

ACTIVATION OF AN INCIDENT COMMAND SYSTEM

**THE PHILIPPINE MEDICAL ASSOCIATION
EMERGENCY RESPONSE TO DISASTER**

Submitted by:

PMA Committee on Emergency and Disaster

Philippine Medical Association Response to recent Disaster /Calamities .

Our beloved Philippine Archipelago of 7,107 islands is in an enviable location at the edge of the Pacific Ocean and our tropical paradise is likewise within the Pacific Circle of Fire. These two factors alone makes the country most vulnerable to frequent tropical storms and with an ever present risk of a major earthquake.

In the past 3 years the Philippine Medical Association led by the past PMA Presidents Dr Modesto Llamas , Dr Leo Olarte and current President Dr Minerva P. Calimag organized several medical missions to respond to the medical needs of our countrymen in Calamity-struck regions of the Philippines

The PMA organization is composed of 17 geographical Regions each represented on the PMA board by a Governor. In turn each of the PMA Regions have under their jurisdiction several component societies (total 118 component societies) each is considered the basic organization or aggrupation of doctors in the locality. In times of calamities or disaster, the PMA mobilizes its members through the Regional Governors who act as Disaster Response Coordinator for the Region. The Governor mobilizes the Component Society through Component President and his officers. The call to action and coordination of the different responding doctors in the regions are then handled or orchestrated by the PMA through Committee on Emergency and Disaster Response.

In August of 2012, the NCR and nearby provinces had continuous heavy rains from what was termed by PAGASA as “the Habagat”. This resulted in deep flooding in several areas in Metro Manila as well as in Rizal, Bulacan and Pampanga. Several missions in the flooded areas and in evacuation areas were organized by the PMA through the component societies. With generous support from our pharmaceutical partners like Unilab, GSK, Pfizer, Pharex, Pascual laboratories , Pacific Pharma as well as our friends from the Pharmacist Association, UST College of Pharmacy and Nursing association we were able to provide medical help to families in the evacuation centers. In areas where it was even chest deep in water we were helped by our friends from the Phil. Coast Guard, as the Doctors went on Boat to be able to give medical assistance to families trapped by flood waters in their homes. In 2 and a half weeks in August and September 2012 over 14 missions were held and serving more than 4500 patients.

In December of 2012 a very strong typhoon “Pablo” struck South Eastern Mindanao and heavily damaged Compostela Province, Davao Oriental and nearby provinces. The day after any calamity, doctors who are sometimes victims themselves exert their efforts to pick up their belongings and get their family to safety hence, the medical response teams get organized and on the way by the 3rd day after the typhoon struck. And so it was in response to typhoon “Pablo” several medical teams were organized by members of the PMA through the component societies like Davao Medical society and Agusan Medical Society and through the PMA Governor for South Eastern Mindanao.. Also sending medical teams were Phil Obstetrics and Gynecological Society (POGS), Phil Pediatric Society (PPS), Phil. College of Physicians (PCP), and hospitals like Brokenshire Medical Center, Davao Medical Center, Southern Phil. Medical Center, UP Pahinungod group, to name a few of the many doctors’ volunteer groups. We were likewise joined by our partners, Unilab and Pharex and the GMA Kapuso foundation who had PMA doctors in their medical and relief projects. The more than 17 missions from Dec 9- 23 served more than 9000 patient/victims of typhoon “Pablo”.

In October 2013 high magnitude earthquake affected most of Bohol and part of Eastern Cebu. Through efforts of neighboring Medical societies from Cebu and Bicol several medical mission were organized to help treat the victims.

In November 8, 2013 Typhoon Yolanda (Hainan) struck Samar, Leyte, Northern Cebu, Aklan, Iloilo, Negros Oriental and even part of Palawan. PMA organized 7 medical missions and helped distribute relief goods.

In most of these calamities the Philippine Medical Association offered its manpower to the HEMS of the Department of Health and worked with the NDRRMC.

