

# STAFF STRENGTH OF CENTRAL HOSPITAL BLW

## Gazetted Cadre

### DOCTORS ON ROLL

S.N.	Name	Designation	Mob. No.
1.	Dr. Devesh Kumar	Principal Chief Medical Officer	09794865901
2.	Dr. Sunil Kumar	Add. CMS / Admin.	09794861507
3.	Dr. P.R. Thakur	ACMS / Surgeon	09794861505
4.	Dr. S.K. Sharma	ACMS / Pediatrician	09794861501
5.	Dr. Madhulika Singh	Sr. DMO / Gynae. & Obst.	09794861511
6.	Dr. Minhaj Ahmad	DMO/ Physician	09794861842
7.	Dr. Santosh Kumar Maurya	DMO/ Physician	09794861502
8.	Dr. Vishal Mishra	DMO/Anesthesiology	09794861503
9.	Dr. Amit Gupta	ADMO/Ortho	09794861549
10.	Dr. Tanmay Anand	ADMO / Pediatrician	09794861519

### **ASSISTANT NURSING OFFICER**

1.	Smt. Gita Kumari Chaudhary	Assistant Nursing Officer	09794861568
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### **PART TIME DENTAL SURGEON**

1.	Dr. Archana Singh	BDS.	09369585662
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### **NON-TEACHING HOUSE SURGEONS**

Dr. Brajesh Kumar	House Officer	6201895565
Dr. Ganesh Tiwari	House Officer	7701906348
Dr. Saurabh Chaudhary	House Officer	8960127325
Dr. Sapna Gautam	House Officer	7253971580

### **HONORARY VISITING SPECIALIST**

S.N	Name	Specialist	Mob No.
1	Dr. Karmaraj Singh	Orthopaedic	9838811111
2	Dr. Shri Nivash Yadava	Dermatologist	9890424683

Principal Chief Medical Officer  
BLW / Varanasi

आपदा प्रबंधन योजना, चिकित्सा विभाग

बनारस रेल इंजन कारखाना, वाराणसी

**Disaster Management Plan, Medical  
Department**

**Banaras Locomotive Works, Varanasi**

**Disaster Management Committee:-**

The following officers of the Central Hospital will form the disaster management committee under the chairmanship of Principal Chief Medical Officer, BLW, Varanasi:-

- Dr. Sunil Kumar, ACMS (Admin), [Railway No. 44724 (O), 44743 (R)  
Mob. 9794861507]
- Dr. P.R. Thakur, ACMS (Surgeon) [Railway No. 44726 (O), 44727 (R),  
Mob. 9794861505]
- Dr. S.K. Sharma, ACMS (Paed.) [Railway No. 44729 (O), Mob. 9704861501]
- Dr. Madhulika Singh, Sr. DMO (Obs & Gynae.) [Railway No. 44732 (O), Mob.  
9794861511]
- Dr. Minhaj Ahmad, Sr. DMO (Medicine) [Railway No. 44722 (O),  
Mob. 9794861842]
- Dr. S.K. Maurya, DMO (Medicine) [Railway No. 44736 (O), 44757 (R)  
Mob. 9794861502]
- Dr. Vishal Mishra, DMO (Anesthesia) [Railway No. 44758 (O), Mob. 9794861503]
- Dr. Amit Gupta, DMO (Ortho.) [Railway No. 44737 (O), Mob. 9794861549]
- Dr. Tanmay Anand, DMO (Paed.) [Railway No. 44738 (O), 44259 (R) Mob. 9704861519]
- Smt. Geeta Kumari Chaudhary, ANO, 44762 (O), [**Mob. 9794861568**]
- Other staff of hospital in the disaster committee:-  
Smt. Flora Kispotta, Chief Nursing Superintendent  
(9794862270) Sri Somnath Hembram, Chief Pharmacist  
(9794864090)  
Sri Harish Kumar, Radiographer (9794862258)  
Smt. J.C. Chako, Chief Lab. Superintendent (9794862261) and other paramedical staff.

