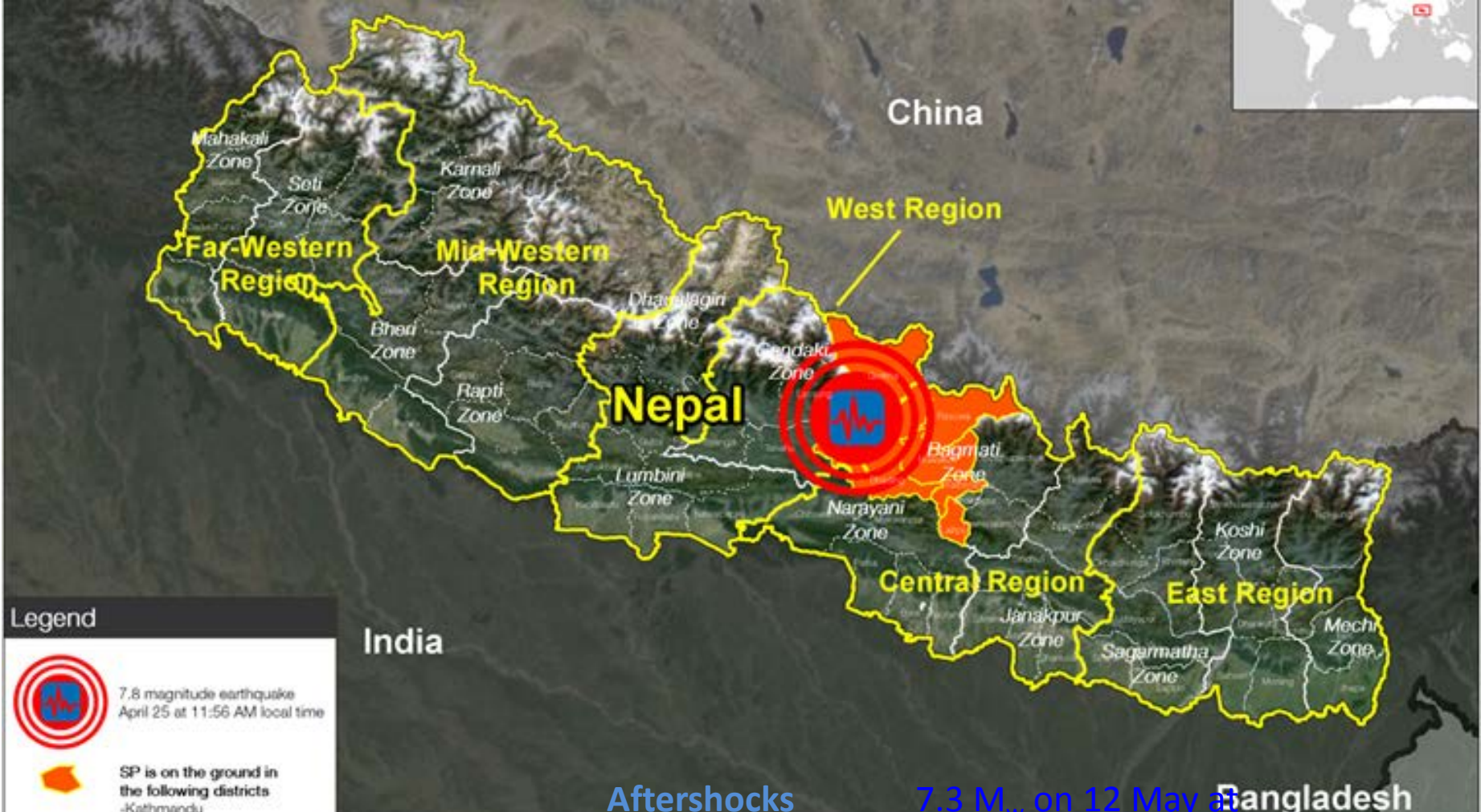


# 2015 Nepal Earthquake : What We learned

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December 2, 2015



April 25 - 7.8  $M_w$ <sup>[1]</sup> or 8.1  $M_s$ <sup>[2]</sup>

**Aftershocks**

7.3  $M_w$  on 12 May at

12:51<sup>[4]</sup>

6.7  $M_w$  on 26 April at 12:54<sup>[5]</sup>

417 aftershocks of 4  $M_w$  and above as of 25 Nov 2015 <sup>[6]</sup>

**Casualties:** 8,857 dead in Nepal (officially) and 8,964 in total<sup>[7][8]</sup> 21,952 injured (officially)<sup>[7]</sup>

- Search and Rescue – Nepal Army, Police [12: 30 pm]
- HEOC –opened by 45 minutes of Earthquake – take command on Emergency Medical Response
- Hub Hospitals are promptly mobilised
- Referral channels were maintained
