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Keeping Health Facilities Safe from Disasters  
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**Ampara General Hospital, Ampara District, Sri Lanka,  
by Dr P.K.C Jayasinghe, Medical Superintendent**

In the fall of 2004, I had the opportunity to attend the course “Public Health and Emergency Management in Asia and the Pacific” (PHEMAP). I followed the PHEMAP – III in Asian Disaster Preparedness Centre (ADPC), Bangkok, Thailand, from 14/08/03 to 02/09/03. This course taught comprehensive management of all kinds of disasters. The training was organized by ADPC and the WHO Regional Offices of South-East Asia and the Western-Pacific, and gave us theoretical and practical knowledge at the same time.

Here, I heard about tsunami for the first time in my life. All other natural disasters – floods, drought, earthquake and cyclone were already known to me. Afterwards, I found it very interesting to search for more details about tsunamis, and I discovered that there was a historical tsunami event in Sri Lankan history.

After returning to Sri Lanka, I immediately followed up in my hospital to put in place the management issues I had learnt. I arranged workshops to make the staff aware. There were three workshops held in the auditorium in G.H. Ampara.

- 1<sup>st</sup> workshop for Medical Consultants, Medical Officers, Nurses.
- 2<sup>nd</sup> workshop for paramedics.
- 3<sup>rd</sup> workshop for minor employees.

The outcome of these workshops was very high, as almost everybody now understood about natural and manmade disasters, disaster management and its circle, community participation, triage, pre-hospital casualty management and accident/emergency (A/E) care. Everybody was trained to fulfill their task in emergencies.

The following results came out for an improved hospital management system after my training.

- Internal and external triage for disaster management.
- Opening of disaster management commanding centre.
- Opening of new accident and emergency treatment unit in front of the inward admission desk.
- Training of community to face the disaster.

All my staff also heard about the word tsunami for the first time in their lives. I explained about tsunami according to the knowledge that I gained from PHEMAP III.

When the tsunami waves hit the Sri Lankan coast in December 2004, and casualties started being brought to my hospital, everybody in my staff immediately understood the gravity of the event.

It was very easy to manage the tsunami victims because of the awareness about tsunami by my staff.

In Ampara district, 12,500 people died from the tsunami. The G.H. Ampara was the tertiary care institution for entire Sri Lanka that managed the highest number of tsunami victims. 1,015 patients were admitted to my hospital soon after the Tsunami on 26 December 2004. More than 4,000 patients got treatment from the outpatient department. Only 17 patients passed away out of all these patients after the Tsunami.

- Most of the patients suffered from salt water aspiration.
- No physician in Sri Lanka knew how to manage salt water aspirated patients at that time.
- We had a telemedicine room with equipment donated by WHO in June 2004.
- We normally used this room to get the opinion from the specialists (e.g. Neurosurgery, Neurology, Radiology and Hematology).
- On 26 December 2004, our surgeon and gynecologist asked me to use the Internet in the telemedicine room to search for the latest methods of patient management after salt water aspiration.
- With this, we saved the lives of many patients (especially children) suffering from salt water aspiration.
- We also arranged external and internal triage and strengthened the A/E services. This meant that we could resuscitate many patients who were in critical condition. Afterwards, we managed those patients in ICUS and inwards, and some patients underwent surgery in the OT.
- Finally I can say because of
  - my training in PHEMAP III
  - Telemedicine project in the hospital
  - LAN (Local Area Network) which was Donated by WHO

we could manage the tsunami victims (Patients) using international standards.