

Hospital Authority
Civil Disaster Contingency Plan
(December 1999 Edition,
last updated July 2003)

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ABBREVIATIONS

A&E	Accident & Emergency
AED	Accident & Emergency Department
AHNH	Alice Ho Miu Ling Nethersole Hospital
AIO	Ambulance Incident Officer, Fire Services Department
AMS	Auxiliary Medical Services
CAS	Civil Aid Services
CE	Chief Executive, Hospital Authority
CLK	Chek Lap Kok
CMC	Caritas Medical Centre
COS	Chief of Service
DD(O)	Deputy Director (Operations), Hospital Authority
DH	Department of Health
EMSC	Emergency Monitoring and Support Centre, Security Bureau
FSCC	Fire Services Communication Centre
FSD	Fire Services Department
GIS	Information Services Department
HA	Hospital Authority
HAD	Home Affairs Department
HAHO	Hospital Authority Head Office
HK	Hong Kong
HODO	Head Office Duty Officer, Hospital Authority
HQCCC	Command and Control Centre, Police Headquarters
HQDO	Headquarters Duty Officer, Department of Health
ID	Immigration Department
KWH	Kwong Wah Hospital
MCO	Medical Control Officer
MCTC	Mobile Casualty Treatment Centre
MCU	Mobile Command Unit
NDH	North District Hospital
NO	Nursing Officer
NT	New Territories
PAD	Public Affairs Division
PAM(N)	Public Affairs Manager (News)
PDO	Police Duty Officer
PMH	Princess Margaret Hospital
POH	Pok Oi Hospital
PWH	Prince of Wales Hospital
PYNEH	Pamela Youde Nethersole Eastern Hospital
QEH	Queen Elizabeth Hospital
QMH	Queen Mary Hospital
RCCC	Regional Command and Control Centre, Hong Kong Police Force
RH	Ruttonjee Hospital
SB	Security Bureau
SJH	St John Hospital
SMO	Senior Medical Officer
SWD	Social Welfare Department
TMH	Tuen Mun Hospital
TSKH	Tang Shiu Kin Hospital
UCH	United Christian Hospital
YCH	Yan Chai Hospital

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1 GENERAL

- 1.1 These instructions will apply to all major disasters when the demand for life saving and emergency services exceed the **normal** capacity of a **single Receiving Hospital**. For aircraft crashes and nuclear accidents, please refer to '*Hospital Authority - Hong Kong International Airport (at Chek Lap Kok) - Contingency Plan for Major Aircraft Accident*' and '*Hospital Authority - Daya Bay Contingency Plan*' respectively.
- 1.2 The capacity for a hospital to handle disaster is the capacity reserve that can be mobilised within a reasonably short time in response to a sudden rise in demand for Accident & Emergency (A&E) Services.
- 1.3 Individual hospitals should prepare their own **Hospital Contingency Plans** and find ways to cope with the unexpected events that lead to a huge and sudden influx of emergency casualties. Regular drills and exercises, meanwhile, should be conducted to test the reliability and effectiveness of the Contingency Plans.

❖ **2 ROLE OF HOSPITAL AUTHORITY (HA) IN MAJOR DISASTERS** ❖

2.1 The role of the HA in response to civil disaster are to provide :

- (i) acute hospital services to injured victims;
- (ii) emergency response of Medical Control Officer (MCO) and Medical Team(s);
- (iii) on-site triage of casualties and emergency medical treatment on scene; and
- (iv) medical advice on the casualty evacuation plan.

❖ **3 PRINCIPLE OF TRANSFERRING DISASTER VICTIMS TO HOSPITALS** ❖

- 3.1 The principle is that **all emergency casualties should be brought to medical attention as soon as possible.**
- 3.2 Under existing practice the Fire Services Department (FSD) ambulances convey emergency patients to the nearest Accident & Emergency Departments (AEDs) in accordance with the pre-arranged plan with HA to avoid overloading receiving hospitals.
- 3.3 Victims with more severe condition have a higher priority in treatment and transfer over less severe injured victims.

