



# **DISASTER MANAGEMENT GUIDE**

**For**

**Station & On Board Staff**

**2020**

## **Essential Tenets of Successful Accident Management**

1. All Railwaymen, whether on duty or otherwise, should involve themselves in rescue and relief works.

2. There should be utmost speed in rushing medical and other relief to the site of accident and also shifting of critically injured to the nearest hospitals.
3. There should be utmost care, consideration and courtesy extended to the passengers involved in the accident.
4. Adequate and swift arrangements should be made for food, drinking water etc. to the affected passengers.
5. Responsibilities of Officers, Supervisors and Staff at the site should be clearly defined. This helps prevent confusion.
6. Quick transmission of information, particularly details of dead and injured, should be ensured.
7. Ensure proper preservation and care of the dead.
8. Ensure security of passengers' luggage.
9. Timely dissemination of information to passengers of evacuation arrangements to relieve panic and create re-assurance.
10. Ensure that clues are preserved and restoration operations are well planned and swiftly executed.
11. Ensure proper liaison with Civil Administration, Police and Press.

## Disaster Management

### 1. Definition of Disaster

The incidents leading to sudden or great misfortune with extensive loss of life and/or property are termed as "Disaster".

### 2. Classification

Disasters are classified as : Natural and Man Made.

#### Natural

Flood  
Cyclone  
Earthquake  
Drought  
Landslides, Tsunami etc.

#### Man Made

Chemical/Nuclear Leaks  
Setting fire to a train  
Blasting Bomb  
Terrorism, Sabotage etc.

### 3(a) List of duties for different officials in the event of a serious accident.

In the event of any accident to a passenger carrying train, all railway staff including officers travelling in train whether on duty or not shall present themselves to the Guard of the train and carry out the duties allotted to them by the senior most official/ officials/ site manager or in absence of such official by the Guard.

### 3(b) Instructions of the Railway Board's letter no. 89/SafetyI-4/3 dt. 04.03.1989

- (i) All Railway men travelling in a train involved in accident should report immediately to the Guard.
- (ii) All staff at accident site should wear arm band, .Accordingly, all passengers carrying trains should be provided with 10 arm bands and to be kept with Guard.
- (iii) A permanent check list to be displayed in all SLRs regarding duties of Guard during an accident.

### **General Guide lines for On Board Staff**

- Ensure full rest before taking over the charges.
- Ensure availability of torch lights during night.
- Ensure availability of First Aid Box in train. Do not take alcoholic drink or any intoxicating elements immediately before duty or while on duty.
- Be in proper uniform with name badge while on duty.
- Do not misbehave with passengers in any respect and under any situation.
- Be a member of the rescue team under the guidance of the Accident Manager.
- Render first aid to the injured passengers.
- Keep temperament cool to look after their comfort of injured and non- injured passengers.
- Guard and Driver to ensure availability of valid detonators.
- Wear and distribute Arm Band to staff engaged in rescue operation, if available.

- Check availability of drinking water in the pantry car and nearby locality.
- Do not pass any misleading information.
- Do not leave the accident site without the permission of the Accident Manager.

**Fire in Train:**

**(A) Avoid:**

- Smoking or lighting a flame where it is prohibited.
- Throwing of oil soaked jute/cloth carelessly.
- Throwing of burning match stick, bidi/ cigarette carelessly.
- Do not overleap electric circuits in a coach.
- Do not keep explosive materials along with combustible materials.
- Prohibit carrying of gas stoves, kerosene oil, gas cylinders, kerosene jars, petrol or other inflammable articles in passenger carrying trains.

**(B) Obey:**

- Be speedy but do not get nervous.
- Locate the fire extinguishing substances viz. water, bucket with water/sand, fire extinguishers etc.
- Segregate/Remove all valuable property.
- Arrange to isolate the source of fire.
- Ascertain the type of fire viz- dry oil, gaseous, electric and use of proper extinguishers.
- In case of fire from electricity, switch off the source.
- Do not stand against the wind.

**In the event of fire on Electric Engine/EMU/MEMU:**

- The Driver shall immediately switch off the circuit breaker and lower the pantograph. The train shall be brought to a stand at once.
- After disconnecting the electric supply to the electric circuits, the Driver shall take necessary action to put off the fire.
- Driver shall advice the Traction Power Controller to arrange to shut down the OHE power of the affected section.
- The Guard and any other staff available shall render all possible assistance to the Driver in putting off the fire.
- Ordinary fire extinguisher or water from a hose pipe shall on no account be used to extinguish fire on live wire or electrical equipment. If the services of the Fire Brigades are required, the Brigade shall not be allowed to commence operation until all electrical equipment in the vicinity of the fire has been made dead.

