

Disaster preparedness and management

[Health & Medicine](#), [Nursing](#)



Disaster Preparedness and Management DISASTER PREPAREDNESS AND MANAGEMENT Introduction Acts of God, also referred to as natural disasters, are, according to conventional wisdom, unpreventable, as well as unpredictable, while disasters made by man are conventionally considered to be preventable and predictable. In addition, the latter is considered more destructive and catastrophic than the former. However, a critical re-evaluation of our understanding with regards to the relationship between human-made and natural disasters should be taken (Sahni, 2011). Majority of disasters today, while are natural by nature, are increasingly caused by man, including earthquakes, floods, and hurricanes, which makes them predictable. Various inexpensive measures exist that can be adopted systematically in areas that are prone to these predictable disasters, especially with the aim of reducing hazard impacts. Earthquakes, hurricanes, and floods can be predicted before they happen through early warning systems. Therefore, communities should seek to come up with evacuation plans, risk assessments, land use planning, and education plans to avoid escalation of human casualties when the disasters happen (Sahni, 2011). Most of these measures fall within the logistical and financial means of majority of communities and local governments. Potential Predictable Disasters that Could Result in Mass Casualties Various external disasters result from natural events. For disasters like earthquakes, floods, and hurricanes, health facilities are likely to activate disaster mitigation and management plans by acting on advance warning. Disaster management involves to the process through which events with the potential to cause serious disruptions to a community's social fabric are addressed (Dasgupta,

2009). While it is similar to disaster mitigation, it involves the entire approach that is taken by the government to utilizing resources present, in the community, to manage a disaster's effects. It makes the assumption that the community will, over the period of the disaster, be self-sufficient until it is possible to stabilize the situation. There are several measures that can be taken in order to minimize and prevent escalation of injuries, death, and destruction, including generation of medical and communication resources, provision of plans for the community's recuperation after the disaster, provision of early warning systems, and putting plans in place to aid in the post-disaster rehabilitation reconstruction (Dasgupta, 2009). Responsibility for Disaster Management In the community, there are various plans for warning people and communicating actions required in the event of these disasters. In the community, the Protection Services Department takes care for management of disasters. This department normally deals with law enforcement, fire brigades, traffic policing, as well as emergency ambulance services on the local government's agency basis (Haque, 2011). Their role involves the coordination disaster response and ensuring the effective application resources. Within their jurisdiction in the event of a disaster are traffic and engineering services, emergency medical services, and ambulance and fire services. It is essential, however, that this department combines early warning systems with networks centered on the community. The department ensures that the early warning systems are relevant, trusted, and understood by the community. The plans that the department puts in place include the establishment of local networks that have the ability to receive warnings and act on them, while also educating the

community to raise their awareness to ensure their safety. It also uses local networks in the development of progressive warning systems that meet the needs and situations of the community. Finally, they take up a multi-hazard approach that is meant to ensure sustainability through the provision of relevance, awareness, and active alerts (Haque, 2011). For this reason, most people in the community are aware of these plans as they are taught in schools and placed at strategic institutional buildings around the community.

Social and Cultural Factors in Disaster Planning in the Community The most vulnerable group in this community is the poor, especially those living in the inner cities. Reducing their vulnerability to the disasters is a vital part for management of the disasters. Since most of them live in densely populated areas, while also lacking basic necessities; most of them are increasingly vulnerable to the effects of the disasters. Increased demand for residential and commercial land in the community has escalated the utilization of terrain that is prone to natural disasters (Gustin, 2010). Most of the poor people live in unsuitable areas like reclaimed land, unstable hilly areas, and floodplains. Due to poor planning of their settlements, their buildings are constructed inadequately and maintained insufficiently, which acts to increase their vulnerability status in the event of floods, hurricanes, and earthquakes. Evacuation plans, however, have been put in place since the Hurricane Katrina disaster in New Orleans, including partnerships with civil societies that work with the vulnerable communities, support for community initiatives for mitigation of floods, and the development of tools that are meant to reduce vulnerability such as construction of levees (Gustin, 2010).

Emergency Supplies the Event of a Disaster In the absence of electricity, the

department has made plans for the vulnerable population by enabling nursing staff to care for them without normal provisions. Lack of electricity in cases of a disaster could also lead to communication difficulties, which means that the nurses are also trained to adapt (Sahni, 2011). First, the hospitals possess back up generators in case of a power outage, while most of the equipment used has back up functionality. In cases where the hospital is also struck by the effects of the disaster, it may be necessary to evacuate the patients, especially where flooding or earthquakes lead to fire or submerging of hospital floors. Taking the decision to evacuate will depend on the manner of the threat. When there are threats to the patients' lives, emergent evacuation is necessary, while less threatening situations could necessitate phased evacuations or a shelter-in-place (Sahni, 2011).

Conclusion Recent events in the country have demonstrated the fact that hospitals are also prone to devastation wrought by disasters. For this reason, disaster response by the community should also include mitigation factors for hospitals, which should be made in collaboration with the hospitals. In order to respond properly, the community and health facilities must prepare properly. Despite the fact that all hospitals and disasters are unique and exist in a unique communal environment, various elements in disaster management, such as evacuation, preparing for vulnerable populations, and communicating the management plans are universal.

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