**Team Formation**

- ACMS (Admin) will work as Nodal Officer of Hospital Disaster management. However, Information & Communication will be dealt by Dr. P.R. Thakur (9794861505). Disaster Management Committee of the hospital is divided in 2 teams:-
  - a. Team A:- ACMS (Admin), ACMS (Surgeon), ACMS (OPD), Sr. DMO (Medicine) & DMO (Gynae.), Matron, Pharmacist and other staff working in Emergency unit.
  - b. Team B:- Sr. DMO (Obs & Gynae.), DMO (Medicine), DMO (Anesthesia), DMO (Ortho), DMO (Paed.), ANO, Chief Matron, Chief Pharmacist, Radiographer and Chief Lab Superintendent.

**Headquarter for Disaster Plan Co-ordination Control Room:-**

- b.A. Chamber of ACMS (Admin) Tel: No. 44724 & Mob No. 9794861507
- b.B. Dr. P.R. Thakur Mob.No 9794861505
- b.C. Causality Room- 44740 (Rly) 05422644740 (P&T) round the clock.

**System for Communication to Medical Department:-**

- Casualty Room – 44740 (Rly.), 05422644740
- Dr. P.R. Thakur – 9794861505
- Dr. S.K. Sharma – 9794861501
- Dr. S.K. Maurya - 9794861502

**Information and communication:-**

- One hot line from Chief Safety Officer / police & RPF head quarter in the BLW/Hospital control room.
- Direct arrival of causality without any prior intimation.
- Details to be ascertained on the hotlines are
  - a.A.1. Time and place of occurrence.
  - a.A.2. Nature of accident.
  - a.A.3. Approximate number of casualties.
  - a.A.4. Source of information
  - a.A.5. Authenticity.

**Types of Disaster Expected:-**

- Natural Calamity such as flood, earthquake, cyclone, landslides.
- Man-made such as major accident, vehicular and aircraft emergencies, Bullet and blast injuries, collapse of building, Heavy Fire, Unprecedented chemical, unprecedented terrorist strides, any other like drowning etc.
- Biological disasters such as food poisoning, Unprecedented gastro enteritis, dengue fever, swine flu, viral hepatitis, etc.

**Activating the Plan and Duties:-****Causality duty doctor:-**

- On receipt of information from authentic source, the Casualty duty doctor will activate the plan and inform the PCMO, ACMS (Admin), Nodal Officer and other doctors.
- He will note time and site of disaster, time or ordering of medical assistance and if possible number of injured persons, time and source of messages. All the messages and information received will be entered by Casualty duty doctor with time in the Causality message register.
- He will also ensure that all staff (one nurse from male Ward, one attendant from Female Ward, one safaiwala from any Ward on duty) in collected within 5 minutes and (one Pharmacist, Radiographer and Lab Technician) within 10 minutes.
- Casualty duty doctor along with paramedical staff and POMKA will rush and report to the place and person within 15 minutes as intimated by the Chief Safety Officer or person authorized by him.
- No delay for any reason
- He will take written acknowledgement on arrival of medical team (here called as Medical Team A) with time. He will work as medical Team a till the arrival of nominated Medical Team A which will be headed by ACMS (Surgeon) Dr. P.R. Thakur (9794861505).

**On duty Nurse:-**

- She will inform ANO/Chief Nursing Superintendent and will assist Casualty duty doctor to gather staff within time in the Casualty.
- She will ensure required materials in POMKA. She will arrange IV fluids, Injection etc.
- She will ensure to arrange 2 suturing trays & dressing material, splints by calling on duty dresser.
- She will check Oxygen cylinders and prepare bed.
- She will ensure to arrange nurse, attendant and safaiwala in the Casualty.
- She will reach on site as per advice of casualty duty doctor. In the field, she will assist him/her in taking data and provide medicines to the patient and nursing care.
- She will provide man power for activities like handling materials, assisting in shifting of patient and/or transport of dead as per advice of Chief Nursing Superintendent. Chief Nursing Superintendent would also call HI for such assistance as per need.
- She will also perform duty of pharmacist if he is not on Casualty duty. She will ensure the availability of drugs.