4 HOSPITAL NETWORK

- 4.1 For better co-operation, backup and relief, acute hospitals are grouped together to form a network for handling disaster victims.
- 4.2 AEDs in the Region are joined together to form a hospital network to provide mutual supports to one another in the event of a civil disaster. The **Hospital Network by Region** is as follows :

Disaster Occurring in Catchment Areas of	Despatch of 1st Medical Team	Despatch of MCO	Despatch of 2nd Medical Team (if necessary)
Hong Kong Region			
PYNEH / RH	PYNEH	RH	QMH
QMH	QMH	RH	PYNEH
Kowloon Central Region			
KWH	KWH	QEH	QEH
QEH	QEH	KWH	KWH
Kowloon East Region			
UCH	UCH	TKOH	TKOH
TKOH	TKOH	UCH	UCH
NT East Region			
AHNH	AHNH	PWH	PWH
PWH	PWH	AHNH	AHNH
NT South Region and North Lantau			
CMC	CMC	PMH	YCH
YCH	YCH	PMH	CMC
PMH	PMH	YCH (except in CLK disaster when TMH, backed up by YCH, will despatch MCO)	CMC (except in CLK disaster when QEH will despatch 2 nd Medical Team)
NT North Region			
TMH	TMH	NDH	NDH
NDH	NDH	TMH	TMH

Remarks

- ① - The need for despatch of 2nd Medical Team is rare in civil disaster cases.
- For airport disasters, the 1st and 2nd Medical Teams shall be despatched to the scene simultaneously.
- ② Head Office Duty Officer (HODO) may exercise discretion on the despatch of MCO or 2nd Medical Team depending on the exact location of the incident and the workload of the receiving hospitals.
- ③ Reference quota for 1st batch of casualties :
PWH, QMH, PYNEH, QEH, KWH, PMH, CMC, YCH, UCH and TMH
- 4 Red (severely injured) and 16 Yellow / Green (less severely injured)
AHNH, NDH, RH and TKOH
- 2 Red (severely injured) and 8 Yellow / Green (less severely injured)
- ④ The network only applies to disasters. For incidents involving single victims, the nearest hospital should be approached for despatch of Medical Team.

5 NOTIFICATION OF DISASTER

- 5.1 The first notification of disaster will normally come from the Fire Services Communications Centre (FSCC). Whenever 4 ambulances were mobilised simultaneously for a single incident, the Officer i/c at FSCC would **instantly** notify HA so as to enable HA to activate the Civil Disaster Contingency Plan to cope with a sudden influx of multiple casualties.
- 5.2 To avoid confusion, all telephone calls concerning civil disaster are channelled through **QEH Telephone Operator** irrespective of the location of disaster.
- (i) FSCC will notify QEH Telephone Operator through a designated Disaster Hotline.
 - (ii) All other parties will communicate with QEH Telephone Operator through the **QEH Main Exchange 2958 8888**.
- 5.3 Notification of civil disaster may also come in the form of paging. The existing arrangement with FSCC make it possible for QEH Telephone Operator to be called and HODO to be paged simultaneously. The Pager of HODO is :
- HODO Pager : 7116 3328 A/C 999**
- 5.4 Notification of civil disaster may also come from the Emergency Monitoring & Support Centre (EMSC) of the Security Bureau (SB). EMSC will inform QEH Telephone Operator through the EMSC Fallback Telephone System for Emergency, which enables direct communication between EMSC and various government departments including HA. QEH Telephone Operator receiving the message from EMSC will inform HODO through Pager 7116 3328 A/C 999 immediately.

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5 NOTIFICATION OF DISASTER (CONTINUED)

5.5 The QEH Telephone Operator or anyone who receives the first notification from an external agency must inform HODO through Pager 7116 3328 A/C 999 immediately, record the name and contact telephone number of the caller and, as far as possible, record the message on the prescribed message form shown in **Appendices A1 and A2**. He should also inform the responsible officers at once in accordance with the following sequence :

- (i) the AED of the **Receiving Hospital** by using the Disaster Hotline or the 2nd Disaster Line, ie Alternative Telephone (**Appendix H**);
- (ii) other officers as may be directed by HODO.

When Head Office Duty Officer (HODO) and AEDs are paged / called by QEH Telephone Operator, they should call back through the designated **QEH Disaster Hotline 2782 0513**.

