

alongside him, but I was able to squeeze in without having to sit on him and did a cursory examination. I called for a sphygmomanometer and a stethoscope, and they indeed had one in an emergency kit, which arrived after a few minutes. Fortunately, a few minutes of lying flat did the trick, and he recovered to full consciousness. When I had the necessary tools I recorded a normal blood pressure. It turned out he just had air sickness and had vomited, then felt faint. The emergency kit had a tablet of Avomine that I made him swallow, and in a few minutes he was back to his seat and eating a hearty breakfast.

In his classical essay 'In praise of idleness', Bertrand Russell writes: 'Work is of two kinds: first, altering the position of matter at or near the earth's surface relatively to other such matter; second, telling other people to do so.' It has been several decades since I ever did anything myself, as distinct from telling other people to do so, and I shudder to think of what would have happened if this had been a genuine emergency where I did not have a registrar available to carry out my instructions. While my former patient was enjoying himself, I had this unpleasant idea to think about. More was to come. The airhostess brought a large form to me and demanded that I fill it out. It had a proforma with columns for all the measurements and examinations I was taught by *Hutchison's Clinical Methods* when I was a third year student. Details like the state of his pupils, his temperature and respiratory rate, the pulse rate and the blood pressure (these two the only parameters I had actually measured), descriptions of his heart

sounds and every individual system were demanded. The woman kindly told me that all I had to do was to sign it and they would fill it up. I have never been happy about signing anything blank, from a cheque to a letter paper, and I refused to do so. Instead, I struck everything off with one bold stroke and wrote what I had actually done. She was most unhappy about this irregular procedure, but there was nothing else she could do. She retained my card, and I wonder whether I will receive a stiff letter from the airline doctor reprimanding me. On the other hand, I could also hope for a letter thanking me for the prompt service rendered, but that may be too ambitious. More than a month has elapsed, and I have received neither communication.

Perhaps the Director General of Civil Aviation should give some thought to this matter, and devise a more practical report form.

THE ONE THAT GOT AWAY UNREVERSED

Of all the actions of the previous government, the ones I would most like to see reversed by this one are Mr Karunanidhi's advice to the police not to 'harass' people breaking the helmet law, and the sanction to the practice of Jallikattu or bull baiting. Alas, it is that season of the year again, and this pernicious custom continues.

Jallikattu goes on, nominally with precautions to avoid torture of animals and injury to humans, but the newspapers report evidence of both in plenty.

M.K. MANI

Letter from Glasgow

'BE PREPARED': PLANNING FOR MAJOR EMERGENCIES

One of the things that I always look out for is news in the UK media about India. Even in this digital age with its myriad of ways of communicating (or as some would say from face-to-face communication to Facebook), it is the news agencies that provide me with different perspectives on my country of birth. I appreciate the positive news from India, whether it is about health, economic, social, cultural, environmental or other advances, but the negative news also lingers and impinges on the mind. This includes train¹ and plane² accidents, and natural disasters.³ Apart from the sorrow felt at the loss of life and suffering, and noting the institutionalized mantra of state and federal officials announcing payments to those affected, I also think of how the emergency services, including health services, coped with the incident. Did they plan for it? Were any preventive actions considered and/or possible? Were the services adequately prepared and did they respond effectively, efficiently and in time? How quickly did the recovery period last before things were back to normal? Did they review the incident to learn lessons for the future? These are some of the questions which come to mind—not just for such incidents in India but elsewhere as well—because it is part of what I do as Director of Public Health in Lanarkshire.

Health protection, encompassing communicable disease control, control of non-communicable environmental hazards and emergency planning, is an integral part of public health. The

planning for emergencies affecting the health service is an important aspect of the work of all National Health Service (NHS) Boards in Scotland. In Lanarkshire, which has the responsibility to protect, improve and promote the health of, and provide healthcare to, its 640 000 residents, there is a Major Emergency Plan.⁴ The Plan lays out what actions are to be taken if we were faced with a large number of casualties in the emergency departments of our three district general hospitals.