**When a person's clothing catches fire:**

- Approach him holding with nearest available wrap in front of you.
- Wrap it round him.
- Lay him roll on the floor, smothering the flames.
- Do not allow to rush into the open air.
- Call for assistance.

**Fire caused by petrol or any other inflammable liquids, Acids or Gases:**

- Segregate the affected wagon, coach or area involved.
- On opening a wagon do not enter it immediately. You would thus avoid fumes which may be dangerous.
- Use D.C.P,T. Fire Extinguisher and Sand and not water or Soda Acid type Fire Extinguisher.
- Do not bring naked lights near the site of fire.
- Inform the nearest Fire Station intimating that the fire has been caused by petrol or any other inflammable liquid or gases or acids.

**In the event of a vehicle on a train caught fire, on run.**

- a) The train shall be stopped, immediately.
- b) Efforts shall be made to save the lives and RMS first.
- c) Information should be given to the nearest SM/control quickly.
- d) The burning vehicle shall be isolated at a distance of not less than 45 meters being left between it and the other vehicle of the train.
- e) The train shall be protected in accordance with GR. 6.03, if not protected by fixed signals.
- f) Every effort shall be made to extinguish the fire and to save the wagon labels, seals and the contents of the vehicle.
- g) Earth or sand, if available shall also be used to extinguish fire in addition to fire Extinguisher and water bucket as per training imparted to the staff.
- h) Ordinary Fire extinguisher or water from a hose pipe shall on no account be used to extinguish fire on live wire or electrical equipment. If the services of the Fire Brigades are required, the brigade shall not be allowed to commence operation until all electrical equipment in the vicinity of the fire has been made dead and earthed.
- i) If the fire is suspected to be due to electrical short circuit, the electric couplers at both the ends shall be disconnected & fuses from the battery from boxes shall be removed.
- j) In case the fire is near a tank, the Guard and Driver shall use their discretion to proceed there, but no such attempt shall be made until the portion of the train in rear of the vehicle has been detached.
- k) All available help should be mobilised to extinguish the fire.

## GUIDELINE FOR ON BOARD STAFF

### A) GENERAL

- i. Ensure full rest before taking over the charges.
- ii. Ensure availability of Torch Light during Night.
- iii. Ensure availability of First Aid Box in train.
- iv. Guideline of First Aid Instructions attached with this Manual to be followed.
- v. Be a member of the Rescue Team under the guidance of Accident Manager.
- vi. Render First Aid to the injured passengers.
- vii. To look after their comfort both injured and non-injured passengers, physically and mentally keeping the temperament cool.
- viii. Do not leave the accident site without the permission of Accident Manager.
- ix. Do not pass any misleading information.

### B) GUARD

- i. Check the availability of First Box with full components while on duty before starting.
- ii. Ensure availability of other departmental staff booked to work with your train along with their names and possible location of trains.
- iii. Do not take any Alcoholic Drink or any intoxicating elements immediately before duty or while on duty.
- iv. Note the time of accident.
- v. Form a team with different on duty staff and guide them to rescue operation.
- vi. Call for doctor from the passengers with the help of TTE, the team and seek their assistance.
- vii. Seek assistances of the railwaymen on the Train for rescue operation.

### C) CREW

- i. Keep liaison with the guard.

### D) TTE

### E)

- i. Make a note of doctors travelling by the train with coach and berth No.
- ii. Also note down the list of railway staff travelling on the train, if possible.
- iii. Do not misbehave with passengers in any respect and under any situation.

- iv. Report to the guard to assist him in rescue operation.
- v. Hand over the copy already made doctors' list who are travelling by the train to the guard and arrange inform them and insist them for rescue operation.
- vi. Identify the Railway staff of the train from the reservation chart to assist in rescue operation.
- vii. Wear & distribute Arm Band to staff engaged in rescue operation, if available.

**E) AC COACH ATTENDANT**

- i. Meet the Accident Manager and be a member of the rescue team.

**F) PANTRY CAR/CATERING STAFF**

- i.
- ii. Check availability of drinking water.
- iii. Arrange supply and distribute food, snacks, beverages etc, if available to the injured passengers.
- iv. Be a member of the rescue team.

**THE GUIDELINES OF FIRST AID**

- i. Help injured persons to achieve normal breathing conditions.
- ii. Bleeding should be tackled on a priority basis starting from profuse bleeding, the continuance of which would endanger life.
- iii. The injuries should be supported and secured by simple methods.
- iv. Any person who is, or has been entrapped under the debris must be treated on the assumption that the severest injuries have been received, which might include fracture of the thigh or pelvis or spine.
- v. A person who is wholly or partly unconscious or one who is suspected of suffering from internal injury should not to be given anything to eat or drink.
- vi. All injured persons suffer from primary shock. They should be treated carefully. Secondary shock should not be allowed to come on.
- vii. Child must be prevented by covering with suitable clothing or blanket. Similarly during summer injured to be shifted to a cooler place, avoiding direct hot sun beam.
- viii. Care, gentleness, assurance and good behaviour are necessary except for the hysteria patients, who require firm handling.