5.6 The AED of the Receiving Hospital(s), upon notification by QEH Telephone Operator, should immediately disseminate the message to the hospital staff in accordance with the Hospital Contingency Plan.

❖ **6 VERIFICATION OF DETAILS OF DISASTER** ❖

6.1 It is necessary to verify the message of the incident. The **Duty NO i/c** of the AED of the Receiving Hospital should confirm details of the incident by calling back FSCC at :

FSCC Tel : 1st - 2733 7772 (FSCC Supervisor)
2nd - 2723 2233 (ask for the FSCC Officer i/c or Supervisor)

6.2 The **Duty NO i/c** is required to state clearly his name, hospital, post and telephone number to facilitate further communications between FSCC and the AED.

6.3 The **Duty NO i/c** will be the AED's contact point throughout the incident. The contact point for FSD will be the **FSCC Supervisor**.

6.4 The 1st Notification Message Form for Hospital is in **Appendix A2**

7 **COMMUNICATION**

7.1 **Communication** is the key word in disaster response and must be multi-directional. All key personnel should take the initiative to communicate with other concerned parties.

7.2 **FSD Incident Communication Officer**

FSD has assigned an **Ambulance Incident Officer (AIO)** to evaluate the site situation and to report to FSCC. He should be able to communicate directly with AEDs on the most up-to-date situations.

7.3 While direct communication between HODO and the Mobile Command Unit (MCU) is possible, it is necessary for HODO to check the phone number of the MCU with FSCC on each occasion because the number of the MCU has to be determined on site and will vary from incident to incident.

8 INTER-DEPARTMENTAL HELP DESK

8.1 An **Inter-departmental Help Desk** (Help Desk) will be set up when incidents such as a No.3 or higher alarm fire, or other major emergency disaster involving multiple casualties occur. There are two types of Help Desk :

- (i) Inter-departmental Help Desk at scene; and
- (ii) Inter-departmental Help Desk at receiving hospital(s)

8.2 **The decision to set up Help Desk rests with Home Affairs Department (HAD).** The AED of the hospital(s) where the Help Desk will be set up will proceed with preparation once a call from the District Officer to open the Help Desk is received. The time for the closing of the Help Desk also rests with HAD. HAD had issued a '*Procedural Guide for Inter-departmental Help Desk at Scene of a No. 3 or Higher Alarm Fire or Other Major Emergency Incidents and at Hospital*' .

8.3 HA had also issued '*Guidelines on Setting up of Help Desk*' . The important points are summarised below :

8.3.1 The '*Emergency Contact Telephones of 18 District Offices of HAD*' and the '*Emergency Contact Telephone Numbers of HA Hospitals for the setting up of Inter-departmental Help Desk*' are in the Appendices of the HA '*Guidelines on Setting Up of Help Desk*' .

8.3.2 The role of the Help Desk is to provide information on the identity and status of persons admitted to that hospital, and the patients' medical conditions to **appropriate** government departments within the constraints under the Personal Data (Privacy) Ordinance.

8.3.3 A notice specifying the purposes of the collection and subsequent transfer of personal data should be displayed. Pamphlets with the same notice should be distributed to the patients and their families. For discharged patients who might not have the opportunity to read the notice/pamphlet, hospitals may send cards to them to ascertain if they require any services or assistance.

8 INTER-DEPARTMENTAL HELP DESK (CONTINUED)

- 8.3.4 Staff in AEDs are requested to pay particular attention to the **scope of information to be released** to appropriate government departments and family members of the victims. Please refer to the Appendices in the HA draft '*Guidelines on Setting Up of Help Desk*' .
- 8.3.5 Hospitals should identify an area which is suitable for the setting up of the Help Desk and designate staff to man the Help Desk. The area should, as far as practicable, be relatively large, with adequate space for 4 workstations (HAD, Social Welfare Department (SWD), HA, and the Police) consisting of 6-8 persons and equipped with furniture and telephone/fax lines. Designated areas for queuing, pending and disposal are preferred to facilitate people flow. The area should be cordoned off. Lighting and ventilation should be adequate.
- 8.3.6 A log book should be provided to document all enquiries and referrals. The hospital(s) may consider providing stationery, armbands and workstation labels to HAD as far as practicable.
- 8.3.7 Before closing the Help Desk, a check on the log book should be initiated jointly by all four departments involved to ensure that no one is left unattended.

