

Background

The South Asian Region is extremely vulnerable to the impacts of hazardous events. The region frequently suffers from natural disasters including cyclones, floods, landslides, earthquakes, and droughts. The risk of technological hazard continues to increase along with multi-hazard and complex disasters. This region is also considered to be one of the most seismically active regions in the world. The Himalayan belt extending across Afghanistan, Pakistan, India, Nepal, and Bhutan is identified as a "very high seismic hazard area" in the region. In addition to the Himalayan seismic belt, a large part of Mid-Western Pakistan, some parts of Western India, isolated pockets in Central India, and the Chittagong Hill Tract district of Bangladesh are also considered to be at high risk due to earthquakes.

Preparedness for responding to disasters is on the development agenda of governments and agencies in South Asia. Enhancing preparedness for effective response is also a major priority in the Sendai Framework for Disaster Risk Reduction (2015-2030), which highlights the need to strengthen disaster risk reduction measures in critical facilities like hospitals. Promoting resilience of new and existing health facilities to ensure that they remain safe, effective and operational during and after disasters is thus an essential imperative for policy as well as practice.

South Asia traditionally, has been one of the least urbanized regions in the world, although movement from rural to urban environments has been steadily growing in recent decades. South Asia's secondary cities are growing faster than the megacities. In absolute numbers, such an urban growth will be most pronounced in large countries like India, Pakistan, and Bangladesh. Given the current size of the overall population of over 1.4 billion in the region, the movement of people to cities has not been planned in most countries and is disruptive. Most of these urban centers are hazard-prone and as the urban population increases, so does the exposure to the hazards with fewer resources and lower capacity to develop in a manner that takes disaster risk into account. As a result, growth and expansion are typically more chaotic, which increases vulnerabilities to hazards. This steady rise in exposure, as well as the vulnerability of people, is leading to greater disaster risk. As cities continue to expand, incorporating disaster risk management into development planning will be critical to their resilience.

Need to protect Hospitals from Disasters

Hospitals and health facilities are considered an essential institution in the community that plays a critical role in determining health outcomes of the population both in providing regular health care during normal times and in offering lifesaving services after a major emergency. Thus, health facilities should put more emphasis on emergency preparedness and adopt a structured approach in developing facility specific emergency response plans for managing risks that can affect the facility and the surrounding community.

Emergencies and disasters can significantly disrupt temporarily, and sometimes even permanently, the normal functioning of healthcare facilities reducing its capacity to provide the needed immediate medical care to the affected community. Disasters can also damage the facility's infrastructure, and result in partial or total loss of the considerable investment made in the structure (load bearing) and non-structural components (architectural, furnishing, installations, equipment) of the building not to mention the various expensive medical diagnostic and therapeutic equipment. Besides, healthcare staff can be injured and lose their life because of an unsafe facility. These situations have a significant adverse impact on the social and economic development of the country and the community served by these facilities.

During disasters, hospitals and health facilities need to withstand the event, whilst having to be able to maintain and escalate their medical capacity, to respond to sudden and significant increases in health demand. Resilience is an emerging concept that has recently been added to the disaster management context, which describes this ability. In most emergency scenarios, health facilities need to manage the sudden influx of patients during emergencies and the accompanying challenges to the health facility like decontamination, infection control, security, information management, crowd control to mention a few. In cases when the health facility is directly affected, procedures should be in place to ascertain the safety of its personnel, and the existing patients in the health facility while making a critical decision whether to evacuate the facility or to continue operations. These are just some of the circumstances wherein the health facility needs to consider preparedness of key personnel to perform their roles during emergencies. Training may need to be done regularly, plans need to be exercised regularly, and the overall plan reviewed and amended as a result of exercises and real-world response to emergencies from everyday management of multiple casualties from vehicular accidents to a major catastrophic event.

These are some of the issues and challenges that health facilities face as a consequence of the dynamic interaction of hazards, vulnerabilities, and risks, both in the health facility and the community. Having a health facility emergency management program to address these

challenges will reduce morbidity and mortality from emergencies and disasters that will contribute to making our communities safe and ensuring that development gains are sustained. Therefore, to address the need to strengthen the capacity of health facilities and the communities they serve, to respond to the impact of disasters and expand skills-based training, SDMC(IU) is organizing a training program on during 23 – 26 October, 2018. It will provide a platform for sharing of knowledge from various SAARC Member States and facilitate exchange of experiences amongst the professionals from the Member States and other Experts on hospital preparedness.

Aim of the Program

The program aims to highlight the need for mainstreaming the issues of Hospital safety and preparedness in the policies, strategies, programmes and making hospitals resilient and solve their purpose of providing aid for protecting hospitals from disasters and enhancing resilience in the wake of the threat of hazards be it natural or human-induced.

Objective of Program

- Understand and list various hazard risks associated with Hospital and disasters
- Apply a method of judging the effects of different hazards on the functional and operational components of a hospital.
- Simulate a mass casualty incident addressing the roles and responsibilities of each component of HICS.
- Discuss the basic requirements in the medical aspects of managing mass casualties
- Prepare an outline for ensuring hospital disaster preparedness plans at various levels

Targeted Audience

Senior Officers from Health Services and related departments or Disaster Management department. Program

Duration

The training program will be for four days (23 – 26 October, 2018) duration.

