DESIGNING A RECORDS DISASTER MANAGEMENT PLAN FOR LUBAGA HOSPITAL

BY

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A PROJECT REPORT SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF DEGREE OF BACHELOR OF RECORDS AND ARCHIVES MANAGEMENT OF MAKERERE UNIVERSITY, KAMPALA

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DECLARATION

We the undersigned declare that this project report titled "DESIGNING A RECORDS DISASTER MANAGEMENT PLAN FOR LUBAGA HOSPITAL" is our own original work except where acknowledged and has never been submitted to any University or other institution of learning for the award of a degree or other academic award.

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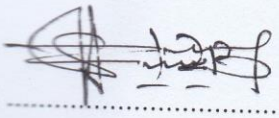
APPROVAL

This is to certify that this project report has been submitted for examination in partial fulfilment of the requirements for the award of the Degree of Bachelor in Records and Archives Management under my guidance and supervision.

Signature:  .....

Date: 13-Oct-2022

MR. SSEBULIME JOSEPH

Supervisor

DEDICATION

We dedicate this project report to our beloved parents in gratitude for their moral and financial support accorded to us during research and throughout our academic journey.

ACKNOWLEDGEMENT

First and foremost, we thank the God Almighty for allowing us to accomplish this project report successfully.

Secondly, we extend our sincere appreciations to our beloved parents and guardians for their unending guidance, counsel and support rendered to us even during this project.

Special thanks to our project supervisor, Mr. Ssebulime Joseph, for his guidance and supervision all throughout the completion of this project report

We also thank the Administration and records management staff at Lubaga Hospital for showing interest in the project and guiding it to completion.

May God bless you all!

LIST OF ACRONYMS

CNN	Cable News Network
EASLIS	East African School of Library and information Sciences
RDMP	Records Disaster Management Plan
UCMB	Uganda Catholic Medical Bureau
UN	United Nations
URN	Uganda Radio Network
WHO	World Health Organization

TABLE OF CONTENTS

CHAPTER FIVE

PRESENTATION OF A RECORDS DISASTER MANAGEMENT PLAN FOR LUBAGA HOSPITAL

LIST OF TABLES

ABSTRACT

This project aimed at designing a records disaster management plan (RDMP) for Lubaga hospital to ensure security of the records and staff in case of a disaster. The project objectives were to; identify the types of disasters affecting records, examine possible causes of disasters, establish the effects of disasters on records management, and design the records disaster management plan for Lubaga hospital.

The project targeted a population of 12 people and due to their small number, the entirety of the population size was treated as sample size and comprised of 04 Records staff, 06 Health workers and 02 Administrators all selected purposively. The project adopted a qualitative research design and used interviews and document review methods to collect data.

The project identified: fire outbreaks, vandalism, water leakages, earthquakes, chemical spillage, theft of records and equipment, floods and technological disasters as the man-made and natural disasters that affect or are likely to affect records and records management work at Lubaga hospital.

The project attributed theses disaster occurrences to: congestion of premises limiting movement, storage space for records and increasing chances for internal accidents; heavy rain down pours; water leakages; power outage and system break-downs; pollution of air and water; staff negligence and careless conduct; biological causes such as molds, small mice and insects; and lack of strategic disaster control measures.

Among the many effects that disasters pose or are likely to pose to records and records management work at Lubaga hospital, the project established that: disasters destroy vital records; impede access to records; compromise the security and integrity of records; cause temporary or even permanent withdrawal of services; destroy physical structures and equipment in the records facility; and depreciate the budgets allocated for records management.

The project found out that disaster response and recovery at Lubaga hospital proceeded through a procedural process that starts with: sounding the emergency alarm to evacuate personnel, action from emergency response team, determining priorities of resumption of work, and cleaning and rehabilitating the affected areas.

The project concluded that: the hospital experiences or is likely to experience disasters caused by both human and natural factors; the disaster occurrences affect the records and records management work just as they do to staff and other areas of the facility; the hospital lacks a strategic records disaster management plan to guide staff in managing disaster occurrences that may affect records and to ensure security of the records and staff in case of a disaster.

The project recommended that: the records staff should be aware of the potential records disasters, their causes and effects and advise the hospital management about their occurrences and how to manage them; the records staff supported by the hospital management should implement a RDMP to ensure security of the records and staff in case of a disaster, the records staff should initiate review of the implemented RDMP to ensure it is up-to-date to address all potential disaster occurrences.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Records management is a function that involves creation and maintenance of records throughout their lifecycle (Weller, 2017). The United Nations defines it as a function responsible for the efficient and systematic control of the creation, receipt, maintenance, use and disposition of records, including processes for capturing and maintaining evidence of and information about business activities and transactions in the form of records. The records life cycle encompasses records creation or receipt, use or modification, maintenance or protection, archival or preservation and disposal or destruction (Weller, 2017). At each stage of the lifecycle, there are processes and activities executed by records managers to ensure records are effectively managed to meet business needs and desired organization goals and objectives. Among processes and activities, is records maintenance and (or) protection which encompasses the protection of records in case of security threats or emergency like a disaster (Weller, 2017; Zulkipli, 2021).

At the records maintenance stage, the records managers devise strategies that ensure the continuity of organization processes and recovery of records after any disaster (Zulkipli, 2021). Among these strategies is the records disaster management plan designed in anticipation of the disasters that may hit the organization posing serious damages and loss of organization assets including records. Disasters occur when hazards and vulnerability meet (Loretti & Tegegn, 1996). The hazards range from abrupt fires, floods, earthquakes, cyclones and volcanic eruptions among others, natural and man-made (Loretti & Tegegn, 1996) whereas the vulnerabilities can be people and assets. The disaster management or preparedness plan covers all the measures required to combat or reduce the impact of disasters on organisation (Rodriguez-Espindola, Albores, & Brewster, 2018). The ideal is to ensure that vital records are easily accessed for use before, during and after disastrous occurrences (Zulkipli, 2021).

The issue of disaster management became an issue of concern in the management of medical records in hospitals after it was established that disasters not only affect the population but also health facilities and their assets. Peculiar incidents across various geographic contexts have been on the rise since the start of the twenty first century.

A report by the World Health Organization (2010) established that, many of hospitals and other health facilities in world's least-developed were vulnerable to disasters, including those related to the harmful effects of climate change. Matter of fact, dozens of them (health facilities) were each year invaded by floods, hurricanes, cyclones, earthquakes and other natural hazards because safety measures were not integrated in their design, location or construction (World Health Organization, 2010). For example; In India, experiences from the Gujarat earthquake of 2001, the Indian Ocean Tsunami of 2004 and the Kashmir Earthquake of 2005 and the fire in AMRI Hospital in Kolkata posed serious effects on hospitals and health facilities causing loss of life and valuable assets.

In Africa, where the occurrence of natural hazard is considered second just after Asia (Spiegel, et al, 2007), cases of floods, cyclones, drought and epidemic outbreaks are reportedly more common (World Health Organization, 2009). Among these are natural hazards such as floods common in Namibia, Mozambique, Malawi, and Zambia; Drought common in Madagascar, Zimbabwe, and Namibia; Cyclones common in Madagascar. Among the man-made reports have highlighted complex emergencies, political and inter communal crises commonly experienced in South Africa, Madagascar, and Zimbabwe (World Health Organization, 2009).

In Uganda, remarkable incidents include the May, 2020 floods that severely hit Kasese after the 5 major rivers in the district broke their banks causing partial and total destruction of some health facilities, schools, bridges, hydro power facilities, among others (World Vision, 2020; Kasese District Local Government, 2020).

In 2010, 2018 and recently in 2022, landslides and floods experienced in Bududa, Bugisu, Mbale and Kapchorwa and Sironko districts not only caused loss lives but also displaced people from their homes, swept away homes but also invaded permanent physical facilities such as health facilities (CNN, 2022).

In Nwoya district, a district in northern Uganda, a fire outbreak was once reported at Anaka hospital in 2017. According to the report by the Uganda Radio Network (2018), the fire outbreak was abrupt and burnt to ashes the office furniture, plastic pipes, broken fridges, destroyed the solar panels, and caused panic among staff and patients at the hospital.

In Kampala, disaster cases were experienced at Kawempe hospital in 2018 and according a report by Monitor (2018), these were floods caused by the heavy down pours that flooded most of the

hospital units posing serious threats to life, destroying property and putting business at the hospital at stand still for a while as remedies were sought.

In other contexts, the common incidents of disaster relate to either the abrupt fires or looting of health centers (World Health Organization, 2009). All these incidents negatively impact on the health workforce, health information management and medical products and technologies in health facilities (World Health Organization, 2009).

Therefore, for fear of the great risk and loss, strategies mitigations are being implemented at different levels of management to safeguard humanity and assets (including medical records) in hospitals against any form of disasters. As part of the strategies, this study intends to design records disaster management plan specifically for Lubaga hospital to safeguard records at the hospital against the unprecedented hazards whilst ensuring their security and integrity.

1.2 Lubaga Hospital

Lubaga Hospital is a private, non-profit community hospital located on Lubaga Hill, in Lubaga Division, in the western part of Kampala. the capital city of Uganda (Uganda Catholic Medical Bureau, 2019). The hospital was established in 1899 by the Missionary Sisters of Our Lady of Africa and was at that time named Uganda Martyrs hospital, Lubaga because of its roots in the catholic church. It is considered to be the oldest Catholic hospital in Uganda and one that is fully accredited by the Uganda Catholic Medical Bureau (UCMB) to which it is also affiliated (Uganda Catholic Medical Bureau, 2019).

The hospital is owned by the Roman Catholic Archdiocese of Kampala, managed by an administrative team and governed by a Board of Governors duly appointed by the Archbishop of Kampala. The Hospital also functions as the teaching hospital for the Lubaga Health Training Institution.

The hospital maintains and manages various forms of records including but not limited to patient records, records pertaining to the hospital's medical and non-medical workers, the heritage of the hospital, and records arising from business between Lubaga hospital and service providers and partners. In an event where disasters are becoming a threat to life and assets in various contexts including hospitals and health facilities, many hospitals are already taking precautions and devising strategies to manage such incidents.