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9 HANDLING OF MEDIA

- 9.1 The News Section of the Public Affairs Division (PAD) is the contact point for HA media co-ordination during disasters.
- 9.2 Please refer to the Communication Manual published by the PAD for the procedures on emergency communication with the PAD, the media and other government departments.

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10 DISASTER MANAGEMENT

10.1 The following are key words to **Disaster Management** :

- Communication** - obtain information from various sources
- Co-ordination** - liaise with other involved agencies
- Control** - deploy and utilise resource
- Command** - take charge of the appropriate response

10.2 It is essential for a person to be assigned as the **Hospital Civil Disaster Co-ordinator** at hospital level, as **Medical Control Officer (MCO)** on site and as **Head Office Duty Officer (HODO)** in the HA Head Office to fulfil the above 4 functions.

10.3 The designated officers must make themselves available round the clock. They should arrange their replacements in the event of leave or at times when they are unable to respond to calls. To facilitate communication, **all officers on call should be equipped with radio-pagers.**

11 COMMAND AND STRUCTURE

- 11.1 The **Head Office Duty Officer (HODO)** will be in overall command of HA's response to major incidents. He is also responsible for the management of the HA Civil Disaster Control & Co-ordination Room. He should maintain good liaison with concerned parties, ie FSD, Receiving Hospitals and other Government Departments as appropriate, eg AMS, SB and Department of Health (DH). He should communicate with FSD and the Receiving Hospital(s) at appropriate intervals and initiate diversions of patients to hospitals in consultation with FSD and hospitals concerned on incidents when MCO is not despatched or has not arrived at site.
- 11.2 The HODO Emergency Duty Roster is updated quarterly and is notified separately to all hospitals, relevant Government departments/Bureaux and other emergency agencies.
- 11.3 The HA Civil Disaster Control & Co-ordination Room is located at Room 502S, 5/F, Hospital Authority Building, 147B Argyle Street, Kowloon and will be manned by the following staff whenever necessary :
- (i) HODO
 - (ii) Public Affairs Manager (News) (PAM(N))
 - (iii) Clerical Officers from HA Head Office
 - (iv) Deputy HODOs (when required)
- 11.4 An Administration Box is kept in the HA Civil Disaster Control & Co-ordination Room. A list of its contents is in **Appendix B**.
- 11.5 The **Hospital Civil Disaster Co-ordinator**, assisted by other hospital staff, will control and command the Receiving Hospital through activation of their own **Hospital Contingency Plan**.
- 11.6 The **Medical Control Officer (MCO)**, who is normally a senior or experienced medical officer (eg Senior Medical Officer (SMO)) of the AED of the Supporting Hospital, will be the **Site Commander and Liaison Officer**. His main responsibilities are to get to the incident site as soon as possible and to assume command of the Medical Team so as to ensure a **well co-ordinated** medical rescue operation. He should maintain good liaison with all concerned parties, ie FSD, Police, AMS, etc and other relevant parties on site. He should communicate with HODO and the Receiving Hospital(s) at appropriate intervals and initiate diversions to hospitals in consultation with FSD command, Receiving Hospital(s) and HODO.

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12 DESPATCH OF MEDICAL CONTROL OFFICER (MCO) AND MEDICAL TEAM(S)

- 12.1 If a major disaster takes place within the catchment area of an acute hospital, the AED of the concerned hospital will be responsible for despatching the First Medical Team, while the other hospital within the regional network will be responsible for despatching the MCO, and the Second Medical Team if necessary. Please refer to **Paragraph 4.2** for the arrangement.
- 12.2 The need for despatching the Second Medical Team is rare. HODO may exercise discretion on the despatch of the MCO or the Second Medical Team depending on the exact location of the incident and the workload of the Receiving Hospital.
- 12.3 For the arrangement on transportation of MCO, please refer to **Paragraph 13.3.3** and **Appendix F**.

