October Blaze: What We Learnt



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- The Disaster and Challenges
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- Original Main Building 1941
- Accreditation
 - **★ Building Safety**
 - **★Old Building**
 - **★ Internal Disaster Plan / Fire Evacuation Drill**
- History fire precedence in the same location
- Fire Alert system

Situational Analysis

CHRONOLOGY EVENT

- 0900H Received victim from ICU with inhalation injury
- 0930H Evacuation ETD and also Ward and established evacuation area at Dataran Kecemasan
- 0945H Received evacuated patient from ward critical area and all communication paralysed. HP com to HOD
- > 1030 Whole main block evacuation done and evacuated patient placement done
- ▶ 1200H Planned movement for placement evacuated patients done at nearest hospital, No referral or new cases to HSAJB and no EMTS services.
- ▶ 1300H officially no fire / declare by bomb at burned area.
- ▶ 1500H Evacuation Zone closed and stand down.
- ▶ 1800H Disaster Stand Down.

> 0900H - Received victim from ICU with inhalation injury





















- 1. Complete Evacuation of Main Building for Safety Clearance by assessment safety team.
- 2. Stop and no EMTS at HSA and divert the service to nearby hospital and KK.
- 3. Start immediate Extended Hour for selected KK to cater EMTS patients
- 4. Medan Mobile OT by ATM

FOLLOWING THE EVENT

Disaster and Challenges

- 1
- HEAVY SMOKE
- INHALATION INJURY
- **CONFINE SPACE**
- VISUAL
- HEAT ENTRAPMENT IN CONFINED ENVIRONMENT
- **PAPID SPREAD**
- 2 WHO BREAK THE 'GLASS'
- 3 ASSET AND SPACE
- **KNOWLEDGE AND TEAM**

The Strength

- Available Assets and Rapid deployment and set up of the medical base i.e. Disaster Tent, Generator and Foldable beds
- Good respond, leadership and integrated team work among departments in hospital
- NGO Support
- Inter-departmental integration and seamless coordination of known disaster plan

Shortfall

- The pre-allocated "Bilik gerakan" was also affected by the Disaster with no other secondary allocation plan
- The "Operator based information distribution system" was paralysed due to the total evacuation of all staff and personnel
- Patient Evacuation Zone and allocation of patients can be improved
- Patient / victim / human resource Ingress and Egress systems deficiency
- Human resource, asset and service documentation can be improved
- No alternative 'Alert System' for fire or any disaster when primary planned failed.

Way Forward

- Internal Disaster Plan i.e. evacuation and placement of patients
- Table Top Exercise / Live Exercise Drill
- Risk analysis and constructive mitigation efforts on structure and facilities.

October Blaze: What We Learnt

- 1. Disaster is not planned; and The Disaster Plan is not always according to what we planned in disaster.
- 2. Leadership, Control and Command play a major role in disaster situation.
- 3. Hospital Networking and Resources Deployment is crucial in disaster situation.
- 4. The need for available Asset and Equipment for disaster in standby.

Conclusion

THANKYOU