At Lubaga hospital, efforts to safeguard life and property (assets) have been undertaken and so far, a risk management plan for the hospital is up and considered the number one strategy for managing disasters at the hospital. This applies to the entire property and life of people at the hospital without the exception of hospital records. There is worry however that, the risk management plan is not sufficient enough to address all significant issues pertaining to the proper maintenance and protection of hospital records in a case of a disaster. The plan is not comprehensive enough on the key issues of managing records before, during and after a disaster. With this gap, hospital records thus remain vulnerable to greater damage and destruction by biological agents like ants, abrupt fires, floods, earthquakes, violent looting and other forms of natural and man-made hazards. These have the ability to compromise the security and integrity of hospital records unless interventions are made.

1.3 Problem Statement

Lubaga hospital maintains and manages records about its patients, medical workers and other staff, service providers, partners, heritage among others. These records are either created or received and are considered vital in the short-term, mid-term and long-term business plans and processes at the hospital. The worry is that the hospital does not have a recorded program or strategy to safeguard the records in the event when the hospital is hit by hazards. There is thus need to worry because cases of disaster are on a rise everywhere in the world. In the medical realms for example, it has been established that many of hospitals and other health facilities in world's least-developed where Uganda is party are vulnerable to disasters, including those related to the harmful effects of climate change (World Health Organization, 2010).

Matter of fact, dozens of them (hospitals and health facilities) are each year impacted by floods, hurricanes, cyclones, earthquakes and other natural hazards because safety measures are not integrated in their design, location or construction (World Health Organization, 2010). At Lubaga hospital, the disaster cases are caused or likely to be caused by biological agents, floods, fire outbreaks among others. The disaster cases pose serious effects on records if the hospital lacks early warning systems, search and rescue facilities and most importantly a records disaster management plan.

Whereas the Lubaga hospital has a risk management plan for the whole hospital, it is not comprehensive enough on the precautions and guidelines the hospital must uphold to safeguard its

records at the hospital when hit by hazards. The security of records is therefore at stake and makes them prone to severe damage, destruction and loss if mitigations or strategies are not undertaken ahead of time. As part of the strategies to manage or safeguard the hospital's records against such disasters, researcher of this project will lead investigations that will inform the design of a records disaster management plan for Lubaga hospital. The plan will be a vital tool for safeguarding records at the hospital against the unprecedented hazards whilst ensuring their security and integrity.

1.4. Aim of the Study

The aim of the study was to design a records disaster management plan for Lubaga hospital in order to ensure security of the records and staff in case of a disaster.

1.5. Objectives of the Study

The objectives of the study were:

1. To identify the types of disasters affecting records at Lubaga hospital.
2. To examine possible causes of disasters in records at Lubaga hospital.
3. To establish the effects of disasters on records management at Lubaga hospital.
4. To design the records disaster management plan for Lubaga hospital.

1.6. Research Questions

1) What types of disasters affect records at Lubaga hospital?
2) What are the possible causes of disasters in records at Lubaga hospital?
3) What effects do disasters pose on records management at Lubaga hospital?
4) What are the key issues and elements to consider when preparing a records disaster management plan?

1.7 Significance of the Study

This study primarily benefits Lubaga hospital, other hospitals, students and researchers in the following ways:

Lubaga Hospital: This project study designed a records disaster management plan specifically for Lubaga hospital to safeguard staff involved in records management work and the records at the hospital against the unprecedented disaster occurrences. Regarding the safety of hospital records,

the designed plan takes into consideration; issues of access, security and integrity of hospital records before, during and after the disaster.

Other Hospitals: hospitals without defined strategies on records disaster management can benefit from this project study as it established the various forms of disasters that affect records, their causes and effects, and strategies that can be undertaken to safeguard hospital records against such disasters

Students and Researchers: This project study is a stepping stone for students and researchers doing further research in the area of records disaster management in hospitals. It basically provided new literature on the different aspects of records disaster management that the students and researchers may always refer to satisfy their information needs.

1.8 Scope of the Study

1.8.1 Conceptual scope

This study focused on records disaster management in hospitals

1.8.2 Geographical scope

The study was carried out at Lubaga hospital located on Lubaga hill, along Mutesa road in Lubaga division, Kampala district.

1.8.3 Time scope

The study took a considerable time period of two (2) months, that is, from August, 2022 to September, 2022. This period covered proposal writing, data collection, analysis and project report writing.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews existing literature on the concept of disaster in records management based on the research objectives in order to establish a research gap.

2.2 Types of disaster occurrences in Hospitals

Lone and Subramani (2016) defined a disaster as a crisis situation causing wide spread damage which far exceeds our ability to recover. It is a sudden, calamitous event bringing great damage, loss, destruction and devastation to life and property (Lone & Subramani, 2016). Their occurrence is sudden and causes large scale damages, widespread death, loss of property and disturbance to systems and life (Lone & Subramani, 2016; Oketsang, 2016).

Disaster types in hospitals can be categorized as natural if caused by natural hazards or man-made/human if caused by humans or human activities (Oketsang, 2016). The common ones are explained below:

2.2.1 Floods

According to the National Archives of Australia (2010), floods are a serious disaster occurrence where premises are invaded by water from either a storm, heavy rains, burst pipes, blocked drains or gutters, among others.

Oregon Association of Municipal Recorders (OAMR) posit that floods can be caused by accumulation of water resulting from roof leaks, plumbing system malfunctions, plugged drains and similar emergencies (OAMR, 2018).

To avoid heavy damages resulting from floods or water, it is advisable to cut off water supplies, if possible, study the building and floor plans for the location of water shut-off valves; turn off all electrical circuits in the affected area; and no one should walk through water until the area is declared safe (OAMR, 2018).

2.2.2 Earthquakes

Earthquakes are caused by movement in the earth's crust (International Council on Archives, 1997). The movement causes shaking which sometimes may be minor to feel where as other times, it is hard enough to cause buildings or objects to fall (Records Nations, 2022).

In civilized societies, earthquake movements can be anticipated and communities are advised to prepare accordingly to ensure that people and property are not heavily affected by the incidents after the occurrence.

2.2.3 Fire outbreaks

Fires are a critical disaster occurrence in records management because they usually cause unimaginable loss of records and records storage equipment (International Council on Archives, 1997). According to the National Archives of Australia (2010) the cause of fire outbreaks can be sourced from nearing records or records management works to open fires, or other sources of flame or heat such as kitchens or workshops, electrical short-circuits and lightning, or stored inflammable materials.

Fires are worse to an extent that even if the records are spared by the fire, the probability is high that they will be destroyed by either the smoke or the firefighters who come to extinguish the blaze, by either spraying water, or other extinguishing elements (Record Nations, 2022).

Documents damaged by fire that are recoverable can fully recovered through a process called "dry cleaning" which removes most, if not all of the smoke odor (OAMR, 2018). According to OAMR (2018), this process can be best done by a restoration specialist and requires treating each page of the affected records with a special solvent and allowing them to dry.

2.2.4 Technological disasters

Technological disasters like failure of computer equipment, viruses or cyber-attacks can cause loss of data and recorded information, or compromise the security of records (Oketsang, 2016).

2.2.5 Inhouse accidents and criminal incidents

Inhouse accidents like chemical spills, gas leaks, nuclear spills, fire, gas leaks, explosions and falling objects damage that happen within the premises of the hospital may be the spark of another serious disaster occurrence such as fire outbreak, explosion (Zulkipli, 2021).

Similarly, criminal incidents like fire burnings, vandalism, bombing, riots, espionage, theft, demonstrations, war and theft, are among the most critical disasters occurrences which hospitals cannot approach by just mere preparing and planning (Oketsang, 2016; National Archives of Australia, 2010). They are common in areas with civil unrests, political instabilities and high levels of insecurity (Oketsang, 2016)

2.2.6 Insects

Insects such as termites and red ants can cause irreversible damage to records in paper form (Record Nation, 2022). According to Record Nation (2022) the insects usually gather and attack paper records especially those which are not accessed on a regular basis (Record Nation, 2022).

These can only be controlled by spraying, cleaning and dusting surfaces and record storage rooms and equipment on a regular basis.

2.2.7 Molds

Spores of fungi such as mold or mildew are found almost everywhere where the conditions for their growth are conducive (OAMR, 2018).

According to OAMR (2018), when the temperature reaches 70 degrees-Fahrenheit and relative humidity is near 70 percent, conditions are ideal for growth and reproduction of most types of molds. Any rise in these levels creates an environment conducive to increased mold and mildew growth which can happen just within 48 to 72 hours.

It is also important to note that the absence of visible growth of molds at low temperatures does not indicate the death of spores. They only require the proper conditions of moisture, temperature, nutrients, and sometimes light to proliferate. Molds may consume or stain paper records, cloth, and leather if precautions are not taken.

The combination of temperature and humidity remains the most critical factor influencing their growth so it’s advisable to regulate them, do general cleanliness and remove dust and dirt to reduce the risk of their infestation.

2.3 Causes of Disasters in Hospitals

2.3.1 Overcrowding

A study by Khorram-Manesh, Hedelin and Ortenwall (2009) pointed out the issue of overcrowdings, in departments as one of the sparks of disasters in hospitals. When departments are congested, organisation and control are easily lost.

Overcrowding of record keeping premises in the hospital makes it unconducive for staff to adhere to the recommended best record management practices, as; there is limited room for interaction, it is possible to find records being damaged when objects keep falling and are carelessly stamped on the ground (Oketsang, 2016)

Even in other departments within the hospital premises, overcrowding offers room for inhouse accidents like chemical spills, short circuits, gas leaks, among others which can be yet another spark for another serious disaster occurrence such as fire outbreak or water damages (Zulkipli, 2021).

2.3.2 Harsh weather and climate conditions

Record Nations (2022) revealed that disasters can be caused by severe weather or climate, floods, abrupt fires, earthquakes, and lightning strike.

2.3.3 Fire outbreaks

A report by the Uganda Radio Network (2017) showed that disasters in hospitals can be caused by abrupt fire outbreaks.

