

## **DOCUMENTATION AND RECORDS**

### **Documentation**

1. Records should be minimized, depending on circumstances.
2. Numbered disaster tags will be available in the Receiving Area and affixed to EVERY patient until the proper outpatient chart or hospital chart is prepared and records time.
3. Sufficient information should be recorded in order to aid in identification and determination of extent of injuries. This should be done in Treatment area rather than Receiving.
4. As soon as disaster tag information is obtained, remove the top sheet from the chart and send the runner to Command Centre in the Emergency Department on affix to clips outside each treatment room and information centre and medical record will prepare casualty list.
5. Report any major change of the patient's to this Command centre.
6. Treatment areas, Lab and X-ray should include the patient's disaster tag number and the patient location in the hospital.

### **Records**

#### **1. Mortuary Register**

This will include

- a) Name of the identification of person taking the body
- b) Signature of a witness to the release of the body
- c) Destination of a body name of the security guard on duty with sign
- d) Time of release of body

#### **2. Store Record**

It will include details about the materials indented, list of shortage of materials during the disaster circumstances etc.

#### **3. Purchase Record**

#### **4. Valuable handover register and form**

#### **5. Pharmacy Record**

#### **6. Food & Beverages Record**