To help the work of NHS Boards and other organizations in emergency planning, there is UK and Scottish⁵ guidance. As part of that, a major emergency is defined as 'a situation either arising or threatened which requires the special mobilization and/or redeployment of staff or resources with consequent interruption to routine activities'. In Lanarkshire, the Major Emergency Plan considers major emergencies affecting the NHS that could arise from a variety of causes including road, air or rail crashes, pollution to the environment, fires or explosions, industrial accidents, severe weather and communicable disease outbreaks/pandemics. This list includes just some of the possible scenarios, but a key aspect of any plan is that it must be flexible to respond in a coordinated and proportionate fashion to any challenge, not just the ones envisaged.

The aims of NHS Lanarkshire's Major Emergency Plan are to (i) provide an overall strategic framework to ensure that essential healthcare needs are met effectively when normal services become overloaded, restricted or non-operational due to a major emergency,

and (ii) ensure that the NHS in Lanarkshire is prepared to respond to a major emergency.

These aims are simple but ensuring their delivery is complex. However, fundamental to ensuring delivery is the need for effective working in the health service and with our partners in other public organizations such as the police, and the fire and rescue service. NHS Lanarkshire, similar to other NHS Boards in Scotland, has to be prepared to (i) treat patients whose number, condition and location may prevent treatment under routine arrangements; (ii) safeguard the health of the wider population from possible adverse effects of the emergency; (iii) continue to provide treatment and care for existing patients; and (iv) where this is not possible due to capacity constraints, prioritize treatment and deploy resources where they will be most effective.

The evidence suggests that there are four distinct phases in managing an emergency⁵—prevention, preparedness, response and recovery. Prevention refers to measures adopted in advance of an emergency and which seek either to prevent it occurring or to reduce the severity of its effects, e.g. having a detailed plan in place for emergencies, and stockpiling antivirals for pandemic influenza. Preparedness includes hazard/risk assessment of various situations and scenarios on an on-going basis, the identification and preparation of resources, the maintenance of skills, and ensuring that operating procedures are underpinned by regular training and exercises, e.g. training of emergency department staff at potential sites of major emergencies. The response is the acute phase where the priorities are to save life and prevent morbidity, prevent any escalation of the situation, and to facilitate the return to normal. Recovery is the phase encompassing all activities necessary to provide a return to normality, both for those affected by the emergency and for those responding to it. Finally, following a major emergency there must be an analysis of the response and identification of lessons learned to inform revising the plans for future major emergencies.

An example of these phases was during the influenza A H1N1 pandemic in Lanarkshire to which I referred in a previous Letter from Glasgow.⁶ Although the pandemic, ultimately, was much less severe than anticipated, we were able to put into action the Lanarkshire Pandemic Influenza Plan (an appendix to our Major Emergency Plan). The preventive aspects included antiviral stockpiles, contingency plans for immunization and antiviral distribution points and personal hygiene communications for the population. We were prepared by having procedures for convening

multi-agency meetings, ensuring hospitals and primary care were primed to deal with the pandemic, and also by linking regionally and nationally through face-to-face meetings, written and electronic communications, video conferences and teleconferences. The response to the pandemic including supplying antivirals, procuring personal protective equipment, arranging for vaccinations, dealing with hospital patients with H1N1, and dealing with people cared for at home with H1N1—were all done while maintaining existing health services and social care. Finally, the recovery was easier in some ways because the pandemic was not as severe as anticipated and there was a natural return to normal working. As part of the debrief, the lessons we learnt in Lanarkshire were collated and shared. We have used these, together with UK and Scottish guidance, to develop the revised Lanarkshire Pandemic Influenza Plan which will be published later this year.

I have to admit that I do not know how health services in India plan for major emergencies—and I am happy to be educated about that. But being involved in it in Scotland underlines for me just how important emergency planning is. Finally, to underline this importance, perhaps the international Scout Movement's motto should be adopted by all those planning for major emergencies—'Be prepared'.

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