A point in case is the fire outbreak that broke out in 2017 at Anaka hospital in Nwoya district, in northern Uganda, burning to ashes the office furniture, plastic pipes, broken fridges, destroying the solar panels at the hospital, and causing panic among staff and patients at the hospital (Uganda Radio Network, 2017).

2.3.4 Heavy rain down pours

A report by Monitor (2018) also highlighted cases of disasters caused by heavy rain down pours especially in rainy seasons.

A point in case is the flood disaster that were experienced at Kawempe hospital in 2018 posing serious threats to life, destroying property and putting business at the hospital at stand still to seek for remedying interventions.

Similar incidents of hospitals being highly affected floods caused by heavy rain down pours were also cited in Kasese after the 5 major rivers in the district broke their banks after a heavy down pour causing partial and total destruction of some health facilities and property in May, 2020 (World Vision, 2020; Kasese District Local Government, 2020).

2.3.5 Human activity

According to Przybyla and Huth (2004), human beings are the most common cause of disasters. In hospitals, this could be due to their careless conduct, negligence and failure to adhere to best practices of records management.

They can also be sparked by criminal incidents like, vandalism, terrorism, planned fires, bombing, riots, espionage, theft, demonstrations, war and theft causing serious damage to paper or electronic records and systems (United Nations, 2013; Oketsang, 2016)

2.3.6 Pollution

Lone and Subramani (2016) established that the root causes of most of the natural disasters can be sourced from the imbalances created in our environment that is, in the form of air pollution, noise pollution or water pollution which are in turn a collective cause for some natural disaster.

Soot or smoke resulting from fires or polluted air affects mainly paper records and their storage equipment if exposed to it (OAMR, 2018). Recovery of records affected by smoke can be problematic and as such it is often left to be done by a specialist through a recovery process called “dry cleaning” who may be lucky to remove all the smoke and odor from the affected paper records (OAMR, 2018).

2.3.7 Biological factors

Among the biological factors, termites, red ants and other insects can be possible threats or causes of disasters in hospitals (United Nations, 2013; Record Nations, 2022). They stain, eat up paper records and wooden storage equipment or even turn them to be their habitants in the event where they cause serious loss and damage to records.

The other category are the molds or mildew are that grow in areas with a favorable temperature of about 70 degrees-Fahrenheit and relative humidity of about 70 percent. Molds consume and stain paper records, cloth, and leather if precautions are not taken (OAMR, 2018)

The disasters can also be due to biological or natural decay of materials leading to records destruction (Oketsang, 2016).

2.3.8 Failure of Infrastructure

A study by Onyeneke (2017) pointed out power failure, vandalism of equipment and property; water leakages; fire outbreaks; stealing; landslides and floods as potential premises for disasters in hospitals and other areas.

Oketsang (2016) highlighted concerns pertaining to structural failures like the malfunctioning of the sprinklers, leaking water from roofs, malfunctioning of the heating or air conditioning systems, sewer/drainage, water failure, poor wiring leading to electrical short-circuits and energy failure.

2.3.9 Lack of a records disaster management measures

Studies have shown that organizations are never prepared to respond effectively to safeguard their records in the event of disaster occurrences which causes need to worry and think deeper (Oketsang, 2016).

Similarly, there are many organizations (health facilities inclusive) which have not developed or implemented their plans to help their organisations in the event of a disaster (Zulkipli, 2021).

For a few that have developed records disaster management plans, the plans are not good enough to address critical issues of disaster prevention, response, continuity of work and review of policies as Zulkipli (2021) suggests.

2.3.10 Technological breaches

Technological disasters like failure of computer equipment viruses or cyber-attacks can cause loss of data and recorded information, theft of information or compromise of security of records (Oketsang, 2016).

It is therefore important to take preparedness and prevention precautions to safeguard records from such disasters by updating systems and software, installing internet firewalls, running virus scans using the antivirus software, avoid downloads from unknown sources, ensuring regular back up of

vital records, locking electronic devices and record files with strong passwords among others (Oketsang, 2016; Zulkipli, 2021).

2.4 Effects of Disasters on Records Management

In records management effects of disaster occurrences impact on records, records infrastructure (equipment, systems, structures etc.), records management workers and records management service provision as elaborated below.

2.4.1 Cause damage, destruction and loss of vital records

Onyeneke (2017) established that disasters destroy vital records, impede access to records, destroy physical structures and equipment in departments causing unforgettable losses and experiences at the hospital.

2.4.2 Impede access to records

Disasters occurrences, small or huge, permanent or temporary as Oketsang (2016) put it, can render the information in records inaccessible, put records which are of historical importance for instance at greater risk of being lost and destroyed completely.

2.4.3 Compromise security and integrity of records

The United Nations (2013) argues that no matter the kind of emergence and its cause, any threat can endanger the integrity and stability of organisation's records yet organisations greatly rely on them to perform work, fulfill obligations, and protect the rights and responsibilities of workers and third parties.

2.4.4 Damage and destroy infrastructure

Disasters not only affect records but also put the records management infrastructure (equipment, systems) and lives of records management workers at great stake.

This is expected because according to the National Risk Index (2022), they have a potential to not only cause loss of life, injury or other health impacts, but also property damage, disrupt health service, social and economic activity.

2.4.5 Threaten life and health of records management workers

Sharrieff (2018) found out that natural disasters can have a life-altering impact on the individuals fortunate enough to survive them.

According to Sharrieff (2018), victims of disaster may suffer long lasting physical, mental, emotional and psychological distress, and financial burdens.

It is thus very possible for records management workers to be affected in a similar way when invaded by serious disaster occurrences such as fire outbreaks, floods, bombings, among others.

2.4.6 Cause laxity among workers and retard service provision

A study by Onyeneke (2017) established that disaster occurrences may cause withdrawal of services, encourage laxity in records management section, waste budget allocations for managing records, destroy physical structures and equipment and render service provision slow, ineffective or totally impossible.

2.5 Records Disaster Management

Aware of the different types of disasters, their causes and effects on records and records management in hospitals, it becomes important that they are managed through a plan that takes into consideration of events or things that should be done before, during and after the disaster occurrence (Lyall, 1993).

As such, a good records disaster management plan needs to have the attributes presented and discussed here below:

2.5.1 Comprehensive

According to Lyall (1993), disaster planning should be comprehensive taking into consideration of several independent but interrelated smaller plans. The planning should articulate or speak to the strategies and capability of saving and protecting the records before, during and after the disaster (Oketsang, 2016; Zulkipli, 2021).

Przybyla and Huth (2004) recommended that, a good disaster management plan should include strategies for: preventing potential disasters by identifying and reducing risks; responding directly to disasters if they do occur; continuing normal business operations after an emergency has passed; and periodically reviewing and adapting the plan to reflect current conditions.

The United Nations (2013) expounded that an effective disaster management or recovery plan should include information about: the likely disasters and their impact on the records; preventive measures to reduce the risk of disaster or to mitigate damage as much as possible; the locations of vital, high-risk, or sensitive records and detailed procedures for protecting them; emergency contacts, including key personnel, contractors, fire and police departments, and so on; the identification and management of vital records; priority actions to help the office resume business operations as soon as possible; priorities and procedures for salvage and repair of records and information; procedures for ensuring continued access to critical records during salvage and repair operations; the best way to integrate records recovery operations with other emergency response priorities; procedures for rehabilitating damaged storage spaces or containers; when and how to review and update the disaster recovery plan, so it is always current.

2.5.2 Highlight Individual roles

When developing a disaster management plan, it is important to factor into the role of the staff and members of the public (Onyeneke, 2017).

This is important because humans are at the center of disasters either as the causers of the disaster as Przybyla and Huth (2004) presents, victims of the disasters or as handlers of the disaster situation.

When the roles are well distributed and teams made and supported with resources, then the management of disaster occurrences becomes easier as teams will effectively collaborate in their roles to ensure that the occurrence is properly managed to resume normal business (OAMR, 2018)

2.5.3 Budget considerations

Studies have established that many organisations do not implement their disaster management plans in the event of disasters due to inadequacy or lack of resources (Zulkipli, 2021). It is thus important to factor in the budget considerations when preparing a disaster management or recovery programme (Onyeneke, 2017).

The plan must have an adequate budget cover for the storage and maintenance of records (Zulkipli, 2021).

2.5.4 Staff training and capacity building

The National Archives of Australia (2010) recommended that the plan should stipulate and emphasize trainings of staff on practices concerning the management and recovery from the disaster.

The seasoned trainings will help mitigate the risk of the records being damaged through untrained staff being unable to respond effectively to a disaster (Onyeneke, 2017).

2.5.5 Up-to-date

Ansari (2008) recommended that a disaster plan need to be a living document. It should thus be frequently reviewed to ensure that it is appropriate enough to fully recover or respond to disasters whenever they strike.

The plan should also cover the use of information technology tools for rendering protection to organization's vital records (Ajibade, & Khayundi, 2018; Zulkipli, 2021).

2.5.6 Clarity

Zulkipli (2021) alluded that a disaster plan should be straightforward so that it is easily recognized and employed to carry out standard procedures during various disasters.

He regarded this as one of the important rules that needs to be adhered to when upgrading and preparing disaster management plans (Zulkipli, 2021).

2.5.7 Risk assessment and response

Oketsang (2016) recommended that disaster plans need to include the disaster risk assessment, disaster prevention, organizational capacity, preparedness and mitigation, disaster recovery, disaster response, coordination, disaster risk reduction, facilitators and the enablers for an efficient and effective management of the records during and after the disastrous events.

2.6 Research gap

The literature above exhaustively explored the concept of records and disaster management in the context of hospitals or health facilities in general. It clearly mentioned of the various forms of natural and man-made disasters, their causes and effects in hospitals. The literature further detailed the elements and issues to consider when developing or designing in a good records disaster

management plan. There was however, a gap in knowledge considering the application of records and disaster management plan at Lubaga hospital because it was not in existence either. This gap is what prompted the researchers to investigate the status of records and disaster management at Lubaga hospital in what was the basis for the design of a records disaster management plan for Lubaga hospital.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research design, area of study, study population, sampling technique, sample size, data collection methods, data collection instruments, data quality control, data analysis and presentation, ethical considerations, study limitations and delimitations.