**HAEMORRHAGE (SEVERE BLEEDING)**

Bleeding may be—

- i. Arterial (from an artery)
- ii. Venous (from a vein)
- iii. Capillary (from a capillary)
- iv. Mixed (from a combination of the above vessels)

Guidelines for the signs and symptoms of severe bleeding either external or internal are as follows:-

- i. Rapid loss of strength accompanied by faintness especially if the patient is raised to sitting or standing position.
- ii. Face and lips become pale and the skin cold.
- iii. Breathing becomes hurried and may be accompanied by swing sighting.
- iv. Pulse becomes progressively faster and weaker and become so feeble or not to be felt at the wrist.
- v. He becomes thirsty.
- vi. He may become restless and throws his arms about or clothing round the neck.

- vii. Finally the patient may become unconscious. If these signs are observed but external cause is not apparent, the case should be regarded as one of internal haemorrhage and dealt with as a matter of urgency by immediate removal of the casualty to hospital.

## **EXTERNAL HAEMORRHAGE**

The following should be kept in mind while attending to the external haemorrhage.

- i. Firm pressure applied to a wound will always nearly stop bleeding and should be done with a clean pad and firmly applied Elastoplasts bandage. If this method fails, extra pressure with the flat of the hand over the Elastoplasts will usually succeed.
- ii. Where possible, raise the bleeding point above the level of the heart. For instance, in bleeding from the leg, lay the patient down, raise his leg into the air and support it in that posture.
- iii. The above method will nearly arrest bleeding completely. If, however, the flow of blood is still brisk, additional pressure may be applied to the appropriate pressure points with the fingers.

### **Bleeding from the Head:**

Press backward and inward with the thumb on a point half -way up the neck just in front of the strap like muscle, running vertically at the side of the neck and thereby compressing the carotid artery.

### **Bleeding from the arm:**

Press behind the middle of the collar bone in a downward direction in order to compress the Sub-clavion artery on to the first rib.

### **Bleeding from the leg:**

Press firmly with the thumbs onto one third of the distance from the inner to the outer side of the thigh in the groin area.

### **Bleeding from the socket:**

Plug the socket firmly with cotton wool and place over this a larger plug, instruct the patients to grip firmly on to the large plug with the teeth.

### **Bleeding from the palm of the hand:**

Place a firm pad of gauze over the bleeding point and instruct the patient to close his hand over it. Then put bandage firmly over the closed fist.

### **Bleeding from the finger:**

Apply a pad of lintor gauze over the wound and secure firmly in position with Elastoplast plaster (The Elastoplast finger dress is very effective for this purpose). This always controls the haemorrhage.

### **Bleeding from the wounds of chest and abdomen**

Lay the patient on stretcher; apply a firm pad and Elastoplasts bandage to the wound and shift the patient to a hospital as quickly as possible. If the wound runs across the abdomen, keep the knees slightly bent by means of cushion or pillow placed under knees as this would keep the wound closed. If the wound runs lengthwise, keep the knees straight for the same reason.

Note – We should avoid use of a tourniquet as far as possible. It can be dangerous in the hands of a novice and if adequate care is not taken. Only trained people should use tourniquet.

## SHOCK

- i. Shock is the sudden depression of the nervous system, mostly due to paid injuries haemorrhage. In case of shock, there may be partial/complete insensibility.
- ii. Following treatment will help the patient to recover from shock
- iii. Raise the patient with the head, lower than the body and limbs; this position will ensure blood supply to the brain and prevent any collection in the mouth and throat from getting into the air passage.
- iv. Keep the patient warm, if his body is cold and clammy. The later will aggravate the shock.
- v. Give the patient continuous sips of a warm sweet drink like tea, cocoa or coffee to stimulate the depressed system.

## FRACTURE

Fracture may be classified as –

- i. Simple or closed fracture where the skin is not broken.
- ii. Compound or open fracture i.e. there is wound over the fracture.

### General treatment of a simple fracture:

Methods of treatment vary with the bones but in general this treatment consists of making the patient comfortable and warm splinting the broken bone as far as possible with the materials at hand applying a sling to the arm or putting the patient on a stretcher in case of a broken leg and sending him to hospital as quickly as possible.

### General treatment of a Compound fracture

The compound fracture is a much more serious injury than a simple fracture because although the wound may be quite small, there is ample room for entry of bacteria which might cause infection and thereof. It is important to apply a dry sterile dressing or clean pad over the wound at once. This seals the wound.

