

DISASTER MANAGEMENT CYCLE

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INTRODUCTION

- "Just a few days ago, on August 2, 2025, a powerful **8.8 magnitude earthquake** struck **off the eastern coast of Russia**, triggering **tsunami alerts** across multiple countries—including Japan, the Philippines, and even Alaska.
- The tremors were strong, the ocean surged, and alerts were issued within minutes. But here's what's remarkable: despite the strength of the earthquake and the scale of warnings, **there were very few casualties and minimal destruction.**"



How was such a large-scale disaster handled so effectively ?

INTRODUCTION

- *"This real-life example is a perfect demonstration of the **Disaster Management Cycle**—*
- ***a systematic approach that includes not just reacting to a disaster, but also preparing for it, reducing its effects, and recovering afterward.***
- *Let's explore how this cycle works and why it's the backbone of disaster resilience worldwide."*

DISASTER DEFINITION

- UNDRR (United Nations Office for Disaster Risk Reduction) defines disaster as
- A **serious disruption** of the functioning of a community or a society
- involving **widespread** human, material, economic or environmental **losses**
- and **impacts which exceed the ability** of the affected community or society **to cope using its own resources**

INTRODUCTION

- UNDRR defines disaster risk management as the **systematic process of**

**using
administrative
decisions,**
organizations,
operational skills
and capacities

to implement
policies,
strategies

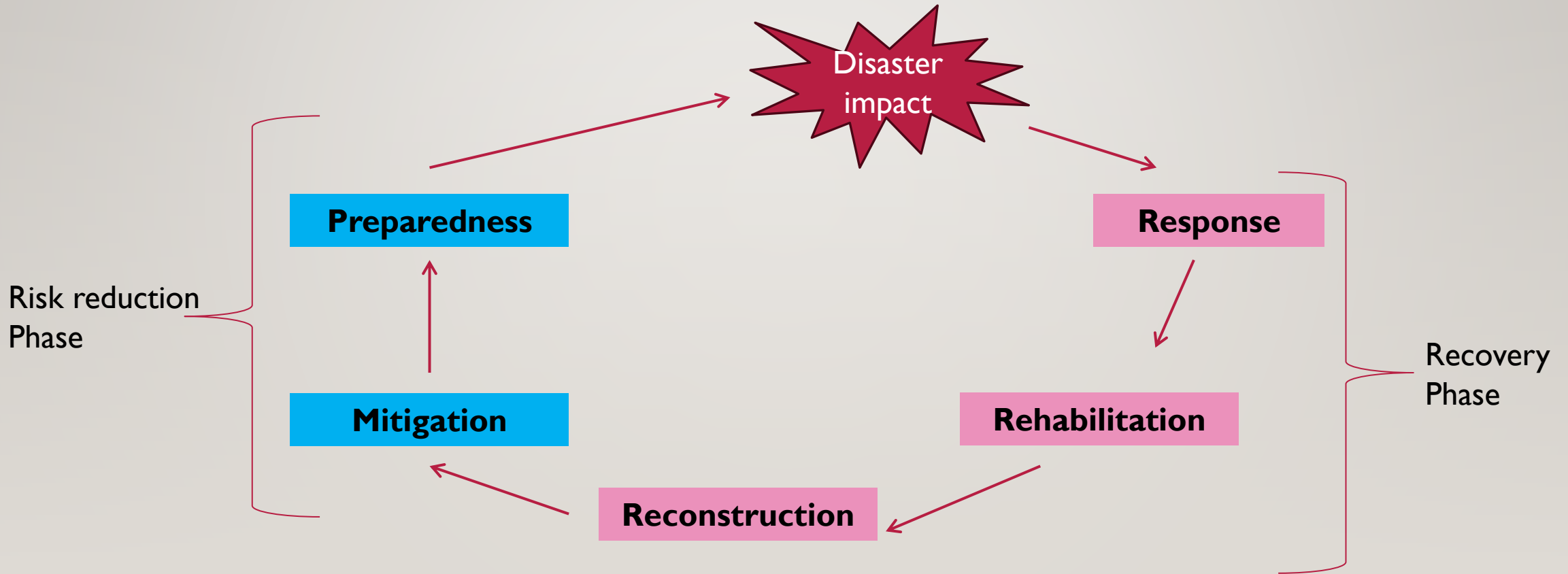
and **coping
capacities** of
the society and
communities

to **less the
impacts** of
natural hazards
and related
environmental
and technological
disasters.