As a policy the PMA doctor volunteers would not be part of the Initial Search and Rescue team after a calamity strikes. The PMA teams are formed and organized often by the 2nd day after the incident to be part of the treatment of the wounded victims after they are extricated from the site. Teams are also formed to medically serve the victims as they are gathered in the evacuation areas or holding tents in the subsequent days after the calamity.

The MMDA and PHIVOLCS with the Japan International Cooperation Agency (JICA) had since 2004 the Metro Manila Earthquake Impact Reduction Study (MMEIRS) but only released it publicly around 3 years ago. This and on reviewing the experiences of the calamities in the past three years the PMA committee on Emergency and Disaster Response decided to come up with a Disaster Response protocol which shall be applied to all component societies and specialty societies nationwide.

PMA will adopt a protocol to activate an Incident Command System based on the DOH-HEMS protocol. The PMA had asked all component societies to submit a list of their disaster response team members in their locality. Similarly the Specialty Societies of the PMA also submitted their list of disaster response team members. Component Societies are grouped under any of the 17 PMA Geographical Regions. Each Region is headed by a Governor. During times of an event of calamity or disaster the PMA Regional Governor shall act initially as the Incident Commander. He shall designate the Component Society President where the incident occurred as the Chief of Operations and in turn will activate the Component Society's Response team through its designated team Leader.

When a Calamity or Disaster occurs the Regional Governor or the President of the Component Society shall initiate a call for help from the Philippine Medical Association Office in North Ave. QC. It may also be possible that after receiving report from the News that an event or calamity occurred the PMA President or through the PMA Secretariat will initiate communication line with the PMA Regional Governor or President of the Component Society to verify if assistance is needed from the National office. Once the calamity and help needed is verified the Incident Command System is Activated.

When the Incident Command System is activated the various positions of the incident Response is designated by the Incident Commander (PMA Regional Governor) in their locality. The incident Commander will determine with his Chief of Operations the plan of action needed for the situation. They determine if event response will be either:

1. **Level 1 (Code White)** with one (1) Disaster Response Team from the locality responding.
2. **Level 2 (Code Blue)** with need for a second team to respond from within the component society and same region
3. **Level 3 (Code Red)**
 - a) when more than three (3) response team needed or
 - b) would need support for more teams from outside the component society possibly from the same Region
 - c) would need response team from outside the Region as doctors of the Region are calamity victims and incapacitated to respond.

If it is determined that the event is a **Code White** and could be handled at the component society level the Regional Governor (Incident Commander) or the President of Component Society (Chief of Operations) may still communicate with the PMA National office to ask for logistics like Medicines and Medical supplies.

As Event Code is determined and relayed to the National Office, the PMA president shall start forming the Planning team and appraise Incident situation, incident cause and incident status. In a Level 3 (**Code Red**) event the PMA President acts as Overall Incident Commander and the PMA Office is designated as the Operation Center. With the Operation Center activated the PMA personnel /employees / secretariat shall report and run the Operation Center. Also expected to report in are the PMA Officers, members of Committee on Emergency and Disaster Response . The PMA Vice President shall be the Operation Center Manager, The PMA Treasurer shall be the Finance officer, The Secretary General shall be the Liaison Officer with the PMA executive secretary as assistant Liaison officer. The Chairman of the Emergency and Disaster shall be the Planning Chief. The Secretary of the committee on Emergency and Disaster response shall be the Logistic coordinator. All other Regional Governors are notified and all Component Society Presidents are informed of situation and placed on alert for possible deployment of their response team.

From the activation of the Operation Center a response plan is formulated and activated by the planning team. Teams for deployment are called in and sent along with logistics and supplies to the calamity site. Each deployed team will be given enough finances to survive the disaster site. The PMA Board of Governors must also decide to provide members with monetary stipends and if feasible travel insurance.