## LOSS OF CONSCIOUSNESS

Loss of consciousness can be of two types -

- i. Unconsciousness where breathing is grossly interfered with.
- ii. Unconsciousness with breathing present and usually normal.

The causes are many and vary.

- Injury
- Medical causes -
  - Apoplexy (haemorrhage in the brain)
  - Alcohol
  - Epilepsy
  - Diabetes
  - Heart-stroke
  - Poisoning
  - Fainting
  - Shock
  - Exposure to cold

Many of these conditions stimulate one another closely and to distinguish one from the other requires expert knowledge. A patient suffering from cerebral haemorrhage may adjudge to be drunk because his breath smells off alcohol.

It is dangerous to lead to conclusions in conditions of unconsciousness. Rather, try to sort out the signs and symptoms to arrive at a definite and accurate diagnosis. It is better to seek medical advice immediately.

### **Treatment for loss of consciousness:**

#### **A –AIRWAY**

- i. Keep a clear air way.
- ii. Prevent the patient from damaging himself.
- iii. Apply artificial respiration, if necessary.
- iv. Give nothing by the mouth.
- v. Send to hospital.

#### **B – BREATHING:**

Check for breathing. Keep the back of your fingers near the nose of the patient. You can feel the warm air (or) keep your ear near the nose and look for the movement of chest, listen to the sound from the throat and feel the warm air from the nose.

#### **C – CIRCULATION:**

Check the pulse. Normally we check the pulse at the wrist; however, sometimes it is not felt because of severe bleeding. So it is better to check the pulse at neck. (Carotid Pulse).

After checking A-B-C, there may be two possibilities:

- If the patient is breathing, has circulation but in unconsciousness, immediately turn him/her to recovery position and transport to hospital.
- If the patient has failure of breathing and circulation, then immediately start CPR (CARDIO PULMONARY RESUSCITATION), the important life saving technique in First Aid.

To revive the lungs, you have to give artificial respiration by mouth to mouth (Kiss of Life) method. Lift the Chin forward and press the jaw to open the mouth with one hand and close the nose with other hand. Keep your mouth on the casualty's mouth and blow.

To revive the heart you have to give external chest compression. The casualty should be made to lie down on a hard surface. Keep heel of the palm on the chest (Pit of stomach) of the casualty and keep the other palm over that hand and compress.

Mouth to mouth ventilation and external chest compression should be given in the ratio of 2:15. This should be continued up to the revival of life or till reaching the hospital. Once life starts, immediately turn the casualty into recovery position and transport to hospital. (Recovery position or three quarter prone position means turn to one side, better to right side).

Recovery position: Recovery position is the safest position for unconscious patients. Normally we keep the patient in a supine position. However, in case of unconscious patients, it is a very dangerous position because the tongue can fall back and close the airway or saliva and other secretions may get into wind pipe. To avoid that, turn the casualty into recovery position and transport to hospital.

Sometimes, you may not be in a position to do First Aid due to tense situation. In this situation, at least turn the casualty to Recovery Position, that would help to save many precious lives.

## **FIRST AID**

**DEFINITION:** First aid may be defined as the assistance rendered before definitive treatment can be carried out; it is usually performed at the scene of the accident. Before medical aid is available, the responsibility for such treatment may rest upon non-medical personnel.

### **AIMS:**

- (1) Preserve life
- (2) Prevent further harm
- (3) Promote recovery

**Understanding and observing the first aid priorities saves lives.**

### **DO's**

- Get help as soon as possible
- Learn the life-saving techniques from a trained instructor
- Remember that every moment is vital: act quickly and calmly
- Reassure injured persons by soothing words/gestures
- Give first aid to the injured using first aid box of the guard or station.

### **DONT's**

- Don't delay getting a seriously injured person to hospital- dealing with their trivial injuries wastes valuable time.
- Don't move an injured person unless it is necessary to safety
- Don't give an injured person anything to eat or drink
- Don't leave injured until you have checked it is safe to do so

The three emergency situations where an injured person is especially at risk because of interference with vital needs are :

- Lack of breathing and/or heart beat,
- Severe bleeding,
- A state of unconsciousness

Skilled First Aiders can save lives by maintaining an injured person's vital needs:

**ABC** rule will help to identify these needs;

**A-** Airway

**B-**Breathing

**C-**Circulation

### **(CPR) CARDIO PULMONARY RESUSCITATION**

#### **REMEMBER THE PRIORITIES**

Danger to yourself

Response of the injured

Circulation (Blood circulation of the injured)

Airway

Breathing

In the event of an emergency, ask yourself the following questions:

**Is there any Danger?**

Only approach an injured person once you are sure that there is no danger for you, the injured person or bystanders.