13 SPECIFIC DUTIES

Specific responsibilities of the key personnel in the event of a civil disaster are as follows :

13.1 HODO

- (i) assume overall responsibility for co-ordinating HA's response to the disaster;
- (ii) decide on the activation of HA's Contingency Plan(s);
- (iii) communicate with the AEDs, Hospital Civil Disaster Co-ordinators of the Receiving Hospital(s) and potential receiving hospitals as and when necessary;
- (iv) alert Chief Coordinator of the Clinical Psychology Service, if such service is required. The **Chief Coordinator of the Clinical Psychology Service** may be reached at :

Pager : 7116 3328 A/C 6307

- (v) alert Chief Pharmacist or HAHO Duty Pharmacist if the incident may involve coordination between hospital pharmacies, eg chemical incidents when specific antidotes are required;
- (vi) keep the Chief Executive (CE) and the Deputy Director (Operations) (DD(O)) responsible for the Receiving Hospital(s) fully informed of the events and progress, and initiate whatever actions as deemed necessary;
- (vii) man the HA Civil Disaster Control & Co-ordination Room, if necessary, and maintain a log on important messages and development during the incident (**Appendix C**);
- (viii) call out MCO and work with him on the spread of patient load to various hospitals when necessary, and alert them to prepare for receiving casualties;
- (ix) call out Second Medical Team if necessary;

13 SPECIFIC DUTIES (CONTINUED)

13.1 HODO (CONTINUED)

- (x) alert HQDO of DH if clinics of DH are required to receive casualties involved in major disasters. For example, when there is an incident which involves a large number of victims with minor injuries and nearby hospitals are overcrowded, DH clinics or clinics arranged by DH in the area adjacent to the disaster may be served as dressing stations for DH and AMS to receive casualties. The HQDO of DH contact numbers are :

Pager : 7116 3300 call 9178

Fax : 2836 0079

- (xi) alert AMS if it is considered that AMS' presence in AEDs may be of assistance in major disasters;
- (xii) Immigration Department (ID) may call HODO to confirm the number of victims in each hospital for incidents involving patients landed in HK without proper immigration clearance. It is desirable for HODO to initiate notification to ID duty officer on the distribution of victims in disaster involving a large number of patients without immigration clearance but the responsibility of notifying ID does not rest with HA in the government disaster response;
- (xiii) maintain, with the assistance of the PAM(N), communications with Information Services Department (GIS) and the mass media;
- (xiv) liaise with external agencies, eg FSD, AMS, Police, HAD, EMSC of the SB, ID, etc, as and when necessary; and
- (xv) objectively evaluate, together with the relevant DD(O)(s), HA's response whenever there is a drill or a real incident, in particular on the effectiveness of the communication with FSCC and hospitals' ability in dealing with sudden influx of casualties.

13 SPECIFIC DUTIES (CONTINUED)

13.2 HOSPITAL CIVIL DISASTER CO-ORDINATOR

13.2.1 The **Hospital Civil Disaster Co-ordinator** will be responsible for the co-ordination of all involved departments within the hospital for a smooth running of the whole operation. He should therefore be involved in all stages throughout the incident. His duties are to :

- (i) enforce and supervise actual implementation of the Hospital Contingency Plan;
- (ii) liaise with the senior hospital staff on duty to ensure that he is aware at which stage of the incident the Hospital Contingency Plan should be activated;
- (iii) assess the overall hospital situation once the hospital contingency plan is activated especially on bed and manpower status;
- (iv) keep HODO informed of the situation at the hospital especially on bed and manpower status (**Appendix D**);
- (v) ensure that all measures are taken to permit the immediate reinforcement of the AED and the Medical Teams on site;
- (vi) consider, in consultation with the Chief of Service (COS) (A&E) of the hospital, calling out AMS' assistance to help at the AED, as necessary. AMS may be reached at :

AMS Duty Officer (24 hrs)	Tel 2762 2055 Fax 2760 1587
1st back-up [Senior Operations & Training Officer (Operations) (24 hrs)]	Tel 2762 2041 (O), 9833 0217(M) Fax 2760 1587
2nd back-up [Staff Officer (24 hrs)]	Tel 2762 2022 (O), 9833 0212 (M) Fax 2194 6706

