

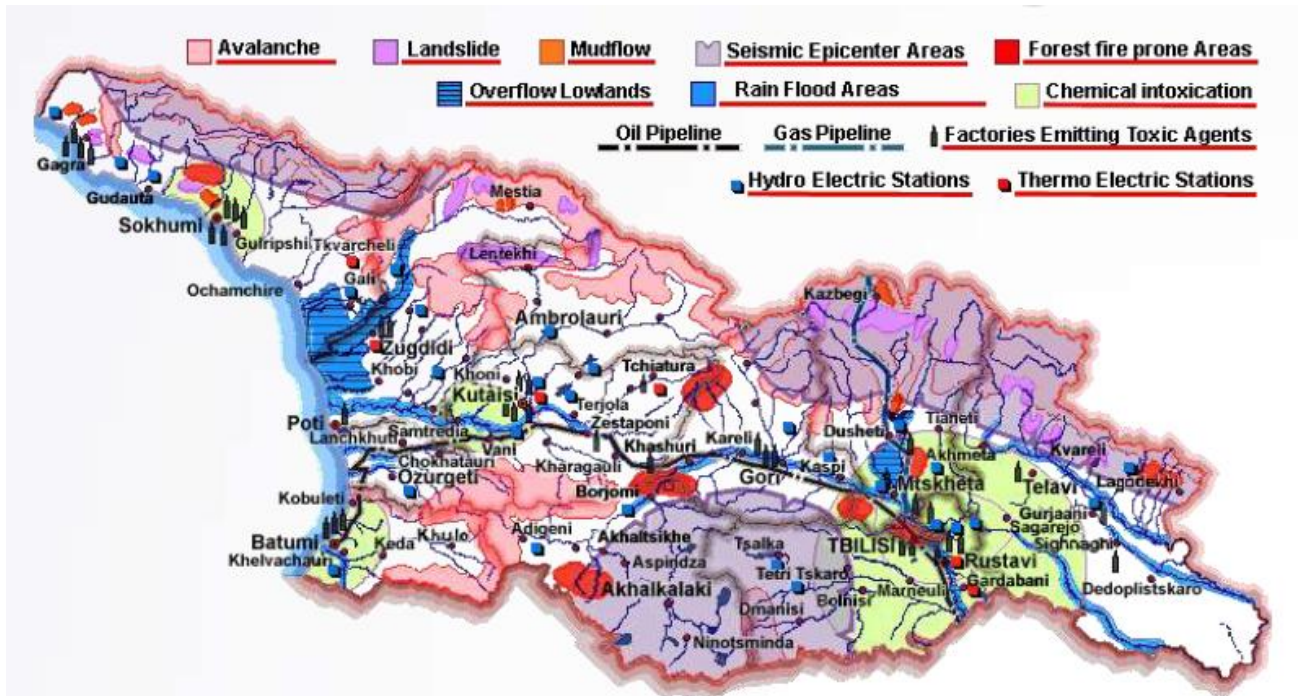
## Readiness of hospital sector at state of emergency

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Here are discussed issues of Georgian Hospital field's preparedness during emergencies. It is indicated, that in recent year significant changes have been made in terms of regulating this field, which is primarily expressed in operating more than 100 modern Hospitals in the different regions of Georgia. Here is expressed opinion, that the level of readiness of this sector corresponds to the requirements met during emergency situations.

**Key words:** readiness, hospital sector, emergency.

### Threats and Risks in Georgia



You must have Emergency Action Plan.

Main objectives of the Plan should be defined.

Hospitals should be prepared for:

- To provide timely and high quality medical aid to all injured persons during emergency situations;
- To ensure adequate equipment and personnel;
- Define specific and clear objectives oriented on rapid response.

Manager should

- Ensure planning procedures for emergency medical aid within the hospital;
- Define clearly main components of the Plan;
- Properly define roles and responsibilities of hospital emergency services to increase hospital preparedness.

Gold rules for hospital preparedness

- Always be prepared for alarm
- Be ready for continued work

What are two main results of correct planning?

- Good preparedness
- Quick response

Threats

- Common
- Mass intoxication
- Epidemiological threats
- Chemical threats
- War
- Natural and Technogenic disasters
- Nuclear threats



Always ready

The problem which arose after the occurrence of real disaster case affected population, was: absence of preparedness plan

As a result: injured persons entered the hospital before the medical personnel was mobilized which caused chaos and reduced quality of medical care, increased number of injured people.