3.2 Research Design

A research design is a plan or structure that holds all of the elements in a research project together (Akhtar, 2016)

This study applied a qualitative research design to gain an in depth understanding and interpretation of respondents' experiences, and views concerning disaster occurrences and management at Lubaga Hospital.

By practice, a qualitative research design applies a wide range of methodological approaches which aim to generate an in-depth and interpreted understanding of the social world, by learning about people's social and material circumstances, their experiences, perspectives, and histories (Kemparaj & Chavan, 2013)

3.3 Area of Study

This study was conducted at Lubaga hospital located on Lubaga hill, along Mutesa road in Lubaga division, Kampala district.

3.4 Study Population

Population refers to the set or group of all the units on which the findings of the research are to be applied (Shukla, 2020).

The population for this study consisted of 12 people including, records management staff, administrators and health workers at Lubaga hospital.

3.5 Sampling

3.5.1 Sampling Technique

The study purposively selected participants from the study population to participate in the study through interviews. These were; records management staff and administrators at Lubaga hospital.

Purposive sampling is a non-probability sampling method where elements selected for the sample are chosen by the judgment of the researcher (Dudovskiy, 2016).

It was preferred for this study because it is not only an appropriate method applicable to a limited number of primary data sources but also cost-effective and time saving.

3.5.2 Sample Size

The term "sample size" in research refers to the number of people who are included in a study to adequately reflect the population (Kibuacha, 2021)

Given the small number of the study population, the study considered engaging the entire population of 12 individuals (04 Records management staff, 02 administrators and 06 health workers). This was because, no significant sample size could be found representative other than the entire population itself.

3.6 Data Collection Methods

Data collection is “the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypotheses, and evaluate outcomes” (Kabir, 2016, p.202).

Data collection methods refer to the approaches that used to gather data or information from relevant sources deemed necessary to be a solution to the research problem. This study employed qualitative data collection methods, that is; interviews, and document analysis.

3.6.1 Interview Method

Interview method is a qualitative research technique which involves conducting intensive individual conversation with a small number of respondents to explore their perspectives on a particular idea, program or situation (Boyce & Neale, 2006).

Interview method in this study was used when engaging interview respondents (records management staff, administrators and health workers) for their response on the different questions set out in the interview guide.

3.6.2 Document Analysis

Document analysis is "the study of recorded human communications, such as books, websites, paintings and laws" (Babbie, 2010, p.530). It is mainly a qualitative method of data collection that involves analysis of content from written documents in order to make certain deductions based on the study parameters.

Like other analytical data collection methods, document analysis requires examination and interpretation of data in order to elicit meaning, gain understanding, and develop empirical knowledge (Corbin & Strauss, 2008). In this study; hospital records, policy documents, historical and statistical documents, letters, etc. were reviewed because they contained relevant information needed for this study.

3.7 Data Collection Instruments

Data collection instruments are tools used by researchers to collect data in the research process (Ngulube, 2019). This study used interview guide, and document review guide to assist the process of data collection with the stipulated methods above.

3.7.1 Interview Guide

An interview guide is a reference tool with questions or items pertaining to the study which the interviewer intends to ask the interviewee for their response

The interview guide for this study was of a structured type, that is, consisting of predetermined questions that the researcher posed to the interviewees (records management staff, administrators and health workers) during interviews (See Appendix A).

3.7.2 Document Review Guide

Similar to the interview guide, a document review guide is also a reference tool that enlists the aspects, pertaining to the study that need to be reviewed to inform the investigations being undertaken.

The document review guide for this study was of a structured type, that is, consisting of predetermined aspects that the researchers reviewed (See Appendix B).

3.8 Data Quality Control

Data quality control in this research will be achieved by ensuring data validity and data reliability.

3.8.1 Data Validity

Validity refers to the extent to which results collected or measured represent reality (Hufford, 2021). A research instrument is said to yield valid data if and only if it is capable of measuring what it was intended to measure accurately.

In this study, validity was achieved by: repetitively comparing or relating data from various respondents; being objective when collecting and interpreting data from respondents and allowing voluntary participation of respondents.

3.8.2 Data Reliability

In research, reliability is the degree to which the results of the research are consistent and repeatable (Dilmen, 2015). In other words, it is the ability to obtain consistency of measurement with a given instrument.

To achieve data reliability in this study, the researchers conducted interviews with different respondent categories specified (records management staff, administrators and health workers), and compared the consistence in the data obtained.

3.9 Data analysis and Presentation

Cresswell (2003) defined data analysis as the act of converting data with the intention of taking out useful information and facilitating conclusions. Data gathered from the study area was analyzed using descriptively to derive meaning.

Analyzed data was then presented respective of the project objectives as qualitative statements under themes for interpretation and discussion.

3.10 Research Procedure

The purpose of this study was to design a records disaster management plan for Lubaga hospital in order to ensure security of the records and staff in case of a disaster. The researchers submitted

an approved research proposal to the department of Records and Archives Management at EASLIS. The head of department then issued a research introductory letter introducing the researchers to the authorities in the study area (Lubaga Hospital) who then acted by providing permission and assistance to the researchers which enabled them conduct the study successfully. The findings from the study were thereafter be composed in a project report which was presented before the authorities at the school (EASLIS) for assessment and in fulfillment of the requirements for the award of the degree of bachelor of Records and Archives Management of Makerere University.

3.11 Ethical Considerations

Research ethics are morals of good conduct that need to be adhered to by researchers during their research activity. The researchers adhered to all the necessary research ethics presented below:

Sought permission from concerned authorities (EASLIS and Lubaga Hospital) to carry out research as proposed.

Sought informed consents from participants before they were engaged for their response concerning matters of the study.

Explained to the respondents the purpose of the study and why their participation was vital to the study.

Guaranteed respondents of their privacy and confidentiality with regard to any sensitive information they provide.

3.12 Limitations and Delimitations

The researchers anticipate the following constraints:

Time factor: considering the limited time that was accorded to accomplish this research process, the researchers anticipated that they would be hindered so much on time considering the great deal of research activities that were pending accomplishment. The researchers therefore planned ahead of time and solved the problem by coming up with a work plan and adhered to it to ensure that all activities were done and accomplished on time.

Financial constraints: the researchers also were also very aware that logistics, and stationery requirements are important in all research processes. They thus anticipated this research process

as well could be money demanding and as such, they planned to bypass the challenge by lobbying for financial support from their sponsors ahead of time.

Respondent participation: the researchers anticipated that some respondents might all over a sudden abscond from participating in the study. To avoid such incidents, the researchers secured appointments with the interviewees and requested to engage them at their convenience. Furthermore, they made sure they explain their intentions for carrying out the study before engaging participants for their response.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Introduction

The aim of this project was to design a records disaster management plan for Lubaga hospital to ensure security of the records and staff in case of a disaster.

The project used interview and document review methods to collect data. The project targeted 12 interview respondents and successfully engaged all of them for facts pertaining to this project. These were presented and discussed based on the project objectives as detailed below

4.2 Description of Respondents

The researchers found it important to establish general facts about the respondents' background information for a purpose of understanding them better. The researchers thus established the respondents' gender, position of responsibility, and duration of work at Lubaga Hospital. Table 1 below is a summary arising from analysis of these demographic facts about respondents.

Table 1: Respondents' position of responsibility versus their Gender and Duration of work

Position of responsibility	**Gender**		**Duration of work**		
	Male	***Female***	***Less than 5 years***	***5-10 years***	***More than 10 years***
Records staff	3	1	2	2	0
Administrator	1	1	0	1	1
Health worker	2	4	2	4	0
Total	6	6	4	7	1

Source: Field data (2022)

The findings in Table 1 showed that there was a balance in gender participation considering 6 female and 6 male respondents that participated in the study.

None of the records staff or health workers had worked at the hospital for a period more than 10 years. Demographics showed that the longest serving records staff and health workers had worked at the hospital for less than 10 years. This was contrary to the administrators because facts showed that not any one of the administrators had joined the hospital in the last five years.

These findings only imply that the respondents that had worked at the hospital for more than 5 years had a better understanding of the matters of disaster occurrences and management that were under investigation compared to their counterparts who had worked at the hospital for a period less than 5 years.

4.3 Types of Disasters Affecting Records at Lubaga Hospital

Objective one of this project sought to identify the types of disasters affecting records at Lubaga hospital and through a variety of data collection methods, the project established as follows:

4.3.1 Disaster occurrences at Lubaga Hospital

Interview respondents were asked to mention the *man-made or natural disasters that affect or are likely to affect records and records management work at Lubaga hospital.* In their response, the respondents highlighted the following types of disasters:

- Fire outbreak
- Vandalism
- Water leakages
- Earthquakes
- Chemical spillage
- Theft
- Floods
- Technological disasters

One of the administrators *for example reported that, "it is possible to experience disasters such as fire outbreaks, which are common these days by the way… that's why we have fire extinguishers in various sections of the hospital like you saw" She also reported that, "floods are not common for the reason that the hospital is located on the hill, but who knows! maybe it can happen someday. I think it's a just a matter of being prepared"*

A records staff *noted that "Yes, I'm aware of earthquakes, but they have not posed any serious threats so far. Actually, the last time it happened was this very year. People here thought it was the building falling until later on when they were notified that it was an earthquake passing. And I think being on a hill, we can be affected greatly if the force is intense."*

Another records staff *mentioned that, "records often get spoilt when carelessly handled. Sometimes files pile up and fall down if not well organised"*

One health worker *was concerned that sometimes medical forms are stained with liquids which affects their originality. She added that, "this happens if the writing was done in laboratories where most of these chemicals are stored"*

4.3.2 Frequency of disaster occurrences at Lubaga Hospital

Respondents were asked to report on the frequency of disaster occurrences at Lubaga hospital and they reported that some occurrences were rare at the hospital whereas some had never happened but were expected.