Assess the resources available to you: are there any qualified medical professionals or any bystanders who could help you?

If you can make the area safe, remember to put your own safety first. Do not attempt to deal with a life threatening hazard.

**Is there any Response from the injured?**

If the injured person is conscious:

Assist him/her into a comfortable position

Check for injury and illness

Treat as appropriate

Seek medical help, if necessary

If the injured person is unconscious, ask yourself the following question

Is there something blocking the injured person's Airway

Check the injured person and ensure the airway is open.

**Is pulse palpable (i.e. is the injured person's blood Circulating)?**

**YES**

1. If you are alone, start artificial ventilation immediately.
2. Once you have given 10 breaths, Call for help.
3. Continue artificial ventilation.

At the rate of 10 breaths a minute until help arrives. Check breathing and pulse after every 10 breaths.

**NO**

1. Call for help immediately
2. Begin cardiopulmonary resuscitation at the rate of 2 artificial ventilation breaths to 30 chest compressions, until help arrives.

**Is the injured person breathing?**

**Yes**

1. Treat any life –threatening injury
2. Put injured into the recovery position
3. Get help
4. Check his/her breathing and pulse frequently

## **No**

1. Start artificial ventilation
2. Call for help

## **FOR LIFE –THREATENING SITUATIONS**

### **Assessing the injured**

Remember

Airway

Circulation

Breathing

### **Check Response**

1. Ask a question or command, for example 'Can you hear me?'  
'What is your name?' 'Or 'Open your eyes'
2. If you get no response, gently shake the injured person's shoulders.
3. If there is still no response, the injured is unconscious. If someone is with you, call for help.

### **Check for Pulse (Circulation)**

1. Place two finger tips in the hollow between the injured person's Adam's apple and the large neck muscle. Feel for five seconds before you decide that there is no pulse.
2. If there is breathing and pulse, put the injured in the recovery position.
3. If there is pulse, but no breathing, start artificial ventilation.
4. If there is no pulse present, start Cardiopulmonary resuscitation.

### **Open the Airway**

1. Ensuring that the airway is clear is of paramount importance. Deprivation of air, even for a few minutes, can be fatal or cause brain damage.
2. Remove any obvious obstructions gently from the mouth, such as vomited material or loose dentures.
3. With two fingers under the injured's chin and your other hand steadying the forehead gently tilt the head back.

### **Check for Breathing**

With your face close to the victim's mouth:

1. Look for the chest rising and falling

2. Listen for the sounds of breathing
3. Feel for his/her breath on your cheek

### **Recovery Position**

Any unconscious person that is breathing and has pulse should be placed in the recovery position as it prevents the tongue from falling back and blocking the throat, and reduces the risk of the injured person choking from his/her own vomit.

## **ARTIFICIAL VENTILATION**

1. Ensure the injured person's airway is clear and turn them on him/her back.
2. Pinch the injured person's nostrils between your index finger and thumb to close the airway.
3. Take a deep breath and with your mouth open, place it over the injured person's mouth ensuring that you have made a good seal.
4. Blow steadily into the injured person's mouth. You should see the injured person's chest rising.
5. Remove your mouth and allow the chest to fall
6. Repeat this process until help arrives or the injured person starts breathing again.

If the chest does not rise check that:

- There is no obstruction to the airway
- The head is tilted far back
- There is a firm seal around the victim's mouth
- The nostrils are firmly closed

### Clearing an Obstruction

1. Check the mouth for any obstruction
2. Pat victim's back firmly to dislodge obstruction
3. Give abdominal thrusts by kneeling astride the victim and with one hand on top of the other, pushing sharply just under their ribcage.

(NOTE: There is a risk of transmission of disease during artificial ventilation for the person giving first aid.)

### **BABIES AND CHILDREN UNDER 8 YEARS -**

It is advisable that when giving artificial ventilation to babies and small children to place your mouth over both their nose and mouth.)

If the injured has stopped breathing and has no pulse, it is essential to start CPR immediately.

It is preferable for this to be done by two people, as it is a very tiring procedure.

1. Ensure the injured person's airway is clear and that they are lying flat on their back.
2. Give 5 Artificial ventilation. If you are alone call for help.
3. With one hand, find the injured person's lowest rib, sliding your finger to point where the ribs meet the breastbone. Place your middle finger over this point and your index finger just above it.

4. Place the heel of your other hand above your two fingers. This is the area where you will be applying pressure.
5. Place the heel of your first hand on top of the hand which is now correctly positioned and interlock the fingers.
6. Keeping your arms straight, lean over the injured and press down vertically and firmly on his/her breastbone so that it is depressed about five centimetres (two inches), Do this hard and fast, thirty times and then give two full mouth-to-mouth ventilations. 5 cycles of 30:2 in 2 minutes.
7. Continue until help arrives or the pulse return.