What has to be done to improve response plan?

- Who should be involved in planning?
- How will you ensure system resilience?
- How will you design complete management chain?
- What is your strategy in case of chaos?

“Gold minutes”

Your action tactics after receiving information about disaster:

1. Give order to activate response plan  
(Full scaled/partially);
2. Check facts about adequacy of provided staff;
3. Make operative notification system;
4. Morning hours: stop all scheduled procedures.

Why is necessary to have Plan?

Because of:

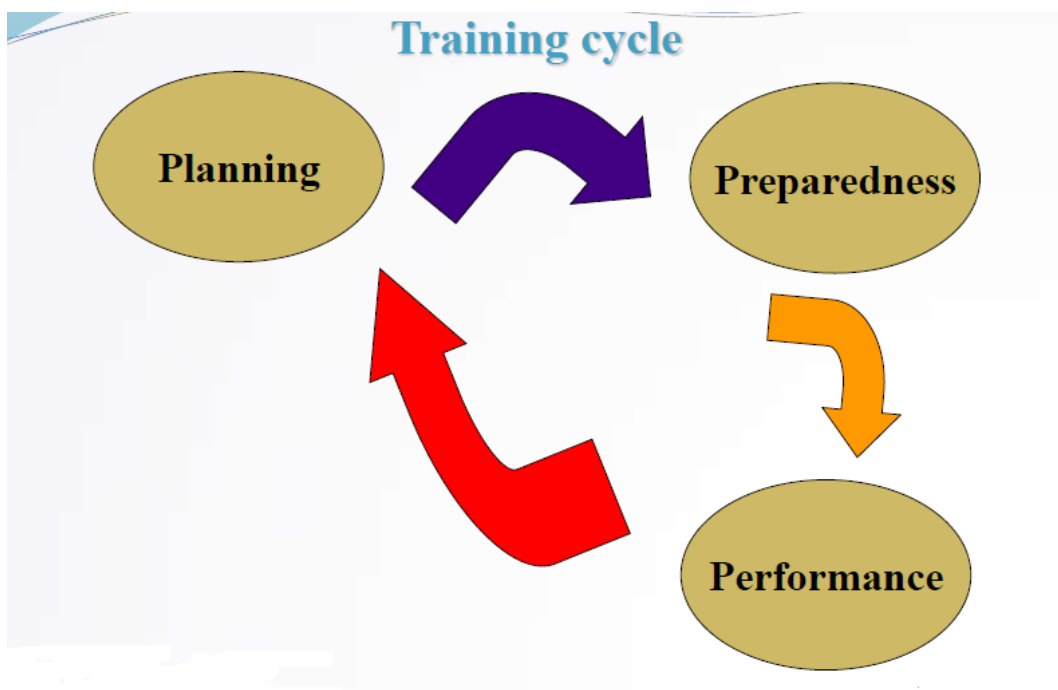
Disasters are not planned;

- Proper planning of personnel’s activities excludes panic. Even experienced personnel can be confused and forget their responsibilities;
- Nobody have time to look over directives;
- Personnel have to be familiar previously with protocols which should be done from point to point.

Learning Objectives

- To prepare hospital staff for emergency situations response;
- Real assessment of managerial-technical and medical capacities of hospital;
- Arrangement of communication, assessment of staff capacities
- Coordination with external forces and other agencies.

№	Organisation (address)	Manager (Name, surname, mobile phone, phone, fax)	Response Plan (Yes/No)	Number of Personnel (Total)	Number of surgical teams	Number of beds (total)	Capacities of operation theatres (number of surgical tables)	Number of beds at the units of critical medicine and intensive care	Number of Ventilators and Incubators	Number of emergency vehicles	Potential dangerous materials		Shelters (size and condition)
											CBRN dangerous materials	Number of devices operating under high pressure	



### Planning

- Main part of management includes planning of hospital internal systems management during different emergency situations;
- Planning should be designed prior to emergency situations for all parts and includes:

- Data prognosis, collection, summarizing and evaluation
- Decision making from different authorities for action planning.
- Planning should be based on prognosis of potential disasters;
- Definition of type, volume, sequence and time of response activities in peace and war time represent the main objectives of response planning
- Resolving of objectives that arouse during emergency situations require tight coordination and agreement between independent and unsubordinated hospitals.

#### Planning of activities

Planning of activities can be divided in three stages:

- First – preparatory;
- Second – practical design and illustration of plan documents;
- Third – Discussion, correction, specify, agreement and adoption of plan.

