

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 ?

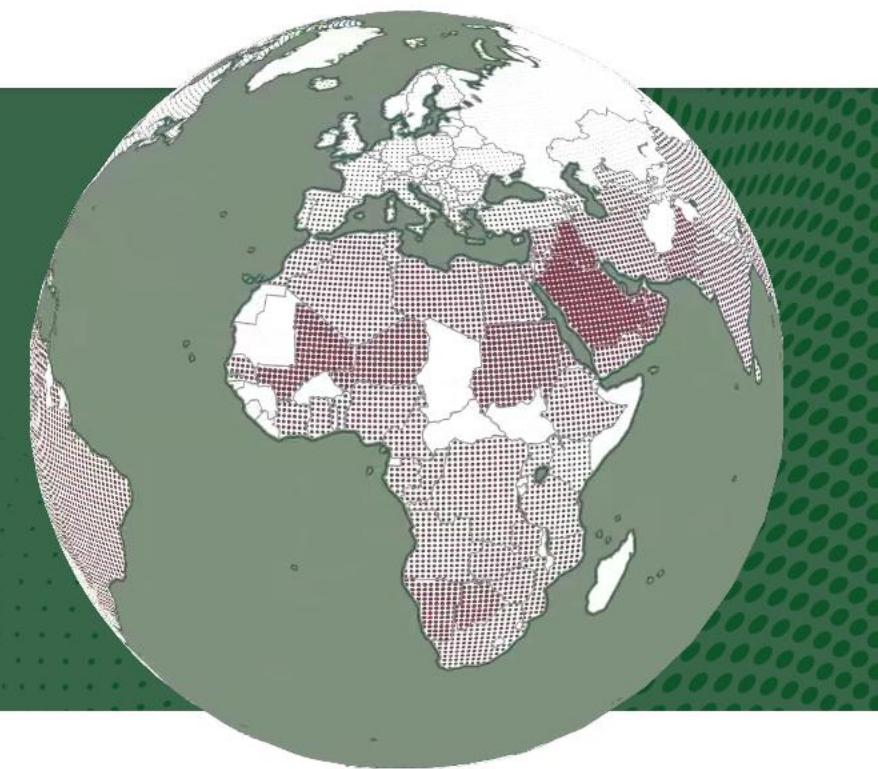
INTRODUCTION

- "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."



GAR 2025: Resilience Pays

Disaster costs now exceed over \$2.3 trillion annually when cascading and ecosystem costs are taken into account. Smarter investment can re-set the destructive cycle of disasters, debt, un-insurability and humanitarian need that threatens a climate-changed world.

[Learn how](#)[Download the report](#)

What's new



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**

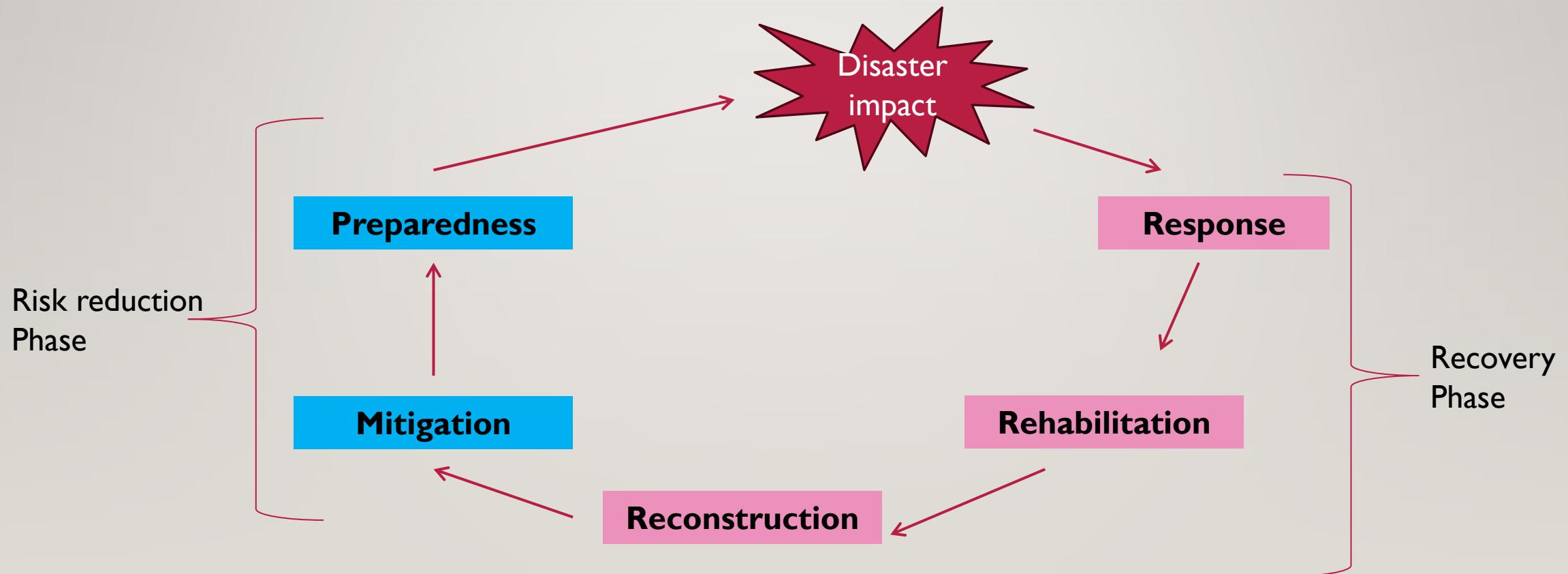
**and coping
capacities of
the society and
communities**