#### **FOR A BABY (Infant: 1 month to 1 year)**

##### **What to do?**

1. Find the correct position for your index and middle fingers by imagining a line drawn between the baby's nipples and placing your finger just below the midpoint of this line.
2. Using your finger, press about 2 cm down (just under 1 inch) at the rate of about 100 compressions/minute. Remember that chest compression should be combined with artificial ventilation using the ratio 3 compressions to 1 breath.

#### **SMALL CHILD (1 YRS TO 8 YRS)**

##### **What to do?**

1. Find the correct position for your hand in the same way as you would an adult.
2. Using one hand only, press about 2 cm down (just over 1 inch) at the rate of about 100 compressions every minute. Remember that chest compressions should be combined with artificial ventilation, using the ratio of 30 compressions to 2 breaths.

### **BLEEDING**

#### **EXTERNAL BLEEDING (Bleeding from the surface of the body)**

##### **What to look out for:**

##### **Bleeding wound**

##### **What to do:**

1. Apply direct pressure with your hand, making sure there are no embedded objects in the wound.
2. Apply a sterile dressing or clean pad to the wound
3. If possible, raise and support the injured limb.
4. leaving the original dressing in place, bandage it securely.
5. Treat the casualty for Shock.

#### **INTERNAL BLEEDING (Bleeding within chest, skull or abdomen etc.)**

##### **What to look out for:**

- Cold, pale skin
- Weak and rapid pulse
- Pain, thirst, confusion
- Unconsciousness
- Coughing up blood

- Severe bruising

**What to do:**

1. Treat the victim for Shock by lying them down and raising their legs.
2. Loosen any tight clothing especially around the neck, chest and waist.
3. Ensure that the victim is kept warm, but do not over-heat them a blanket should be enough.
4. If the victim becomes unconscious, put into the recovery position, monitor their breathing and pulse and be ready to start artificial ventilation or cardiopulmonary resuscitation, if necessary.

**FRACTURES**

**What to look out for:**

- Intense pain, especially on movement of the injured area.
- Injured area looks odd and unnatural
- Deformity
- Swelling and bruising
- Difficulty in moving injured area
- Shock
- Breathing difficulty

**What to do:**

1. Tell the victim to keep still. If possible, do not move the injured area but steady and support it.
2. Any joints above and/or below the fracture must be immobilized to prevent further injury. Use a sling for arm fractures, which can be made from a triangular bandage, scarf and towel or similar thing.
3. Use splints to immobilize leg, upper arm, elbow, and finger and wrist fractures. Any long, firm object may be used (for example an umbrellas or rolled newspaper) with plenty of padding in the case of leg fractures, you could also tie the victims' legs together.
4. Check pulsation.

**NEVER:** Try to straighten a broken limb.

**NOTE:** If the fracture is open, control the bleeding and cover with pressure bandage.

**These are few examples of handling the emergency situations and rendering first**

**Aid. There are many more emergencies to learn for a first -Aider. One should take**

**Complete training on first aid from an authorized qualified person.**

**SUMMARY:**

**\_ LEARN FIRST- AID AND BE A WILLING AND GOOD FIRST-AIDER.**

**\_ YOU CAN SAVE THE LIFE AND PREVENT PHYSICAL INJURIES BY TIMELY**

**ACTION.**

**\_ REMEMBER "GOLDEN HOUR" HAS IT'S VALUE.**

**\_ LEARNING IS A CONTINUOUS PROCESS AND PRACTICE MAKES ONE PRRFECT**

**\_ BE A FIRST-AIDER AND A LIFE SAVER.**

## **Guidelines for Station Manager**

### **Disaster Management Items Must be available at Stations**

- 1: List of Doctors, nearest Health Units, District Hospitals, source of Ambulance, Fire Bridgade Station etc. with up dated Telephone Number. The list should be displayed in conspicuous place at SM,s office.
- 2: Fire Buckets filled with water and Sand
- 3: Fire Extinguisher
- 4: Arm bands, Jerri cane filled with fresh drinking water, Stretcher and wheel chair
- 5: First –Aid Box with current medicines equipment.
- 6: Name, Address and Telephone numbers of all the staff of the station to be called on emergency
- 7: Walkie- talkie set in Proper working order.
- 8: Tri Colour torch should be available

