Mass Casualty Management
Emergency Planning Process

Regional Training Course
on Mass Casualty Management
and Hospital Preparedness
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Introduction

This toolkit was organized to help members of emergency committees (at the national and community level) in their planning for mass casualty management. This toolkit provides important concepts, principles, and guidelines on MCM planning as culled from various WHO resources and from experiences of countries with existing national and community based disaster preparedness plan.

While this was designed to help planners, this is also a rich resource for both trainers and trainees in disaster preparedness training programs. Be reminded, however, that this is not a material for basic planning. This toolkit is designed basically as a resource material for disaster planning and people who will be using this are assumed to know at least the basics of program planning.

Part 1

A. Disasters and mass casualty situations

Trauma and mass casualty situations occur frequently and have a major negative impact on the public health. The management of these situations and the response capacity and capability of the Health Sector is often grossly inadequate to match the needs of these frequent events. Therefore disasters must be brought into the family of “trauma-emergency services”. The strengthening, extending and expanding of “emergency accident services” of hospitals and First Aid skills are priority issues. The development and strengthening of the capacity to adequately manage daily trauma situations will serve as a platform to develop the capacity to manage mass casualty situations, which will in turn serve as a platform to further develop the capacity in order to manage disaster situations. But it should be clearly understood that MCM is NOT just the extension of the daily management of routine emergencies. There is a need for specific procedures, for additional resources (that are not mobilized in routine emergencies), for command and coordination mechanism specific to disaster situations. That is the reason for developing a health sector emergency/disaster plan. The efficient management of mass casualty situations requires the existence of an inter-sectoral disaster plan in which the health authorities have a key role.
role to play. The health sector plan cannot be a substitute for this inter-sectoral plan.

B. The Health Sector and the emergency plans at the various levels

The process of sustainable development is put at jeopardy when emergencies, and the hazards, vulnerabilities and risks that cause them, are not properly managed. The Health Sector encompasses all actors from public or private, from central or local, from civilian or military dedicated to the improvement of public health (including food, water & sanitation) or to the provision of medical services. “Health sector” does not refer only to the Headquarter of the “Ministry of Health” in the capital, but to the entire system.

The organization of National Health Sector Disaster Management Programs may be viewed as a sub-system of the overall National Governmental or Administrative System. Ideally, administrative functions, as well as the provision of goods and services, are decentralized and delegated in a hierarchical manner from Central Government to Regional/ Municipalities/ Communities. The Organization of Health Services relates to defined levels of health care with primary health care services (community health care) being delivered in designated health facilities (Type I Health Centre or Health Post/Clinic) at the village or peripheral level. More complex health care is provided through a Health Centre (Type III) and/or a hospital at district level with referral linkages to the main hospital at the secondary level of care. These institutions have a pivotal role in the management of MCI. The Health Sector must develop its capacity through emergency preparedness programs and emergency management (response and recovery plans) programs.

In major disasters, the health sector has a vital role particularly in the first seventy-two hours (to deliver acute care to the injured). The organization of health services in a country is a key element in facilitating preparedness planning, and effective response. The health sector disaster management plan must take into account the organization, structure, relationships, and referral network of existing health services in the particular country. In fact, “Disaster Management” should be developed as a program area within health services management, relating to defined levels of health care and interfacing with the primary health care strategies of Health Education, Inter-sectoral Coordination, Community Participation, and the Team approach.

Vitally important too are the coordination mechanisms of the National Emergency organization and the enabling relationships between the Emergency Committees at the central, Intermediate, and peripheral levels. Of importance also is the integration of the Health Sector Plan for disaster management as a component of the overall National Emergency
Management Plan at all levels of the system. The Municipality Health Sector Plan must be in full compatibility with the National Health Sector (Ministry of Health) Plan for Disaster Management and with the organization and structure of existing health services. Ideally when developing the emergency plan the emergency planning committee should consider the information required for the following elements that should be discussed in order to identify those, which will eventually be included in the health sector emergency plan:

- preparedness phase
- policy issues
- warning phase
- needs assessment
- response phase
- rehabilitation and recovery phases

C. The context of emergency preparedness process

Emergency preparedness does not exist in a vacuum. In order to succeed, emergency preparedness programs must suit their context. This context will vary from Province to Province and even from Municipality to Municipality (from community to community), but some key elements are common to all actors at all levels. The broadest context of risk management (which includes emergency preparedness) is sustainable development in its very nature, which involves managing the use and protection of natural and physical resources to enable social, economic and well-being of individuals and communities as well as protecting environment. Emergency preparedness means also emergency management, which is a range of activities to protect communities, property and the environment from damages and losses. The main elements of the overall strategy of the Ministry of Health should be:

- Use of existing services as much as possible/strengthening and developing the services when needed: incorporation strategy
- Vulnerability reduction and hazard mitigation
- Community risk management (planning based on local vulnerability assessment)
- Inter-sectoral cooperation
- Planning based on existing resources, logistics and procedures and preparing emergency response plan. Parallel to these operational plans, there must be a permanent effort to increase readiness by having emergency mitigation and preparedness plans

- Decentralization of the response as much as possible
- Community participation and public awareness
- Institutionalization of a disaster program/unit in the MOH (with equivalent at sub-national levels)

The Ministry of Health should also contribute actively to the development of the National Multi-Sectoral Disaster Plan prepared by the NDMO in order
Part 2

A. The Disaster Plan

A.1 The main reasons for developing a MCM plan are the following:
- to protect life, property & environment
- to mitigate loss of services
- to create systems and networks for responding to and recovering from emergencies
- to use efficiently available resources
- to promote cooperation between sectors and agencies

A.2 The emergency plan

The emergency plan maybe described as:
- an agreed set of arrangements for responding to, and recovering from emergencies
- A plan containing description of:
  - responsibilities
  - command and coordination mechanisms
  - management structures (on the site, EOC, hospitals, etc.)
  - resource management
  - information management and communications
  - training and exercises

A.3 Some principles of emergency planning:
- it is a continuous process
- It attempts to reduce the unknown in an emergency
- It aims to evoke appropriate actions
- It should be based on what is likely to happen
- It must be based on knowledge (evidence based decision making)
- It should focus on principles and strategies
- It is partly an educational activity
- It always has to overcome resistance
- It can only define the starting point for response and recovery
- It should always allow for the development of emergent strategies

B. The Emergency planning process

The planning process is a series of steps to produce emergency plans.

The emergency planning process should be considered as a multi-sectoral process even though the goal is to develop a health sector emergency response plan for Mass casualty Incidents, either at national level or at sub-national levels.
Emergency planning process is the backbone of community risk management through active participation, co-operation; development of a project plan management; marketing of the planning process.

### Emergency Planning Process

The process can be applied to any community, organization or even activity, e.g. for the health sector in general, for hospitals or for search and rescue organizations, etc. It is primarily intended for preparedness, but can be used for planning during response and recovery operations. The notion of Incident Action Plan (developed to respond to a particular situation at a particular time in a particular place) should NOT be mixed up with the notion of Emergency response Plan.

The major steps of the planning process are:

- **Project definition**: This implies to determine the aim, objectives and scope of the planning process; to identify the tasks to be performed, and the resources needed; to identify the framework in which emergencies will be managed; and the resources that will be required. The scenarios identified from the vulnerability analysis should be used fully to develop planning objectives. The analysis of the global environment should include: applicable legislation; political and economical circumstances; social and cultural issues; etc.

