thirty days in the manner prescribed, of the alleged offence and his intention to make a complaint to the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised as aforesaid.

CHAPTER XI

MISCELLANEOUS

- **61. Prohibition against discrimination**.—While providing compensation and relief to the victims of disaster, there shall be no discrimination on the ground of sex, caste, community, descent or religion.
- **62. Power to issue direction by Central Government.**—Notwithstanding anything contained in any other law for the time being in force, it shall be lawful for the Central Government to issue direction in writing to the Ministries or Departments of the Government of India, or the National Executive Committee or the State Government, State Authority, State Executive Committee, statutory bodies or any of its officers or employees, as the case may be, to facilitate or assist in the disaster management and such Ministry or Department or Government or Authority, Executive Committee, statutory body, officer or employee shall be bound to comply with such direction.
- **63. Powers to be made available for rescue operations.**—Any officer or authority of the Union or a State, when requested by the National Executive Committee, any State Executive Committee or District Authority or any person authorised by such Committee or Authority in this behalf, shall make available to that Committee or authority or person, such officers and employees as requested for, to perform any of the functions in connection with the prevention of disaster or mitigation or rescue or relief work.
- **64. Making or amending rules, etc., in certain circumstances.**—Subject to the provisions of this Act, if it appears to the National Executive Committee, State Executive Committee or the District Authority, as the case may be, that provisions of any rule, regulation, notification, guideline, instruction, order, scheme or bye-laws, as the case may be, are required to be made or amended for the purposes of prevention of disasters or the mitigation thereof, it may require the amendment of such rules, regulation, notification, guidelines, instruction, order, scheme or bye-laws, as the case may be, for that purpose, and the appropriate department or authority shall take necessary action to comply with the requirements.
- **65.** Power of requisition of resources, provisions, vehicles, etc., for rescue operations, etc.—(1) If it appears to the National Executive Committee, State Executive Committee or District Authority or any officer as may be authorised by it in this behalf that—
 - (a) any resources with any authority or person are needed for the purpose of prompt response;
 - (b) any premises are needed or likely to be needed for the purpose of rescue operations; or

(c) any vehicle is needed or is likely to be needed for the purposes of transport of resources from disaster affected areas or transport of resources to the affected area or transport in connection with rescue, rehabilitation or reconstruction,

such authority may, by order in writing, requisition such resources or premises or such vehicle, as the case may be, and may make such further orders as may appear to it to be necessary or expedient in connection with the requisitioning.

- (2) Whenever any resource, premises or vehicle is requisitioned under sub-section (1), the period of such requisition shall not extend beyond the period for which such resource, premises or vehicle is required for any of the purposes mentioned in that sub-section.
- (3) In this section,—
 - (a) "resources" includes men and material resources;
 - (b) "services" includes facilities;
 - (c) "premises" means any land, building or part of a building and includes a hut, shed or other structure or any part thereof;
 - (d) "vehicle" means any vehicle used or capable of being used for the purpose of transport, whether propelled by mechanical power or otherwise.
- **66. Payment of compensation.**—(1) Whenever any Committee, Authority or officer referred to in sub-section (1) of section 65, in pursuance of that section requisitions any premises, there shall be paid to the persons interested compensation the amount of which shall be determined by taking into consideration the following, namely:—
 - (i) the rent payable in respect of the premises, or if no rent is so payable, the rent payable for similar premises in the locality;
 - (ii) if as consequence of the requisition of the premises the person interested is compelled to change his residence or place of business, the reasonable expenses (if any) incidental to such change:

Provided that where any person interested being aggrieved by the amount of compensation so determined makes an application within the thirty days to the Central Government or the State Government, as the case may be, for referring the matter to an arbitrator, the amount of compensation to be paid shall be such as the arbitrator appointed in this behalf by the Central Government or the State Government, as the case may be, may determine:

Provided further that where there is any dispute as to the title to receive the compensation or as to the apportionment of the amount of compensation, it shall be referred by the Central Government or the State Government, as the case may be, to an arbitrator appointed in this behalf by the Central Government or the State Government, as the case may be, for determination, and shall be determined in accordance with the decision of such arbitrator.

