

Conference Paper

Analysis of Disaster Response in AIR Force Hospital Dr. M. Salamun West Java

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Abstract

To ensure adequate preparation for disasters, every hospital must have a Disaster Planning Guideline for emergency responses. The main objective of this research was to analyze the disaster emergency response system at air force hospital Dr. M. Salamun in terms of input, process, and output aspects. This research is descriptive qualitative. The informants of this study were the management team who contribute directly to hospital policy. Data collection is done through in-depth interview techniques, observation, and document review. Data was analysed with the content validity and triangulation. The study determined that the hospital was not yet adequately prepared for the full range of potential disasters. The disaster prevention management plan, operational plans, and plans recovery are largely restricted to dealing with fire hazards, while other natural disasters are not yet fully accounted for. The responsible of implementing the emergency response was handled by Hygiene Safety Environmental (HSE) officer. Based on the observation Air Force Hospital Dr. M. Salamun in general is quite adequate to resolve disaster respond. Periodic evaluation and monitoring are needed both in the planning and implementation stages of disaster management both internally and externally, so as to reduce losses due to potential disasters.

Keywords: Hospital, disasters. System of management, input, proses, output, qualitative.

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1. Introduction

The Republic of Indonesia, with its geographical and social conditions, is potentially to be a disasters, that caused by natural disasters and human actions (RI, 2011). West Java Province is one of the areas that prone to experience of natural disasters in Indonesia such floods and landslides. According to data from the National disaster management agency in 2019 Indonesia experienced 892 natural disaster events, there are nipples 383 times, landslides 241 times, floods 224 times, forest and land fires 30 times, earthquakes 6 times, and volcanic eruptions 1. Losses due to the impact of the disaster amounted to 272,356 losses, including deaths and missing 143 people (0.05%)

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and 273 people injured (0, 1%) (BNPB, 2019). The impact of disasters was the cause of fatalities, loss of property, disruption of social, economic, political stability, and other impacts which can ultimately reduce the level of community welfare. The size of the impact of the disaster depends on the level of hazard, vulnerability, and the capacity (Ismunandar, 2013).

The hospital has an obligation to play an active role in providing health services in disasters, in accordance with its service capabilities, has an accident prevention and disaster management system, as well as providing protection for patient safety, the community, the hospital environment, and human resources in the hospital (Republik Indonesia, 2009). The role of hospitals as the spearhead of medical services must be active in times of disaster, which is also a link in the Integrated Emergency Management System (IEMS). Readiness in the Integrated Emergency Management System (IEMS) can shorten the response time and handling emergency patients can be done quickly, precisely, and according to standards. Therefore, each hospital must have a Hospital Disaster Plan Guideline to improve disaster preparedness within a standardized framework and perception (Khambali, 2017; RI, 2011) likewise, the Air Force Hospital Dr. M. Salamun Bandung.

Disaster Management Organizations in hospitals are generally still found various obstacles including the absence of a fire disaster SOP, the presence of the Rapid Response Team, Rapid Assessment Team and Relief Team. The hospital must have the main facilities, facilities and infrastructure needed for disaster management or in emergency situations. Disaster management stages include planning, organizing, moving, and controlling hospitals that have not yet been fully implemented. Budget Readiness in handling disaster victims is not specifically budgeted. Leadership in disaster emergency management must be able to quickly, precisely, and dare to make decisions, be firm, run the instruction system (Kementrian Pertahanan RI, 2014).

The purpose of this study was to find out the readiness of the Air Force Hospital Dr. M. Salamun in dealing with disasters in terms of planning, organizing and policy.

2. Methods

2.1. Study design

This research is a qualitative descriptive with the phenomenological approach (Moleong, 2016; Sastroasmoro, 2014).

2.2. Samples

The informants in this study are management of Air force hospital Dr. M. Salamun, namely the headship of Hospital, secretary, the leader of general care, administration, and HSE officer. The informants was selected using non probability sampling technique.