- (vii) ensure all parties involved in responding to disaster be alerted and prepared to deal with the disaster, eg wards, operating theatres, pharmacies and blood bank, medical social worker i/cs and clinical psychologists as and when necessary;
- (viii) advise the MCO and HODO to consider diverting casualties to other hospitals when the maximum capacity of the hospital has been reached;

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13 SPECIFIC DUTIES (CONTINUED)

13.2 HOSPITAL CIVIL DISASTER CO-ORDINATOR (CONTINUED)

- (ix) relay HODO's announcement of Initial Stand-down and Final Stand-down to all concerned personnel so that they may return to their normal work; and
- (x) review and revise the Hospital Contingency Plan (Guidelines on formulating the Hospital Contingency Plan is in **Appendix E**).

13.2.2 A list of Hospital Civil Disaster Coordinators and their contact numbers is in **Appendix I**.

13 SPECIFIC DUTIES (CONTINUED)

13.3 MCO

13.3.1 The MCO is a senior or experienced medical officer (eg SMO) of AED of the Supporting Hospital. He will have the overall responsibility and control on medical matters at the scene of accident and will liaise with all emergency agencies on site, namely FSD, AMS, Police, Civil Aid Services (CAS), etc.

13.3.2 The MCO should not be physically bogged down by treatment of casualties but should advise on the destination of the casualties. His primary concern is to assume command of the Medical Team and to ensure that it operates smoothly with other emergency agencies on ground.

13.3.3 Upon notification of a major civil disaster from the AED of the Receiving Hospital or the HODO, the MCO must prepare to proceed to the scene at once. MCO should be despatched in incidents involving multiple casualties when Medical Team is despatched unless the site is expected to be cleared within a short time. Means of transport includes conveyance by **Police** by contacting the **Duty Controller** of the nearest **Regional Command and Control Centre (RCCC)** as follows : (see **Appendix F** for details)

Duty Controller, HK RCCC : 2860 2300
Duty Controller, Kowloon RCCC : 2761 2500
Duty Controller, NT RCCC : 2666 4500

13.3.4 On arrival to the incident scene, the MCO will then :

- (i) contact **FSD AIO** for obtaining information about the number of casualties and assess the situation;
- (ii) inform HODO that he has arrived at the scene and updated HODO on the situation. A Sitrep for use by MCO is in **Appendix G**;
- (iii) get the radiophone from the Mobile Casualty Treatment Centre (MCTC) or the MCU;
- (iv) co-ordinate all medical and first-aid services, eg AMS, available at site;

13 SPECIFIC DUTIES (CONTINUED)**13.3 MCO (CONTINUED)**

13.3.4 On arrival to the incident scene, the MCO will then : (continued)

- (v) arrange, in consultation with HODO and the Civil Disaster Co-ordinator of the Receiving Hospitals), for the patient load to be spread and for particular types of casualties, eg burn / neurosurgical cases to be sent to special units;
- (vi) provide the Receiving and Supporting Hospitals as much information as possible about the casualties being sent to them;
- (vii) formulate the casualty evacuation plan in consultation with the FSD AIO so that patients may be taken to hospital(s) in accordance with their needs for treatment;
- (viii) assign destination of casualties;
- (ix) advise HODO on the need of the Second Medical Team if considered necessary;
- (x) keep the Hospital Civil Disaster Co-ordinator of the Receiving Hospital(s) / HODO informed of the situation at the scene, in particular the size of anticipated casualties;
- (xi) act as advisor to other emergency agencies, eg FSD and Police on any matters that may arise concerning the control and movement of casualties;
- (xii) arrange if necessary and in consultation with AMS, suitable temporary holding area close to the scene for the dead; and
- (xiii) on request, take over any actions as may be indicated by the circumstances prevailing at the time.

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13 SPECIFIC DUTIES (CONTINUED)

13.4 FIRST MEDICAL TEAM

13.4.1 Requests for despatch of Medical Team will come from FSCC to the AED of the Receiving Hospital.

13.4.2 **The decision of whether a Medical Team should be sent will rest entirely with the COS or Consultant i/c of the AED of the Receiving Hospital** who in making the decision will take into account, among other factors, the disaster, the number of casualties and the AED's manpower condition.