One of the records officers *for example noted that, "technological disasters such as system breakdowns, virus attacks, access by unauthorized users, have ever happened but are not so common"*

One of the administrators *said, "we have not got any serious disaster cases here at the hospital though we are aware they can happen any time… not even floods, earthquakes sometimes, fire outbreaks…"*

4.4 Possible Causes of Disasters in Records at Lubaga Hospital

Objective two of this project sought to examine possible causes of disasters in records at Lubaga hospital and through interviews, some facts were established from the interview respondents.

An analysis of responses to the question *"what causes or would be the likely causes of disasters at Lubaga hospital?"* yielded the following as the causes or would be causes of disasters at Lubaga hospital.

- Congestion of premises limiting movement, storage space for records and increasing chances for internal accidents like damage of records and record equipment, staining of records with chemicals, theft of records among others.

  "Usually, when premises are congested, files and boxes are piled together without some sort of organisation, retrieving them becomes a problem and records can easily get spoilt in that congestion" a respondent reported.

- Heavy rain down pours contributing to floods that spoil property and hinder normal business progress.

  "We see it in many cases and in the news, heavy rains taking off iron sheets of premises and blowing water into the facilities. This can spoil records and equipment in the facility if safety precautions are not taken in anticipation"

- Water leakages resulting from faulty water pipes or water valves can pose serious damage to paper records and electronic equipment.

  "Just a mere leakage of water within the records center can cause serious damage to records. It may not matter whether the cause was from a pipe or anything else… the concern is to make sure the no water source is placed near the records facility", said the records officer.

- Power outage and system break-downs which can cause sudden loss of active record files and data on electronic devices computers.

  "Technological disasters like I said, they rarely happen. I recall an incident where one of our health workers was complaining about her laptop failing to power on seemingly because a colleague had used a flash disk that had viruses on it. The computer could not power on and she had to first change windows…, in that process, she lost most of the contents some of which were really vital even to us here as a hospital", said the administrator.

- Pollution of air and water; polluted air and water can stain and damage the originality of records if contact is established.

  "Yes, polluted air especially from fires has smoke, it gets you coughing if its intense and can add a bad odor to the records facility and paper records if exposed," said a records officer

- Staff negligence and careless conduct leading to vandalization of records and record equipment.

  "Some people are just careless, they are good at spoiling, one requests for a record file and by the time they return it, it is stained with oils and sometimes folded or even torn" a records officer noted.

- Biological causes such as molds, small mice and insects like termites, red ants which damage records.

"Unclean places and spots in the records facility that are not checked regularly are common with molds, small rats, termites, sometimes red ants and even cockroaches in unchecked drawers which steadily eat up paper records beyond recognition", said the records staff.

- Lack of strategic disaster control measures like disaster management plan to guide in disaster control, response and recovery.

"I think one of the reasons why disasters occur in record facilities is the lack of proper planning to prepare and prevent them from happening. That's why they some happen and have the potential of causing serious effects to the records in the hospital", Said one of the administrators.

4.5 Effects of Disasters on Records Management at Lubaga Hospital

Objective three of this project sought to establish the effects of disasters on records management at Lubaga hospital and to address this objective, the researchers engaged the respondent in a series of questions to arrive to some facts which were analysed and presented as follows.

Among the many effects, the following were found to be the effects the disasters pose or are likely to pose to records and records management at Lubaga hospital.

- Disasters destroy vital records
- They impede access to records especially in the event of the disaster occurrence
- Compromise the security and integrity of records
- May cause temporary or even permanent withdrawal of services depending on the magnitude of disaster occurrence.
- Disasters can destroy physical structures and equipment in the records facility
- Disasters depreciate the budgets allocated for records management

For instance, when asked, one records staff *reported, "Of course! Now if just the careless conduct of some staff leads to damage of records, what will happen in case of a serious disaster like a fire outbreak?!, I think it is obvious that records will be gravely destroyed"*

Respondents *mentioned that for safety of lives it becomes hard to access records or anything from the affected areas in the event of serious disasters like fires.*

One of the administrators *revealed that "Some disasters like fires are really serious and put normal business at standstill until the premises are declared safe"*

One administrator *said, "We talked about disasters that come because of technology for example virus threats, computer hackers, and piracy. These expose records and compromise their security and integrity. Even during recovery processes records are exposed which exposes their security and integrity"*

Administrators and records staff *noted that managing disasters, is money consuming which limits facilitation on other records management activities.*

4.6 Disaster Management in Hospitals

Objective four of this project aimed at designing the records disaster management plan for Lubaga hospital. To address this objective, the researchers found it important to establish if there were any existing disaster prevention, response and recovery measures at the hospital. Particular to that, the project established as follows:

4.6.1 Disaster Prevention Measures

Interview respondents were asked *"What disaster prevention measures are available to safeguard records and other resources at the Hospital?".* The findings from the investigations pointed to the following:

- Conducting safety checks within and around the facility a regular basis
- Use of automatic fire detection systems
- Use of suitable records storage methods and equipment
- Conducting formal risk assessment for the entire hospital facility on a regular basis
- Training staff on disaster response especially for fire outbreaks.
- Provision of emergency response equipment and materials like fire extinguishers and hard caps
- Maintenance of hospital structures and records storage equipment
- Regular checks of fire equipment
- Conducting regular security procedures to avoid theft or illegal access of property at the facility.

4.6.2 Disaster Response and Recovery Plan

Interview respondents were further asked to elaborate the disaster response and recovery plans used in the hospital and in brief, the findings obtained pointed to the following:

- Sounding the emergency alarm to evacuate personnel
- Emergency response team to takes action
- Determine priorities of resumption of work
- Clean and rehabilitate the affected areas.

According to the respondents' view, response to the disasters and any other form of emergency at the hospital starts out with sounding an alarm which notifies the people about an emergency. It signals to them that they need to vacate from the premises as soon as possible.

When this is done, the disaster response team takes action and until they declare the conditions safe for resumption work, the premises remain sealed off and cannot be accessed by any other personnel apart from those on the emergency response team.

When all is okay, as may be established by the disaster assessment or recovery team, priorities for resumption of work can be determined. This can be done as the affected areas are rehabilitated to regain normal working conditions

CHAPTER FIVE

PRESENTATION OF A RECORDS DISASTER MANAGEMENT PLAN FOR LUBAGA HOSPITAL

5.1 Introduction

The core objective of this project was to design a records disaster management plan for Lubaga hospital that would ensure security of the records and staff in case of an event of any disaster occurrence at the hospital.

To achieve this objective, the project established relevant facts that contributed to design of the Records disaster management plan. The records disaster management plan covers the five (5) major areas of disaster management that is, disaster planning (preparedness), disaster prevention, disaster response, recovery and review as presented here below.

5.2 Policy and Planning

5.2.1 Introduction

Lubaga Hospital is committed to protecting the records and facilities, as well as its patients and staff. This plan helps the hospital evaluate its risks, develop ways to reduce the chances and effects of a disaster, limit loss or damage, and ensure the prompt resumption of essential hospital services after a disaster.

The overall objectives of this plan are to safeguard Lubaga hospital records while protecting human life and to guarantee the availability of essential hospital services in the event of a disaster. Specifically, this disaster management plan documents the policies and procedures related to planning for, preventing, minimizing, responding to, and recovering from records-related disasters. The plan is general in nature and designed to function in response to any disaster, regardless of type or scale.

5.2.1.1 Assumptions of this plan

This plan does not ensure that the hospital will avoid all disasters or protect all records in the event of a disaster. However, the plan can be used to prevent or limit the effects of any potential threats by identifying those risks beforehand. With careful planning, the hospital will reduce a disaster's impact on its records and services.

5.2.2 Glossary of Terms

This glossary defines the technical disaster management terms used in this plan.

Disaster: a serious event requiring an immediate response to prevent a lapse of essential business functions

Disaster management: a system of measures used to prevent, detect, contain, respond to, and recover from events that threaten the ability of the hospital to function

Disaster prevention: a pre-determined system of measures used to avert, detect, or contain events that threaten the ability of the hospital to function

Disaster recovery: a pre-determined system of measures used to restore the hospital's critical business functions, including the usability of its records

Disaster recovery plan: a document that outlines actions to take to respond to a disaster, salvage records and equipment, and resume business operations

Disaster recovery team: a team of people trained and prepared to take control of response and recovery in the event of a disaster

Disaster response: a pre-determined system of measures used to react to events that threaten the ability of the hospital to function and that includes preliminary assessment of the situation and the development of a plan of action to recover records and restore business functions

Record: information, in any format, that is created or received by the hospital in the formal operation of its responsibilities

Records disaster: a serious event requiring an immediate response to prevent the irretrievable loss of vital or archival records

Records management: the systematic control of all records in a hospital throughout their life cycles

Risk: a potential source of danger that could expose the hospital to a lapse in business functioning or to the loss of vital or archival records (Also called "threat" or "hazard")

Vital record: a record essential for the protection of the financial wellbeing of the hospital, its legal rights, and the rights of its patients and staff; a record without which the hospital could not conduct its business

5.2.3 Disaster Management Policy

5.2.3.1 Purpose

The Hospital's Records Manager or Records management officer is responsible for developing and implementing policies and procedures to ensure the maintenance, accessibility, and preservation of hospital records. This disaster management policy defines how the Lubaga Hospital will develop and maintain its records disaster management plan for the protection of its records

5.2.3.2 Scope

This policy covers records of all hospital departments, whether stored in hospital offices, onsite records storage, or offsite.

5.2.3.3 Policy

Lubaga Hospital will demonstrate a commitment to effective disaster management by ensuring the following:

- The annual budget contains adequate financial support to maintain and implement this disaster management plan.
- The hospital has reasonable and effective disaster management policies and procedures in place.
- The hospital's records management office, with the cooperation of individual departments, develops priorities for the management and protection of hospital records.
- The hospital's disaster recovery team carefully assesses and re-evaluates risks to its records and its essential services.
- Hospital personnel periodically evaluate disaster control requirements and upgrade these when necessary.
- The hospital emphasizes disaster prevention over response and recovery.
- The hospital records management officer assigns disaster management responsibilities appropriately and ensures that:

- those assigned understand their responsibilities.
- the disaster recovery team receives appropriate and regular training.
- the periodic testing of the disaster response plan and monitoring of preventive measures.
- all personnel are familiar with the disaster management policy and plan.
- the disaster management policy and plan are integrated into the hospital's overall emergency planning strategies.
- the annual review of the disaster management policy and plan.

