AUDIT COURSE(DISASTER MANAGEMENT) SEMESTER II

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Disaster Response Plan

Disaster response is the reaction and activity involved in helping people who have involved in some kind of catastrophe. The first step in an overall **disaster management** plan is usually focused on disaster avoidance, and the creation of an action plan that details the necessary response if one occurs. Once an incident has taken place, these plans for response and recovery are then set into motion, to best remedy the situation.

Disaster management is a multi-level plan of attack for handling catastrophic incidents. Federal, state, and local authorities are typically each assigned tasks to help avoid disasters, if possible, and with practical plans that are appropriate to their size and resources. The overall goal is to reduce the chances of an incident occurring due to human error, and to plan for the worst-case scenario should an unavoidable incident happen.

During the planning phase, resources are prepared and put into place in case a disaster occurs. Evacuation plans must be created and regularly updated, and facilities that can serve as housing for displaced citizens must be found and readied. Emergency packs that include food, medicine, and basic necessities are often created as another preparedness measure. Some of these basic services are provided by organizations like the Red Cross. The well-defined role of public service groups, like fire and police departments, is an integral part of this plan as well.

Disaster response takes the action plan and puts it into motion when necessary. According to it and in a disaster situation, emergency personnel are ready to be deployed for **search and rescue** missions. Citizens may be advised to either evacuate or seek shelter. In the case of evacuation, transportation is typically pre-arranged to quickly and safely remove citizens from the affected area. Also, supplies can be brought in by humanitarian groups or **emergency management** authorities to aid those impacted by the incident.

Once the response has begun and is running effectively, management begins to execute the recovery stage of response. During this phase, the condition of the area hit by the disaster is usually assessed, and a plan for the future is formulated. This can be as simple as returning people to their homes, or as complicated as setting up temporary, long-term housing and providing necessities for those affected. This phase can also include plans that outline the repair of damaged areas, and the restoration of living conditions. Prevention of future, similar incidents is usually discussed, and a new planning phase can begin.

The effectiveness of disaster response depends largely on the quality and thoroughness of the original disaster plan. Authorities who have effectively discussed and reviewed their plan of action are more likely to be successful in facilitating the disaster response. People who are familiar with their local plan, or who develop a plan for their home and family, will be better equipped to handle their own personal disaster response.



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Communication

An in-depth study of all probable causes of disasters likely to occur in the area is to be made, identifying all likely sources of disaster.

Preparedness:

This is the most important phase. The state of Preparedness is to be reached to maximum efficiency to be effective. In this phase, all resources -their types and strength – are worked out, identified and are placed "on call" whenever situation so warrants. This phase requires high degree of dedication and cooperation of all resources. Resources imply police, firemen, medical personnel, transporters, volunteers and above all a sound communication system.

Immediately after A Disaster Occurs:

Communication, in all its forms, plays a most vital role in this phase. The prime requirement of this phase is to convey facts without creating any panic. Also, time element is of utmost importance. Even a minor delay caused due to incomplete or incorrect communications will add to the problem. The intimation of the occurrence of a disaster is to be given, in the laid down priority, to government officials, affected population and news media of all types. This becomes effective only when there are "Check Lists" at all levels and personnel are trained to act strictly yet timely according to their respective check lists. In the absence of check lists, chaos will prevail disrupting the smooth responses at required levels.

Aftermath:

Once the laid down actions get under way, the situation is brought to normal, i.e., the cause of disaster is "contained" or has passed away. While this is going on, regular progress of events is intimated to people through proper "media". The next action by concerned authorities, after normal life is restored, should be to carry ruthless audit of all events, critically analyze faults, weaknesses, lapses, and shortcomings together with impediments, if any is experienced, and introduce measures to overcome/remove them.

It is implied in the above that only correct and efficient communication can (a) prevent occurrence of a disaster or reduce its impact, {b) reduce vital delays in aftermath and (c) in general decide the success of disaster management efforts.

RESPONSE—THE EMERGENCY

Hazard events, regardless of whether they turn into disasters, are emergencies. They are situations in which the split-second thinking of both trained and untrained individuals must address conditions outside of normal life. The emergencies continue until these extraordinary needs have ceased and the danger to life and property no longer persists.

Emergencies occur in three phases, with different response activities applying to each:

1. *Prehazard*. During this period of the emergency, the hazard event is impending and may even be



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inevitable. Recognition of the impending hazard event may or may not exist.

- 2. *The emergency: Hazard effects ongoing*. This period begins when the first damaging effects begin, and extends until all damaging effects related to the hazard and all secondary hazards cease to exist. It may be measured in seconds for some hazards, such as lightning strikes or earthquakes. However, for others, such as floods, hurricanes, wildfires, or droughts, this phase can extend for hours, days, weeks, or even years. During this time, responders address the needs of people and property as well as the hazard effects.
- 3. The emergency: Hazard effects have ceased. During this final phase of the emergency, the hazard has exerted all of its influence, and negligible further damage is expected. Responders are no longer addressing hazard effects, so their efforts are dedicated to addressing victims' needs, managing the dead, and ensuring the safety of structures and the environment. The emergency still exists and the situation still has the potential to worsen, but the hazard or hazards that instigated the emergency are no longer present.