Explanation.—In this sub-section, the expression "person interested" means the person who was in actual possession of the premises requisitioned under section 65 immediately before the requisition, or where no person was in such actual possession, the owner of such premises.

(2) Whenever any Committee, Authority or officer, referred to in sub-section (1) of section 65 in pursuance of that section requisitions any vehicle, there shall be paid to the owner thereof compensation the mount of which shall be determined by the Central Government or the State Government, as the case may be, on the basis of the fares or rates prevailing in the locality for the hire of such vehicle: Provided that where the owner of such vehicle being aggrieved by the amount of compensation so determined makes an application within the prescribed time to the Central Government or the State Government, as the case may be, for referring the matter to an arbitrator, the amount of compensation to be paid shall be such as the arbitrator appointed in this behalf by the Central Government or the State Government, as the case may be, may determine:

Provided further that where immediately before the requisitioning the vehicle or vessel was by virtue of a hire purchase agreement in the possession of a person other than the owner, the amount determined under this subsection as the total compensation payable in respect of the requisition shall be apportioned between that person and the owner in such manner as they may agree upon, and in default of agreement, in such manner as an arbitrator appointed by the Central Government or the State Government, as the case may be, in this behalf may decide.

- **67. Direction to media for communication of warnings, etc.**—The National Authority, the State Authority, or a District Authority may recommend to the Government to give direction to any authority or person in control of any audio or audio-visual media or such other means of communication as may be available to carry any warning or advisories regarding any threatening disaster situation or disaster, and the said means of communication and media as designated shall comply with such direction.
- **68. Authentication of orders or decisions**.—Every order or decision of the National Authority or the National Executive Committee, the State Authority, or the State Executive Committee or the District Authority, shall be authenticated by such officers of the National Authority or the National Executive Committee or, the State Executive Committee, or the District Authority, as may be authorised by it in this behalf.
- **69. Delegation of powers.**—The National Executive Committee, State Executive Committee, as the case may be, by general or special order in writing, may delegate to the Chairperson or any other member or to any officer, subject to such conditions and limitations, if any, as may be specified in the order, such of its powers and functions under this Act as it may deem necessary.
- **70. Annual report.**—(1) The National Authority shall prepare once every year, in such form and at such time as may be prescribed, an annual report giving a true and full account of its activities during the previous year and copies thereof shall be forwarded to the Central Government and that Government shall cause the same to be laid before both Houses of Parliament within one month of its receipt.
- (2) The State Authority shall prepare once in every year, in such form and at such time as may be prescribed, an annual report giving a true and full account of its activities during the previous year and copies thereof shall be

forwarded to the State Government and that Government shall cause the same to be laid before each House of the State Legislature where it consists of two Houses, or where such Legislature consists of one House, before that House.

- **71. Bar of jurisdiction of court**.—No court (except the Supreme Court or a High Court) shall have jurisdiction to entertain any suit or proceeding in respect of anything done, action taken, orders made, direction, instruction or guidelines issued by the Central Government, National Authority, State Government, State Authority or District Authority in pursuance of any power conferred by, or in relation to its functions, by this Act.
- **72. Act to have overriding effect**.—The provisions of this Act, shall have effect, notwithstanding anything inconsistent therewith contained in any other law for the time being in force or in any instrument having effect by virtue of any law other than this Act.
- 73. Action taken in good faith.—No suit or prosecution or other proceeding shall lie in any court against the Central Government or the National Authority or the State Government or the State Authority or the District Authority or local authority or any officer or employee of the Central Government or the National Authority or the State Government or the State Authority or the District Authority or local authority or any person working for on behalf of such Government or authority in respect of any work done or purported to have been done or intended to be done in good faith by such authority or Government or such officer or employee or such person under the provisions of this Act or the rules or regulations made there under.
- 74. Immunity from legal process.—Officers and employees of the Central Government, National Authority, National Executive Committee, State Government, State Authority, State Executive Committee or District Authority shall be immune from legal process in regard to any warning in respect of any impending disaster communicated or disseminated by them in their official capacity or any action taken or direction issued by them in pursuance of such communication or dissemination.
- **75. Power of Central Government to make rules.**—(1) The Central Government may, by notification in the Official Gazette, make rules for carrying out the purposes of this Act.
- (2) In particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matters, namely:—
 - (a) the composition and number of the members of the National Authority under sub-section (2), and the term of office and conditions of service of members of the National Authority under sub-section (4), of section 3;
 - (b) the allowances to be paid to the members of the advisory committee under sub-section (2) of section 7;
 - (c) the powers and functions of the Chairperson of the National Executive Committee under sub-section (3) of section 8 and the procedure to be followed by the National Executive Committee in exercise of its powers and discharge of its functions under sub-section (4) of section 8;
 - (*d*) allowances to be paid to the persons associated with the sub-committee constituted by the National Executive Committee under sub-section (*3*) of section 9;
 - (e) the number of members of the National Institute of Disaster Management under sub-section (2), the term of the office and vacancies among members and the manner of filling such vacancies under sub-section (3) and