13.4.3 Generally speaking, considerations for the despatch of Medical Team, as agreed between FSD and HA, are :

- (i) severity of the injuries of the victims
- (ii) whether the nature of the injuries could be handled adequately by the ambulance crew;
- (iii) whether the rescue operation to retrieve the seriously injured was likely to be prolonged and more than 30 minutes
- (iv) it is anticipated that the scene would not be cleared within an hour, the number of casualties is large and the Medical Team's assistance is considered helpful

The Medical Team will be responsible for on-site triage and medical treatment. The purpose of the triage process is to ensure that every individual will receive the best possible level of medical care and will be taken to hospital in a prioritised sequence.

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13 SPECIFIC DUTIES (CONTINUED)

13.4 FIRST MEDICAL TEAM (CONTINUED)

13.4.4 For single trapped incidents, FSD may also request despatch of Medical Team(s) and COS or Consultant i/c of the AED of the Receiving Hospital(s) has to decide whether to send Medical Team by considering :

- (i) severity of the injuries of the victims
- (ii) the nature of the injury and whether the injury could be handled adequately by the ambulance crew
- (iii) whether the Medical Team can give additional benefit to the victims
- (iv) the travelling time required by the Medical Team and the likely time required for retrieval

13.4.5 The Medical Team will be led by a medical officer. The Team will be transported to the incident scene by FSD ambulance by calling **FSCC Ambulance Command :**

**Tel : 2733 7772 (Supervisor)
2723 2233 (ask for O i/c)**

13 SPECIFIC DUTIES (CONTINUED)

13.4 FIRST MEDICAL TEAM (CONTINUED)

13.4.6 The Medical Team shall :

- (i) collect boxes of emergency equipment which are kept and maintained by AED;
- (ii) proceed to the scene of incident;
- (iii) report at the scene to the MCO (if arrived) and the FSD AIO via the MCU of FSD;
- (iv) take over control on all medical matters at the scene of the incident, if MCO has not yet arrived;
- (v) establish communication with key persons, ie HODO, MCO and medical staff in the AED;
- (vi) assist the FSD to set up a Triage Station and Casualty Clearing Station at suitable location(s) as advised by the FSD Site Commander. The Triage Station and the Casualty Clearing Station should be reasonably close to the incident as well as the Ambulance Control Point;
- (vii) triage patients, with the assistance of AIO, according to the injuries sustained;
- (viii) carry out essential emergency treatment as is indicated prior to transport of patients to hospital(s);
- (ix) advise MCO / HODO whether a Second Medical Team is required; and
- (x) certify death whenever possible at the Triage Station to reduce unnecessary pressure on transport and hospital. Dead bodies should be retained at the site of the incident in a temporary holding area set up for this purpose.

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13 SPECIFIC DUTIES (CONTINUED)

13.5 SECOND MEDICAL TEAM

13.5.1 Upon the request from the MCO (if despatched) or HODO and agreement by the COS or Consultant i/c of the AED of the Supporting Hospital, a Second Medical Team from the Supporting Hospital will be despatched to the scene.

13.5.2 Such situation is rare. The load of the Receiving Hospital should be considered when a Second Medical Team is required.

14 ALERT LEVEL

When notified by the QEH Telephone Operator, FSCC or any other person, the HODO should, in consultation with the AED involved, decide in the light of information available whether to introduce the **Standby Alert** or **Full Activation** of the HA Civil Disaster Contingency Plan.

14.1 STANDBY ALERT FOR HODO

- (i) establish communication with FSCC or any other appropriate external agencies;
- (ii) establish communication with the Hospital Civil Disaster Co-ordinator(s) as well as the AED of the concerned hospitals; and
- (iii) alert staff who may be required to man the HA Civil Disaster Control & Co-ordination Room (see paragraph 11.3).