- **Formation of a planning group** key people and organizations – assess appropriateness of existing groups It is essential to carefully form the planning group by taking into consideration: appropriate authority; appropriate representation, efficient reporting system; sufficient expertise; rapid gathering-sharing of information; cooperation of local experts; cooperation with the other sectors. The emergency planning group is essential for gathering information...
(more rapid and efficient); to ensure access to persons with key knowledge and/or influence; to help to ensure commitment of all relevant persons/agencies

- **Potential problems analysis**: (hazards (causes, possible preventive strategies, trigger events) vulnerabilities, and risks)
- **Resource analysis**: what resources are required for the response and recovery strategies (variation between requirement and availability, who is responsible for the resources, etc.)
- **Defining roles and responsibilities**: who does what
- **Describe management structure**: the command of individual organizations and control across organizations
- **Developing strategies and systems**: specific response and recovery strategies, and the systems that will support strategies

### C. Planning at the National Level

#### C.1 The Concept of public safety and the development of emergency/disaster plans

**Community risk management and public safety**

In order to better understand the links between risk management and emergency preparedness the MOH should adopt as the reference the following formula:

\[
\text{Risk} = \text{Hazard} \times \frac{\text{Vulnerabilities/Readiness}}{}\]

The appropriate target for public safety and risk management is **communities**. In the public safety context, **community risk management** is a strategy for building **safer communities**. Communities are composed of people, properties, services and assets, environment, economy and governance. Hazards and the risks they generate can only be dealt with effectively through public policy, public participation and public–private sector collaboration in the general context of community based risk management strategic approach. This formula tells us that communities are described in term of vulnerabilities and readiness. Hazard is the source of risk. Hazards create risks by exposing pre-existing vulnerabilities in communities. The level of risk can be mitigated by the level of readiness. For each hazard the vulnerabilities and the resilience are different in the same community. Vulnerabilities are hazard specific. Readiness has also a component that must be hazard specific.

Hazard is the determinant of the probability of each type of risks. Vulnerability / readiness is a determinant of how much risk. In a community there are at least 3 determinants of risks:

- The probability that a hazard will develop its harmful potential

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1 Formula developed by WHO and ADPC for the PHEMAP training course
• Vulnerabilities of each element of the community
• Current response capacity of the community (mainly determined by the level of readiness of the Agencies that have the function to mitigate and to respond to: Police, Fire, EMS, hospitals, health sector, etc.).

Together they are the modifiers of the base level of risks. Preparedness should deal with all of them and not only readiness. Preparedness is an ongoing process. Risk reduction is achieved through hazard mitigation, vulnerability reduction and preparedness for readiness to respond to and recover from. Therefore risk reduction cannot be separated from preparedness as far as programs are concerned. Although at institutional level it is possible to have separate programs dealing with these components. But they must integrate efforts.

C.2 The Strategic Framework (global policy of the health sector)

The MOH should consider the development of a global framework for enhancing the capacity of the Health Sector in MCM and for developing policy and issuing guidelines for the safe implementation of that policy. The mere development of an emergency/response plan at national level is not enough for conducting to capacity development of the entire health system and for ensuring sustainability of the mechanisms. The institutionalization of the mechanisms and systems are necessary. One efficient approach is to define this strategic framework before starting to develop emergency plans. The plans should be developed within this broad framework, which may include:

• Development of a “National Policy Formulation Framework Process” in which the formulation of policy statements (and guidelines, protocols, indicators necessary for their safe implementation) dealing with the key issues should be developed so as to increase the level of preparedness and readiness of the entire Health Sector to mitigate against, to prepare for, to respond to and to recover from disasters/emergencies at all levels of the Health Sector
• Development of the National Emergency/Disaster Plan (operational/response) for the Ministry of Health and for supporting the sub-national levels (Provincial Health Sector Plan) in their effort to develop their own emergency/disaster plans
• Identification of “Strategic Areas” that will be developed in the future through creation of Programmes so as to enhance the capacity and the capability of the Health Sector to adequately mitigate against, prepare for, respond to and recover from disasters/emergencies at all levels of the Health Sector. The analysis of these Strategic Areas will help the emergency planners to focus on priority issues and to develop contingency plans as needed.
C.3  The National Emergency Planning Committee

In order to reach the optimal level of sustainability in the implementation of the various Programs related to emergency preparedness and emergency management (which requires the existence of a disaster plan), the Ministry of Health may set up a National Emergency Planning Committee, which will have the overall responsibility to plan in policy formulation (for all main activities described in the various Strategic Areas) and in the development of a National Disaster/Emergency Plan of the Health Sector. The first priority is to “strengthen the Institution” at National and Provincial levels for guiding the communities in their emergency planning efforts. Developing activities in an ad hoc basis without any reference to a policy and out of the strategic framework or without going through planning process will never lead to capacity building and sustainability at community level. First priority is to:

- Strengthen the capacity and the capability of the Ministry of Health and of the Departments of Health of Provinces in order to start planning, developing programs, allocating resources, upgrading, strengthening existing services (the integration strategy is of paramount importance for enhancing the surge capacity of the health sector), developing community training activities and to start dealing with major issues. The possible overall organization of the emergency preparedness is summarized in Table 1.
- Formulation of policies and guidelines
- Develop national and provincial training programmes accordingly
- Support development of local response capacity

C.4  Possible content of a national disaster/emergency response/operational plan for the health sector

There are many approaches for developing the National Health Sector Emergency/Disaster Plan. Some countries develop a generic emergency management plan with complementary contingency plans (for instance for pandemic, for chemical incidents, etc.), while other countries develop specific response plans for each major categories of disasters (mass casualty, epidemics; chemical incidents; displaced people, etc.). The generic response plan of the Ministry of Health is usually applicable to any situation with some contingency procedures for specific disasters. The generic response plan is usually the one for managing MCI. Emergency response plans must be prepared so as to have “levels of mobilization” of the resources; phasing of the response (important issue, see section on phasing).
Possible Content of a National Disaster Operational Plan for the Health Sector (see Appendix in page 14 for description of each item)

a. Letter of authority
b. Scope
c. Roles and responsibilities of the National, Provincial and District/Municipality (community) levels.
d. Summary of health effects of anticipated hazards and summary potential risks to be faced
e. Goal and objectives
f. Functions, missions and tasks
g. Organizational chart
h. The National Health Sector Incident Command Structure and the Command Centre in the MOH
i. Activation mechanisms and deactivation of the NEP: phasing strategy
j. Damage and needs assessment and available resources assessment
k. Information Management
l. Resource management and Logistics
m. Communications
n. Operations and Procedures (operational program areas)
o. Monitoring and evaluation of the plan
p. Revisions of the plan
q. Exercises
r. Annexes and forms
s. Resources to implement the plan

C.5 Key Strategic Areas for Emergency Plans:

The following Areas may be considered when making decisions as to what strategies should be used in the emergency plan. For each of the area, an example of goal is included. Please be reminded that these goals are just for your guidance and not a template for your own planning activities.