INTRODUCTION

- Three fundamental aspects of disaster management
 1. Disaster response
 2. Disaster mitigation
 3. Disaster preparedness

DISASTER MANAGEMENT CYCLE



DISASTER RESPONSE

- The greatest need for emergency care occurs in the first few hours.
- The management of mass casualties can be further divided into
- Search and rescue → First Aid → Triage → stabilization of victims → hospital treatment
→ redistribution of patients to other hospitals if necessary

SEARCH, RESCUE AND FIRST AID

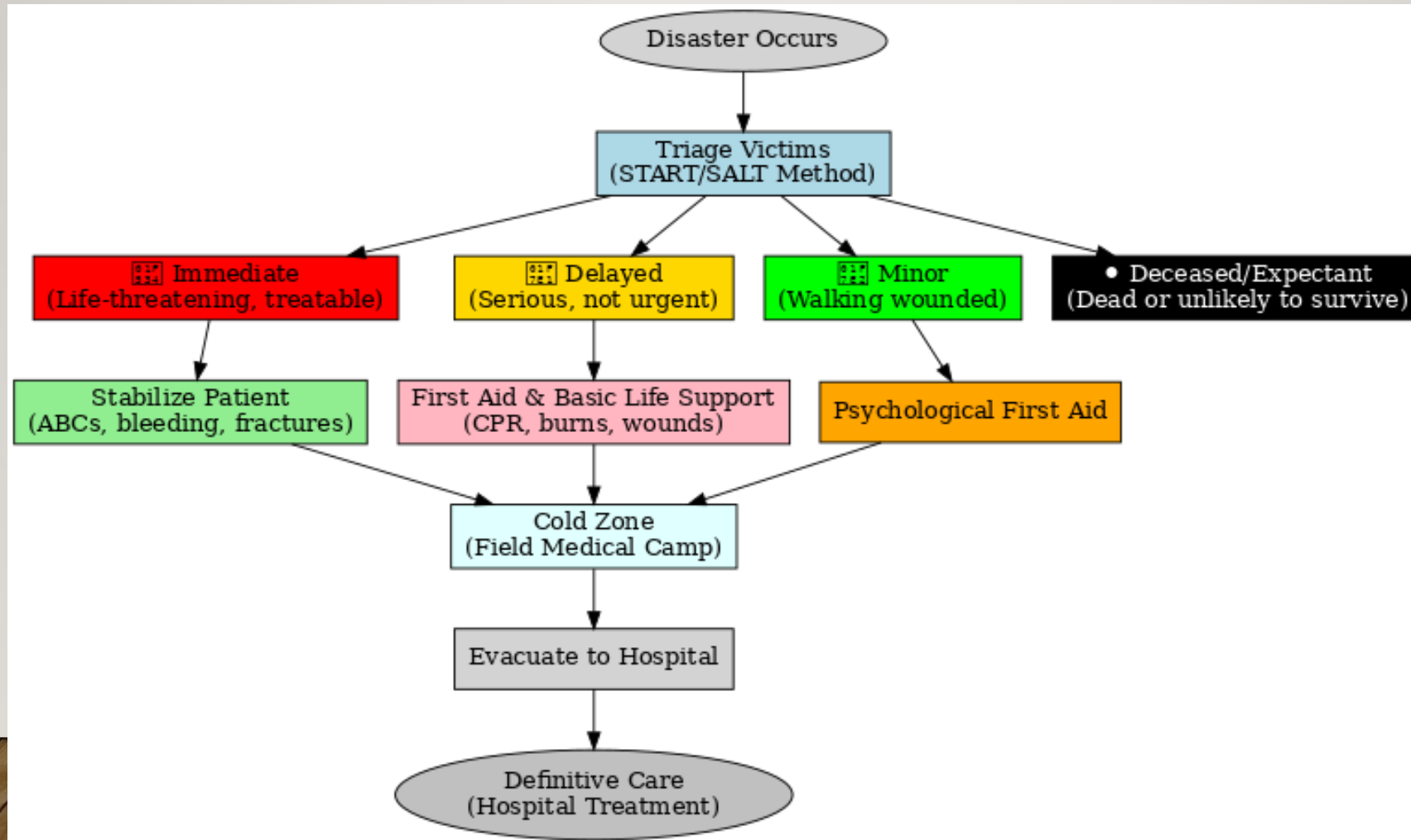
| Component | Goal | Who Performs It | Key Tools |
|------------------|---------------------------------------------------------------------------|----------------------------------|--------------------------|
| Search | locating trapped, injured, or missing persons | NDRF, SDRF, trained civilians | Drones, GPS, dogs |
| Rescue | safely extracting victims and transporting them to a safe location | Fire dept., military, volunteers | Stretchers, cutters |
| First Aid | initial medical care given before professional help | Medics, first responders, public | First aid kits, CPR, ABC |