## **DUTIES OF STATION MASTER RELATED TO RELIEF MEASURE**

- 1: Station Master must follow the guidelines detailed in Chapter-V of Accident Manual.
- 2: Will ascertain expeditious relief arrangement by calling relief train indicating assistance required as per Para-5.09 of Accident Manual.
- 3: Will inform local Hospitals, Civil Authorities and Police Station as quick as possible.
- 4: Will preserve clue/Clues to determine cause of accident/ derailment and even to ascertain suspected sabotage
- 5: Doctor and First-Aid Workers if available amongst the Passengers should be utilised and requested to assist in treatment of injured person.
- 6: will ensure utilization of First-Aid Box available at the station.
- 7: Will arrange sufficient drinking water, food to the accident victims including stranded passenger.
- 8: Will arrange sufficient light at site of accident maintain co-ordination with Electrical Foreman of section
- 9: Will ensure Switching off of ONE.
- 10: Will Prepare list of died and Injured passenger.
- 11: Will ensure the switching off the OHE in the affected site.
- 12: Will prepare the list of died and Injured passenger along with address and will relay to control time to time
- 13: Will arrange speedy transport for carrying injured person to nearest Hospital.
- 14: Will relay the progress of rescue operation time to time to the control
- 15: Will assist the supervisor of related department in Preparation Joint note.

16: Will lodge FIR with Local PS/GRPS/ RPF post in the event of accident involved with passenger train.

17: Cash withdrawal from station earnings if required may be made

18: Will submit Accident report in Form-GA/3 and 'Pink Pro-forma' in time.

### **EXTRACT OF PARA 3.08 OF ACCIDENT MANUAL**

#### Duties of Station Master of both the sides of the affected section /Controlling Station Master:

Station Master of both sides of the affected section/Controlling Station Master shall:

Ensure that no other train enters into the affected section. On double line, commutators of the block instruments controlling affected section should be locked in "Train On Line" Position whenever Possible.

2: Advise the control immediately of the accident indicating the nature of medical aid other assistance required and record the time of first information received in the station Diary. If the station is not on controlled section or if the control telephone is inoperative, they must relay the information by any other means, if available at station, P& T telephone available either at station or nearby, message through the staff of originating train if any or any light engine if available or any other means.

3: Collect as many as staff as possible (except essential train passing Staff) either on duty or off duty, local doctor including private practitioner on payment, Non railway porters, if available at the station on payment and rush to the site of accident for assisting in rescue operation. he will use any means of transport available including PUSH trolley or private road transport on hire, a light engine, if available, or an engine detached from train. for Payment of porters, private

medical Practitioners and also for hiring vehicle various SOP has been given to station Manager. He can withdraw the cash from station earning. He will collect and carry with him as much as required. He can carry drinking water as much as possible. He will distribute the Armbands for identification to all Railwaymen accompanying with him.

4: Remain on duty at site for taking orders from the control and accident manager till relief and restoration work completed or till accident manager permit them to return their station.

## IMPORTANT TELEPHONE NUMBERS OF EASTERN RAILWAY/FP/KKK

Designations	RAILWAY		BSNL	Mobile Nos.
<b>GM</b>	O	24000	2230-7596	9002020000
	R	35720	2479-3219	
<b>AGM</b>	O	24005	2230-4950	9002020001
	R	44505	2439-0522	
<b>SECY.to GM</b>	O	24002	2231-3172	9002020003
	R			
<b>SDGM</b>	O	24007	2230-3897	9002020002
	R		24391160	
<b>PCOM</b>	O	24500	2230-3825	9002020900
	R		2324-1520	
<b>PCSO</b>	O	24501	2230-3948	9002020990
	R	35703	2479-2009	
<b>PCE</b>	O	24400	2230-0442	9002020200
	R	35709	2479-1121	
<b>PCME</b>	O	24600	2230-0439	9002020400
	R	35715	2479-2705	
<b>PCEE</b>	O	24300	2230-0446	9002020300
	R	35704	2449-0217	
<b>PCSTE</b>	O	24700	2230-0444	9002020800
	R			
<b>PCCM</b>	O	27200	2230-3960	9002020950
	R	35707	2449-1626	
<b>PCPO</b>	O	24100	2230-2255	9002020600

Designations	RAILWAY		BSNL	Mobile Nos.
	R		2970-1430	
PCMD	O	27820	2248-9521	9002020500
	R			
CPTM	O	24502	2231-5312	9002020901
	R	35123	2449-2488	
CFTM	O	24504	2230-0024	9002020902
	R	22584	2638-0009	
PCSC	O	27100	2248-8365	9002020700
	R	35710	2449-0545	
CAO(Con.)	O	27400	2210-0250	9002020250
	R	35712	2479-1862	
CTE	O	24402	2230-0975	9002020201
	R		2449-4535	
CPRO	O	24035	2248-4578	9002020005
CBE	O	24407	2230-1066	9002020202
	R		2418-5500	
PFA	O	24900	22307979	9002020100
	R	35701	2448-8991	
PCMM	O	24820	22305481	9002020770
	R	44895	2439-1814	
DGMG	O	24009	2230-1451	9002020004
	R	22781	2641-0266	
Emergency Control	O	24539/ 24540	2230-3826	-----