<table>
<thead>
<tr>
<th>Area 1 Planning Process</th>
<th>Goal: to establish a planning process aimed at ensuring sustainability in the development of the capacity building for emergency preparedness and emergency management of the Health Sector in the Country in developing emergency plans</th>
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</thead>
<tbody>
<tr>
<td>Area 2 Command, Control and Coordination</td>
<td>Goal: to promote mechanisms, systems and procedures aimed at defining roles and responsibilities of the various levels (National, Provincial and District) in order to enhance effective coordination for managing the response of all actors of the Health Sector with intrasectoral, intersectoral and international perspective</td>
</tr>
<tr>
<td>Area 3 Mass Casualty Management</td>
<td>Goal: to identify the key elements that require an urgent attention and that must be developed and strengthened in order to enhance the effectiveness and efficiency of the delivery of adequate care to the victims of the disaster/mass casualty situations from the site up to the hospital and in the emergency/casualty departments of the hospitals</td>
</tr>
<tr>
<td>Area 4 Public Health in Disasters/Emergencies and Management of Information</td>
<td>Goal: to identify the key elements that require an urgent attention and that must be developed and/or strengthened in order to ensure an adequate management of the consequences of the disasters/emergencies on public health in terms of prevention, mitigation, response and recovery including reporting mechanisms and monitoring mechanisms; also including early warning and surveillance systems</td>
</tr>
<tr>
<td>Area 5 Training and Exercises</td>
<td>Goal: to develop a comprehensive strategic framework aimed at assessing the needs, developing and strengthening the training programs in EPP &amp; EM applicable at all levels in the perspective of optimum coordination between the partners and for optimal use of resources including resources development and upgrading</td>
</tr>
<tr>
<td>Area 6</td>
<td>Policy Statements and Guidelines</td>
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<td>------------------------</td>
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<tr>
<td><strong>Goal</strong></td>
<td>to establish the strategic and sustainable framework within which the Ministry of Health and the Departments of Health of the Provinces can formulate policy statements aimed at ever increasing the level of readiness and preparedness of the Health Sector to mitigate against, to prepare for, to respond to and to recover from disasters/emergencies.</td>
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<tr>
<th>Area 7</th>
<th>National Disaster/Emergency Plan for the MOH</th>
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<tbody>
<tr>
<td><strong>Goal</strong></td>
<td>to establish an emergency response/operational plan applicable at the national level for responding to and recovering from disasters and major emergencies that require the direct involvement of the Ministry of Health at the strategic level for control and coordination and at the operational command of the resources of the Ministry of Health.</td>
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<tr>
<th>Area 8</th>
<th>Community Risk Management</th>
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<tr>
<td><strong>Goal</strong></td>
<td>on the long term to promote the concepts of hazard mitigation, vulnerability reduction and risk management in order to enhance planning activities, implementation of risks reduction programs and enhancement of response capacity to increase the level of community readiness and ensure community safety.</td>
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<th>Area 9</th>
<th>Resources Management</th>
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<tr>
<td><strong>Goal</strong></td>
<td>on the long term develop a national capacity and capability to manage national resources as they will become available including national emergency stockpiles of medical supplies and medicines, national emergency medical teams, specialized medical services such as those required in chemical disasters.</td>
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<tr>
<th>Area 10</th>
<th>Communications and Warning</th>
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<tbody>
<tr>
<td><strong>Goal</strong></td>
<td>on the long term develop a national capacity for referral system nationwide in disasters/emergencies and to develop a full warning systems nationwide for the Health Sector.</td>
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<tr>
<th>Area 11</th>
<th>Logistics and health care facilities</th>
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<tr>
<td><strong>Goal</strong></td>
<td>on the long term to develop the concept of resistant communities, risk resistant facilities (especially earthquake and floods resistant), to develop and strengthen the referral system.</td>
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<th>Area 12</th>
<th>Community recovery process</th>
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<td><strong>Goal</strong></td>
<td>to develop a strategic framework for dealing with physical, medical, social and psychosocial needs of affected individuals and affected communities in the short-term and in the long-term.</td>
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### C.6 Sample objectives and strategic activities

For each Strategic Area the following issues should be discussed and developed: (see example below).

a. present situation

b. area goal

c. objectives

d. strategic activities
Table 2. Example of Goal, Objectives, and Strategic Activities for an Emergency Plan

Strategic Area 1: The development of the emergency planning process (see appendix for more examples)

Area Goal: To establish a planning process aimed at ensuring sustainability in the development of the capacity building for emergency preparedness and emergency management of the Health Sector in the Country in developing emergency plans

<table>
<thead>
<tr>
<th>Objective</th>
<th>Strategic activities</th>
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| **Objective 1:** To define the scope, context and aim of the National Emergency Planning Committee/Health (NEPC) | 1.1 The National Coordinator in the consultation with the DG Health to prepare the document describing these issues  
1.2 Define roles and responsibilities of the members of the NEPC  
1.3 Consult Provincial Directors of the Departments of Health by exchanging views using fax and telephone communications. No need for a formal meeting  
1.4 Identify and appoint members  
1.5 Get formal approval by the Secretary Health |

| Objective 5. To promote partnership, motivation and sense of ownership in the Health Sector at the National, Provincial and District levels from all stakeholders | 5.1 Organize training workshops  
5.2 Widely consult the stakeholders  
5.3 Conduct meetings  
5.4 Ensure legal entitlement of Authority  
5.5 Advocacy and promotional activities |

C.7 Role of MOH in Capacity Building Process in Emergency Management at Provincial and Local Levels

The MOH should consider that the concept of the “prepared community” is a key element and concerns the application of the comprehensive risk management and multi-sectoral and inter-sectoral approaches at the community level.

The Ministry of Health must support as much as possible the capacity building process in emergency management at Provincial and local levels, considering that its major roles are to:

- Guide (formulation of policies and guidelines)
- Regulate (validation, laws, etc.)
- Coordinate all public or medical activities when necessary in disasters (if the local communities and Provinces cannot cope with)
- Support resources development
- Support and coordinate training programs
- Identify needs & formulate priorities
- Facilitate the contribution of other actors
- Support Provinces and Districts in their efforts for emergency planning
- Develop national contingency plans
- Deal with international assistance
D. Planning at the District/Municipality (communist) level

The District is the most decentralized level. The Health Team concept in health services programming has been actively promoted in many countries as part of the primary health care strategy. Some countries have functional District Health Teams which, depending on the size of the District and the available manpower resources, comprise the Community/Public Health Nurse, Family Nurse Practitioner, Environmental Health Officer, Medical Officer, Nurse Midwife or Primary Care Nurse, Pharmacist, and representation from the Community. The Nutritionist and Health Educator at Central Level are usually available for support to the team. It seems logical, therefore, for this already established team to be the group responsible for the District Health Sector Disaster Management Program. This team will collaborate with the District Emergency Organization, and the Disaster Management Plan for the health sector is developed as a component of the overall Emergency Plan for the particular district. In order to develop the capacity at District level it is necessary to recognize the needs for emergency planning by Health Personnel and Community Members. Commitment by key members of the District Health Committee to plan and implement is vital. All members of the District Health Team should be involved in the planning process. Coordination of the District health team with the District emergency organization and the Ministry of Health is necessary. In the absence of a functioning District Emergency Committee, the Health Sector could take the lead role in initiating and serving as catalyst to mobilize members of the community in developing an Emergency Management Plan.

When starting to plan at District level it is important to make a District profile/assessment to include data on:

a. Demographic Characteristics:
   - Population by village and age group
   - Location and size of district
   - High Risk/Vulnerable areas
   - Map of area indicating hazards
   - History of Disasters
   - Types of disasters to which the district is prone

b. Community Resources including shelters, ham radio operators, schools, churches/mosques, non-governmental organizations, communication and transportation systems etc.

c. Health System
   - Health Facilities and health personnel by population area and category of personnel.
   - Vulnerability Analyses of health facilities
   - Organization of Health Services
   - Health Information on:
     - Birth rate, morbidity typical of the areas e.g., communicable diseases, chronic conditions, mortality: principal causes of death
Environmental Health: Water source, supply and quality; sewage and solid waste management;
- Vector and rodent control.

- Communication within and between health facilities
- Transportation facilities within the district health system
- Source of power and water supply to health facilities
- Supply management: drugs, equipment and other material

D.1 Recommended Methodology for developing The Plan at District level

a. Meeting of key members of district health team
b. Appoint Coordinator who is accountable for plan
c. Analyze data collected on district
d. Develop Outline of Plan
e. Give out assignments for writing specific sections of the plan with target dates for completion
f. Collate and compile written sections of plan
g. Review of completed work by key members of the team
h. Prepare draft plan
i. Distribute to health personnel in district, and appropriate personnel and agencies including District Emergency Committee for review comments and approval where necessary.
j. Finalize plan
k. Orient all staff to plan
l. Integrate Health Sector plan in overall District Emergency Plan
m. Simulation Exercise to test plan: Drills, Desktop exercises
n. Review plan annually and revise as appropriate

D.2 Framework for Health Sector Disaster Management Plan at District level

The Disaster Management Plan could be developed within the comprehensive phases of disaster management, namely:
   a. General Preparedness
   b. Warning
   c. Response
   d. Recovery

D.3 Example of Strategic Activities for District Level planning
### Preparedness activities
- Education/Training of health personnel with particular reference to first-aid, resuscitation and life maintenance procedures and techniques
- Education/Training of community members in First Aid (First responders) and Rescue, and compilation of a resource list
- Collaboration with other key response sectors (District Emergency Preparedness Committee)
- Vulnerability Analysis of health facilities and remedial action
- Development of Plans and Procedures, to manage in the event of a disaster
- Procurement and storage of essential supplies, equipment and material
- Inventory of resources and preventive maintenance of equipment
- Mutual Aid agreements to ensure assistance is available at Local and National levels
- Simulation Exercises and Drills

### Warning activities
(Many lives could have been saved provided an early warning system would have been in place (landslides in the Philippines).
- Dissemination of information on the disaster situation and also to remind community of safety measures to be taken
- Review of emergency procedures and action plans
- Ensuring that systems planned for are in place and in working order
- Supervision of evacuation of high risk individuals and groups to shelters
- Security of health facilities or one area in health facility, to reduce vulnerability

### The first response
(Done at community (District and Municipality) level during the few first hours)
- Immediate damage/needs assessment
- Management of Casualties
- Evacuation/Referrals
- Coordination of health staff and volunteers
- Health Care in Shelters
- Management of maternal, paediatric, and medical / surgical emergencies
- Collection and Dissemination of Information
- Monitoring of Environmental Health and Safety
- Epidemiological Surveillance
- Public Health Information/Education
- Emotional/ Psychological Support to health staff, other response sectors and community members.

