

A protocol for disaster management

M. Vidanapathirana,

Department of Forensic Medicine, Faculty of Medicine, University of Ruhuna, Karapitiya, Galle.

Abstract

Disaster can be defined as a major incident that requires the implementation of special arrangements by one or all of the emergency services for the rescue or transportation of large numbers of casualties, the involvement of large numbers of people, the handling of large numbers of enquiries, any incident that requires the large scale combined resources of the three emergency services; Police, ambulance, fire brigade, the mobilisation and organisation of the emergency services and supporting organisations. Initial, consolidation, recovery and restoration are the four phases in a disaster. This paper deals with the management of first three phases. Local Police visit the scene upon receiving information. Then all services will respond with the appropriate pre-determined responses. For example, activation of authorities such as three local emergency services, local authorities, public utilities and three command structure teams. Establishment of center for injured persons, survivor reception center, Friends and Relatives Reception Center and Police Casualty bureau also have to be done. Dead bodies are transported to the nearest mortuary or a temporary mortuary where autopsies are conducted. An Identification Commission should be established and they compare ante mortem data and post mortem findings and confirm the identification. Identified bodies are released while unidentified bodies are stored until identified. In our setting, after 14 days, bodies will be marked and buried in a mass grave following all faith ceremony.

Introduction

A mass disaster could be natural or man made. Disaster can be defined as a major incident that requires the implementation of special arrangements by one or all of the emergency services for the rescue or transportation of large numbers of casualties, the involvement of large numbers of people, the handling of large numbers of enquiries, any incident that requires the large scale combined resources of the three emergency services-services of Police, ambulance, fire brigade-, the mobilisation and organisation of the emergency services and supporting organisations¹. Other common terms for a disaster are mass disaster, major civil disaster, civil disaster, civil emergencies, catastrophes, major incidents etc. All these have the same meaning. However, in Sri Lankan situation nobody is in charge of a disaster. Therefore, no one is to be blamed.

Methodology

Protocol of disaster management

Initial, consolidation, recovery and restoration are the four phases in a disaster. This protocol deals with the management of first three phases.

Local Police visit the scene upon receiving information. They report back to the police about the incident. All services will respond with the appropriate pre-determined responses. Three local emergency services would visit the scene. Activation of local authorities (eg District Secretariat etc), public utilities (eg. communication, water, electricity etc) and three command structure teams (eg. Gold, Silver and Bronze teams)² (see below).

Under the coordination of preferably the Chief Police Officer of that area, 3 levels of management teams should have been formed.

- i Gold level (Strategic) team – This includes thinkers. [magistrate, chief police officer, chief forensic pathologists from local or nearest hospital and or Medical Faculty, chief forensic scientist or representative, chief in fire brigade, chief in local authority, chief of the hospital (Director or Medical superintendent), chief of the clinicians].
- ii Silver level (Tactical) team – This includes managers [magistrates and Inquirer into Sudden Deaths (ISDs)], consultant doctors, ranked police officers, representatives of firebrigade, etc
- iii Bronze level (Operational) team – They are the doers. Forensic investigation team (Forensic pathologists, odontologists, forensic scientists, photographers, video team, finger print officers, technicians, labourers) Intelligence investigation team (police, CID), Magistrate and ISDs, Firemen, Ambulance team etc. Following stations should be established closer to the scene,

Proceedings of the Third Academic Sessions

- a. Center for the injured persons. Casualties are transported to the nearest hospital. Triage can be applied in the management of injured.
P1= require prompt treatment.
P2= can wait for some time.
P3= no treatment is given.
- b. Survivor reception center (SRC). Survivors are temporarily kept at SRC.
- c. Friends and relatives reception center (FRRC).
Friends and relatives are accepted by the FRRC. Survivors are being met by the relatives and friends. Once match is made, taken to re-union area by the FRRC staff. Onward travel is arranged. Survivors whom have not being met by any friend or relatives, arrangements are made by the local authority for their accommodation elsewhere. Eg. Refugee camps.
- d. Casualty bureau- It receives information or inquiries of missing persons. They collect ante- mortem data of the missing persons.

Dead bodies are transported to the nearest mortuary or a temporary mortuary where autopsies are conducted. In the selection of such a mortuary, administrative facilities, logistic facilities, health, safety and privacy of the workers has to be considered. Therefore, pre-planning is essential. The mortuary should consist of two main areas i.e. dry and wet areas. The dry area should consist of vehicle accesses, security, light and ventilation, water, communication, viewing room, a room for police and Magistrate or ISDs, X-ray room, showers and toilets, coffin storage facilities, and a room for the identification commission. The wet area should consist of mortuary tables, washing tables, dental examination facilities, storage and refrigeration facilities. If refrigeration facilities are not sufficient or absent embalming facilities should be available. Relatives are allowed to view the bodies. If mutilated, they are encouraged to view photos. An identification commission should be established and they compare ante mortem data and post-mortem findings and confirm the identification. Identification commission (IC) consists of Inquirer (magistrate or ISDs), chief forensic pathologists, other specialists such as finger print experts, odontologists and police casualty bureau. There is no minimum requirement for identification of a victim. If the inquirer is satisfied completely, even the visual identification is sufficient. In case of a body needing repatriation, the identification should be based on more sophisticated scientific methods such as DNA finger printing. Unidentified bodies ideally stored until identified. In our setting, after 14 days, bodies will be buried in a mass grave following all faith ceremony.

Conclusion

This would be helpful to formulate a protocol for disaster management in Sri Lanka, as such protocol is not available currently.

References-

- A Basutill, A , John, J.S.P, M. Green, M., Deaths in major disasters, the pathologists role, Second edition, London, 2000.
Personal communication with Dr. Eric Dykes, the President of the Institute of Emergency Management, Buckinghamshire, UK.