**On Duty Pharmacist:-**

- He will inform Chief Pharmacist, Radiographer and Chief Lab Superintendent and will assist Casualty duty doctor to gather staff within time in the Casualty.
- He will assist Casualty duty doctor to note time and site of disaster, time or ordering of medical assistance and if possible number of injured persons, time and source of messages. He will maintain the record.
- He will ensure to arrange Pharmacist, X-ray technician, Lab Technician and dresser in the Casualty.
- He will ensure the availability of drugs.
- He will reach on site as per advice of Casualty duty doctor. In the field, he will assist him / her in taking data.
- He will provide drugs and dressing materials to the patient. He will provide drugs and dressing materials to the dresser and assist him as per need.
- He will record and announce the arrival of medical teams at the disaster site.
- He will follow triage officer in the initial part of drill and assist him, if required.
- He will compile all the injury data and prepare in triplicate.
- He will supervise safety of medical equipments.

**Team Movement:-**

ACMS/Admin will inform ACMS/Surgeon for Team A movement and Sr. DMO (Obs & Gynae.), for Team B to work in the hospital.

**Team A:**

- Casualty duty doctor along with paramedical staff and POMKA will rush and report to the place and person as intimated by the Chief Safety Officer or person authorized by him; AND will take written acknowledgement on arrival of medical team (here called as medical Team A) with time. He will work as Medical Team A till the arrival of nominated Medical Team A which will be headed by ACMS (OPD). In his absence next senior most doctor of the team will function as leader of Medical Team A. this team will work at the site as directed by ACMS (Admin) or may come back to the hospital as per need.

- This team would be in one place and open Field Dressing Post (FPD) and will be calm & quite.
  - It will make a quick & through examination of whole body and treat accordingly.
  - It will classify injury, decide whether to shift hospital or not and by what means.
  - It will send serious patients to next doctor.
  - One doctor will look after the dead bodies.
  - One senior doctor will prepare the list of persons dead / injured.

**Senior most Doctor on site:-**

- He will supervise and guide the rest of the team for prompt and efficient management.
- He shall be the spoke person and reveal information of injured statistics to the Chief Safety Officer
- He will nominate doctor with dresser to stay disaster site.
- He will depute other doctors to visit the hospital and note the details of the patient and their injuries.

**Senior Doctor for list preparation:-**

- He will collect the information from other doctors for dead and injured person.
- He will prepare injury list as per proforma and prepare the list of dead / injury in three copies
- He will communicate with hospital control and leader of Team B for giving first hand information regarding number of dead and injured with details of names, sex, etc.
- The list had to be updated periodically as per the need and send the latest information to the control.

**Triage Officer (preferable Surgeon):-**

- He shall with one pharmacist record the timing of all major actions.
- He shall instruct the rest of the team for preparation of the drill.
- He will be equipped with torch and haversack.
- He shall scan through the disaster site to make a quick assessment of the number of injured, the nature of injuries and probable deaths.
- He will guide team to rush with stretcher as and when required.
- He will return to the FPD and inform the senior most Doctor.

**Doctor in charge for Dead Bodies:-**

- He will arrange to shift the dead bodies from the accident site to the nominated place with the help of available manpower.
- He will put a cloth level meant for this purpose on each body on chest. The label should be marked date, dead body serial number, name, age, sex, in case of identified bodies, it should be mentioned against the column, named and written as UNKNOWN-1, UNKNOWN-2 etc and age should be written approximate as per appearance.
- He will take photograph of dead bodies, one close up of face including label of and full length photograph of dead body.
- After photography, each dead body to be placed inside the bag with zip having proper label system.
- After this, body will be handed over to Police for needful action and should take proper receipt of handing over of bodies.
- If disposal of dead body is delayed due to any reason, he will arrange for preservation of dead body.

- He will co-ordinate the doctor during postmortem.
- He will arrange wooden coffins and help in preserving dead bodies are kept.