The Regional Governor (On Site Incident Commander) appoints the President of the Component Society as the Chief of Operations, The Vice President of the Component Society is appointed the Safety Officer or the Staging Manager, The Secretary of the component society will be the Liaison officer, The treasurer is finance officer and the PRO will be the public information officer. The Staging Manager or Safety Officer determines the area for staging of the calamity response. He determines if it is safe enough for both the survivors/victims and the responders. The Liaison Officer coordinates with other agencies who are helping out in the disaster response (i.e. DOH HEMS and regional DRRMC). The designated Disaster response team is activated and is led by its Team Leader in carrying out the response. In case of prolonged event other PMA members are activated to respond as needed. Additional response teams activated would alternately man the operation center. Response team may stay in the center to serve for period of 8hours . If prolonged continuous stayis needed like when setting up and serving in a mobile/tent hospital team members would best be relieved every 48 hrs with fresh volunteer physicians.

In the disaster site, the PMA response teams should coordinate and make their presence known to the DOH-HEMS team leader and the local DRRMC coordinator. This assures safety and security of the PMA teams as well as proper coordinated work towards a more effective delivery of medical service to the victims.

Operation Center in both national and Locality is deactivated when the Incident Commander declares Termination of Response to the Event. Post incident evaluation at the Operation Center is made within 2 days from deactivation. The Team Leader of the Deployed Disaster response team files a written report to the Incident commander within 2 days from deactivation or return from duty.

METRO MANILA DOOMSDAY PROTOCOL:

Based on the Metro Manila Earthquake Impact Reduction Study (MMEIRS)

In the event of a magnitude 7.2 earthquake occurring in Metro Manila analysis of study models predicted more than 40% of Residential buildings will collapse. Buildings, roadways and bridges would be damaged causing isolation of North and South as well as East and West sectors. It is a high possibility that current Hospital buildings maybe damaged. Should the scenario cause regional separation the MMDA and the NRRDMC designated evacuation areas in open spaces.

These are the Quezon Memorial Circle grounds and the Veterans Memorial Medical Center grounds in the North, The Villamor Airbase golf course in the South and the Fort Santiago Golf course in the West.

In a situation where there is a regional separation due to the calamity, The PMA component Society President of the locality shall initiate the Incident Command System in their locality .

North sector: The Quezon City PMA Governor acting as Incident Commander activates and assigns as Chief operations officer the Presidents of Quezon City Component Society, Mandaluyong City, San Juan City and Caloocan Medical Society to mobilize their disaster response teams.

East Sector: The PMA Governor of the Central Tagalog Region activates the ICS with Presidents of Marikina Valley Component Society, Antipolo Medical society and Taytay,Angono and Cainta Disaster response teams.