Following aspects should be foreseen during preparation of hospital plans:

1. Number of population;
2. Economical description;
3. Size of epidemiologically and epizootically dangerous region;
4. Which types of natural disasters are typical for given region (indicate types of damages and calamities);
5. Activities to be conducted, their potential volume to ensure medical aid in case of large-scale industrial accidents, catastrophes and natural disasters;
6. Alternative information systems for notification and communication;
7. Existence of emergency vehicles within the disaster area;
8. Existence of alternative supply in case of water and electricity shutdown;
9. Evolve additional bed capacities;
10. Distribution of responsibilities.

#### Organize and Manage

Activation: the moment when it's announced that Emergency Preparedness Plan is activated: to be defined all procedures and responsibilities to start all activities, which are instructed in Emergency Preparedness Plan;

Action: increased amount of patients, unproportional rise compare to the daily flow, which proves that Emergency Preparedness Plan should be activated;

Starts acting: executive person in any section of time.

Transportation – transportation of patients outside of hospital, or in case of evacuation or changing of place, inside of hospital.

Supplies

1. Increase capacities to ensure delivery of medical services;
2. Planning of stockpiles and enhance to provide adequate response to increased requirements;
3. Protocols for essential stockpiles (pharmaceutical materials, medical aids, blood supply, emergency equipment, water, oil, electricity, autonomic source for electricity (generator), reserve systems etc.);

Mobilization

- Prompt internal relocation of human resources from the places where they are less needed, to the places where they are more required;
- Mobilization of human resources from external sources step by step according to requirements;
- Obtain adequate resources (human, logistics etc.) to make operative disaster preparedness plan and deliver appropriate medical services;
- Ensure uninterrupted supply provision;
- Triage activation.

First aid room



Pre-hospital communications

1. Continuous mutual communication between prehospital emergency services and hospital emergency/reception units;
2. Information transferring from pre-hospital emergency services to the hospital emergency services / for Reception unit proper response, and for activating hospital preparedness plan as well
3. Transferring of information about necessities and possibilities from hospital emergency services/ reception units to the pre-hospital emergency services
4. Check out the possibilities of expansion medical services
5. Radio communication system which is daily works for the common urgent medical service.

#### PR communication

- Communication with community by the all possible ways
- Information of population about their rights and important of conformable medical service
- Previously trained speaker

#### Continuous Education and training

1. Medical staff trainings in order to improve their skills in emergency medical aid and capacity building
2. Detail plan of basic personnel's training
3. To find out requisite resources and finances for staff trainings

Result: Good management of urgent medical aid during the emergency situations.

#### Simulations (drills)

1. Selective or full-scale simulations
2. Preparation of staff and other structures for Plan implementation.
3. Periodical selective drills, including theoretical trainings.

#### Planning of specialized areas

1. To define areas prior and distribute according new necessities – triage, treatment, isolation, vestibule.
2. Additional beds, crisis managing room.
3. Traffic of emergency vehicles (vehicles enter, patient's takeout and vehicles move out).
4. Areas for families and population
5. Areas for mass-media and politician

#### Logistics

- Communication equipment (outside/inside communication)

- Regular mechanisms of materials opportune purchase
- Making contracts with providers, collaboration (exchange of materials) with other neighbor healthcare facilities (primary healthcare centers, hospitals)

Other:

- Safety
- Mortuary service
- Cleaning, disinfection and waste management
- Personal protective equipment
- Necessaries

**ჰოსპიტალური სფეროს მზადყოფნა საგანგებო მდგომარეობების დროს.**

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განხილულია საქართველოს ჰოსპიტალური სფეროს მზადყოფნის საკითხი საგანგებო მდგომარეობების დროს. მითითებულია, რომ უკანასკნელი წლების განმავლობაში მნიშვნელოვანი ცვლილებები იქნა განხორციელებული ამ სფეროს მოწესრიგების თვალსაზრისით რაც უპირველესად გამოიხატა საქართველოს სხვადასხვა რეგიონში 100-ზე მეტი თანამედროვე ტიპის საავადმყოფოს ამოქმედებაში. გამოთქმულია მოსაზრება, რომ ამ სექტორის მზადყოფნის დონე შეესაბამება საგანგებო მდგომარეობათა დროს წაყენებულ მოთხოვნებს.

**გასაღები სიტყვები: მზადყოფნა, ჰოსპიტალური სფერო, საგანგებო მდგომარეობა.**