Warning and evacuation. If a warning system has been established, the public may have time to make last-minute preparations or evacuate away from the area, move into personal or established community shelters, or take other protective actions in advance of the hazard's arrival. In order for warnings to work effectively, the systems require the technology to detect the hazard and relay the warning, and the public must be trained to correctly translate and react to the issued warning. Though experience has shown that not everyone will evacuate or shelter themselves even in the most dangerous situations, protecting any significant portion of the population can drastically reduce overall vulnerability and make the postdisaster response easier.

SEARCH AND RESCUE

Many disasters result in victims being trapped under collapsed buildings, debris, or by moving water. Earthquakes, hurricanes, typhoons, storms, tornadoes, floods, dam failures, technological accidents, terrorist attacks, and hazardous materials releases, for example, all may result in the need for organized search and rescue. Search and rescue involves three distinct but interrelated actions: locating victims; extracting (rescuing) victims from whatever condition has trapped them; and providing initial medical first-aid treatment to stabilize victims so that they may be transported to regular emergency medical practitioners.

EVACUATION

Before, during, or after a disaster occurs, it is often necessary to move populations away from the hazard and its consequences. This can reduce the effect of many disasters, whether natural, technological, or intentional, by simply removing potential victims from risk.

Despite evacuation orders that come in advance of a disaster, many people refuse to evacuate or are unable to for a range or reasons (including poverty, disability, fear, or inability to receive or understand warning communications). Once the disaster begins and conditions worsen, however, these same people may still need to be evacuated, and they may even begin evacuating on their own in such a way as to place themselves at increased risk.



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Evacuations are most effective when they are limited to only those areas facing risk. This could be a single building, a neighborhood, or a whole city or region. Once it has been deemed necessary, only government officials may order an evacuation. Fire or police officials may instigate and facilitate the evacuation of single buildings or neighborhoods, but, for larger jurisdictions, the call usually comes from the chief executive. Depending upon a nation's laws, these evacuations may be recommended or forced.

Legal issues arise if statutory authority is not in place outlining how and when forced evacuations may be performed. To be effective, evacuations must be facilitated. Evacuation routes able to convey evacuees all the way out of danger and to a safe destination should be predetermined according to hazard. Many people will need transportation, such as buses, boats, or trains, which must be resistant to the hazard's effects to be effective. Special needs populations, such as the elderly, the sick, children, the disabled, the illiterate, and others, should be pre-identified so that specific resources may be used to locate and extract them on an individual basis (many religious, community, or charitable groups organize this function).

Medical health response

The fundamental tasks necessary to prevent outbreaks from disease include:

- *Rapid assessment*. This involves identifying the communicable disease threats faced by the affected population, including those with epidemic potential, and defining the population's health status.
- *Prevention*. Communicable diseases may be prevented by maintaining healthy physical, environmental, and general living conditions.
- *Surveillance*. Rapid response to disease outbreaks is only possible if a strong disease surveillance system is set up and is designed with an early warning mechanism to ensure the early reporting of cases and the monitoring of disease trends.
- *Outbreak control*. Ensuring that outbreaks are rapidly detected and controlled through adequate preparedness (i.e., stockpiles, standard treatment protocols, and staff training) and rapid response (i.e., confirmation, investigation, and implementation of control measures) can help to ensure that outbreaks are contained and brought under control.
- *Disease management*. Prompt diagnosis and treatment, with the help of trained staff using effective treatment and standard protocols at all health facilities, will ensure that the ill are given the best chances for survival, thereby limiting the risk of further transmission (WHO, 2005a).

Psychological management

The psychological stresses that disaster victims face are extreme. In an instant, often with little or no warning, people's entire lives are uprooted. They may have lost spouses, children, parents, or other family members or friends. They may have just found themselves homeless and jobless, with no apparent means to support their families. Without proper psychological care, victims may slip into depression.



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If severe, depression can have extreme consequences for disaster victims. Rates of suicide and violence tend to rise many times over what is normal for the affected population. Depressed victims may begin to neglect the tasks they depend on to survive, such as cooking, acquiring food and water, bathing, and maintaining adequate healthcare. Proper counseling services can limit these effects.

Disaster responders also need counseling services. They are exposed to the emotional pain and suffering associated with death, injury, and destruction as regular victims, and may even be victims themselves if they are from the affected area. Responders often have the added psychological pressure of feeling responsible for saving lives and protecting the community at a time when both tasks are extremely challenging.

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