### Recovery activities
(An important aspect that is too often neglected in the emergency planning at District/Municipality leve.)
- Continued damage/needs assessment
- Restoration of normal health (primary care) services
- Rehabilitation of health facilities and services
- Documentation of health sector response and experiences

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### Appendix

**Detailed Description of Possible Content of a National Disaster Operational Plan**

#### 1. Letter of Authority

It is vital that the MOH introduces the document (plan) by a letter of authority that gives full authority to the MOH to define the present plan and that ensure a clear commitment from the Government (NDMO) to support the efforts of the MOH.

#### 2. Scope

This section will identify the general context in which the plan is developed, and will relate the plan with other existing significant documents applicable to disaster response management, especially those of and for the Health Sector. This section will also make reference to policy statements and guidelines formulated by the MOH. It is understood that the present response capacity (resources to mobilize) of the MOH
is limited and therefore the plan cannot provide resources that are not available. The present plan is the response plan working with what the MOH has (resources, logistics, capability, etc) and not with what “should be available or will available in the future”. The response operational plan is made for the to-day response! Any major further development of the MOH capacity or capability will require the revision of some sections of the plan. It is essential that the planning committee identify the “main gaps” that presently exist and make recommendations to correct the situation. This will be an annex to the document (plan).

As much as possible the plan must use the same “definitions” (and therefore the same words) than the national multi-sectoral plan in order to ensure maximum compatibility. This is not a minor issue. The general strategy of the MOH must be summarized in this section; it consists mainly in:

a. The decentralization of the response capacity as much as possible
b. The contributing to the local capacity building
c. The strengthening of the institution by strengthening the existing services (avoiding to create new parallel structures), integration strategy
d. The promotion of EPP and EM at local level
e. The issuing of policy statements to promote preparedness and readiness of the entire Health Sector and to issue guidelines necessary to the implementation of the policies

This section will also contain a summary of the definition of the “Health Sector” and the identification of the various potential actors.

3. Roles and Responsibilities of the National, Provincial and District/Municipality (Community) Levels

The general strategy of the Health Sector will be summarized here to clarify the respective roles and responsibilities of the national, provincial and district/municipality levels. It is suggested that the first responsibility to respond to any emergency lies within the affected community. If the local community (usually District or Municipality level) cannot cope with the situation or if the community requires a backup from outside the community, then the next level is activated (partially or fully depending upon the needs). The next level will be usually the Provincial level. If the situation requires the mobilization of resources coming from outside the Province or requires the activation of coordination mechanisms between neighbouring Provinces, then the next level -National level- will be activated, partially or fully. This implies that there are several “levels of activation of the existing Emergency Response Plans”. The National Emergency Response Plan will have to include the case where two neighbouring Provinces make specific arrangements for coordination and
cooperation to deal with emergencies that do not require the national intervention. This situation will be certainly common when for instance a major public hospital is located at the border of a Province and provides services for people to both Provinces or because of obvious access roads constraints. Two Provinces could also agree in a specific situation that one of the two Provinces will take over the overall responsibility to coordinate the Health Sector activities. Such situations can be anticipated in many instances relying on the results of the hazard analysis combined with the vulnerability analysis and resources assessment. Such anticipated situations and the appropriate necessary agreements that they require will be included into the National Emergency Response Plan of the Health Sector in an appropriate annex.

Anyway the national level will have to be systematically and permanently kept informed of the evolution of the disaster/mass casualty situations (in any situation where a disaster plan is activated at sub-national level) and therefore information management mechanisms/procedures will have to be defined. Whatever the situation is, as soon as the District Health Sector Emergency Response Plan is activated there must be mechanisms and clear instructions to immediately inform the other levels (Provincial and national Health Authorities). This aspect must be mentioned in this section of the Plan.

The main roles of the MOH are:

- to develop a national emergency/disaster response plan (the present document)
- to guide, to regulate and to supervise (policy and guidelines, accreditation activities, norms and standards, etc.)
- to coordinate all medical activities when the National Plan has been activated
- to mobilize extra-resources and to redistribute them according to priorities
- to identify needs and to formulate priorities
- to facilitate the contribution of the other actors, especially the private sector and NGOs
- to deal with international medical assistance in natural disasters
- to deal with international medical cooperation (to assist an affected neighbouring Country)

4. Summary of Health Effects of Anticipated Hazards and Summary of Potential Risks to be Faced

This section of the Plan will include a brief summary of the available data concerning the hazards that are considered as a major source of potential harm to the health of people, of potential damage to the health system and the consequences. This section will identify the major hazards and when possible their location. Hazard mapping is of paramount importance.
importance for the NEP will have to contain annexes dealing with specific situations, especially taking into consideration geographical constraints and especially their consequences on the logistics. **At the District level the emergency response plan should mirror the national plan:**

- Summary of District/Community Assessment
- Summary of Health Situation in District to include: Health System Organization, Structure, Relationships, Resources, Vulnerability
- Rationale for, and Purpose of, Disaster Management Plan
- Types of Disasters to which the Country and District are prone
- Definition of Disaster in Content of District

Contingency plans may be developed as complementary plans to the NEP according to the needs (especially the list of hazards and risks). Contingency plans are of two different natures:

- specific plans for specific hazards requiring highly specific logistical means or resources (such as chemical hazard)
- backup plans in the case where part of the “national response capacity” is directly affected by the disaster (for instance a situation where part of the MOH capacity would be destroyed, e.g. an hazard badly affecting the national health institute, etc.)

5. **Goal and Objectives**

This section of the plan will describe the overall goal of the NEP and the necessary objectives to fulfil this goal. It is suggested to consider the following issues when drafting this section:

- the NEP is a simple, short plan in which key issues are described:
- it describes the resources, their mobilisation, the procedures
- it describes the command system: organizational charts, organization and procedures, arrangements
- it describes the functional structures and procedures
- it describes the activation mechanisms, roles and responsibilities
- it defines the coordination mechanisms within the health sector and with partners outside the health sector

6. **Functions, Missions and Tasks**

Key positions/functions holding a responsibility at the National level within the Ministry of Health or having to fulfil a mission or a task will not be mentioned by his/her name in this section. The NEP will contain only the “positions/functions”. The name and key information regarding the persons assuming that function will be ready in a specific annex (directory) that will be regularly updated. The key functions will be precisely named in the present section and when necessary be briefly described as follows:

- responsibility and authority
- missions to the function
- accountability
- deputy in the case the “person” assuming this function is not available
- what to do if the “person” and the deputy are not available, who will replace them, which other function will take over the responsibility of this function, how, when
- individual action card/Job Action Sheets (for key function) and check-lists of activities to be performed will be described when necessary by the person assuming the “function”
- SOPs

7. Organizational Chart

This section will describe on one single page the “core” of the NEP incident command management containing the key functions, the command structure, the coordination links within the MOH, the links with the Health Department of the Province(s) and the links with the overall command structure of the National multi-sectoral disaster plan.