FIELD CARE

Field care is **on-site** or **pre-hospital care** provided to stabilize victims of disasters—physical, mental, or environmental—until they can be transported to definitive medical care facilities.

| Zone | Function | Example |
|------------------------------------------|-------------------------------|----------------------------------------|
| Hot Zone (Disaster Epicenter) | Only for trained rescuers | Hazardous rescue, limited medical care |
| Warm Zone (Triage Zone) | Field care begins here | Triage, stabilization |
| Cold Zone (Medical Camp) | Extended care & documentation | Field hospital, transport prep |

FIELD CARE





TRIAGE



- When the quantity and severity of injuries overwhelm the operative capacity of health facilities, a different approach to medical treatment must be adopted.
- **Triage** is a critical process in disaster management where victims are **sorted and prioritized** based on the **severity of their injuries** and the **urgency of medical treatment** needed.
- It ensures that **limited resources** (doctors, medicines, evacuation) are used **efficiently** to **save the maximum number of lives**.

TRIAGE – START (SIMPLE TRIAGE AND RAPID TREATMENT)

1.Can the patient walk?

-  → Tag **Green**
-  → Go to next step

2.Is the patient breathing?





-  → Open airway
 - Still not breathing → Tag **Black**
 - Breathing resumes → Tag **Red**
-  Breathing → Check rate
 - 30/min → Tag **Red**
 - ≤30/min → Go to next step

3.Check circulation:





- Capillary refill >2 sec or no radial pulse → Tag **Red**
- Normal → Go to next step

4.Check mental status:













