



Standard Operating Procedures for Hospitals (SOPs)



During any conflict wounded need access to a safe place supplied with water and power where they can receive competent surgical treatment backed up by good nursing care within well organized system which receives adequate supplies. Director Health Services Kashmir has issued these directions for use in conflict:

Personnel Team leader –Medical Superintendent of District Hospital:

- Designate one person to take charge if M.S is not available
- All officers should be stationed.
- Detain personnel present in hospital at the time of alarm.
- Mobilize local doctors/paramedics irrespective of place of posting.
- Mobilize Trauma Team consisting of surgeon, anaesthetist, staff nurse, paramedics.
- Creation of Rapid Response teams for management of trauma patients should be done well in advance.
- Rapid Response Team to be designated with names and numbers to be displayed.
- Ensure 24x7 maternity and emergency surgery
- Consultants to be stationed.
- Designate one person to conduct postmortem examination.
- Update the hospital staff contact list
- Estimate and continuously monitor staff absenteeism.
- Establish a clear staff sick leave policy, including contingencies for ill or injured family members or dependents of staff.
- Ensure adequate shift rotation and self care for clinical staff to support morale and reduce medical error.
- Volunteer list to be prepared along with phone number.
- Hospital staff to be in uniform to allow easy identification.

Logistics:

- Additional beds in wards and cots in corridors, lobby or any other large space.
- Stock fuel
- Stock additional IV fluids, dressing material, I V sets, cannulas, kremer wires.
- Blood donation camps to be held.
- Adequate stock of blood should be available.
- Store keepers to be stationed
- A Basic Relief kit to be available at all times
- Ensure contingency mechanism for collection and disposal of human and biomedical waste.
- Cover window glass with adhesive plastic to minimize splintering.
- Develop and maintain an inventory of all medicines and equipments; be alert for shortage.

Triage:

- Identify Triage area.
- Optimal use of Golden Hour
- Designate one experienced person to oversee the triage area.
- Ensure triage area is in close proximity to medical supplies, OT and ICU.
- Use of effective CPR and ABCs that bring down mortality and morbidity.
- Ensure that areas for receiving patients, as well as waiting areas, are effectively covered, secure from potential environmental hazards and provided with adequate work space, lighting and access to auxiliary power.
- Ensure that entrance and exit routes to/from the triage area are clearly identified.
- Identify methods of expanding hospital inpatient capacity (taking physical space, staff, supplies and processes into consideration).
- Designate care areas for patient overflow (e.g. auditorium, lobby).
- Differentiate between mass and multiple casualties.
- Security for crowd control
- Prompt referrals
- Decide about suspension of cold/elective surgeries on day to day basis.
- Identify space for dead bodies.
- Press releases to be given ONLY BY A SINGLE DESIGNATED INDIVIDUAL.
- Make sure all staff knows where the safe places are in case of danger.

Communications:

- Communication with the outside by telephone or radio is vital; important security information can be received along with information about casualties, supplies etc.
- Contact with civil and military authorities must also be maintained.
- Prompt inter departmental communication.
- Involve local NGOs.
- Coordinate with local private practitioners to provide support.

Transport :

- Must be available day and night.
- Drivers to be made responsible for cleanliness, refueling, general condition of vehicles.
- Refueling done routinely when tanks are half empty to ensure adequate supply in emergencies
- Drivers responsible for maintaining the vehicles log-books
- Old ambulances to be used preferably.
- Identify pick up points and drop points for staff
- Identify secure/easy routes
- Verify the availability of vehicles and resources required for patient transportation.

Food and Water Supply:

- Ensure adequate and safe water supply
- Involve local community for providing food by making make-shift canteens for patients and staff.



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