

for the design and deployment of field hospitals, including the military and clinical requirements. It will firstly consider the operational context. Design options for the key clinical areas and the use of tents and container systems will be examined. The paper will conclude by describing an incremental concept of deployment of field hospitals from a 25 bed Hospital Troop up to a 200-bed Field Hospital.

Keywords: British Army; field hospital; military; tents
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2.9. Emergency Hospital Operations

Emergency Department Preparations for Disasters

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In many countries, emergency departments (EDs) serve not only as the main provider for acute and emergency care, but as a central portal of activity in disaster management. The EDs often are expected to be an early, if not first, responder to a disaster, and in many instances, they also are responsible for coordinating the disaster response of the hospital.

Successful disaster preparation requires assigning a high enough priority to the project; good support from the hospital administration; and active participation of staff at all levels. These factors apply, regardless of whether a hospital or an ED disaster plan is being developed.

A major difficulty in disaster planning is translating a written plan into a meaningful response in a real crisis. All disaster plans will fail if they remain "classified", locked away for security reasons, and known only to a few individuals. The importance of developing a disaster training programme for ED staff and encouraging active participation in the planning process cannot be overemphasized.

Keywords: disaster management; emergency departments; plan; preparation; training

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Hospital Command Systems for Disasters

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Though hospitals frequently are situated remotely from disaster-sites, a disaster often goes to hospitals in the form of casualties. When large numbers of casualties occur, hospitals need to modify their operations in order to cope with the influx of patients. There are two aspects of hospital readiness and control in disasters. One involves the in-hospital organisation for managing disaster patients brought to the hospital. The other involves the coordination of hospitals in a community.

A hospital requires a linear and clear system of organisation, command and control, and reporting. The hospital

senior management will need to be in close contact with the key line units; in disasters, these will include the Emergency Department, Operating Theatre, Intensive Care Unit, and Disaster Wards. This direct management has to be supported actively by a dedicated Operations Department, Personnel, Logistics and Communications Departments. These relationships must be defined clearly in a concise hospital disaster management plan drawn up and regularly exercised, reviewed, and coordinated by a Hospital Disaster and Emergency Planning Committee.

Within a community, coordination of hospitals during a disaster is crucial to ensure that casualties from the site are evacuated to well-prepared and appropriate hospitals. Such coordination may be carried out either by a designated hospital or by a central local health authority. The coordinating responsibility also comes with the responsibility of standardising desired responses and reports. Few communities have gone far in laying down coordination ground rules. Such coordination will be crucial for developing economies to minimise the adverse impact of disasters on their communities.

Various systems for command, control, and organisation of a hospital and for co-ordination of medical resources within a community will be discussed.

Keywords: casualties; coordination; disaster; disaster management plan; hospitals

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Disaster IT Support System

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In the event of a disaster, the Hospital Field Medical Teams, under the command of the Ministry of Health Disaster Site Medical Command (DSMC) will treat, and thereafter, evacuate the casualties from the incident site to selected government-restructured hospitals for further medical evaluation and definitive treatment.

All hospitals receiving casualties need to collate and maintain relevant information on the casualties, and send periodic reports and updates on casualties received and their status to Ministry of Health Co-ordinating Centre (MOHCC). The MOHCC reporting procedure is established to keep the medical elements posted on the situation, and to assist them in the process of decision making. The most critical information, besides rescue operations, should focus upon the survivors and casualties. Relatives and friends of the affected parties, including the media, will demand casualty information from the Ministry of Health. Reports must be accurate, comprehensive, and timely.

All of the hospitals in Singapore have their own computerised patient information system. However, for cost and practical reasons, these systems are not designed to handle information and reports required for disaster related casualties.

How information technology has been used in Changi General Hospital to enhance its efficiency in the management of casualty information and to generate the essential