- Radio and TV notice for all health workers to join the hospitals
- Ask all medical colleges to send the medical teams to hard hit areas
- Cabinet declared State of emergency to 14 districts, call for international support
- HEOC prepared team to handle FMTs, logistics, coordination, Information and communication [6:30 PM]

## Chronology of the day 1

# Hospital Preparedness

- In Kathmandu Valley, Hospitals were prepared for Emergency – Hub Hospitals were strengthened and trained on how to work together
- Trauma and Emergency Response Guideline was in place
- *Recording system was not strong, thereby missed the cases in early hours*

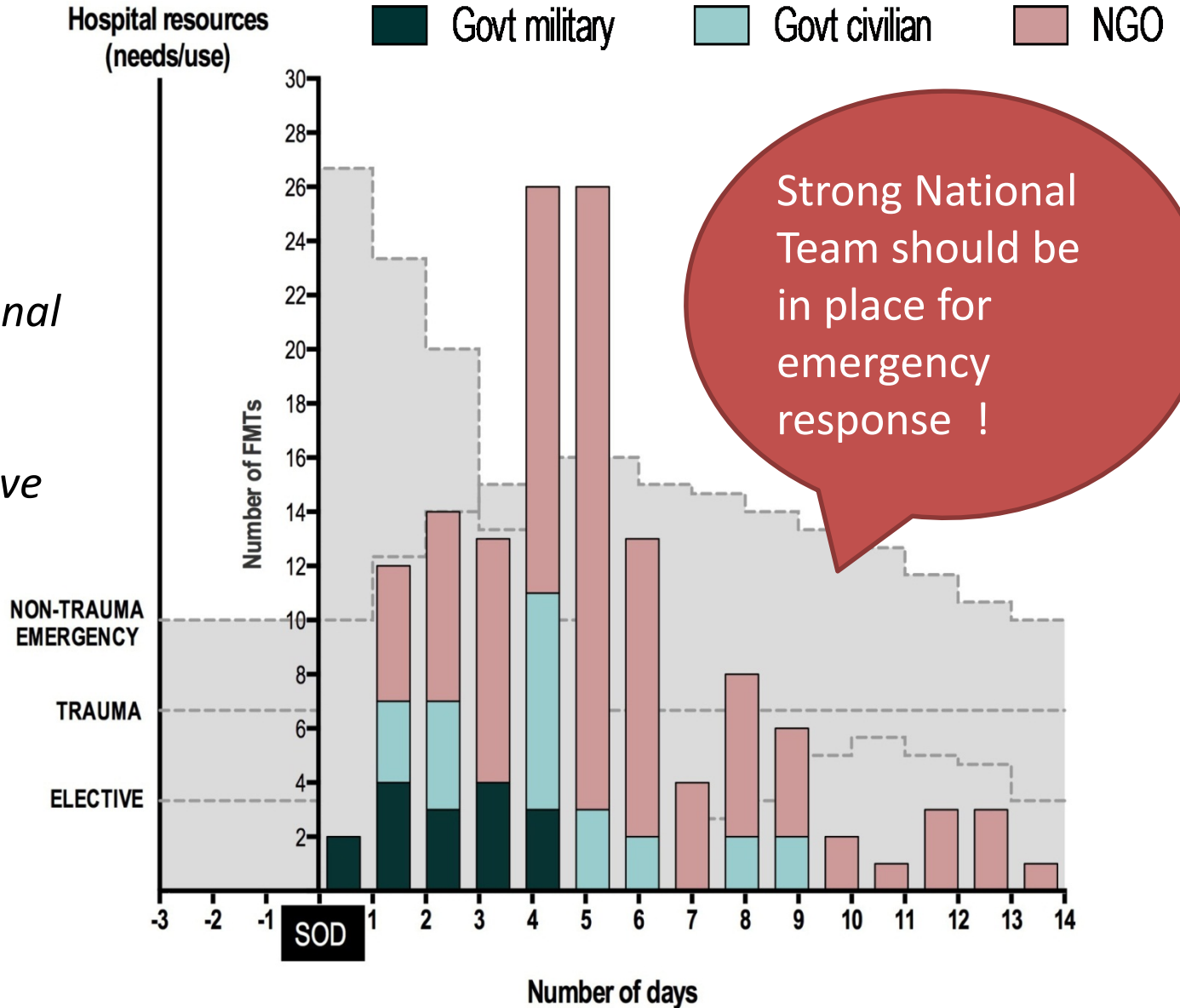
*Preparedness of the Hospitals worked well*