8. The National Health Sector Incident Command Structure and the Command Centre in the MOH

The exact name of this Incident Command Group will vary from country to country. In this section the following items will be briefly described:
- Composition of the Incident Command Group ICG (MOH)
- Mobilisation procedure of the ICG
- Organizational procedures of the ICG
  - Chairmanship, Deputy
  - Reporting and information sharing
  - Recording of the events, meetings and decisions
  - Links with the National multi-sectoral Disaster Task Force, who will represent the MOH, responsibility, level of authority to decide and information sharing between the MOH ICG and the National multi-sectoral Disaster Task Force
  - Time-frame for further meetings with representatives of other sectors
- Location of the Command Room and logistic support in the MOH
  - Place. As much as possible a special room will be identified if not available a room allowing meetings and having communication means must be identified (alternate site must be identified)
  - equipment, forms to be available, maps etc.
  - auxiliary staff
- communication
  - means
  - procedures
The MOH may want to adopt a command system that has proved to be efficient and effective. Therefore the model of the Incident Command System in the Emergency Operations Centre (EOC) may be considered and adopted by the MOH. The EOC is usually organized as described in figure 1.

**Figure 1** A possible organizational chart for the Emergency Operations Centre

**Incident Command in an EOC**

The function “command.” This function has the overall responsibility for the management of the incident including management of all personnel involved and liaison with relevant authorities. The control function approves and takes responsibility for a plan to deal with the incident. Responsibilities include:

- Assume Control
- Establish Control Centre
- Assessment of Incident Situation
- Appoint Staff
- Approve Incident action Plan (IAP)
- Establish Liaison
- Conduct Briefings
- Allocate Tasks
- Ensure Safety
The function “planning.” This function gathers and analyses all the relevant information about the incident. It predicts future development and plans a response, with a back up in case things change. It also keeps track of all the resources that have been deployed. Responsibilities include:

- Manage the Planning section
- Collect, collate and analysis incident information which develops Incident Action Plan
- Develop alternative control objectives
- Conduct planning meetings
- Conduct briefings
- Plan incident demobilization
- Estimate future support and resource requirements

The function “operations.” This function deals with the incident. It determines the effect of strategies and contributes feedback to the development of an action plan. Responsibilities include:

- Obtain a briefing from the Controller
- Establish an effective span of control
- Develop the operations portion of the Incident Action Plan (IAP)
- Manage and supervise operational activity
- Receive Situation Reports from operation teams
- Determine the need for additional resources
- Initiate recommendations for the release of resources
- Report special incidents/accidents
- Maintain a log

The function “logistics.” This function supplies all the resources needed to deal with the incident. It maintains all the facilities and services which are part of the operation. Responsibilities include:

- Obtain a briefing from the controller
- Plan organization of the Logistics section
- Allocate tasks to section personnel
- Prepare the Logistics portion of the Incident Action Plan (IAP)
- Process request for additional facilities, services and materials
- Establish and manage staging areas
- Consider future support and service requirements.

Span of control is a concept which relates to the practical limit or resources and issues that one person can effectively manage. Training of staff having a command function is of paramount importance. Limits to the span of control will vary and depend on such factors as:
The degree of uncertainty in decision making
- The degree of innovation or routine in the activity being undertaken
- The type of activities being undertaken
- The experience of staff
- The complexity of decision making
- The range and degree of risks
- Agency relationships
- Geographical area covered
- The volume of information flow

The on-site management (pre-hospital care) is differently organized. The requirements are different than those of the EOC. The on-site management is directly involved in commanding on-site operational activities. Critical resources for on-site management include: well equipped ambulances, or other appropriate form of transportation; staff with expertise in life maintenance procedures and triage activities; adequate and functional equipment, material, supplies and essential medicines; and good communication linkages between transportation, the Command Centre and receiving centres, procedures for evacuations/referral to receiving facilities, coordination mechanisms, etc..

9. Activation Mechanisms and Deactivation of the NEP: Phasing Strategy

This section will describe “how, when, who, what” regarding the activation of the national plan. In this section the MOH will describe several key issues:
- Who: the function within the MOH (e.g. The Minister of Health, the Secretary Health?) - and not the name of a person- which holds the responsibility to decide to activate the plan and the steps to be followed (procedures)
- What the person fulfilling this function must do during that initial phase (summary)
- The authorized channels through which the information can come to the MOH regarding the potential needs to activate the NEP (summary)
- First report. What it will contain, with whom it will be shared

The levels of activation

This is a central issue that must be defined by the NEPC. It is suggested to have 2 levels of activation. The first level is “increased preparedness”; it means that only part of the plan is activated, mainly the Incident Command Group and only key personnel or only limited resources are mobilized at national level. There are circumstances where the situation does not require a full scale mobilisation of all available resources and
all services and departments of the MOH. This first level will be decided as an anticipatory measure to have the MOH ready to sharply increase its capacity on a short notice should the situation evolves and require a full scale activation of the plan (when a warning phase allows for that). The second level will be the full scale activation of the plan. The level of activation will be decided according to the circumstances. The immediate full scale activation can be decided if the situation obviously does require it without going through the first level. The full scale activation of the national plan does not means necessarily the mobilization of all resources. The initial assessment will determine how much and what types of resources must be mobilized.

**10. Damage and Needs Assessment and Available Resources Assessment**

*The first activities to be carried out by the MOH Incident Command Group are:*  
- To get an assessment of the damages to the health services (damaged facilities, loss of key services and key staff, etc.), the scope (estimated number of casualties, type of medical problems, etc.), and the health needs (medical care, equipment, medicines, etc.). The rapid health needs assessment will be done according to pre-established procedures and using protocols that will be summarized in an annex. This is an issue that will require policy statements and guidelines. The assessment process is an ongoing process and as the situation evolves the assessment must update and provide the key necessary information that are required to take appropriate decisions and manage the response. The MOH Incident Command Group will issue its recommendation in this matter according to the real situation on a regular basis. The rapid health needs assessment is the first priority (should be conducted in less than 24 hours anyway). The initial damage assessment and needs analysis can be done within a few days, depending upon the complexity of the situation. Anyway training of specialized teams is of paramount importance. It is best done as multi-disciplinary (multi-sectoral) teams. The plan should contain clear instructions on that matter (SOPs, JAS, protocols, standardized reporting forms, etc. in an annex to the plan with templates). An important aspect in natural disasters is to assess as soon as possible the needs for public health intervention (especially for displaced people). The problem of the dead and the missing should be also included in the initial assessment.

- To assess the available resources. This is a complex process that requires policy statements and guidelines and much exercising. The methodology and procedures will be summarized in an annex of the present plan. The methodology on which to rely cannot be
improvised Several key issues must be considered and must be considered, such as the “who, what, how, when, where” (the local response capacity [systems, coordination mechanisms, etc.] must be assessed as soon as possible [District, Provincial]):
- the resources available at District and Provincial levels
- the resources include: staff, agencies, services, equipment, logistic arrangements, local plans
- the resources available at National level
- nature
- quantitative aspects
- qualitative aspects
- the agencies (public, private and NGOs, e.g. hospitals, National Health Institute, etc.) are assessed according to the following criteria:
  - capacity
  - capability
  - availability
  - durability
  - physical integrity

11. Information Management

The management of information is a complex process. It extends over time and space. This section will summarize the main issues:
- data to be collected during the acute post-impact phase
- methodology for collecting, processing, sharing with all the concerned actors (with the private sector, NGOs)
- surveillance system adapted/expanded to match the needs of the emergency management (including long-term follow-up)
- early warning system adapted/expanded to match the needs of the emergency management
- monitoring activities (especially to assess the efficiency and the

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3 **Capability** refers to whether an organization/department has the resources to carry out its assigned tasks. Obviously the emergency management tasks allocated to an organization/department should be very similar if not identical to the tasks carried out by that organization/department under normal conditions. However, most organizations are rarely required to carry out these tasks during an emergency. There should therefore be assessment of the ability of an organization to operate under emergency conditions. **Availability** refers to the speed with which an organization/department can apply resources in an emergency. Delays may occur due to the call-out of staff, the switching from normal activities to emergency operations, and the need to continue to carry out normal activities. Hospitals, for example, still need to continue to care for routine emergency patients, and may thus become quickly overwhelmed by an influx of new patients. **Durability** refers to the ability of an organization/department to sustain emergency operations. **Operational integrity** concerns the ability of an organization to operate autonomously. Ideally, organizations/Departments in emergencies should be able to accept a task, request additional resources if required, carry out that task, and report its successful conclusion or any problems to the controlling authority.
effectiveness of the response)
- resources to mobilize, logistics, forms
- information to be provided to the key partners (how, when, what, etc...)