14.2 STANDBY ALERT FOR HOSPITAL CIVIL DISASTER CO-ORDINATOR

- (i) make ready the deployment of the Medical Team;
- (ii) establish contacts with all available personnel reserve;
- (iii) establish communication with FSCC to arrange for transport of the Medical Team as and when required; and
- (iv) make any other necessary arrangements in accordance with the Hospital Contingency Plan.

14.3 STANDBY ALERT FOR MCO

- (i) be ready to go to the scene of the incident;
- (ii) be prepared to arrange transport with FSD ambulance / Police car through his AED; and
- (iii) establish communication with the Receiving Hospital(s) and HODO.

❖ **14 ALERT LEVEL (CONTINUED)**

14.4 FULL ACTIVATION FOR HODO

- (i) assume overall responsibility of disaster response;
- (ii) call for emergency manning of the HA Civil Disaster Control & Co-ordination Room, if necessary;
- (iii) call out MCO, if necessary;
- (iv) alert AMS, if necessary;
- (v) alert Senior Clinical Psychologist, HAHO, if necessary;
- (vi) work with PAM(N) who acts as a link through which urgent public message or announcements could be passed to GIS or the mass media;
- (vii) report to CE / DD(O) concerned; and
- (viii) request the Supporting Hospital to prepare the Second Medical Team, if necessary;

14.5 FULL ACTIVATION FOR HOSPITAL CIVIL DISASTER CO-ORDINATOR

- (i) take overall control within the hospital with regard to civil disaster response;
- (ii) report to HODO the latest situation using the prescribed Sitrep Forms (**Appendices D & G**);
- (iii) maintain close contacts with COS / Consultant i/c (A&E) with particular reference to the despatch of Medical Team and the MCO;
- (iv) maintain communication with Medical Team, Ambulance Controller at respective hospital(s) and HODO;
- (v) establish communication with Hospital Civil Disaster Co-ordinator of Supporting Hospital(s); and
- (vi) make any other necessary arrangements in accordance with the Hospital Contingency Plan.

14 ALERT LEVEL (CONTINUED)

14.6 FULL ACTIVATION FOR MCO

- (i) go to the scene as soon as practicable;
- (ii) command and control the Medical Team and establish communication with the FSD and other emergency agencies on site; and
- (iii) take charge of the medical operation at site.

❖ **15 STAND-DOWN**

To avoid confusion, FSCC shall only notify HODO when declaring Initial Stand-down and Final Stand-down. HODO is responsible for notifying the Receiving Hospital(s) and other concerned personnel.

15.1 INITIAL STAND-DOWN

This will be declared by FSD after consulting the MCO when **all "victims" have been located and rescued out.**

15.2 FINAL STAND-DOWN

This will be declared by FSD in consultation with the MCO and will be issued when **all "victims" are accounted for and/or have reached the hospitals.**

❖ **16 IMPORTANT NOTES** ❖

16.1 All officers involved in disaster operation must be fully conversant with HA's Contingency Plans as follows :

- (i) ***HA - Civil Disaster Contingency Plan***
(Revised December 1999);
- (ii) ***Civil Disaster Contingency Plan (Clinical Psychology Service)***
(Revised August 1997);
- (iii) ***HA - Daya Bay Contingency Plan***
(Revised Jan 1997);
- (iv) ***HA - Kong International Airport (at Chek Lap Kok)***
- Contingency Plan for Major Aircraft Accident
(6 July 1998); and
- (v) **Hospital's own Civil Disaster Contingency Plan**

16.2 Furthermore, they **must** be given a copy of the Contingency Plans on assumption of duty. In order to facilitate the co-operation among various emergency agencies, they must be aware of the responsibilities and capabilities of government departments and non-government agencies. Such knowledge will help reduce misunderstandings and ensure that resources particularly at the disaster scene are fully utilised.

❖ _____ ❖

17 EMERGENCY CONTACT NUMBERS

Telephone directories containing the emergency contact numbers are in the following appendices :

- (i) *Telephone Directory of HA Accident & Emergency Departments* (Appendix H)
- (ii) *Telephone Directory of Hospital Civil Disaster Coordinators* (Appendix I)
- (iii) *Hong Kong Emergency Telephone Directory* (ie, Telephone Directory of Government Departments / Bureaux and other Emergency Agencies) (Appendix J)