Recording and reporting system to be strengthened

NEPAL 2015

*Rapid, heavy deployment by regional Government teams (often Type 2 and 3) matched trauma wave*

*Note trauma wave in shaded area behind graph*

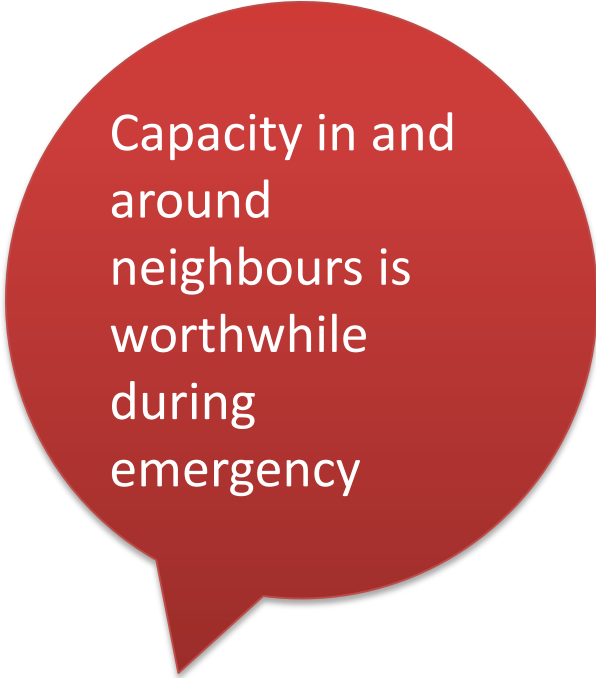


# Early deployment

- On an average, received EMTs after 72 hours


But

- we received the Military Medical Teams from India and Bhutan within 12 hours
- They were instrumental to synergize the Hub Hospitals in Kathmandu Valley