#### **Team B:-**

- Sr. DMO (Obs. & Gynae.) will act as leader of team B. In her absence next senior most doctor of the team will function as leader of Medical Team A. this team will work in the hospital as directed by Nodal Officer ACMS (Admin).
- This team will establish an emergency cell in the Casualty unit. This team will also manage to establish the Disaster Plan Co-ordination Control room in the chamber of ACMS (Admin) till the arrival of ACMS (Admin)
- It will maintain a liaison with disaster management team and Team A.
- It will inform of ACMS (Admin) of details of the accident site as given by the doctor at the accident site.
- It will get as many beds vacated as possible, prepare OT and make arrangement for additional beds.
- It will inform local hospitals, civil/private to be prepared to receive casualties.
- It will inform blood bank.
- It will inform adjoining divisions of NE, NR, ECR, NCR as per need for doctors and staff trained in First Aid, members of SJAB, Scouts, Civil Defence to be available at hospital and/or accident site as and if required.
- It will handle, sort and manage all injuries reporting in hospital. It will do ABC of resuscitation and splinting of fractures.
- It will decide the safest and early mode of transport to other hospitals as per need.
- It will manage and send second teams to the disaster site as per need consisting of doctors, paramedical staff with material to accident site.

#### **Mock Drills would be conducted once a year.**

#### **Reception Centre:**

- For minor load: The present casualty will function as the reception area.
- For moderate/ major/heavy load: present casualty and adjoining area will be converted into reception area.
- Police, RPF, civil defense volunteers personnel will act as traffic controllers directing the patient and relatives to the respective reception centers.

#### **First Aid and Sorting:**

- **Triage for minor load:** Existing casualty medical team will function for first aid and sorting.
- **Triage for moderate/major/heavy load:** The centre will be manned by two teams each consisting of Surgeon, Physician, Anesthetist, other doctors and paramedical as per requirement.
- **Alternative team:** If adequate numbers of specialists (General Surgeon/Orthopaedic surgeon/Physician/Anesthetist) are not available then duties of General Duty Medical Officers will be obtained for forming the clinical team. Help of private/government specialists may be obtained. Available specialist may help different teams.

#### **The Responsibilities of the First Aid Centre:**

- **Quick sorting of casualties into :**
  - (a.A.1.1) **Priority one:** Needing immediate resuscitation
  - (a.A.1.2) **Priority two:** Immediate surgery.
  - (a.A.1.3) **Priority three:** Needing first aid and possible surgery
  - (a.A.1.4) **Priority four:** Needing only first aid.

- **Action :**
  - (1) **Priority one:** Will be attended in casualty.
  - (2) **Priority two:** Will be transferred immediately to major O.T.
  - (3) **Priority three:** Will be given first aid and admitted if bed is available or transferred to other hospital.
  - (4) **Priority four:** Will be given first aid and discharged to home.
- **Holding Area for patients:** The area marked for holding will be corridors of ICCU Ward & Female Ward.
  - **Managing dead body:**
    - (1) Brought dead or those who may die while receiving/resuscitation will be segregated.
    - (2) Temporary morgue for keeping dead bodies will be created in garage opposite to the Physiotherapy Unit. Necessary identification and handing over of bodies to the police will be done in this area.
    - (3) No bodies will be handed over to the relatives without medico legal clearance. This will function under the care of ACMS (Admin.).

#### **Additional Bed Space:**

In addition to holding area (marked on corridors of ICCU Ward & Female Ward) extra bed space will be created as follows:-

- Utilization of wards/cabins with extra bed facility.
- Any vacant bed will be requisitioned by the PCMO/ACMS (Admin.) for this purpose.
- By discharging following category of patients
  - (1) Convalescing patients needing only nursing care
  - (2) Elective surgical cases: Patients who can have domiciliary care or OPD advice.
  - (3) Waiting hall opposite to Pathology may have to be used temporarily.

#### **Linen Stores:**

- A side room opposite to matron/drug store is earmarked for this purpose. Following stores should be transferred to that room from stores : (1) Mattress – 30 (2) Bed sheets – 100 (3) Blankets – 80 (4) Pillows and cover – 80 (4) Patient clothing – 50 (5) IV stands – 20 (6) Oxygen cylinders – 15
- If additional bed sheets, blankets, pillows and cover are required ANO/Chief Matron may demand from Commercial/Store Department.