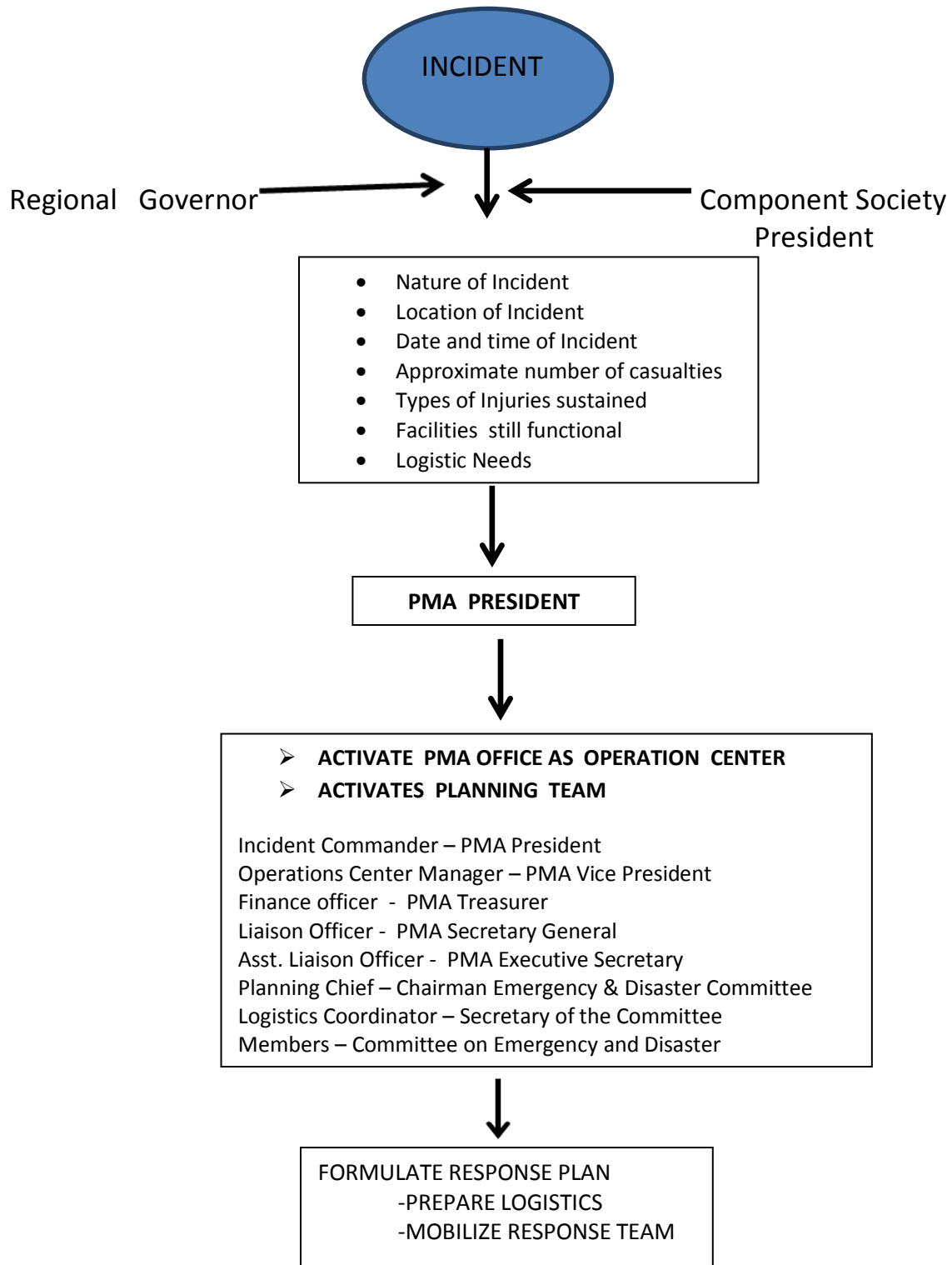
South Sector: ThePMA Governor of the Rizal Region as Incident Commander activates the ICS and assigns as Operations Officer the Presidents of component societies of East Rizal, Taguig, Paranaque, Pasay, LasPinas and Makati.

West Sector: The PMA Governor of Manila activates the ICS with the President of the Manila Medical Society, Malabon City and Valenzuela Medical Society.

