

2006 Quake Points to Need for Disaster Plan

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Contributing Writer

HONOLULU — Lessons learned from the earthquake that shook the island of Hawaii on Oct. 15, 2006, include the need for prompt communications, strongly functional and coordinated partnerships, and plans developed and regularly updated for all kinds of emergencies, according to Dr. Chiyome Leinaala Fukino, director of the Hawaii State Health Department.

When the earthquake, which registered 6.7 on the Richter scale, struck in the early morning, "most people weren't sure what to do," she said. There was widespread loss of electricity. Early public communications by radio simply assured islanders that no tsunami was expected as a

result of the earthquake, she said at the annual meeting of the National Medical Association. The immediate medical emergency was the breakdown of the local Kona Community Hospital, a 90-bed facility on the western side of the island, near the area where the earthquake struck hardest, said her co-lecturer, Toby L. Clairmont, R.N., director of emergency services for the Healthcare Association of Hawaii. "It seems to have gotten basically the brunt of most of what happened," he said.

The suspended ceilings in the hospital collapsed, and the hospital's emergency power generator system moved off its foundation and had to be shut down so that the diesel fuel used in the system would not spew onto the floor.

"It was pretty chaotic," Mr. Clairmont

commented. The lights went out. Alarms sounded. Staff members were crawling on the floor with flashlights, trying to find their patients. The operating room, full of dust and debris, was shut down.

The first stage of medical response was to set up a triage shelter, which was used to perform "reverse triage," he said. The hospital was completely evacuated, with decisions made about which patients should go home, which should be moved to a local hotel, and which should be transported to another hospital. Nine patients were flown to the other side of the island and admitted to a hospital in Hilo.

Dr. Fukino said the lessons learned included the following:

► **Prepare now.** Make plans for all disasters. Preparing for a tsunami is different

from preparing for a hurricane or an infectious disease. The plans need to be updated regularly.

► **Prepare the public.** Encourage the public to prepare to be self-sustaining, first for 3 days. Then encourage preparation to be self-sustaining for 3 weeks, and later go for 3 months.

► **Identify partners and practice with them.** Partners that are not core to your responsibilities can affect your ability to carry out your responsibilities.

► **In an emergency, communications must be prompt.** Keep in mind that "bad news seldom gets better with age."

► **Establish a "media center" or a "joint information center."** Establish a location where professionals can gather during a crisis for mutual assistance. ■

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