SECURITY AWARENESS

Dear Editor

Once when I was coming out of ICU to a corridor of a hospital, I was hit on my right shin by an idle wheel chair. While it was bleeding, I blamed myself to my restlessness. It was when I was a young intern. Time has changed, but not the corridors, those are still dark. Dark environment is a security threat. A newborn was dragged away from a well lit ward to the hospital garden. It was by an intruder, a dog. This job could have been done by a mischievous human being also who generally would venture in routine thefts, pilferage and destruction of property. One of the common recreations observed in many hospitals is stealing of TV/VCD/music system and such valuables from the patients' recreation rooms. Still, commoner enterprise is duplicating the confidential medical documents without experiencing any embargo. We are so much used to hearing about pilferage of drugs and foodstuff too.

Our security conviction is far from safety. The hospital management has moral and legal responsibility to protect patients, staff, visitors and property from injury / damage. All staff too have moral and ethical responsibility. The hospitals should fulfill certain security specifications before commissioning. But how can it happen in service hospitals, many of which were never built to be hospitals?

The hospital is a special place. Most of the patients are critical and non-ambulatory, yet the hospital is kept open for 24 hours with its entrances and exits wide open. At one place, a hospital with many acres of land has 23 gates and many more breaches in the fencing. But it is better than a few other hospitals having no fences at all. In busy hospitals, staff is inadequate and pre-occupied and security staff are scarce everywhere.

Each hospital should have a security system with a security team which can provide a range of security functions like preventive patrols, reaction to internal and external emergencies like natural calamities, accidents, fire etc, support and guidance to the patients, staff and visitors, check on intruders and thieves, control of gates, parking places and traffic, lost and found programme, incidents reporting and investigation, internal and external security auditing and so on [1].

Our strength in the Armed Forces is that we have a security framework in the hospitals, though, in a big hospital the designated security officer was not aware that he was. The existing system needs revamping with an organisational chart, charter of duties and by making the people accountable. Incident reporting and investigation will create awareness. An experiment in a service hospital of dilapidated building with poor MES (Military Engineering Service) support and with no perimeter fencing shows that just two changes like organizational reforms and incident reporting have reduced the incidents by 60%.

Security awareness is the first step towards security. It is easy to implement. It is life saving, economical, image boosting and motivating.

Reference

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AGGRESSIVENESS - THE KEY TO A SUCCESSFUL OUTCOME IN NECROTIZING SOFT TISSUE INFECTION

Dear Editor,

I read with interest the article on "aggressiveness - the key to a successful outcome in necrotizing soft tissue infection" published in MJAFI 2003;59:21-4 and I congratulate the authors for stressing on the need of aggressiveness in the management of this dreaded disease. They should also be appreciated that they had only 20% mortality in their study of this life threatening condition while literature says that the mortality is very high ranging, from 22-60% [1]. I would like to add two practical points in the management of this condition (a) In cases where there is involvement of the perineum and scrotum, it is always better to do a diverting colostomy to avoid the contamination of a debrided wound and to expedite the healing. The authors have not mentioned whether in their 5 cases of perineal and scrotal involvement they resorted to diversion or not. (b) In this condition due to toxemia, there is always severe haemolysis, anaemia and patient is usually in immuno-compromised status. In such patients the repeated blood transfusions along with broad spectrum antibiotics help in improving the general condition of the patient [2]. If available, Clindamycin has superior efficacy in streptococcal and clostridial necrotizing fascitis. This is also the drug of choice for the primary treatment of the entity in the dosage

of 600-900 mg IV 6 to 8 hourly in combination with high doses of ampicillin plus ciprofloxacin. The IV metronidazole is an alternative treatment only [3]. However, antibiotic treatment is only a useful adjunct while aggressive surgery (drainage and debridement) is a life saving tool.

References

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