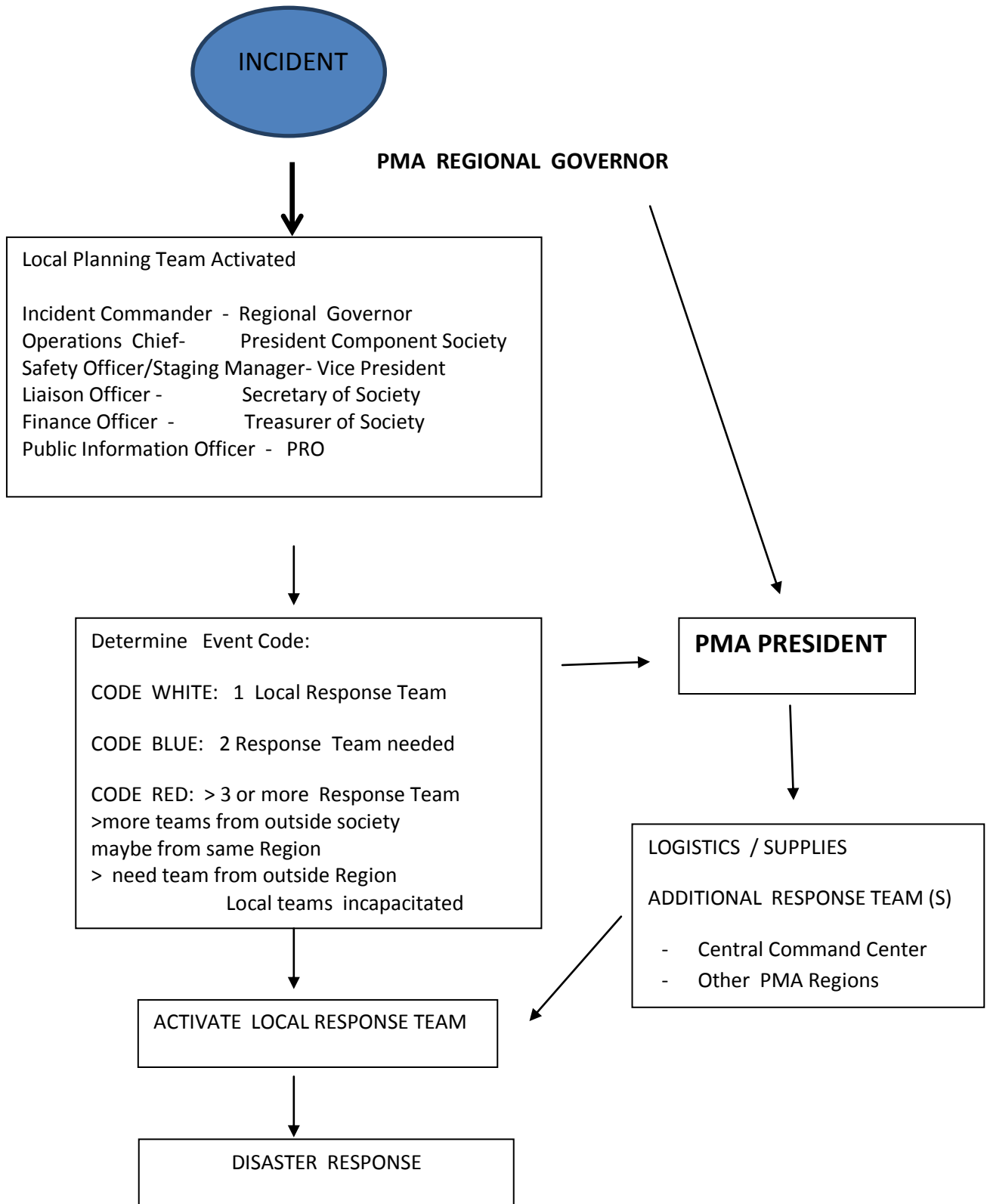
Specialty societies' disaster response team are organized to proceed to their specialty hospitals to receive the victims brought to the hospitals. If the hospital buildings are incapacitated and there is breakdown of communication the disaster response team members should proceed to the above DOH-HEMS and NDRRMC designated evacuation centers mentioned above nearest their locality.

The PMA Governors of the regions outside of Metro Manila shall also activate their disaster response team. They may await command or destination orders from the activated PMA operation center (where PMA President is Over all Incident Commander).

