

**GOVERNMENT OF INDIA
HOME AFFAIRS
LOK SABHA**

UNSTARRED QUESTION NO:7455
ANSWERED ON:22.05.2012
GUIDELINES OF NDMA
Thomas Shri P. T.

Will the Minister of HOME AFFAIRS be pleased to state:

- (a) whether the National Disaster Management Authority (NDMA) has reviewed the implementation of guidelines on the management of natural and man-made disasters by the Central Ministries and the State Governments;
- (b) if so, the details thereof and the status of implementation, State-wise;
- (c) whether the NDMA has finalized the disaster trauma care guidelines; and
- (d) if so, the details thereof?

Answer

MINISTER OF THE STATE IN THE MINISTRY OF HOME AFFAIRS (SHRI MULLAPPALLY RAMACHANDRAN)

(a) & (b): Disaster Management Act, 2005 mandates the National Disaster Management Authority (NDMA) for laying down guidelines to be followed by the State Authorities in drawing up the State Plan and by the different Ministries or Departments of the Government of India for the purpose of integrating the measures for prevention of disaster or the mitigation of its effect in their development plans and projects. It has no specific mandate for review of the implementation of guidelines. The NDMA however has issued 18 disaster specific guidelines so far.

(c) to (d): There is no specific guideline on disaster trauma care. However, NDMA has issued Guideline on "Medical Preparedness and Mass Casualty Management" during October, 2007, which emphasises for institutional strengthening and capacity building for trauma care management. Its salient features include:-

Detailing the role of major stakeholders in Medical Preparedness and Mass Casualty Management (MPMCM) [includes pre-hospital (onsite) care as well].

Establishment of effective emergency medical response including pre-hospital care and trauma management at the incident site such as establishment of incident command posts and rendering care during the first few "golden hours".

Transportation of mass casualties during disasters.

Institutional strengthening (Training of related Human resources).

Capacity building of community in first response, basic life support and initial trauma care.

Networking of critical care facilities at earmarked hospitals and trauma care- with referral linkages.

Hospitals including strategies to make them risk resilient.

Specialised incident – site and hospital capabilities to handle Chemical, Biological, Radiological and Nuclear (CBRN) casualties.

Setting up of trauma centres at regional levels.

Networking of Blood Banks and Laboratory services network.

Psychosocial support and mental health services.

Epidemiological surveillance and Public health measures for containment of disease outbreaks.

Adoption of new technologies used for effective mass casualty management.