5.2.3.4 Declaration of policy and plan

The Hospital records management office will distribute the disaster management policy and plan to all hospital staff.

5.2.3.5 Monitoring and Review

Since the disaster management policy and plan are living documents, the Hospital Records management Officer will oversee their annual review and update them when needed. (See Section 5.6, "Review of Plan," for more details on these activities)

5.2.4 Roles and Responsibilities

The hospital's records management officer and the subordinate records management staff have the greatest responsibility for records disaster management. These are responsible for the care and general management of all records at the hospital before, during and after any disaster occurrences. The following policy development tasks must take place during the initial planning phase and be performed again later for plan maintenance

The records management officer assisted by subordinate records officer shall:

- Verify that all components of the records disaster management plan are current and accurate
- Update and revise the plan annually or as needed
- Maintain secure and accessible electronic and paper copies of the disaster management plan offsite
- Schedule regular disaster response and recovery training and ensure that appropriate staff attend

- Distribute, as appropriate, key sections and updates of the plan to hospital staff and to emergency response units including the police and fire departments
- Identify the annual budget to maintain the plan
- Test the plan on an annual basis
- Integrate this disaster management plan into the hospitals' emergency operations plan

5.3 Disaster Prevention

5.3.1 Introduction

Prevention is key to effective disaster management. It is always better to prevent or minimize an incident than to implement response, salvage, and recovery procedures. Many hospital records are irreplaceable, so the hospital will address this component of the plan as part of an annual plan review and through regular maintenance practices.

Prevention means anticipating and controlling potential hazards to manage records. Correcting minor or chronic problems before they become serious can prevent incidents from becoming disasters that destroy or damage records. Repairing damaged records can be expensive and time-consuming, and it deprives the Hospital of access to records, thereby reducing the hospital's ability to provide an expected level of service.

For the purposes of records disaster prevention, the hospital will undertake the following routine activities:

- Conduct building inspections, in cooperation with building maintenance personnel and the disaster response team, to ensure that facilities do not and will not negatively affect the physical condition of records
- Inventory the hospital's records to identify those vulnerable to environmental risks such as high temperatures
- Review and improve records access, care, handling, storage, and disposition practices

Building floor plans that are part of the disaster management plan must include records salvage priorities so that staff can quickly locate valuable records in the event of an actual disaster.

5.3.2 Roles and Responsibilities

The Records Management Officer and Records Staff will:

- Ensure that hospital staff manage records in accordance with records management guidelines and best practices
- Guarantee that the storage of fragile records will be unlikely to cause their damage or destruction
- Provide additional security and physical protection, if necessary, for vital, important, and archival records
- Review and update the records management needs assessment, putting into place new or upgraded controls and procedures as required
- Bring to the attention of building maintenance personnel or the disaster response team any problems that may affect records
- Manage records according to records guidelines and best practices
- Implement and maintain regular backup procedures for electronic records and store these backup copies in a safe and secure location offsite
- Prevent unauthorized access to electronic records by securing equipment and storage facilities, installing computer firewalls and virus detection software, limiting access to LAN servers, and adopting other security measures where appropriate

Disaster Response Team will:

- Verify that existing building controls such as fire, smoke, water and security alarms are working properly
- Evaluate security, water and fire protection measures on a regular basis to confirm that they are adequate to protect records
- Bring to the attention of the Records Management Officer any potential threats to records
- Stay informed of severe weather and geological conditions
- Communicate all pertinent information to the Records Management Officer as soon as possible

Building Maintenance Personnel will:

- Undertake monthly building inspections
- Take corrective actions to eliminate deficiencies identified in building inspection reports
- Advise contractors of what precautions to follow when renovating or repairing facilities

- Communicate all pertinent information to the town clerk as soon as possible

5.3.3 Site Maintenance and Inspection

An essential part of this disaster plan is to reduce the chances that the hospital will suffer a disaster. For that reason, the person in charge of hospital maintenance will ensure that all hospital facilities are inspected for potential risks at least quarterly using the hospital's risk identification checklist.

5.4 Disaster Response

5.4.1 Introduction

The hospital must respond to any disaster in a quick and organized manner. Planning an appropriate response is always difficult because of the unique nature of every disaster. Since the hospital cannot schedule disaster response ahead of time, it cannot be sure all members of the disaster recovery team will be available to help. Additionally, response can entail many hours of difficult physical work in potentially dangerous situations, so hospital staff and patients must be careful to ensure their own safety during any disaster response.

5.4.2 Roles and Responsibilities

The first person to discover a records disaster or to determine one is imminent will:

- Contact the Records Management Officer or his back up to initiate the disaster response
- Contact any member of the disaster response team if not available
- Contact appropriate emergency response units (fire, police, ambulance, RedCross), if necessary
- Call for supplementary support if magnitude of disaster management exceeds the capability of the disaster response team.

The Records Management Officer will:

- Serve as the leader of the disaster recovery team
- Ensure that the team contacts appropriate emergency response units
- Contact the first person on the disaster recovery team's phone tree, and indicate where and when team members will converge
- Retrieve the copy of the disaster plan kept at any of the nearest posts possible.
- Retrieve the disaster response supplies kept at the nearest posts possible, including communication devices like cell phones and two-way radios

- Arrive at the scene as quickly as possible
- Begin the initial damage assessment
- Determine methods of response to address this particular disaster
- Contact any professionals needed to help with the response (including freeze-drying companies and records conservators)
- Organize and direct the disaster response team
- Oversee the general disaster response as it relates to records
- Communicate and coordinate activities with official disaster response units (fire, police, and ambulance)

The disaster response team will:

- If not contacted, contact the Records Management Officer or his back up
- Arrive at the scene as quickly as possible
- Serve and offer leadership with regards to disaster response if the records management officer and his back up are absent
- Help the Records Management Officer complete the initial damage assessment
- Help the Records Management Officer devise the methods of response for this particular disaster
- Keep in frequent contact with the Records Management Officer during the response
- Designate a media representative who will answer any questions and provide information on the state of the response

5.4.3 Actions to take in Case of a Disaster

5.4.3.1 Security

- Establish security so that only authorized personnel enter the affected areas.
- Establish a cordon around the affected area, staffed by police or members of the disaster response team, as appropriate.
- Limit the number of people entering the area to reduce the chances of injury and pilfering.

5.4.3.2 Stabilization of the Area

- Before attempting to recover any records, first determine the source of the problem.
- Wait until all fires are quenched, excess water is drained, and unstable structures are dismantled.

- Do not enter any structure until the Records Management Staff confirms that the building is safe to enter.
- If the building is not safe for hospital staff to enter, the Records Management Officer will work with the disaster response team to determine whether recovery team can use the floor plans and records salvage list to retrieve the hospital's most valuable records.
- If the building is too dangerous for anyone to enter, the Records Management Officer will develop a salvage plan with the disaster response and recovery team
- If the area is flooded, first clear any drains to empty the water. Keep in mind that water conducts electricity, so turn off the power before entering a room with standing water.
- After removing the water, keep the temperature below 65 degrees Fahrenheit, which will be cold enough to retard mold growth.
- Run fans to circulate air and dry out wet areas.
- Run dehumidifiers to reduce dampness.
- Remove all discardable, wet materials such as carpets, paper supplies, and empty storage cartons.

5.4.3.3 Stabilization of the Records

- Use rubber gloves to handle all materials, and wear appropriate face masks if mold is present in the area.
- Immediately use the "Records Salvage Priority List" to identify and relocate any vital or archival records.
- Begin with any records threatened with further damage because they are submerged, about to tumble to the ground, or otherwise vulnerable.
- If any boxes are falling apart, temporarily store the records in plastic containers or standard cubic-foot cardboard boxes (if plastic ones are not available).
- Move all re-boxed records to a dry, sheltered location. If records are wet, do not leave them permanently in the boxes used for moving; either dry them under fans or contact a freeze-drying specialist immediately.

5.4.4 Disaster Response Checklist

[Insert a copy of the Disaster Response Checklist to help in determining which individuals to contact, how to contact them, and their initial assignments in case of a disaster]

5.4.5 Emergence equipment Inventory

[Insert a copy of your emergency equipment inventory, which will indicate the availability and location (onsite or offsite) of supplies and equipment that support disaster response, including fire extinguishers, smoke alarms, and shut-off valves]

5.4.6 Initial Damage Assessment Form

[Insert a blank copy of the initial damage assessment form, which will help in gathering preliminary information about the extent of a disaster]

5.4.7 Records Salvage Priority List

[Insert a records salvage priority list that details the locations of the vital records to save in the event of a disaster]

5.4.8 Floor Plans and Area Maps

[Insert detailed floor plans of all buildings maintained by the hospital, indicating the locations of records, and area maps that indicate the location of important resources such as water mains or reservoirs]

5.5 Disaster Recovery and Business Continuity

5.5.1 Introduction

The line between disaster response and recovery is not always distinct. Response relates to all actions required to assess the extent of the disaster, identify methods needed to save records, and protect property and human life. Recovery relates to actions taken to resume the normal business activities of the town.

5.5.2 Roles and Responsibilities

The Records Management Officer will:

- Verify the availability of promised temporary work space at the hospital
- Ensure the availability of adequate furniture to conduct town work.
- Verify the availability of adequate computer equipment and telecommunications at the hospital.
- Acquire rented computer equipment
- Set up adequate computer systems to run essential town services

5.5.3 Recovery Procedures

Insert detailed procedures for specific recovery situations. These might include recovery procedures in cases of total destruction of facilities and procedures in cases of partial damage to a single facility. See appendix 5.7.2

5.5.4 Debriefing Procedures

[Steps to take after recovery to evaluate how well the disaster plan worked]

5.5.5 Insurance Policies

[Copies of or extracts from any insurance policies showing disaster coverage]

5.5.6 Reciprocal Agreements

[Copies of any formal agreements with other organizations detailing the services, facilities, and equipment each has agreed to share with the other in case of a disaster]

5.6 Review of Plan

5.6.1 Introduction

Disaster management requirements will change over time, so Lubaga Hospital will review this plan annually to guarantee its continuing effectiveness and relevance to the hospital's overall emergency operations.