**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

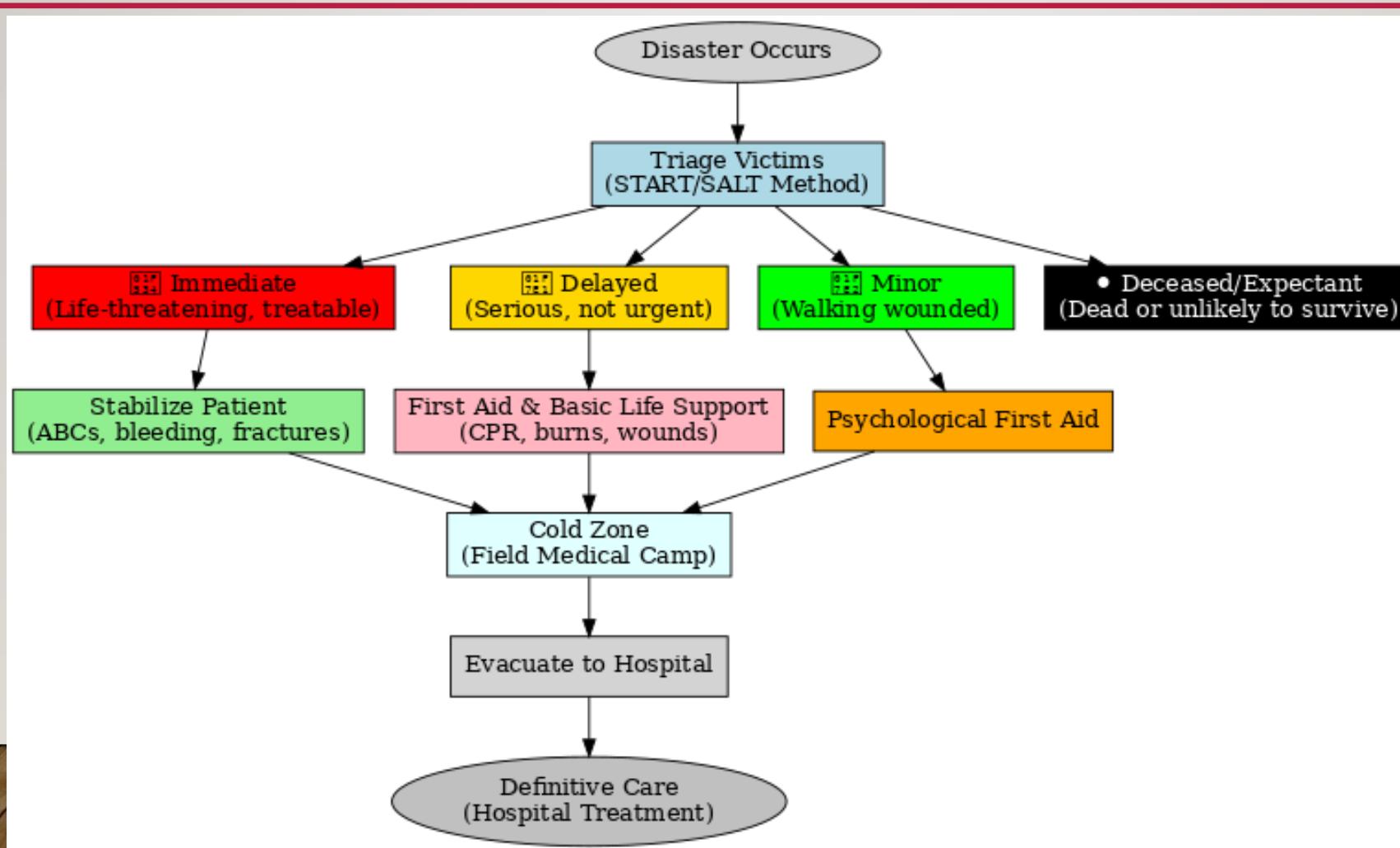
Component	Goal	Who Performs It	Key Tools
Search	locating trapped, injured, or missing persons	NDRF, SDRF, trained civilians	Drones, GPS, dogs
Rescue	safely extracting victims and transporting them to a safe location	Fire dept., military, volunteers	Stretchers, cutters
First Aid	initial medical care given 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**