12. Resource Management and Logistics

Resource management is a complex issue for the type; the quality and the quantity of resources that can be mobilized are extremely complex (from staff, specialized teams, to sophisticated equipment, etc.). The National Plan should deal with the actual resources that can be mobilized under the authority of the Plan. Often the resource management is under the “function Logistics” (this is the philosophy of the Incident Command System, see section above). The call back procedure for staff is part of the management of resources. The Plan should have clear mechanism for mobilizing resources, redistributing resources and for asking for more resources (especially if international assistance is considered). Of course the management of resources requires clear mechanism and precise SOPs. Some resources that are necessary for managing health consequences of disasters will be provided by other sectors and therefore arrangements and MOUs must be developed in advance. This section of the national plan requires a permanent effort to coordinate with the main partners and the stakeholders so that the Plan is “functional” and not only wishful thinking. Usually several meetings with the other partners (form the other sectors and from the various levels of the health sector) are necessary for preparing this section of the plan. The notion of medical surge capacity of the health sector is of particular importance (see Toolkit on Hospital Emergency Plans).

13. Communication

The collapse of communication is a common finding in disasters that contribute to the chaos of the initial response. The sharing of information is a complex process that requires efficient communication means. This component is often neglected in emergency response plan. The MOH has many stakeholders with whom it must keep close contact for sharing information and therefore much attention must be put on securing communications means. This section of the plan must describe not only the means and resources available but also the SOPs, mechanism and arrangements (with other sectors). The exercising of communications should be mentioned in the plan (either here or in the “exercises” section or as an annex).

14. Operations and Procedures (operational program areas)

In the response phase, the major program areas for the health sector are:

a. Health Care
- Management of Mass Casualties
- Continued Management of Chronic Conditions e.g. severe hypertension, diabetes, severe cardiac conditions, etc.
- Management of Maternal, Paediatric, and routine medical/surgical emergencies
- Emotional/Psychological Counselling, outreach programs, support activities

b. Environmental Health and safety including vector control
- The priorities for Environmental Health are:
  - Damage/Needs Assessment
  - Monitoring Water Supply for acceptable levels of quality and quantity
  - Managing solid and sewage disposal to avoid the risk of disease transmission from pre-disaster levels
  - Public Health Information/Education

c. Control of Communicable Diseases
- Knowledge of morbidity and mortality patterns in the affected area is a useful guide for recognizing unusual disease patterns. Routine health information on morbidity also serves as a guide in estimating the number of persons, other than those injured, who may need health care. Development of sentinel site surveillance, early warning systems and adapted surveillance system for the disaster situation. Epidemiological surveillance should be done according to pre-defined policy (including: SOPs, specialized reporting forms, protocols applicable in disaster situation, etc.). The notion of integration strategy is of paramount importance (the use of existing resources within the MOH as much as possible –reinforcing them and training them when necessary-instead of creating new mechanism in parallel to the existing resources. For instance, the use of epidemiology department of the MOH is too often not considered). Vector control can be discussed under environmental health.

d. Food and Nutrition
- Severe shortage of food is not anticipated in many natural disasters (except extensive floods) but the distribution and transportation systems may be disrupted. The priorities are:
  - Evaluation of available stocks
  - Assessment of the need to implement food programs (SFP; IFP; etc.)
  - Equitable distribution of food supplies to those in need
  - Food inspection (food security, food safety) and nutritional surveys if indicated
  - Community Education e.g. food preservation, storage
  - Prevention of food poisoning
• Monitoring the nutritional status of vulnerable groups namely, pregnant and lactating women, under five children, mentally handicapped, the elderly, and others depending on the situation

e. Public Health Information/Education
   ▪ The Health Sector has the primary responsibility to ensure dissemination of relevant information throughout all phases of the disaster. The information provided should include simple messages relating to disease prevention, health promotion, and safety measures for personal hygiene, water, food, solid and sewage waste disposal, operating schedule of health services post disaster etc.
   ▪ The management of the dead and the missing can be discussed under this head line. A clear policy must be defined at national level on this matter. Usually it requires the cooperation of several sectors (MOH, Justice, Rescue and Police, Army, etc.). The management of the dead and the missing in disasters is usually improvised although it is possible to anticipate problems and to develop management mechanisms.

f. Supplies, donations and international assistance management
   ▪ Ensure that a system is in place for identification, procurement, storage, distribution and control of critical supplies, material and essential drugs at national level and sub-national levels. There should be a clear policy on that important issue. The national plan must contain a section dealing with donations (national and international) and international assistance (medical teams, medical supplies, etc.). The plan should contain the description of the command and coordination mechanisms, the resources that will be mobilized for managing the donations and international assistance, the systems that will be used (such as SUMSA, LLS, etc.). The sound management of supplies and donations requires the activation of a trained team(s) and the activation of a clearly defined mechanism (procedures, protocols, software, warehouses, hubs, etc.)

g. Management of Communication and Transportation Systems
   ▪ Communication - Identify communication mechanisms:
     ▪ Within each health facility in the affected area or being considered for receiving patients, and also between health facilities and the activated Command Centres
     ▪ With District/Municipality Emergency Organization
     ▪ With other agencies including NGOs, private sector, etc.
     ▪ With the various departments of the MOH
     ▪ Annex list of alternate communication systems, etc.
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- Identify
  - Transportation currently in use by local level (including vehicles and mechanism for coordination)
  - Needs for mobilizing extra resources (type, nature)
  - Annex list of owners of other vehicles which could be used; if necessary, e.g. buses, private vehicles, boats.
  - Helicopter landing sites
  - Describe how Army will contribute to the transportation capacity

15. Monitoring and Evaluation of the Plan

This activity takes place at two levels, namely:

a. During the preparedness phase when preparedness measures will be monitored, simulation exercises and drills evaluated, and areas of strengths and weaknesses identified and used to improve the Disaster Management Plan

b. In the event of a disaster, monitoring of the situation is a continuous activity. This element of monitoring and evaluation is one of the main functions of the Incident Command Centre. The effectiveness of the response, the use of resources, and the effect of other activities at all levels will be evaluated. This information on the health sector’s response will be disseminated to, and discussed with, all health personnel. The experiences and lessons learnt should be documented and used to further prepare personnel, and update and improve the disaster management plan

16. Revisions of the Plan

The necessity for having a pre-determined mechanism for revising the emergency plan is obvious. The context changes (new laws, new threats, new mechanisms developed by other sectors, etc.); the resources change over time (trained staff, equipment, etc.); the needs change, etc. There must be a clear policy on how the plan will be revised, when, by whom and how any modification (amendments in procedures, modifications of arrangements and MOUs, etc.). There should be an institutionalized mechanism for managing the plan revision and the information requirements created by the revisions (how to inform the key partners, etc.)