- Cannot follow commands → Tag **Red**
- Can follow commands → Tag **Yellow**

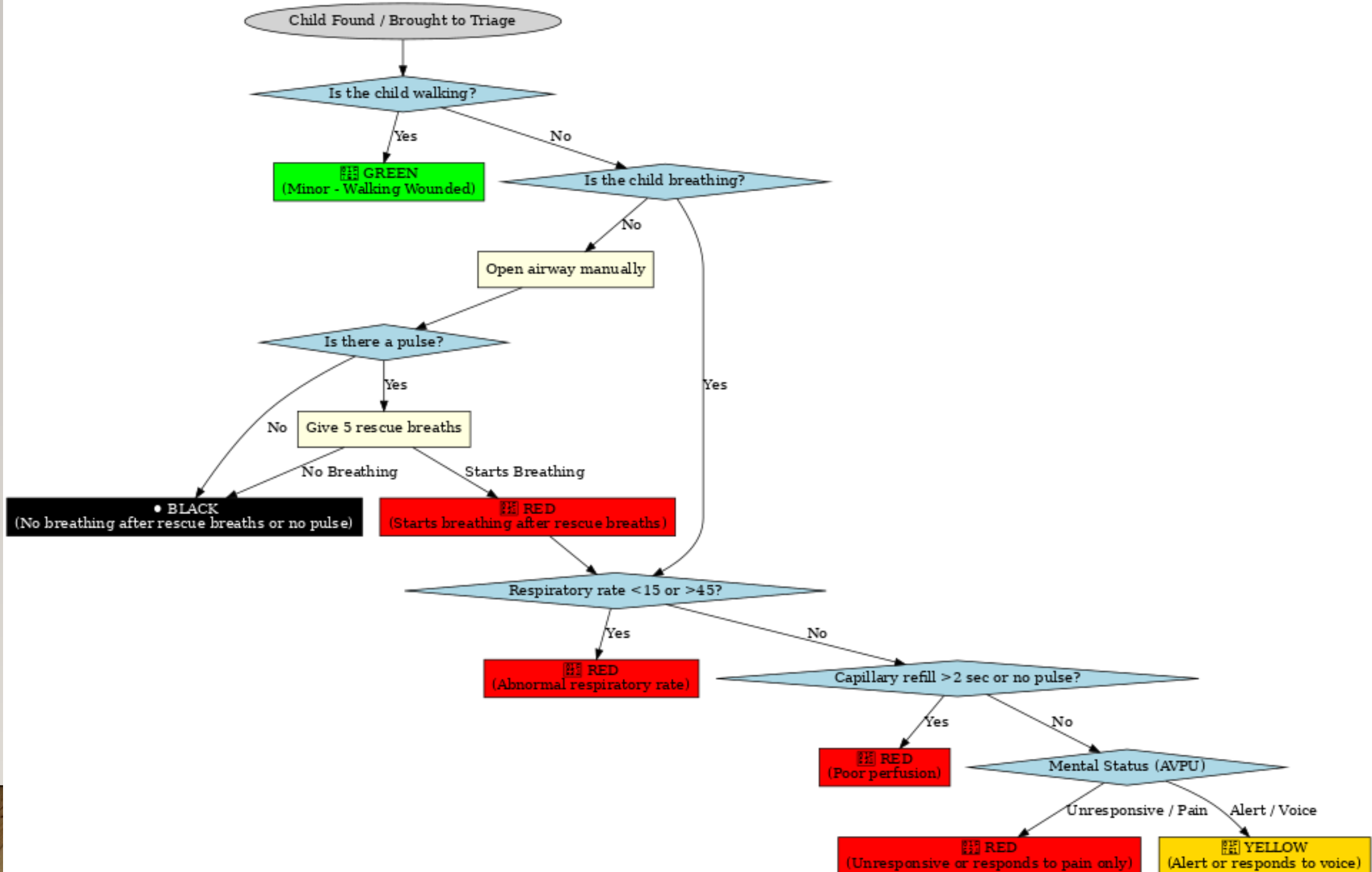
| Color | Priority |
|----------------------------------------------------------------------------------------------------|-----------------------------|
|  Red | Immediate |
|  Yellow | Delayed |
|  Green | Minor |
|  Black | Deceased / Expectant |

TRIAGE

| Patient | Condition | Triage Category |
|----------|-----------------------------------------------|--------------------------------------------------------------------------------------------|
| Person A | Unconscious, not breathing after airway check |  Black |
| Person B | Breathing rapidly, bleeding heavily |  Red |
| Person C | Fractured arm, conscious |  Yellow |
| Person D | Minor cuts, walking |  Green |

JUMPSTART TRIAGE IN CHILDREN

- **Is the child walking?**
 -  Yes →  **Green**,  No → Continue assessment
- **Is the child breathing?**
 -  Yes → Go to step 3,  No → Open airway, Still not breathing?
 - Check **pulse**: Pulse present → **Give 5 rescue breaths**, Still no breathing →  **Black**, Starts breathing →  **Red**
 - No pulse →  **Black**
- **Breathing Rate:**
 - <15 or >45 breaths per minute →  **Red**, 15–45 breaths per minute → Continue
- **Perfusion (circulation):**
 - No palpable pulse or capillary refill >2 sec →  **Red**
- **Mental Status (AVPU scale):** A = Alert, V = Responds to Voice, P = Responds to Pain, U = Unresponsive
 - If child is **unresponsive or only responds to pain (P/U)** →  **Red**
 - If Alert or responds to voice →  **Yellow**