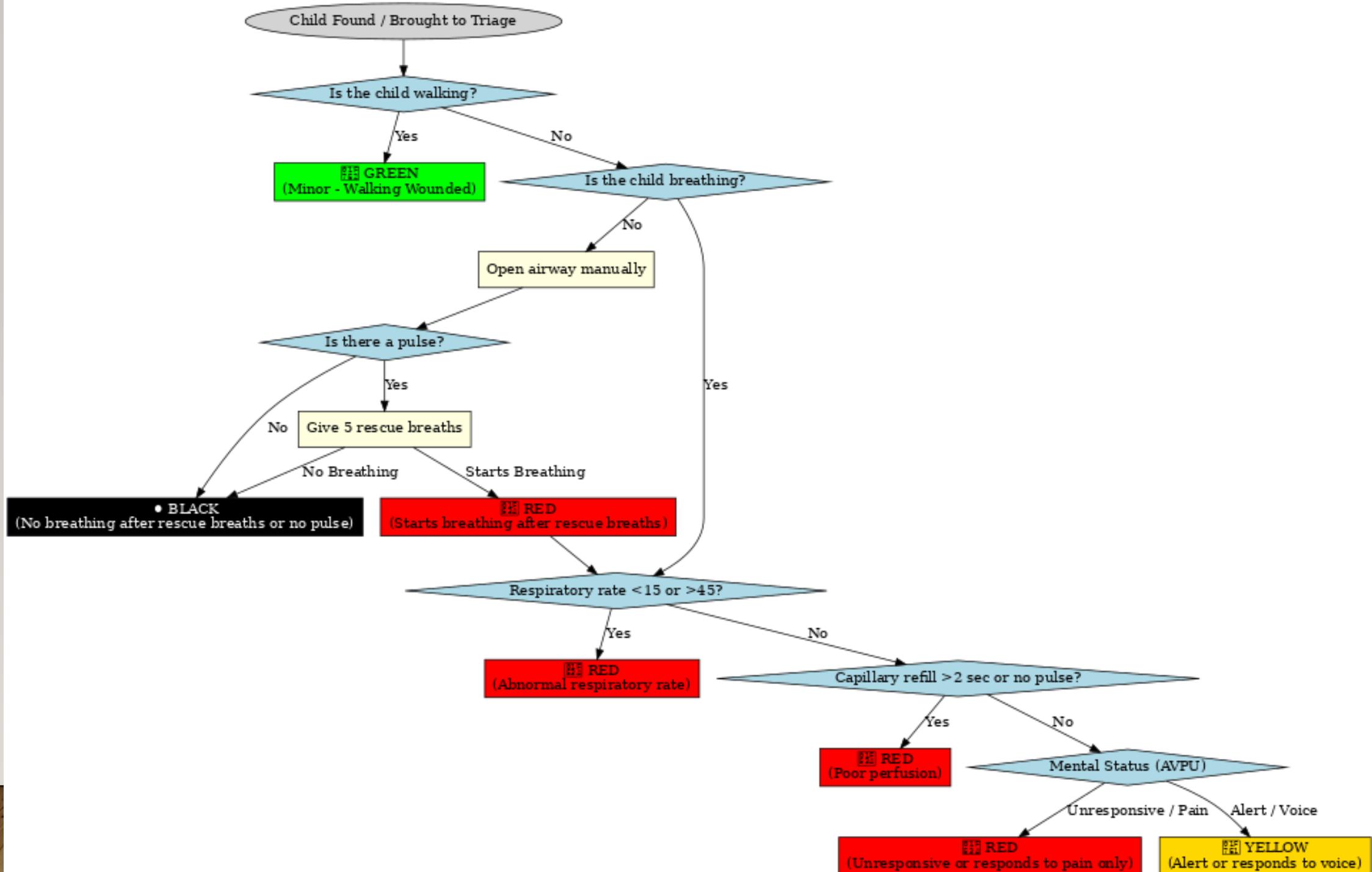
Color	Priority
 Red	Immediate
 Yellow	Delayed
 Green	Minor
 Black	Deceased / Expectant

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

I. 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, $\geq 15L$ 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	Description
 Restore essential services	Water, sanitation, electricity, health, education
 Restore livelihoods	Agriculture, employment, businesses
 Address long-term health needs	Physical, mental, and chronic illness care
 Repair infrastructure	Homes, roads, schools, hospitals
 Enhance resilience	Safer housing, disaster-resistant systems
 Social reintegration	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...