5.6.2 Roles and Responsibilities

The Records Management Officer will be responsible for calling together the disaster response team to review the disaster plan.

The person in charge of maintenance is responsible for keeping hospital facilities in good condition to minimize natural or structural risks that might invite disasters.

5.6.3 Frequency of Reviews

The disaster response team will review the disaster plan in two separate ways:

5.6.3.1 Annual Review

Once a year, the disaster response team will review the disaster

response plan in its entirety to ensure that it is up to date. The team will make the necessary changes it identifies at that time.

5.6.3.2 Event-driven review

After any disaster response and recovery, the disaster response team will review the disaster and its response. The team will use that information to revise the disaster plan, as necessary.

5.6.4 Testing the Plan

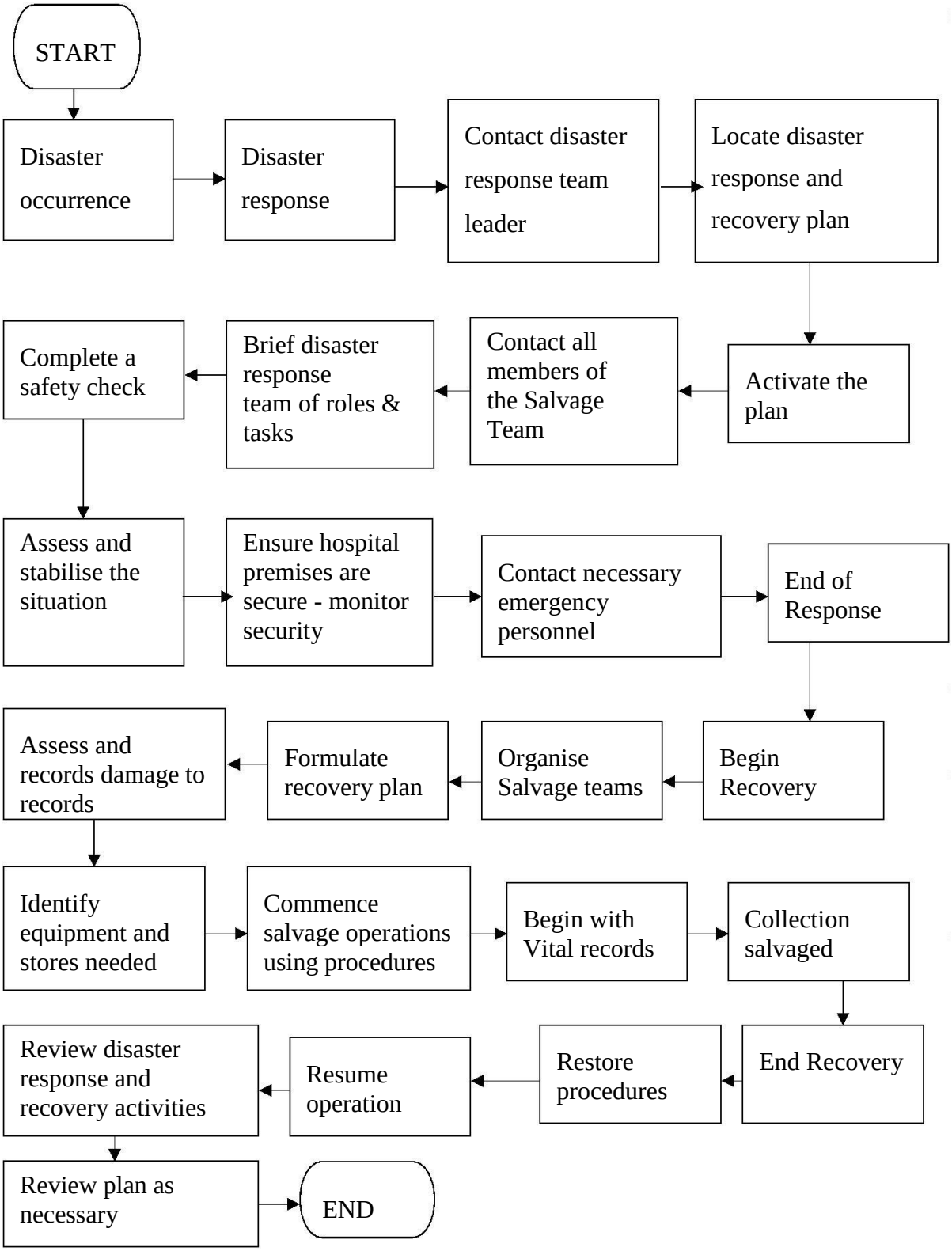
The Records Management Officer is responsible for testing the plan to ensure that it is a useful tool for the town. Testing methods will include tabletop testing at each annual review and occasional, unannounced simulation tests.

5.6.5 Distributing the Plan

After any modification to the plan, the Records Management Officer will distribute amended copies to all hospital staff and ensure the storage of copies offsite. The Records Management Officer will mark all updates to ensure that the disaster recovery team does not inadvertently use old information.

5.7 RDMP Appendices

5.7.1 Activity diagram for disaster management at Lubaga Hospital



5.7.2 Records Disaster Recovery Plan

Included within this plan are the objectives of the plan, an In-house Disaster Response Team Listing which provides who is responsible for what roles; steps in effective disaster recovery; a damaged records documentation list which documents all the records damaged, their treatment and location; advice on how to pack records during a recovery operation; advice on how to stabilise records and drying methods and how to recover records following a disaster.

Template 5.7.2.1 – Recovery Plan Objectives

This Records Disaster Recovery Plan serves to:

i) ensure the safety of all hospital records throughout the emergency condition, disaster declaration, and recovery process.
ii) re-establish the essential hospital and records management services provided after the disaster
iii) suspend all non-essential activities until normal business at the hospital has been restored.
iv) mitigate the impact to records through the rapid implementation of effective recovery strategies as defined herein.
v) reduce confusion and misinformation by providing a clearly defined command and control structure.
vi) consider relocation of vital records and facilities as a recovery strategy of last resort.

Template 5.7.2.2 – In-house Disaster Response Team

Role	**Name**	**Contact details**
Disaster response team leader		
Liaison officer		
Records management officer		
Record officers		
IT officer		
Finance officer		
Volunteer coordinator		
Environmental Monitor		
Building Maintenance Officer		

First Aid Officer		
Courier Service		
Salvage Workers		

Template 5.7.2.3 – Steps in Effective Disaster Recovery

Once immediate response to the disaster occurrence is complete and the building is declared safe:

1. Assemble Disaster Response Team and prepare to sketch out the Recovery Plan.
2. Review the situation and make sure you have all relevant information:
   - Extent and type of damage
   - Priority list objects/items that were damaged
   - Condition of the environment of the building
   - General feeling about size of recovery operation (will outside help be required?)
3. Ensure all damage is documented and photographed.
4. Determine what you need for recovery volunteers, material and equipment, outside expertise, space, freezer facilities.
5. Organise the team some to focus on environment, others on salvage.
6. Modify (stabilize) the environment (remove wet material, open windows, fans)
7. Specify which salvage procedures will be used and decide on the Team Leaders for each procedure.
8. Use Action Sheets and salvage procedures to set up the areas for salvage.
9. Move into salvage operations, making sure all object/item movement and treatment is documented.
10. Ensure adequate supplies are on hand and that you have all the help you need.
11. Ensure all formal notifications have occurred – council, insurance company, etc.
12. Ensure all workers are well looked after. Celebrate milestones and keep everyone informed.

Template 5.7.2.4 – Action Sheet

This list provides a quick reference of names and phone numbers for each of the Disaster Recovery Team Members and their responsibility in records disaster recovery.

Function	**Name**	**Authority and Responsibilities**	**Mobile Phone**	**Email**
Recovery Coordinator				

Records Recovery Coordinators				
Inventory/tracking data entry				
Photography				
Pack out – boxing				
Pack out – disposal				
Personnel Manager				
Security Head				
Data Processing Manager				
Financial Manager				
Facilities Manager				
Health and Safety Officer				

Template 5.7.2.5 – Damaged Records Documentation List

(To record damage, treatment and movement of records)

Record	**Number**	**Damage**	**Category (of salvage)**	**Treatment**	**Location**

Template 5.7.2.6 – Packing Records in a Recovery Operation

There are two types of packing that may be needed in a recovery operation:

- Pre-evaluation packing where records need to be packed and taken to a different treatment site, in other parts of the building or in a different building, and
- Post evaluation packing where records are packed for freezing.

Using either method, boxes should not exceed the weight recommended by Occupational Health and Safety Officers. All rare, intrinsically valuable and delicate material should be prepared for freezing separately from other materials and in separate categories so they can be located and identified for treatment by a conservator.

For pre-evaluation packing, paper records can be packed in plastic crates and taken by trolleys to the vehicle. Volumes should not be flattened, simply packed as they are. They should be taken to the evaluation manager at the treatment site.

For post evaluation packing where there are small amounts of damaged materials, debris can be washed away under cold running water (if clean) by experienced people unless the material is fire damaged or contains soluble inks and dyes. Volumes, books or groups of papers should be held in two hands and dipped into containers of clean water or a hose should be gently applied providing the water is not contaminated. No materials should be scrubbed. In cases where there are vast amounts of material to pack, washing may not be viable.

The following packing rules should apply:

Volumes

- Very wet volumes should be packed separately and vertically with their spines down.
- Volumes of similar size should be packed together in a single layer and supported so that they do not bend.
- If it is likely that dyes from the covers of volumes will run, or if time allows, they should be individually wrapped or at least every other wrapped.