TAGGING

- All the patients should be identified with tags stating their
 - name,
 - age,
 - place of origin,
 - triage category,
 - diagnosis
 - and initial treatment

IDENTIFICATION OF DEAD

- Taking care of dead is essential part of disaster management
- It includes
 1. Removal of dead from disaster scene
 2. Shifting to the mortuary
 3. Identification
 4. Reception of bereaved relatives
- Proper respect of dead is of great importance

RELIEF PHASE

- Relief phase begins when the assistance from outside start to reach the disaster area.
- It typically lasts from a **few hours up to several weeks**, depending on the **scale and impact** of the disaster.

| Time Since Disaster | Typical Activities |
|---------------------|-------------------------------------------------------------|
| 0–24 hrs | Rapid assessment, rescue, basic first aid, food/water |
| 1–3 days | Mass shelters, large-scale food distribution, medical camps |
| 4–14 days | Disease surveillance, sanitation support, social relief |
| 2–4 weeks | Transition to rehabilitation and early recovery planning |

RELIEF PHASE

- There are four principal components in managing humanitarian supplies
 1. Acquisition of supplies
 2. Transportation
 3. Storage
 4. Distribution

| Item Type | Examples |
|-------------|----------------------------------------------|
| Food | Rice, wheat, lentils, oil, salt, biscuits |
| Water | Bottled water, tankers, purification tablets |
| Shelter | Tents, tarpaulin, mats, ropes |
| Medical | ORS, first aid kits, basic medicines |
| Clothing | Sarees, dhotis, blankets, towels |
| Infant care | Baby food, diapers, milk powder |
| Sanitation | Buckets, soaps, sanitary pads, latrines |

PUBLIC HEALTH ACTIVITIES IN RELIEF PHASE

1. **Disease Surveillance & Early Warning**

Daily reporting of **fever, diarrhea, cough, skin infections**

2. **Safe Water Supply & Sanitation**

Minimum of **15 liters of water/person/day** (WHO guideline), Construction of **emergency latrines** (1 per 20 persons)

3. **Nutrition and Food Safety**

Distribution of **2100 kcal/person/day** (minimum standard)

Prevention of **foodborne diseases** via cooked/hot food

PUBLIC HEALTH ACTIVITIES IN RELIEF PHASE

4. **Emergency Medical Care**

Setting up **mobile health camps**, Stocking **ORS**, antibiotics, analgesics, anti-malarials

5. **Vaccination**

Re-establishing routine immunization, Cold chain re-establishment

6. **Mental Health & Psychosocial Support**

Provide **psychological first aid (PFA)**, Establish **safe spaces** for children and women

7. **Vector Control**

Spraying **larvicides/insecticides** in stagnant water, Distribution of **mosquito nets**

PUBLIC HEALTH ACTIVITIES IN RELIEF PHASE

8. 🗣️ Health Education & Risk Communication

IEC activities about: Handwashing, Safe drinking water, Safe food handling, Symptoms to report

9. 🧪 Environmental Monitoring

Water quality testing (residual chlorine ≥ 0.5 ppm), Noise and crowd control in shelters


10. 📊 Health Information Management

Registration of all patients seen at camps, **Daily morbidity and mortality reporting**

INDICATORS OF EFFECTIVE RELIEF PHASE

- ♦ Rapid response time (<6 hours)
- ♦ Sufficient food and water per person per day
(e.g. ≥ 2100 kcal/day, ≥ 15 L water/person/day)
- ♦ No major outbreaks of disease
- ♦ Functional temporary shelters
- ♦ Protection of vulnerable groups (women, children, elderly)