About the Organizers

SAARC Disaster Management Centre [SDMC-IU]

South Asia Association of Regional Cooperation (SAARC) Disaster Management Centre (SDMC-IU) has been set up at Gujarat Institute of Disaster Management (GIDM) Campus, Gandhinagar, Gujarat, India in November 2016, with a vision to be a Centre of Excellence for regional cooperation and specialised service delivery to Member States for Disaster Risk

Reduction (DRR), Response and Recovery for Sustainable Development. Eight Member States, i.e. Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka are expected to be served by the SDMC (IU). The SDMC (IU) is entrusted with the responsibility to support Member States in their DRR initiatives through application of Science & Technology, knowledge from multiple disciplines, exchange of good practices, capacity development, collaborative research and networking in line with the global priorities and goals and other relevant frameworks adopted by Member States.

Asian Disaster Preparedness Centre (ADPC)

Asian Disaster Preparedness Center (ADPC) is an intergovernmental organization that works to build the resilience of people and institutions to disasters and climate change impacts in Asia and the Pacific. Established in 1986 as a technical capacity building center, ADPC became an intergovernmental organization after nine founding members ratified its Charter. Member countries include Bangladesh, Cambodia, China, India, Nepal, Pakistan, the Philippines, Sri Lanka, and Thailand.

Key Contact Persons

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Training Workshop on
Hospital Emergency Preparedness & Response
 23-26 October 2018
 SDMC (IU), Gandhinagar, Gujarat – India

DAY 1: 23 October 2018

Foundation of Emergency Management/ Reducing Disaster Risks in Health Facilities

0900-0930	Participant Registration	SDMC (IU)
0930-1000	Workshop Introduction <ul style="list-style-type: none"> • Workshop purpose and objectives • Workshop schedule Expectations, Ground Rules	Mr. John Abo ADPC Thailand
1000 – 1030	Opening Ceremony	SDMC (IU)
1030 - 1100	Group Photo and Tea Break	
1100-1230	Basic Concepts & Principles: Hospital Emergency Risk Management <ul style="list-style-type: none"> • DRM Terminologies • Risk Management Process 	Mr. John Abo ADPC Thailand
1230-1330	Lunch	
1330-1445	Hospital Risk Assessment <ul style="list-style-type: none"> • Risk Assessment process • Structural and Non Structural component of hospitals 	Dr. Mona Anand ADPC India
1445-1500	Break	
1500-1600	Country Experience: Hospital Risk Assessment	Dr. Shaheda Hamid NIPSOM, Bangladesh
1600-1615	End of day consolidation of sessions and Q&A	SDMC (IU) & ADPC
1630-1930	Visit to Dandi Kutir, Gandhinagar	
1930 onwards	Dinner at GIDM	

DAY 2: 24 October 2018		
Hospital Emergency Preparedness and Managing Hospital Emergency Operations During Crisis		
0900-0915	Review and synthesis of previous day	SDMC (IU) & ADPC
0915-1015	Hospital Incident Command System (HICS)	Mr. John Abo ADPC Thailand
1015-1030	Break	
1030-1200	TABLETOP EXERCISE: Scenario-based Hospital Emergency Coordination Exercise	Mr. John Abo ADPC Thailand
1200-1300	Lunch	
1300-1415	Crisis Communications	Dr. Mona Anand ADPC India
	Exercise on Communication	
1415-1430	Break	
1430-15.15	Country Experience: Protecting health facilities from intentional attacks	Dr. Hidayatullah Al Noor Ministry of Health Afghanistan
1515-1600	Country Experience: Hospital Flooding	Dr. Novil Wijesekara MOH Sri Lanka
1600-1615	End of day consolidation of sessions and Q&A	SDMC (IU) & ADPC
1630-1930	Visit to Sidi Saiyad ni Jali, Ahmedabad	SDMC (IU)
2000 onwards	Dinner at GIDM	
DAY 3: 25 October 2018		
Hospital Emergency Preparedness and Managing Hospital Emergency Operations During Crisis		
0900-0915	Review and synthesis of previous day	SDMC (IU) & ADPC
0915-1015	Development of Hospital Emergency Response Plan and National Safe Hospital Guidelines	Dr. Saurabh Dalal NDMA India

1015-1030	Break	
1030-1130	Exercise: Management as a Tool for Capacity Development	Mr. John Abo ADPC
1130-1230	Management of Chemical Biological and Radio-Nuclear Emergencies including improvised explosive device	Dr. Saurabh Dalal NDMA India
1230-1330	Lunch	
1330-1500	Mass Fatality Management Country Experience: Management of the Dead bodies and the missing in disasters	Dr. Samarika Dahal Institute of Medicine Nepal
1500-1515	End of day consolidation of sessions and Q&A	SDMC (IU) & ADPC
1515	Break	
1545	Visit to Ahmedabad (Shopping)	SDMC (IU)
2000 onwards	Dinner at GIDM	
DAY 4: 26 October 2018 Hospital Emergency Preparedness and Managing Hospital Emergency Operations During Crisis		
0900-0915	Review and synthesis of previous day	SDMC (IU) & ADPC
0915-1000	Significance of SFDRR & Hospital preparedness	Mr. Kamal Kishore Member, NDMA India
1000-1015	Tea Break	
1015-1215	Final Simulation Exercise Briefing	Mr. John Abo ADPC Thailand
1215-1300	Lunch	
1300-1400	Simulation Exercise & Debriefing	Mr. John Abo ADPC Thailand
1400-1500	Closing Ceremony	SDMC (IU)
1530-1545	Tea	
1930 onwards	Dinner at GIDM	