17. Exercises

Exercises are of paramount importance to train staff, to test procedures, to identify strengths and weaknesses of the plan, etc. The training activities in connection with the national plan should be formally described in the plan or in an annex (types of exercises, the frequency, the preparation of exercises, the monitoring of exercises, etc.).
The plan should also make mention of the capacity building of the sub-national levels in MCM. Therefore the plan should have a section describing how:

- the national level will organize training activities at national level for health emergency managers
- to develop and or to support sub-national training programs for emergency planning and MCM
- to support the local level in developing training programs for MCM

18. Annexes and Forms

In any plan there are annexes. This is a full part of the plan. They should be developed as tools for the implementation of the plan. The following is a suggested list of annexes which may be used to serve as a guide to MOH:

- Maps
- Names, addresses, and telephone numbers of members of the Provincial emergency plan and plans of other levels (functions and names)
- Names, addresses and telephone numbers of members of the Inter-Sectoral Emergency Committee (national level and sub-national level)
- Name, Location, and capacity of shelters, and names of shelter managers (institutions in charge of) when possible and if the national system encompass this element as a pre-determined element
- Incident Command Centre (ICC) of the MOH check list, SOPs
- Inter-sectoral MOUs and arrangements for cooperation and coordination (for instance for the management of the dead and the missing, the relationship with the NGOs such as the National Red Cross/Crescent Society, etc.)
- Intra-sectoral MOUs and arrangements for cooperation and coordination
- Job Actions Sheets for the key functions of the ICC
- List of emergency supplies, drugs and other material
- Names, and Location of trained first-aiders and volunteers (institutions, agencies) who can be mobilized for assisting in the response
- Forms and protocols for Rapid Health Assessment
- Forms and protocols for Damages assessment and needs analysis
- Forms for recording number, types, and localizations of casualties
- Forms for public health monitoring (water, sanitation, etc.)
- Forms and protocols for contingency plans (especially for epidemics and chemical incidents)
- Forms and protocols for Disease Surveillance Report (special forms for epidemics included)
19. Resources to Implement the Plan

After completion of the written plan it is important for the health sector to identify what resources are needed to facilitate the implementation of the plan. The MOH has a responsibility to make representation for, ensure and monitor acquisition of needed resource, during the preparedness phase.

Example of Strategic Plan Area, Goals, Objectives and Strategic Activities

The following example is neither a template nor a model. It is just an example done by one country.

Example: Strategic Area 1 The development of the emergency planning process

Goal: To establish a planning process aimed at ensuring sustainability in the development of the capacity building for emergency preparedness and emergency management of the Health Sector in the Country in developing emergency plans

Objectives

Objective 1:
To define the scope, the context and the aim of the National Emergency Planning Committee/Health (NEPC)

- Strategic activities to achieve the Objective
  - The National Coordinator in the consultation with the DG Health to prepare the document describing these issues
  - Define roles and responsibilities of the members of the NEPC
  - Consult Provincial Directors of the Departments of Health by exchanging views using fax and telephone communications. No need for a formal meeting
  - Identify and appoint members
  - Get formal approval by the Secretary Health

Objective 2:
To form the National Emergency Planning Committee: NEPC

- Strategic activities to achieve the Objective
  - Appoint a Chairman
  - Define working methodology
  - Define reporting mechanism

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See section on this committee
Objective 3:
To set first priority issues that will be dealt with by the NEPC
- Strategic activities to achieve the Objective
  - Problems analysis
  - Identification and assessment of known vulnerabilities, constraints and present coping mechanisms
  - Prioritisation of the problems and needs requiring urgent planning

Objective 4:
To develop strategies, systems, mechanisms, arrangements and procedures aimed at solving the problems using the existing resources including the perspective of sustainability and progressive increase of the capacity building of all levels and all actors of the entire health sector
- Strategic activities to achieve the Objective
  - Determine problems, vulnerabilities and risks
  - Develop recommendations for preventive strategies
  - Develop recommendations for response and recovery strategies
  - Describe available resources (human, equipment, logistic, services)
  - Identify the gaps, the overlaps, the strengths and the weaknesses of available existing resources at national, provincial and district levels
  - Formulate and recommend measures for actions to be undertaken by the various stakeholders in the form of action plans divided into two broad categories: preparedness action plans (what will be achieved in the future through development activities) and response operational action plans (what can be done to-day with what is presently available)
    - Activities
      - Actions that can immediately be carried out
      - Actions that require strengthening of existing resources
      - Actions that must be developed as part of the preparedness effort
    - Responsible person/Institution
    - Timeframe
    - Strategy
    - Resources
    - Training
    - Place
  - Define report back and monitoring mechanisms
  - Define follow-up activities for review

Objective 5:
To promote partnership, motivation and sense of ownership in the Health
Sector at the National, Provincial and District levels from all stakeholders
  - Strategic activities to achieve the Objective
    - Organize training workshops
    - Widely consult the stakeholders
    - Conduct meetings
    - Ensure legal entitlement of Authority
    - Advocacy and promotional activities

**Objective 6:**
To formulate the policy statements of the Ministry of Health that will be transmitted to the Technical Working Groups, see Strategic Area 6.
  - Strategic activities to achieve the Objective
    - Identify the issues that require national standardization, coordination and strengthening
    - Identify the issues that need policy statement to be implemented in a organized, systematic and harmonious way throughout the Country
    - Identify the issues that will require a financial support from International donor Agencies to be developed at local level but supervised by the Ministry of Health
    - Formulate policy statements to propose a strategic framework for dealing with these issues
    - Forward these policy statements to the Technical Working Groups for formulation of guidelines necessary to the implementation of the policy statements
    - Monitor the whole process according to the rules and recommendations made in the Strategic Area 6
    - Advocacy and promotion for the implementation of the policy and the guidelines

**Objective 7:**
To assist the Departments of Health of the Provinces in their capacity building process to cope with disasters/emergencies
  - Strategic activities to achieve the Objective
    - Advocacy and Promotion of the concept of “Emergency Planning” as the strategic tool that is appropriate for developing capacity at Provincial level
    - Carry out situation analysis of the existing management systems in each Province
    - Identify problems and needs present at Provincial level in relation with training, logistics, resources, management in order to plan coping mechanisms
    - Support Departments of Health of the Provinces in their efforts to develop their own resources (human, equipment, logistics, systems)
    - Arrange meetings with the Departments of Health of the Provinces
    - Develop national training programs to enhance the Provincial
capacity, capability and willingness to enter emergency planning process

**Objective 8:**
To assist the Departments of Health of the Provinces in their efforts to enhance the capacity building process of the Districts to cope with disasters/emergencies

- Strategic activities to achieve the Objective
  - Advocacy and Promotion of the concept of “Emergency Planning” applicable at District level through support of the efforts of the Provinces in terms of provision of resources, training, policy, guidance
  - Carry out situation analysis of the existing management systems in each District
  - Identify problems and needs at District level in relation with training, logistics, resources, management in order to plan coping mechanisms
  - Support Departments of Health of the Provinces in their effort to assist the Departments of Health of the Districts in their own efforts to develop their own resources (human, equipment, logistics, systems)
  - Arrange meetings with the Departments of Health of the Provinces
  - Develop national training programs to enhance the Provincial capacity, capability and willingness to enter emergency planning process in partnership with the Districts

**Recommendations (process for) for developing policy statements and guidelines**

WPRO has issued recently a strategy document on policy making for emergency preparedness for the health sector. This document should be consulted as the core reference. The following section is just a possible application of the policy making as a process at national level. The process is summarized in the figure 2.
Many MOH prepare policy statements (and guidelines) with the assistance of a very limited number of “experts” (when not one single individual) working in isolation at national level. That is one major reason for national policy being not implemented at sub-national levels. Although the present process can appear complex and time consuming, it is more conductive to a sound development of policy (taking into consideration the end-users) and promoting the “product” (advocacy for policy implementation).