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- the manner of constituting the Governing Body of the National Institute of Disaster Management under subsection (4) of section 42;
- (f) the manner of constitution of the Force, the conditions of service of the members of the Force, including disciplinary provisions under sub-section (2) of section 44;
- (g) the manner in which notice of the offence and of the intention to make a complaint to the National Authority, the State Authority, the Central Government, the State Government or the other authority or officer under clause (b) of section 60;
- (h) the form in which and the time within which annual report is to be prepared under section 70;
- (i) any other matter which is to be, or may be, prescribed, or in respect of which provision is to be made by rules.
- **76. Power to make regulations**.—(1) The National Institute of Disaster Management, with the previous approval of the Central Government may, by notification in the Official Gazette, make regulations consistent with this Act and the rules made thereunder to carry out the purposes of this Act.
- (2) In particular, and without prejudice to the generality of the foregoing power, such regulations may provide for all or any of the following matters, namely:—
- (a) powers and functions to be exercised and discharged by the governing body;
- (b) procedure to be followed by the governing body in exercise of the powers and discharge of its functions;
- (c) any other matter for which under this Act provision may be made by the regulations.
- 77. Rules and regulations to be laid before Parliament.—Every rule made by the Central Government and every regulation made by the National Institute of Disaster Management under this Act shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised of one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or regulation or both Houses agree that the rule or regulation should not be made, the rule or regulation shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule or regulation.

78. Power of State Government to make rules.

- —(1) The State Government may, by notification in the Official Gazette, make rules to carry out the provisions of this Act.
- (2) In particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matters, namely:—

- (a) the composition and number of the members of the State Authority under sub-section (2), and the term of office and conditions of service of the members of the State Authority under sub-section (5), of section 14;
- (b) the allowances to be paid to the members of the advisory committee under sub-section (2) of section 17;
- (c) the powers and functions of the Chairperson of the State Executive Committee under sub-section (3), and the procedure to be followed by the State Executive Committee in exercise of its powers and discharge of its functions under sub-section (4) of section 20;
- (*d*) allowances to be paid to the persons associated with the sub-committee constituted by the State Executive Committee under sub-section (*3*) of section 21;
- (e) the composition and the number of members of the District Authority under sub-section (2), and the powers and functions to be exercised and discharged by the Chief Executive Officer of the District Authority under sub-section (3) of section 25;
- (f) allowances payable to the persons associated with any committee constituted by the District Authority as experts under sub-section (3) of section 28;
- (g) any other matter which is to be, or may be, prescribed, or in respect of which provision is to be made by rules.
- (3) Every rule made by the State Government under this Act shall be laid, as soon as may be after it is made, before each House of the State Legislature where it consists of two Houses, or where such Legislature consists of one House before that House.

79. Power to remove difficulties.—

- (1) If any difficulty arises in giving effect to the provisions of this Act, the Central Government or the State Government, as the case may be, by notification in the Official Gazette, make order not inconsistent with the provisions of this Act as may appear to it to be necessary or expedient for the removal of the difficulty:

 Provided that no such order shall be made after the expiration of two years from the commencement of this Act.
- (2) Every order made under this section shall be laid, as soon as may be after it is made, before each House of Parliament or the Legislature, as the case may be.

"We cannot stop disasters but we can arm ourselves with knowledge"





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