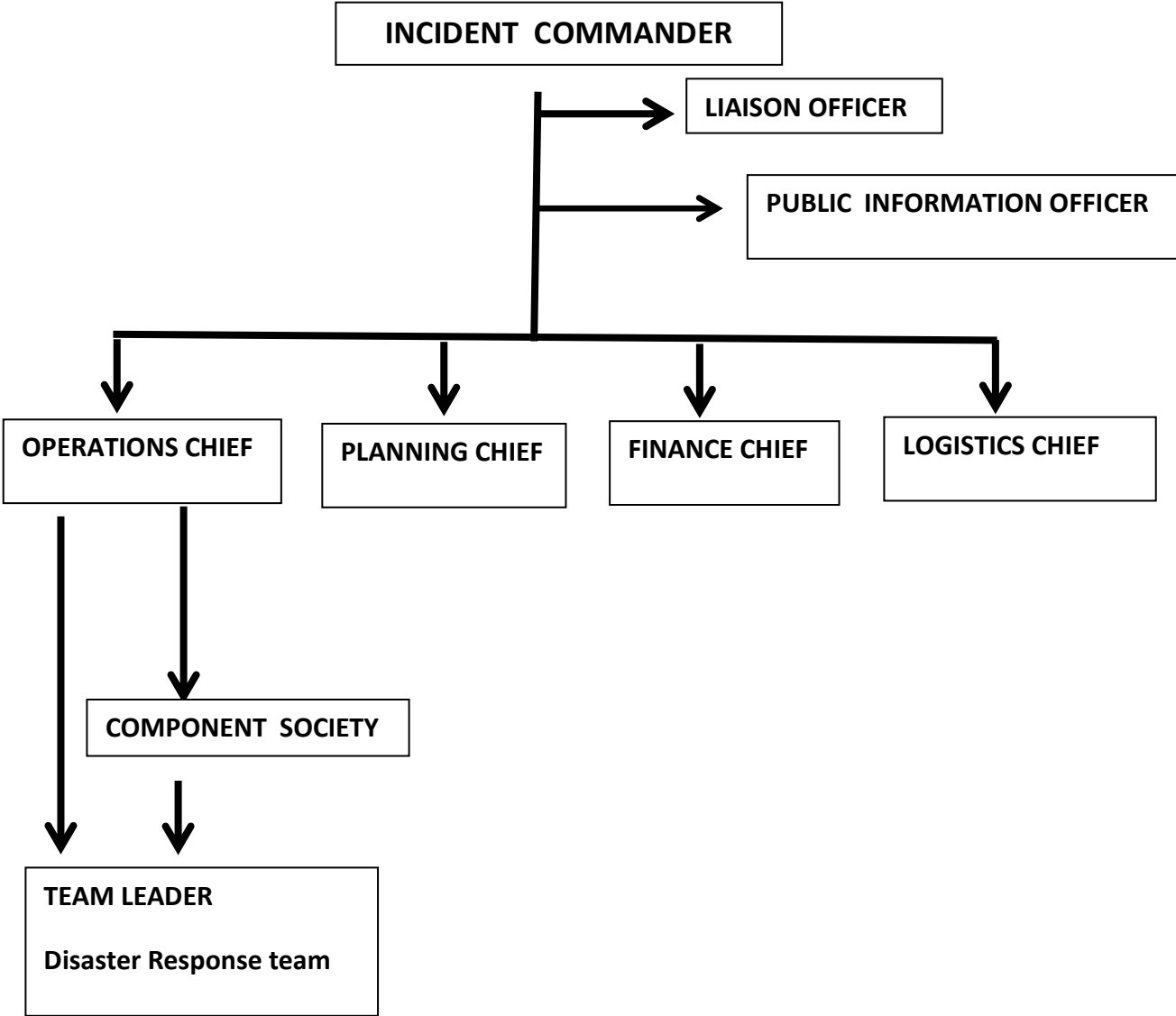
INCIDENT VALIDATION /CALL FOR HELP



INCIDENT RESPONSE IN LOCALITY



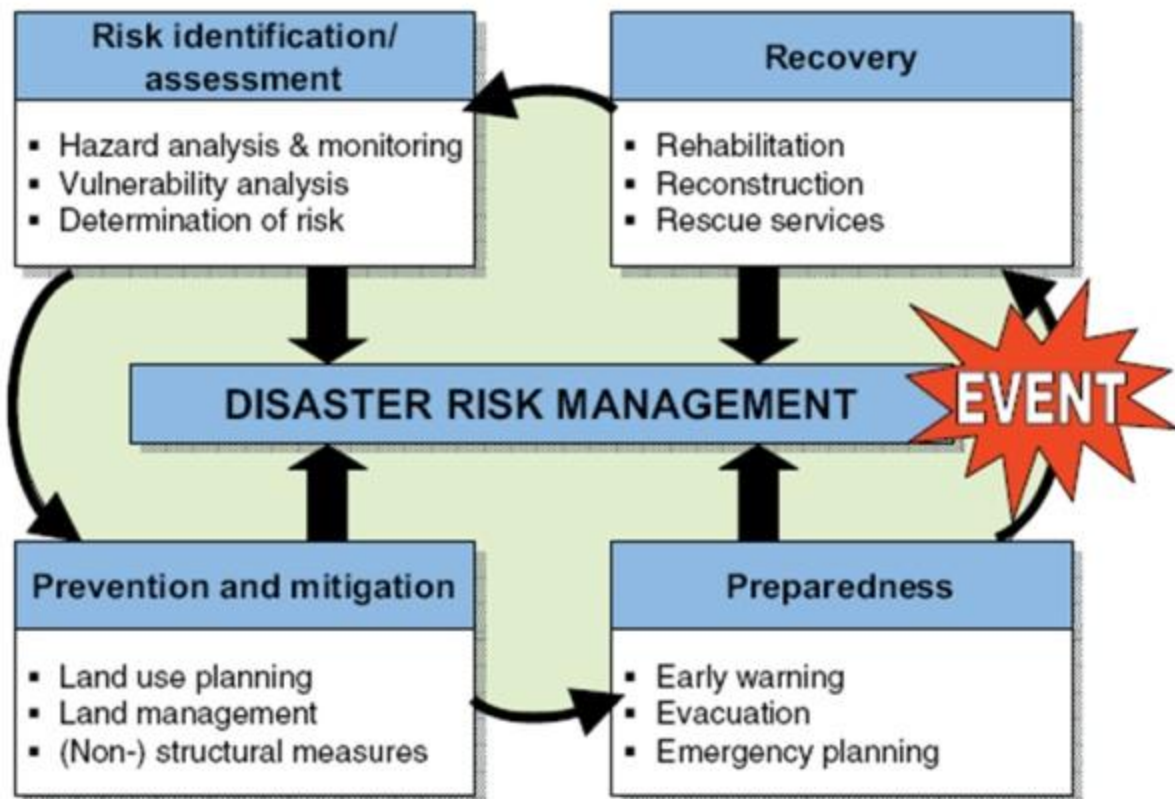
COMMUNICATION FLOW CHART



“Disaster” means a catastrophe, mishap, calamity or grave occurrence in any area, arising from natural or man made causes, or by accident or negligence which results in substantial loss of life or human suffering or damage to, and destruction of, property, or damage to, or degradation of, environment, and is of such a nature or magnitude as to be beyond the coping capacity of the community of the affected area

“Disaster Management” means a continuous and integrated process of planning, organizing, coordinating and implementing measures which are necessary or expedient for-

- (i) prevention of danger or threat of any disaster;
- (ii) mitigation or reduction of risk of any disaster or its severity or consequences;
- (iii) capacity-building;
- (iv) preparedness to deal with any disaster;
- (v) prompt response to any threatening disaster situation or disaster;
- (vi) assessing the severity or magnitude of effects of any disaster;
- (vii) evacuation, rescue and relief;