Documents and files

- Wet files should be wrapped in batches that are not more than 10cm deep. Large items should be packed flat on the bottom so that they will not sag.
- If wet file covers are removed because of damage, care should be taken to identify loose documents.
- Soaking wet bundles of wet paper that sustain damage should be packed into large plastic bags or packed on their side in boxes. Do not try and separate them, as it is labour intensive.
- Scattered sheets should be placed together in relation to their location and the approximate location noted.

- Files and cards should be left where possible in the original boxes, unless the contents are dry and can be taken out and put in dry boxes without risk of damage.
- Burnt, scorched or dirty records should be supported on single sheets of uncoloured cardboard or heavy paper when transferring to crates.

Maps and plans

- Large format items such as maps should be interleaved with blotting paper and polythene and placed on flat supports (may be several on each).
- Do not build up too much weight.
- Record information about the item and its location.
- If records are not in boxes or containers, or if the containers have no identification, label each box or bundle showing the location and identification if possible.
- Use a soft pencil and paper to write on labels that should be tied onto boxes or bundles.
- Do not use coloured paper, felt tipped or ballpoint pens or write on the records themselves.
- Crates should be numbered and the numbers added to documentation, and the removal and destination of boxes should be recorded.
- Material should not be piled on top of each other or moved in large batches. It should not be left packed for more than a few hours.

Template 5.7.2.7 – How to Recover Records

Records should be recovered in accordance with vital records schedules and priorities set for each functional area. In that event, the following instructions should be followed in the recovery of vital records.

Paper-based Records

See the section on Recovery in the Records Management Disaster Plan for information on how to proceed with the recovery of paper-based records.

Also See Template 5.7.2.6 for methods of packing paper-based records for transport or freezing.

Electronic Records

All electronic systems and equipment for electronic records management such as Electronic Document and Records Management Systems (EDRMS) and other business critical application systems should have had their records backed-up to an off-line medium at a minimum of every 24 hours.

The Backup Media of data should have been stored “off-site” in a secure location or even in the cloud. It should now be possible to reconstitute the Records Management System and the other business critical application systems from this backup media.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter presents the summary of findings, conclusion and project recommendations.

This project aimed at designing a records disaster management plan for Lubaga hospital to ensure security of the records and staff in case of a disaster. The project objectives were to; identify the types of disasters affecting records at Lubaga hospital, examine possible causes of disasters, establish the effects of disasters on records management, and design the records disaster management plan for Lubaga hospital.

The project targeted a population of 12 people and due to their small number, the entirety of the population size was treated as sample size and comprised of 04 Records staff, 06 Health workers and 02 Administrators all selected purposively. The project adopted a qualitative research design and used interviews and document review methods to collect data.

6.2 Summary of Findings

6.2.1 Types of Disasters Affecting Records at Lubaga Hospital

The project identified: fire outbreaks, vandalism, water leakages, earthquakes, chemical spillage, theft of records and equipment, floods and technological disasters as the man-made and natural disasters that affect or are likely to affect records and records management work at Lubaga hospital.

6.2.2 Causes of Disasters in Records at Lubaga Hospital

The project attributed these disaster occurrences to: congestion of premises limiting movement, storage space for records and increasing chances for internal accidents; heavy rain down pours; water leakages; power outage and system break-downs; pollution of air and water; staff negligence and careless conduct; biological causes such as molds, small mice and insects; and lack of strategic disaster control measures.

6.2.3 Effects of Disasters on Records Management at Lubaga Hospital

Among the many effects disasters pose or are likely to pose to records and records management work at Lubaga hospital, the project established that: disasters destroy vital records; impede access

to records; compromise the security and integrity of records; cause temporary or even permanent withdrawal of services; destroy physical structures and equipment in the records facility; and depreciate the budgets allocated for records management.

6.2.4 Designing a records disaster management plan for Lubaga hospital

The project also established the disaster prevention measures used to safeguard records and other resources at the Hospital highlighting: use of automatic fire detection systems; use of suitable records storage methods and equipment; conducting safety checks within and around the facility a regular basis; conducting formal risk assessment for the entire hospital facility on a regular basis; conducting regular security procedures; conducting regular checks of fire equipment; training staff on disaster response; provision of emergency response equipment and materials; and maintenance of hospital structures and records storage equipment

The project found out that disaster response and recovery at Lubaga hospital proceeds through a procedural process that starts with: sounding the emergency alarm to evacuate personnel, action from emergency response team, determining priorities of resumption of work, and cleaning and rehabilitating the affected areas.

To improve the management of records disaster occurrences at the hospital, the project recommended the design and implementation of a comprehensive disaster management plan that guides on the disaster management aspects of planning, prevention, response, and recovery.

6.3 Conclusion

The study concluded that;

i) The hospital experiences or is likely to experience disasters caused by both human and natural factors;
ii) The disaster occurrences affect records and records management work just as they do to staff and other areas of the facility;
iii) The hospital lacked a strategic records disaster management plan to guide the management of disaster occurrences that may affect records and to ensure security of the records and staff in case of a disaster.
iv) Implementing a records disaster management plan would help greatly in managing records disaster occurrences at Lubaga Hospital

6.4 Recommendations

The project recommended that;

i) The records staff should be aware of the potential records disasters, their causes and effects and advise the hospital management about their occurrences and how to manage them,
ii) The records staff supported by the hospital management should implement the disaster management plan to ensure security of the records and staff in case of a disaster,
iii) The records staff should initiate review of the implemented records disaster management plan to ensure it is up-to-date to address all potential disaster occurrences.
iv) The records disaster management team should collaborate and develop:

- A disaster Response Checklist to help in determining which individuals to contact, how to contact them, and their initial assignments in case of a disaster.
- An emergency equipment inventory, which will indicate the availability and location (onsite or offsite) of supplies and equipment that support disaster response, including fire extinguishers, smoke alarms, and shut-off valves.
- An initial damage assessment form, which to help in gathering preliminary information about the extent of a disaster.
- A records salvage priority list that details the locations of the vital records to save in the event of a disaster.
- A detailed floor plan of all buildings maintained by the hospital, indicating the locations of records, and area maps that indicate the location of important resources such as water reservoirs
- Procedures for specific recovery situations. These might include recovery procedures in cases of total destruction of facilities and procedures in cases of partial damage to a single facility.

The study recommended further research in the following areas;

i) Evaluation of records management policies at Lubaga Hospital.
ii) Assessment of records disaster management plan at Lubaga Hospital.
iii) Efficacy of Electronic Records Management Systems in hospitals

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APPENDICES

Appendix A: Interview Guide

Dear respondent,

We ***Katushabe Daisy, Nakato Juliet, Kagoya Peace, and Basuuta Sarah*** are a group of students at Makerere University currently conducting project aimed at Designing a Records Disaster Management Plan for Lubaga hospital. The project is done in partial fulfilment of the requirements for the award of a degree of Bachelor in Records and Archives Management of Makerere University.

We kindly request you to spare 10-15 minutes of your precious time and volunteer to respond to the questions in an interview.

Note: The information you provide will only be used for academic purposes and will be kept confidential where necessary.

SECTION A

DEMOGRAPHIC BACKGROUND

1. Gender

Male [ ] Female [ ]

2. Position of responsibility

Administrator [ ] Records management staff [ ] Health worker [ ]

3. Duration of work at Lubaga hospital

Less than 5 years [ ] 5- 10 years [ ] more than 10 years [ ]

SECTION B

DISASTER INVASIONS AT LUBAGA HOSPITAL

4. What man-made or natural disasters affect or are likely to affect your records and records management work at the hospital?

5. What is the frequency of occurrence of these disasters?

SECTION C

CAUSES OF DISASTERS IN LUBAGA HOSPITAL

6. What are causes or could be the likely causes of these disaster outbreaks?

SECTION D:

EFFECTS OF DISASTERS

7. What effects do the disasters pose or are likely to pose to your records and records management in general?

SECTION E

DISASTER MANAGEMENT IN HOSPITALS

8. What disaster prevention measures are available to safeguard records and other resources at the Hospital?

9. What disaster response and recovery plans are used in the hospital?

Thank you for your time and participation

Appendix B: Document Review Guide

The researcher will review both print and electronic contents from the following information resources:

1. Existing policies on records management
2. Documentation about the background of Lubaga hospital
3. Organisation profile of Lubaga hospital
4. Reports and proceedings concerning records management at Lubaga hospital
5. Records management standard operating procedures for handling internal, incoming and outgoing records
6. Disaster reports at Lubaga hospital

The review will be guided with by the following criteria

1. Accuracy of information
2. Currency of the information
3. Relevance of information
4. Authoritativeness of information
5. Purpose and objectivity of information
6. Scope of the information

END

Appendix C: Research Introduction Letter

MAKERERE UNIVERSITY

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COLLEGE OF COMPUTING & INFORMATION SCIENCES
EAST AFRICAN SCHOOL OF LIBRARY AND INFORMATION SCIENCE(EASLIS)

September 19, 2022

The Manager, Records
Department of Records
Lubaga Hospital
P. O. Box 14130
Kampala – Uganda

Lubaga Hospital
26 SEP 2022
RECORDS OFFICE
P.O. Box 14130, Kampala
Tel: 0290244800

Dear Sir/ Madam,

RE: INTRODUCTION LETTER

This is to introduce to you the following students pursuing a Bachelor's Degree in Records and Archives Management (BRAM Year III) at the East African School of Library and Information Science under the College of Computing & Information Sciences, Makerere University.

1.	Katushaabe Daisy	19/U/0887
2.	Nakato Juliet	19/U/22357/EVE
3.	Kagoya Peace	19/U/10525/EVE
4.	Basuuta Sarah	19/U/22358/EVE

As part of their degree program, they are entitled to carry out research under the course BRM 3204. The title of their research is *"**Designing Records Disaster Management Plan for Lubaga Hospital**"*.

The purpose of this communication is to request you to offer them the necessary assistance required.

Please note that all the information obtained shall be used for academic purposes only.

Sincerely,

Dr. David Luyombya
HEAD OF DEPARTMENT
RECORDS AND ARCHIVES MANAGEMENT

Lubaga Hospital
26 SEP 2022
RECORDS OFFICE
P.O. Box 14130, Kampala
Tel: 0290244800