2.3. Statistical analysis

Data collection techniques in this research were conducted with in-depth interviews, observations, and document review. The research instruments used recording devices, cameras, cam recorders, and questionnaires of the implementation emergency plan system. Qualitative data analysis is done by organizing data sorting, synthesizing, validating data and triangulating data.

3. Result

Based on in-depth interviews, Air force hospital Dr. Salamun has prepared a decree in face of disaster preparedness in the hospital environment in a structural integrity. One of the policy is a manifestation of the organization disaster respond, whom headed by the HSE officer. The HSE officer consisting of the coordinator for safety and security, hazardous and toxic material, emergencies management, fire protection, medical equipment, medical devices utility system division and Coordinator of education and training to face disasters. As an effort to improve and develop a hospital management disaster team, the headship of the hospital make a training, such an Emergency First Aid (EFA), Basic Trauma Cardiac Life Support (BTCLS), Acute Trauma Life Support (ATLS), emergency communication, and fire extinguisher simulations. Emergency response management must be a necessity and set forth in management policies. Management policy shows evidence of the leadership's commitment in implementing disaster management in their environment (Ramli, 2010). According to Arif (2011), emergency response policy is a provision that must be determined by the power leader of the instution (Arif & Rosni, 2011).

Disaster management planning in air force hospital Dr. M. Salamun is for fire hazard and extraordinary (outbreak) events. The disaster management was compiled based on SNARS version 1 of 2018. The planning compiled in the form of a map of risk areas, fire extinguisher storage plans and evacuation route plans. Disaster management procedures at air force hospital Dr. M. Salamun stated in the SOP and hospital guidelines.

Implementation of hospital services due to disaster victims will be carried out by doctors and nurses on duty at the time. Supporting facilities and infrastructure for handling victims such as command posts, public relations and information centers, public kitchens, logistics warehouses, evacuation signs, fast evacuation routes, gathering places, and ward supplies have also been created by management.

4. Discussion

Disaster management in hospitals stated that the implementation of disaster management carried out with the stages of activation and deactivation. The activation stage is the process of escalating the Hospital's organizational structure in normal circumstances to become an organizational structure in a state of disaster (Kementrian Pertahanan RI, 2014). Management policy shows evidence of the leadership's commitment in implementing disaster management in their environment (Ramli, 2010). According to Arif (2011), emergency response policy is a provision that must be determined by the power leader of the instution (Arif & Rosni, 2011).

Emergency planning is a documented and established scheme for carrying out actions, responsibilities and procedures in an emergency. The contents of the disaster management plan must be brief, clear, and concise of the overall emergency team to involved in overcoming potential emergency situations that may occur (Rejeki & Lestari, 2011). Disaster management plan must follow in each stage so that it can run in a directional, then a specific plan is prepared at each stage of disaster management. Planning is based on the results of identification and risk assessment (Nastiti Astari s, Denny, & Kurniawan, 2017).

Disaster management plan must follow in each stage so that it can run in a directional, then a specific plan is prepared at each stage of disaster management. Planning is based on the results of identification and risk assessment (Febriawati, Angraini, Ekowati, & Astuti, 2017). At the stage of a disaster in a situation where a disaster does not occur, a Disaster Management Plan (Disaster Management Plan) is prepared, which is a general and comprehensive plan, then in the pre-disaster stage there is a potential for a disaster to prepare a Preparedness Plan to deal with emergencies based on a single hazard disaster and when an emergency response is carried out an operationalization of an emergency plan that has been prepared previously, and the recovery phase is carried out preparation of a recovery Plan which includes rehabilitation and reconstruction plans carried out in the aftermath of a disaster (Putra, 2011). When disasters and emergencies occur, facilities and infrastructure are one of the efforts in preventing, overcoming,

and overcoming the occurrence of disasters so that there are adequate and well-organized health facilities and infrastructure, the process of handling disaster victims is not disrupted.

5. Conclusion

Periodic evaluation and monitoring are needed both in the planning and implementation stages of disaster management both internally and externally, so as to reduce losses due to the disaster

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