**IMPORTANT TELEPHONE NUMBERS AT THE EASTERN RAILWAY DIVISION**

**HOWRAH**

Designation	DOT		Rly.	Mobile / Satellite
DRM	033	26411022	22000	9002022000
ADRM /Adnin	033	2641-3168	22002	9002022001
ADRM/OP	033	2641-3537	22004	9002022002
ADRM/Infra				9002022281
Sr. DSO	033	2641-3791	22504	9002022990
DSO/W			22591	9002022321
AOM /Safety			22508.25455	9002022920
CHC	033	2641-2323	22525, 22565	9002072815
Dy. CHC (Chg.)	033	-	22599/35	9002072816
Power Control	033	2641-5629	22666,22667, 22663,22963	-
Traction Loco Control			22352, 22343	9002072609
Satellite Telephone				00870762834633

**SEALDAH**

Designation	STD	DOT	Rly.	Mobile / Satellite
DRM	033	23505090	32000	9002021000
ADRM(T)	033	23502456	32004	9002021001
ADRM(O)	033	23503715	32002	9002021002

<b>Sr. DSO</b>	033	23542497	32502/32513	9002021990
<b>CHC</b>	033	23501100	32516/32518	900 2071906
<b>Dy. CHC (Chg.)</b>	033	23507132	32523	9002071909
<b>Power Control</b>	033	23517821	32639/40	9002071005
<b>Traction Loco Control</b>	033	23500744	32385, 32383	9002071005
<b>Satellite Telephone</b>				00870764102357

**ASANSOL**

<b>Designation</b>	<b>STD</b>	<b>DOT</b>	<b>Rly.</b>	<b>Mobile / Satellite</b>
<b>DRM</b>	0341	2302319	82000	9002023000
<b>ADRM</b>	0341	2303421	82002	9002023001
<b>Sr. DSO</b>	0341	2304603	82504	9002023990
<b>CHC</b>	0341	2302474	82525	9002023940
<b>Dy. CHC(Chg.)</b>		-	82523/82520/82526	-
<b>Power Control</b>			82661, 82660	
<b>Traction Loco Control</b>			82370, 82371	9002073687
<b>Satellite Telephone</b>				00870764102365

**MALDA**

<b>Designation</b>	<b>STD</b>	<b>DOT</b>	<b>Rly.</b>	<b>Mobile / Satellite</b>
<b>DRM</b>	03512	266458	72000	9002024000
<b>ADRM</b>	03512	266888	72002	9002024001

Sr.DSO	03512	269055	72170 / 72178	9002074996
AOM(S)	03512		72172	9002024991
CHC	03512	266387	72508	9002074960
Dy. CHC(Chg.)	03512	-	72510	9002074955
Power Control			72666	90020224483
Safety Branch /OS	03512	269055	72178	
Satellite Telephone				00870764102369

### **IMPORTANT TELEPHONE NUMBERS OF EASTERN RAILWAYS SAFETY DEPARTMENT**

Designation	Telephone No			
		Railway	DOT.	MobileNo.
PCSO	O	24501	2230-3948	9002020990
	R	35718	24791121	
Dy.CSO/OPTG.	O	24508	2242-1115	9002020993
	R	-	-	
Dy. CSO/Mech	O	24633	2230-2042	9002020994
	R	-	-	
Sr.SO/S&T	O	24507	2231-6059	9002020992
	R	-		
Dy.CSO/Engg	O	24561	2231-6089	9002020995
	R			
Safety Cell	O	24560/24586	2222-4560	
Safety Counsellor/TI	O	24560/24586	2222-4560	9002025994
Safety Counsellor/ PWI	O	24560/24586	2222-4560	9002025990
Safety Counsellor/CLI(Elect)	O	24560/24586	2222-4560	9002025995

Safety Counsellor/C&WI	O	24560/24586	2222-4560	9002025992
Safety Counsellor/SI	O	24560/24586	2222-4560	9002025991
Safety Counselor/ SE (Mech)	O	24560/24586	2222-4560	9002070590
CHC/Central CNL	O	24535/24536	22301206	--
OS/Operating	O	24523	--	--
OS/Accident	O	24581	--	9163727329
TI/Rules	O	24550	--	9002020931
TI/Emergency	O	24539/24540	22224539/40	--
	O	24583/24584	22224583/84	9002070908
EMERGENCY CONTROL	O	24539/24540	22303826	-