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Hospital Flood Preparedness and Flood-Related Psychological Consequences in 15 Provinces in Central Thailand after Implementation of a National Guideline

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Hospital Flood Preparedness and Flood-Related Psychological Consequences in 15 Provinces in Central Thailand after Implementation of a National Guideline

To the Editor—Severe flooding occurred in central Thailand during the period September–November 2011, which resulted in the closure of more than 30 regional hospitals. A national guideline for hospital preparedness after flooding was made available in Thailand on May 14, 2012. From May 15, 2012, through June 30, 2012, there were several meetings to promote this national guideline for hospital flood preparedness. To evaluate hospital preparedness as well as to assess the psychological impact of floods among infection preventionists (IPs) in the initial 6-month interval after flooding, we conducted a survey designed by A.A. and T.K. This survey included questions about hospital personnel with infection control expertise, hospital characteristics, hospital preparedness plans developed to deal with the aftermath of flooding, and family (21 [66%] of 32), and (3) lack of exercise drill of flood protocol (16 [50%] of 32). Obstacles related to hospital flood preparedness and improvement after flooding among 32 hospitals that were affected by major flooding are shown in Table 1. Overall, at the initial 6-month interval, 20 (63%) of 32 lead IPs in the flood-affected hospitals complained of having some psychological consequence related to the floods (eg, PTSD, depression, inability to concentrate, insomnia, and having difficulties with family relationships). Notably, 5 (20%) of the 20 lead IPs met the definition of PTSD, and 3 (15%) met the definition of depression, whereas 12 (60%) of the lead IPs complained of having some psychological consequences related to floods (difficulties with family relationship [n = 6], insomnia [n = 3], and inability to concentrate [n = 3]).

In this follow-up survey, several gaps identified during the flooding (eg, surge capacity plans for patients and staff, plan
for environmental cleaning, and fungal decontamination protocols) were significantly improved by 50%–100% after implementation of the national guideline for hospital flood preparedness. We also identified that this major flood had significant psychological consequences for lead IPs. Additional studies to rigorously evaluate the magnitude of these consequences after major flooding would bolster efforts to improve hospital flood preparedness in developing countries and elsewhere.

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