REHABILITATION

- The **rehabilitation phase** begins **after the immediate relief phase** is over. It focuses on **restoring normalcy** in the lives of affected people and **rebuilding essential infrastructure and services**, both physically and socially.
-  **Timeframe:** Weeks to months (may extend into years for large-scale disasters)

REHABILITATION

Objective



Restore essential services



Restore livelihoods



Address long-term health needs



Repair infrastructure



Enhance resilience



Social reintegration

Description

Water, sanitation, electricity, health, education

Agriculture, employment, businesses

Physical, mental, and chronic illness care

Homes, roads, schools, hospitals

Safer housing, disaster-resistant systems

Rebuilding community networks, support systems

INDICATORS OF SUCCESSFUL REHABILITATION

Indicator

Benchmark



Health services

≥80% functionality restored in PHCs



Housing

All families in secure shelters within 6 months



Water supply

≥15 L/person/day accessible safely



Schools

100% children back to school in 3–6 months



Livelihoods

≥75% recovery in income-generating activities

MITIGATION

- **Mitigation** refers to all activities taken **before a disaster strikes** to **reduce the risk, impact, or severity** of disasters.
- It includes both **structural** and **non-structural** measures that aim to **protect lives, property, and the environment**.

OBJECTIVES OF MITIGATION



Reduce hazard impact



Protect people and property



Minimize economic losses








Enhance resilience



Reduce need for emergency response






STRUCTURAL MITIGATION

- IT Involves physical constructions or engineering solutions to withstand disasters.

| Disaster Type | Examples |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------|
|  Flood | Embankments, check dams, floodwalls, elevated buildings |
|  Cyclone | Cyclone shelters, wind-resistant roofing |
|  Fire | Firebreaks, fire-resistant construction materials |
|  Earthquake | Earthquake-resistant buildings, retrofitting |
|  Drought | Drought-proofing tanks, drip irrigation systems |

NON-STRUCTURAL MITIGATION


- Involves policies, laws, public awareness, and institutional frameworks.


| Area | Examples |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
|  Policy | Land-use zoning, no-construction zones in floodplains |
|  Education | Community disaster education, school safety programs |
|  Insurance | Crop/life/property insurance (e.g., PMFBY, PMJAY) |
|  Legal | Building codes (e.g., BIS codes), environmental laws |
|  Forecasting | Early warning systems (cyclone alerts, flood forecast) |

PREPAREDNESS


- **Preparedness** refers to all planning, training, and readiness activities undertaken **before a disaster occurs**, aimed at enabling effective response and reducing loss of life and property.
- It is a **short-term, proactive** phase that ensures individuals, communities, institutions, and governments can act quickly and efficiently when a disaster strikes.


OBJECTIVES OF PREPAREDNESS

 Ensure quick response

 Minimize casualties

 Protect property

 Maintain services

 Reduce panic

KEY ACTIVITIES IN PREPAREDNESS

1. Preparing Disaster Preparedness Plans
2. Setting Early Warning Systems
3. Conducting Mock Drills & Training
4. Stockpiling Essential Supplies
5. Improving Public Awareness & Education
6. Medical Preparedness
7. Vulnerability & Risk Mapping
8. Developing Communication Systems
9. Maintaining inter departmental Coordination Mechanisms

MITIGATION VS PREPAREDNESS

| Aspect | Mitigation | Preparedness |
|----------|--------------------------------------|----------------------------------|
| Focus | Risk reduction | Readiness for response |
| Timing | Pre-disaster (long term) | Pre-disaster (short term) |
| Examples | Building earthquake-resistant houses | Drills, emergency kits, training |

CONCLUSION

- The Disaster Management Cycle is not just a theoretical framework—it is a **lifesaving strategy**, as demonstrated by the swift, coordinated, and effective handling of the **August 2025 Russian earthquake**.
- From triage in the immediate aftermath to long-term rehabilitation and risk reduction, each phase plays a crucial role in protecting human lives and property.
- For communities, governments, and institutions, embracing the **Disaster Management Cycle** is essential not just to respond effectively to disasters, but also to build a **resilient future** where the impact of natural and man-made disasters is minimized.

THANK YOU...

