

DISASTER PLANNING

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In a developing country, disaster planning has low priority compared to the challenge of TB eradication, the emphasis on community health programs, and the need for trained auxiliary health workers until there is Disaster ! Then disaster planning takes precedence over everything. It concerns all doctors; administrators, public health workers, dermatologists, and pediatricians. It concerns doctors in city hospitals but equally those in isolated postings where even five seriously injured patients could swamp the local resources.

As in so many other areas, Nepal has the advantage of learning from mistakes made elsewhere; emergency stretchers too long for the hospital elevator, patients being carried five blocks from the ambulance because of uncontrolled traffic about the hospital, chaos within the hospital because of unrestricted influx of frantic relatives, "helpful" friends, and the idle curious. In some Western countries failure to have a disaster plan would be a serious charge against local and hospital authorities should a disaster find the area unprepared.

Disaster planning only requires some forethought by those who would be responsible in a disaster situation. It does not require Foreign Aid, nor staffing by medical workers already in short supply.

The following presentations logically then develop the essentials of Disaster planning; within the hospital, the community needs, and the role of local government.

*While they last a wallet-size check-list for hospital and community disaster planning is available by contacting either Maj. M. M. Malla or Dr. Mona Bomgaars.

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