Step by step

1. Preparation of the list of topics that require policy statements
2. Selection of the policy statements by the National Emergency Planning Committee (NEPC)
3. Formulation of the policy statements by the NEPC
4. Preparation of the guidelines (administrative and technical) necessary for the effective and safe implementation of each policy
statement by 4 Technical Working Groups. Each country may choose to have such working groups or not. The working groups are useful to speed up the process of policy making. MOH may consider to set up 4 working groups that will work in parallel:

- Group 1: Direction, control, coordination, logistics and resource mobilisation
- Group 2: Mass casualty & hospital management
- Group 3: Public Health and Management of Information
- Group 4: Teaching and Training Programs (and exercises)

5. Review of the policy statements and the guidelines by major stakeholders and key partners

6. Final review of the policy statements and the guidelines by the NEPC assisted by the Working Groups to integrate the proposals made by the stakeholders

7. Adoption by the Authority of the final draft submitted by the NEPC

8. Advocacy and promotional activities

9. Pilot testing for some major issues (for instance starting hospital disaster/emergency planning in restricted number of public hospitals)

10. Follow-up by the EHA Project Manager of the Ministry of Health

11. Monitoring by the EHA Project Manager of the Ministry of Health

12. Regular review by the NEPC

Comments

The Technical Working Groups

Capacity building requires the strengthening of the MOH itself in its normative and guidance role. The drafting of the policy should therefore not be the responsibility of one expert working in isolation. The process itself is almost as important as the written guidelines. The composition of these “TWGs” must ensure that the necessary experts are recruited. Each Group will appoint a Chairperson who will have the responsibility to lead the sessions and to prepare the report as well as to liaise with the chairpersons of the other TWGs. The Groups will be composed of no more than 10 permanent members (temporary additional experts will be called when needed) so as to facilitate the discussions and to speed up the process. A good part of the work will be done using electronic mail in order to save money and time. Formal instruction will be developed by the NEPC to have all the TWGs working in the same line and using standard format for reporting back. It is advised to start with an “Introductory Workshop” for the members of these 4 TWGs and of the members of the NEPC. The EHA Project Manager and the EHA National Coordinator (National Disaster Unit of the MOH) will develop the content of this introductory course. It is obvious that some key concepts must be presented, discussed and understood by all members of the 4 TWGs in order to broaden the skills of experts in some very specific fields. A
A preparatory workshop of 3 days will be appropriate. The content has to be further defined but key issues are: Risk management, Emergency Management and Emergency Preparedness Programs:

- Community Risk Management and Risk reduction programs
- Vulnerability analysis and vulnerability reduction programs
- Emergency Preparedness Programs, Mitigation Programs
- Emergency Preparedness Programs for Agencies
- Hazard analysis and hazard mitigation
- Community readiness and community preparedness
- Chain of medical care
- Hospital activities and emergency hospital planning
- Hospital vulnerability analysis
- Recovery process
- Rehabilitation of services
- Public health issues: DEWS, Surveillance Systems in disasters/emergencies, CD, DEP, PHC, in disaster/emergency situations, management of CD, the dead and the missing, environmental health, etc.
- Damage and Needs Assessment
- Monitoring, reporting in disasters/emergencies
- Epidemiology of and Epidemiology in disasters/emergencies
- SAR activities and medical aspects
- Specific hazards issues: chemical, flash floods, etc.
- Command, control and coordination/ inter-sectoral, inter-agencies
- Resource assessment and management
- Training programs in Emergency Preparedness and Emergency Management

The members of the TWGs will receive appropriate reference material prepared by the EHA Project Manager and the EHA National Coordinator much before the “Introductory Workshop”.

**The policy statements and the guidelines**

A key issue in developing these policies is to have in mind that they must contribute as much as possible to promote sustainability of the activities and systems within the Health Sector. Therefore they must be based on the standards and best practices. The preparation of the guidelines necessary in order to implement the policies will have to take into considerations the real context. The lack of resources or constraints of another nature should not discourage the MOH to issue policy statements. In deed these statement are necessary as the long-term objectives. If a policy statement cannot be fully implement for the time being this means that there is a need to develop strategies aimed at solving that discrepancy. The Emergency Preparedness Programs are precisely aimed at solving these problems. For some issues such as the organisation of the chain of emergency medical services which include the pre-hospital
medical activities, it will probably take years before the optimum level of capacity is reached in every part of the country. The guidelines must therefore be formulated in such a way that they include elements necessary to immediately implement part of the policy and also elements that take into consideration the constraints and that will be the basis for further development activities so as to reach the optimum level. Each policy statement should be:

- Concise and targeted to one problem and not formulated as a general assumption having no immediate application
- Compatible with the overall global policy of the MOH regarding EM and EPP
- Compatible with the National Inter-Sectoral Disaster Plan
- Adapted to the context of the country
- Compatible with the present legal framework and existing procedures and systems

Existing procedures, laws, regulations or committees applicable to the policy statement will be listed.

The guidelines may include the following items:

- Administrative issues
  - Responsibility and accountability of the various levels
  - Authority
  - Procedures
  - Positions involved and TOR, job description for key positions
  - Planning activities (methodology recommended, layout of the plan if any, etc.)
  - Coordination mechanisms
  - Monitoring mechanisms
  - Short-term actions and long-term actions (including information management and training recommendations)

- Technical issues
  - Standards when available
  - Indicators
  - Methods
  - Key information such contact persons, etc.

- Testing and validation mechanisms
  - Mechanisms
  - Roles and responsibilities
  - Tools
  - Accreditation elements if any
  - Training and exercises
Consultation with the stakeholders (end-users) and key partners

The policy statements and the guidelines elaborated by the TWGs will circulate amongst the various stakeholders who are concerned by the projects (especially those who will have to implement the various activities) for proposal of amendments or enrichment or for further development if necessary. A special attention will be given to ensure that the Departments of Health of the Provinces are fully contributing to the process. This step is necessary to involve all key partners. A key strategic approach is “partnership” and “ownership”. This process should not exceed a few weeks so as not to delay the drafting of the final document. The full time EHA Project Manager (national disaster unit) will ensure the follow-up.

The vital role that some NGOs (including the National Red Cross/Crescent Society) play in providing services at community level must be taken into consideration in this partnership approach.

Final review of the policy statements and guidelines, and drafting

The “EHA Project Manager” will collect all the documents and will prepare the “revised” draft containing the proposal of amendments. There will be a short workshop gathering all the members of the four TWGs and the members of the NEPC. Each item will be revised and a consensus be found so that the policies and guidelines will be considered as ready for the final drafting operation by the NEPC.

Formal adoption by the Authority and advocacy

Although the present process proposed in this document can appear as a time consuming and complex process it must be remembered that response plans and contingency plans developed in isolation by experts even with some adequacy of resources are not likely to lead to successful management of crises at the time of the response without a strong public and institutional commitment and without community awareness. In the context of almost every country it is vital that the Health Authorities at National as well as at Provincial level put a special effort on advocacy and awareness raising, especially the promotion of a culture of risk reduction and emergency preparedness.

Pilot testing of some elements of the project

For some complex issues it is advisable not to start the implementation of the various activities in all Municipalities of all Provinces at the same time but to start with limited Pilot Testing Projects. These pilot testing experiences will provide much information on the constraints that must be taken into consideration for the full implementation of the policies nationwide, especially on the need for developing training programs that
will be necessary to support the progressive implementation of the overall policy to the entire Health Sector. These pilot projects will have to be adequately coordinated between all levels. The pilot testing phase should be as short as possible and limited to the issues that really require this approach.

**Monitoring, follow-up and review of the policies and guidelines. Ongoing process.**

Monitoring mechanism must be defined from the very beginning of the project in terms of roles, responsibilities, methodology, mechanisms, procedures and time frame. The impact of the whole process (expected outputs, real outcomes) must be analysed on a systematic basis. The Ministry of Health has the responsibility to revise the guidelines and policy statements when it will become possible/necessary to incorporate the changes in the environment, in resources, in the systems.

**Teaching and training activities**

The various programs that will be implemented at all levels will require training and teaching activities. Training programs will need a serious back up by the authorities at all levels and will require adequate coordination. It is of paramount importance to use all available qualitative resources. Many NGOs have launched teaching and training programs on emergency preparedness and emergency management in many countries. One important role of the Health Authorities (at National and at Provincial levels) is to validate these programs.

It will be necessary to also develop training exercises aimed at testing the hospital emergency plans. This process is currently developed in many countries before plans are validated by the Health Authority. The creation of a National Training Centre (Multi-Sectoral or for the Health Sector?) should be considered for training the trainers of various programmes. In many countries this approach has proven to be efficient and effective. These national programs can be based on existing facilities and run by existing bodies which require some more resources and a strengthening of their capacity and capability. The experience shows that the trainers should be recruited from various sectors and various professions. This is a tremendous opportunity to also cross-train various actors when training coordination, logistics, and procedures.