Capacity in and around neighbours is worthwhile during emergency

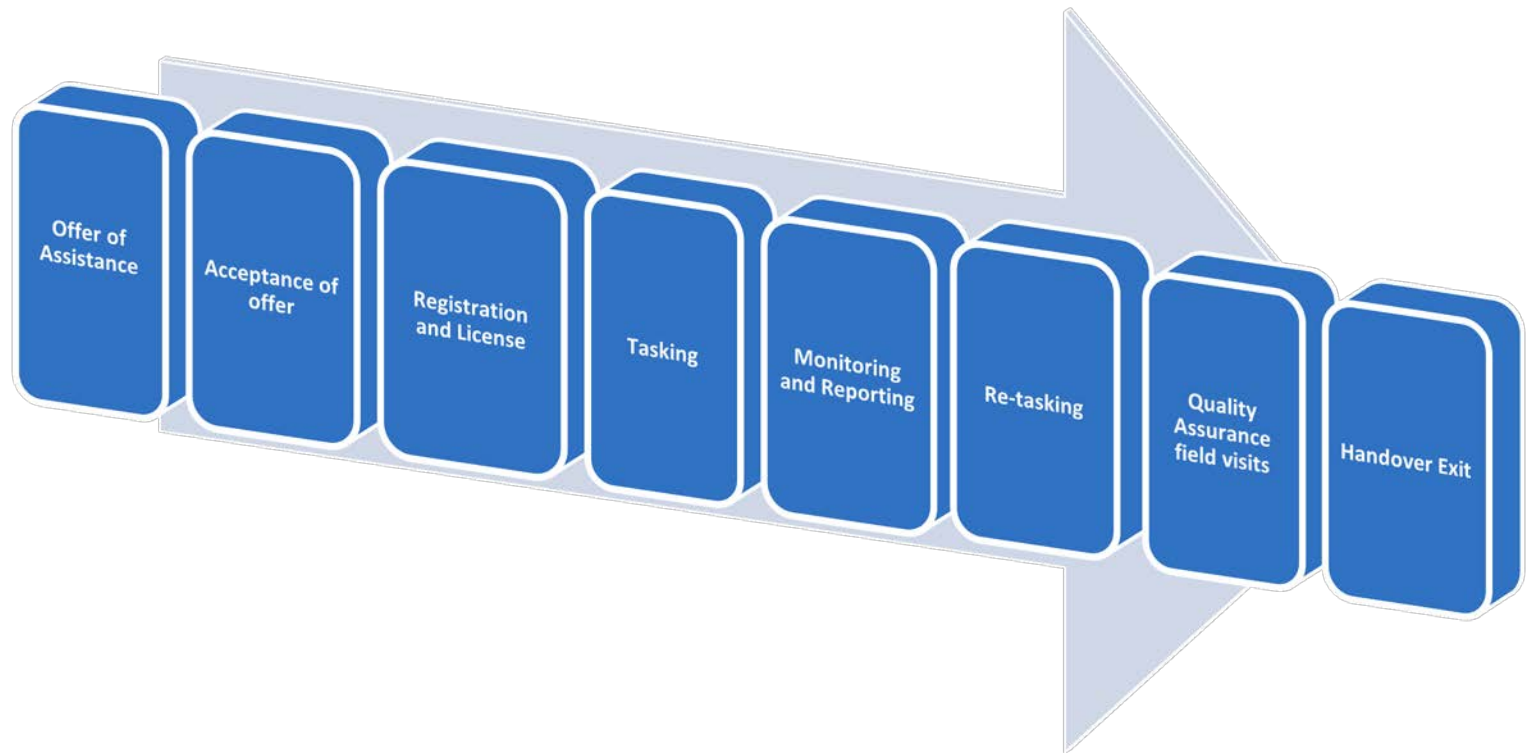
# EMT composition and size

- Received 150 EMTs of different size
  - Many of them were self sustained but a few were not self sustained
  - Large team could not move faster because of logistics and transport arrangement as disaster happened in hill and mountains
- 
- EMT should be flexible enough to divide in to smaller size and be able to move to hard to reach area
  - *Hub and spoke strategy should be in place*