#### **Drugs and equipment:**

- Pharmacist (store) will be called at once to open the store to provide essential drugs and consumables to casualty and wards on orders of CMO, Sr.DMO (Stores), Duty casualty medical officer. As an immediate measure the buffer stock earmarked in casualty will be utilized. Dressing material and items of surgical stores are similarly kept in reserve. A dozen emergency trays containing life saving drugs will be kept ready in medical stores. For first few hours and for immediate use the drugs will be requisitioned from emergency stock lying with the sister in-charge of casualty.
- Approximately 400 bottles of IV fluids/crystalloids will be kept available by the store in-charge.

#### **Emergency Blood Requirement:**

- Volunteers and voluntary organization will be approached to donate as much blood as possible.
- Liaison with Blood Bank officer of Institute of Medical Sciences (IMS), B.H.U. and IMA of Varanasi to obtain required blood units.

### **Hospital Staff:**

- Medical Staff: All paramedical staff of OPD in addition to members of regular clinical units will be asked to render help to assist the clinical staff in managing the casualties. The duty roster of regular consultants and standby doctors is to be made available in control room.
- Nursing Staff: A pool of nursing staff will be created by Assist. Nursing Officer so that nursing staff is available at short notice.

### **Other Staff:**

- Welfare Inspectors will be deployed to help medical team for documentation and identification at registration counter and patient's relatives.
- Volunteers: Volunteers of St. John Ambulance Brigade, Civil Defense and Scouts and Guides may be obtained as per need.

### **Documentation Centre:**

- For minor load: Documentation shall be done at casualty itself.
- For moderate/ major/heavy load: Documentation shall be done at present casualty and adjoining area.
- The staff working at registration counter and nursing staff will be utilized for documentation and identification. Volunteers may also be used for this purpose.

### **Hospital Security:**

Security of staff, patients, hospital building and equipment being of paramount importance during such disasters, the OC/RPF is to be requested to tune up and organize the security arrangements for this purpose.

### **Food Service:**

Supply of food to the patient and emergency duty staff will be arranged by ANO/Matron. Availability of fund would be met by appropriate authority.

### **Information Services:**

ACMS/Adm. will function as information officer and all information for press, radio and other media, individuals, organization, government or otherwise will be issued by PRO. He will get prior clearance from competent authorities before issue of such information.

### **Engineering and Electrical Maintenance Service:**

The engineers will make sure that water and electricity is made available without interruption. All standby electric power generators will be regularly checked, inspected and maintained in excellent serviceable condition. Alternative water supply source will be made available. Health Inspectors will ensure round the clock maintenance of general cleanliness and sanitation in and around the hospital.

### **Comforts to Patients Relatives:**

In case of major disaster the hospital authority may ask for Officers Club, Institute and BLW Women Welfare Organisation to help the patients and relatives.

### **Discharge Procedure:**

After appropriate treatment the casualties fit to be discharged shall be discharged to go home or to other hospital for convalescence. For all cases discharged the destination will be noted by the hospital and police informed.



**Success of Plan:**

Disaster is an emergency situation. Timely help to every individual is needed to make this plan a success to reduce the mortality and morbidity. In such state of affairs the individual and personnel consideration take low priority in the face of duty to the profession for sake of amelioration of human suffering.

**Conclusion:**

Disaster management involves a host of multi discipline agencies of which medical relief is one of the most important one. There can be no tailor made disaster plan for the hospitals and it has to be revised from time to time as each experience will bring new perspectives. Finally, it must be understood that a disaster can occur anywhere and at any time. It is no respecter of circumstances. It strikes with suddenness and fury and has curious tendencies of choosing the most in-appropriate moment. To deal with such sudden influx of a large number of casualties, quantitative expansion of hospital has to be pre-planned.

Nodal Officer (Disaster  
Management/Medical) Banaras  
Locomotive Works

**PCMO/BLW**