- (viii) rehabilitation and reconstruction;



QUADRANTS	LOCAL GOVERNMENT UNITS
NORTH	Caloocan City Quezon City Valenzuela city San Juan City Mandaluyong City
East	Pasig city Marikina City
West	Manila Malabon City Navotas City
South	Las Pinas city Makati City Muntinlupa City Paranaque City Taguig City Pasay City Municipality of Pateros

QUADRANT	EVACUATION CAMPS (MMDRRMC Managed)	EMERGENCY FIELD HOSPITAL
North	-Veterans Memorial Medical Center, North Avenue, Quezon City (87,616 pax) - University of the Philippines (UP), Diliman, Quezon City (60,846 pax)	-Veterans Memorial Medical Center, North Avenue, Quezon City Quezon Memorial Circle
East	- Marikina Boys Town (86,797 pax) -Red Cross Comp, Marikina City (65345) Ultra, Pasig City (4,067 pax)	LRT 2 Santolan Station Depot, Santola, Pasig City Amang Rodriguez Medical Center
West	Intramuros Golf Course, Manila (13,928 pax)	Intramuros Golf Course, Manila
South	Villamor Air Base Golf, Pasay City (118,089 pax)	Villamor Air Base Golf Course, Pasay City

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SUBMITTED BY:

PMA Committee on Emergency and Disaster Response

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