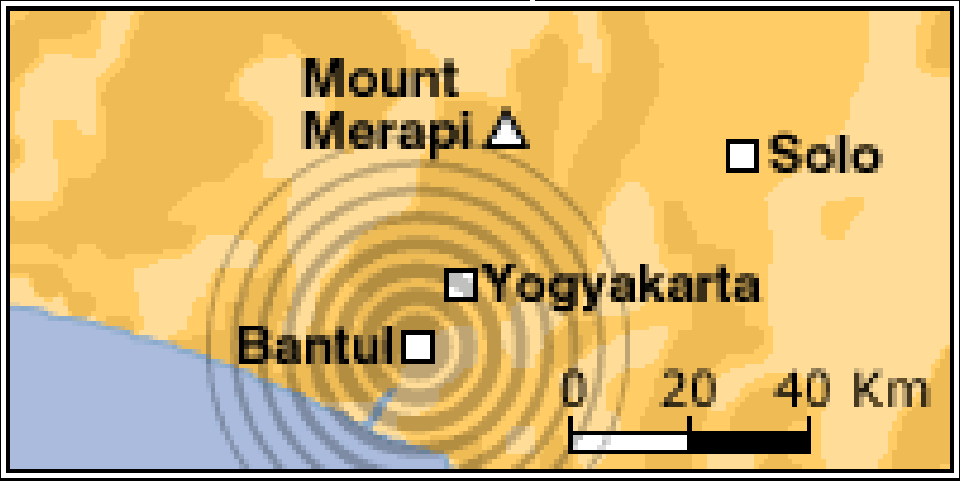


Disasters Management :

Lesson learn of Bantul Earthquake 2006 &
Merapi eruption 2010

Handoyo Pramusinto



GEMPA 27 MEI 2006 YOGYAKARTA

TANGGAL: 27/05/2006 PUKUL: 05:53:57 WIB LOKASI: -8.26 / 110.31 KEDALAMAN: 33 KM KEKUATAN: 5.9Mb

















Merapi eruption, by Affandi

Periode 1

26 Oktober 2010

*Hujan abu,
disertai awan panas (wedhus gembel)*

30 Oktober 2010

Hujan abu dg radius lebih jauh

Periode 2

26 Oktober – 11 Nopember 2010

*Area rawan bencana diperluas
hingga radius 20 km*

Jumlah pasien total : 286

Kasus Luka Bakar : 64

Pasien meninggal : 32

Jumlah jenazah (dari lokasi) : 157



Crowded entry point for patients





Decontamination area (instant set up)



Lack of any medical instrument support and drugs



'Hazard '? , media, VVIP, family



Morning meeting , is it important ?



Many victims = many problems

Hospital preparedness

Disaster planning

Activation of the plan

Response system

Hospital command centre

Communication system

Traffic management

Security

Visitor

Volunteers

Reception of casualties

Fields team

Essentials supplies

Problems

Financial support

Forensic medicine

Heterogen cases (burn trauma ----- stroke)

Human resources : teamwork, supporting staff

Logistics

Medical team ----- exhausted

Medical audit

Nutrition (for patient & staff)

Operating theatre

Statistics

Stress (patient & staff)

VVIP

Disaster Response is Bussines as Usual but

- Needs exceeds the Capacities
- Shortage of Suplies
- Damages of Infra-structures

Problem of Response

1. Under Development of National and Local Disaster Management Capacities
2. Disaster Management of Health Sector, especially the Hospital Preparedness, was not well developed.
3. Preparedness Mismatch (Volcano Eruption vs Earthquake)

Problem of Response

1. Under Development of National and Local Disaster Management
 - UU no 24 tahun 2007 tentang Penanggulangan Bencana (declared 1 years after the Event)
 - Bakorlak PBB (National Board of Disaster Response) is not effective

Problem of Response

2. Disaster Management of Health Sector, especially the Hospital Preparedness, was not well developed.
 - Incident Command System (Plan B)
 - Triage
 - Surge Capacity
 - Hospital Evacuation

Problem of Response

3. Preparedness Mismatch (Volcano Eruption vs Earthquake)

- All Hazards Preparedness, not a Specific Emergency Operation
- Volunter, Logistic, Media Management

Lessons Learned

- What Went Well
 - Medical Response was accomplished by maximum effort
 - Maximum support (volunteer, logistic)
- What Went Wrong
 - Inadequate Coordination
 - Prolonged Chaos
 - Ineffective works
- How to make it better
 - UU 24 th 2007 tentang Penanggulangan Bencana
 - National and Regional Board of Disaster Response
 - Education in Disaster Management (MMB, PMPK, Blok 4.2)

Responses problems were far more likely to result from inadequate management than from any other single reason.

Terima kasih