# **EMT Mobilization**



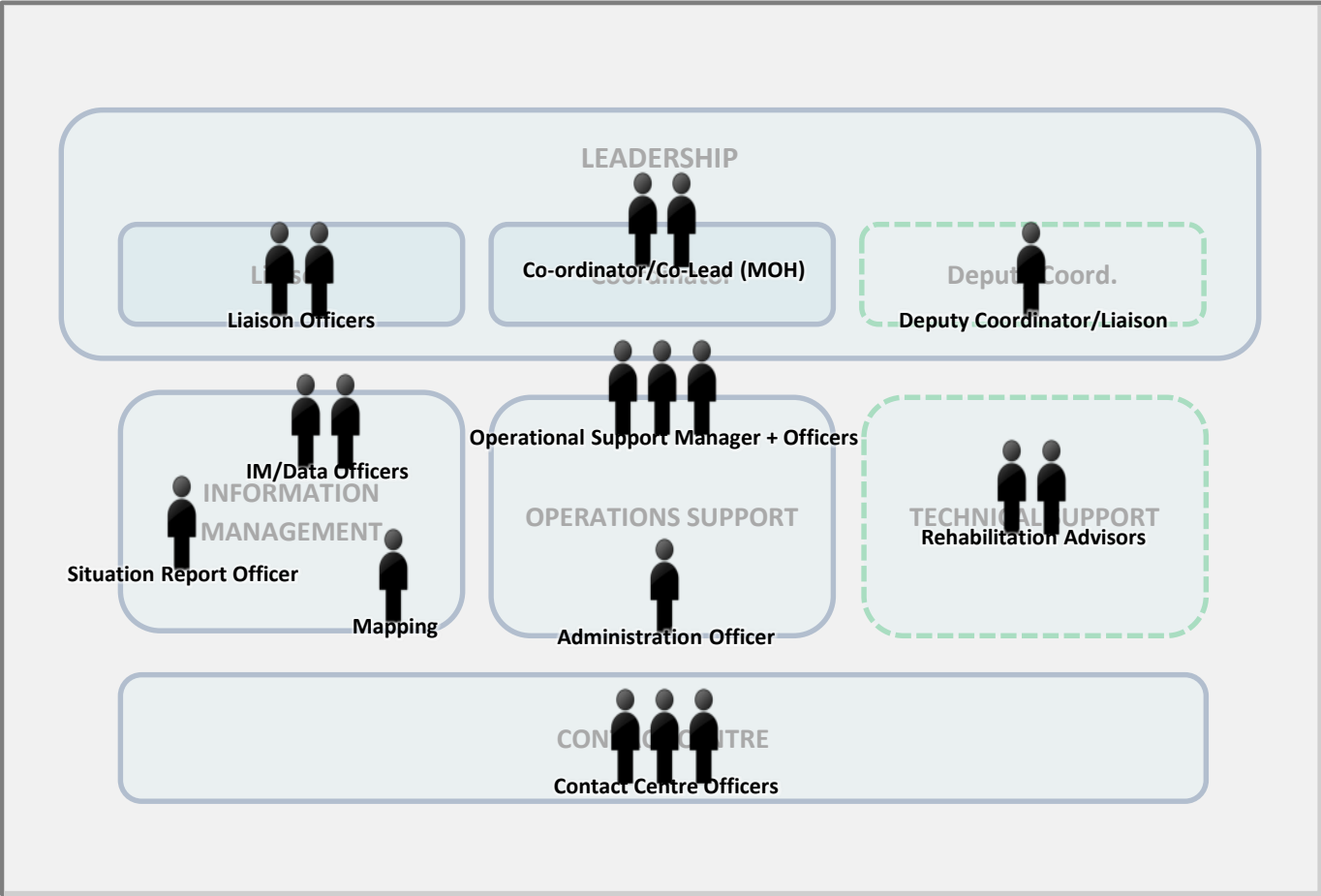
# *EMTs deployment process*



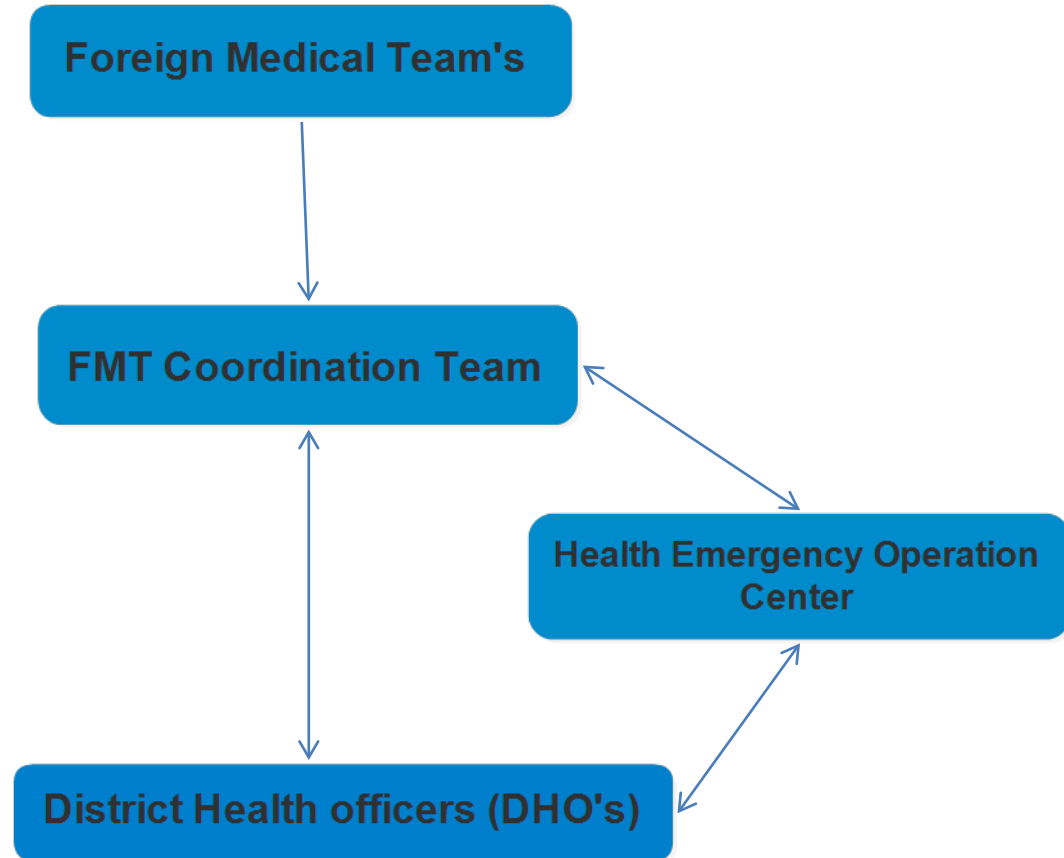
# Registration and Instruction

- Registration was done with
  - a letter from your organisation.
  - proof of the licence to practice/registration
- Teams were informed of some key clinical and management issues to be aware of during their mission in Nepal.
  - Documentation of all patient care. In particular, detailed patient records of those requiring difficult procedures such as amputations, and cases that require follow-up and rehabilitation. Notes must explain the reasons requiring the procedures carried out, and copies given to the patient, the Ministry of Health and retained by the FMT.
- Regular Meetings with EMTS

# FMTCC



# Earthquake Emergency Phase



# we Learned

- Coordination –well
- Sufficient data captured
- Registration and contd. Follow up – minimizes the malpractice – An example of *Duwachaur*
- Spatial differences to be considered

# Further lesson learned

- Recording and reporting system to be strengthened
- RRT to be strengthened
- EMTs of different category to be formed at national level
- Use of registration form and process was useful and so the coordination meetings
- Interaction at the FMTCC meetings, having local members in the team helped the FMTs to deliver service more effectively
- Engagement of local organizations in logistics management was very useful and effective

Thank you for your active  
listening