Disaster Response Planning & Preparedness:

PHASES OF DISASTER

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BY JACK HERRMANN

Jack Herrmann is Asst. Professor of Psychiatry at the University of Rochester School of Medicine and Dentistry and Director of the Program in Disaster Mental Health in the Department of Psychiatry and the UR Center for Disaster Medicine and Emergency Preparedness. For over a decade, he has responded to numerous national disasters as a volunteer with the American Red Cross. He has also developed comprehensive disaster mental health training programs for the New York State Office of Mental Health and the New York State Department of Health currently being disseminated throughout every county, state psychiatric center and acute healthcare facility throughout New York State.

Editor's Note: This Chapter is the continuation of an adaptation of a state plan for disaster preparation and response. In total, the original chapter comprises Chapters 1, 14, 16-18.

Chapter Overview

Many of you are reading this manual as part of your efforts to prepare as a spiritual care professional who will be ready to respond during times of disaster. Your main role will be to provide emotional and spiritual support to those affected by disaster, but it is also critical for you to understand the context in which you will be providing this support—the bigger picture, so to speak.

Disaster relief operations are complex systems having more to them than just a response mechanism. They require a significant amount of pre-planning. Disaster experts have long known that waiting until a disaster strikes to test a community's response procedures can be disastrous. How communities respond to disaster can even induce more stress on individuals and place them at risk for developing a variety of adverse reactions and psychological consequences. This section takes the first step towards introducing you to the key elements of disaster management and response at multiple levels.

The focus of this chapter is on the framework of disaster planning, preparedness, and response. In the event of a disaster in your community, you may be asked and/or may want to help. It will help you to have an understanding of the structure of the overall response so that you know how your efforts will enhance the overall operation that makes disaster response possible.

Disaster Management Continuum[1]

All disaster response begins at the local level and as such, communities must be prepared for whatever happens, no matter how big or small. Health care systems play an integral role in a community's disaster response; therefore, these systems must also be prepared to meet the tremendous challenges that are brought forth by disasters and public health emergencies. Successful disaster response requires a community and its health care system to:

- Define and anticipate disaster risks and hazards;
- Prepare the material resources and skilled personnel to respond to these risks and hazards;
- Develop comprehensive plans to deploy these resources to assist the community and its recovery;
- Learn from disasters and translate the lessons learned into invaluable future preparedness.

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Disaster management is the preparation for, response to, and recovery from disaster. While there are different understandings of Disaster Management, it is generally viewed as a cycle with the following five key phases:

• Planning and Preparedness Phase
• Mitigation Phase
• Response Phase
• Recovery Phase
• Evaluation Phase

Each phase presents opportunities for disaster mental health and spiritual care professionals to be involved. Each of the phases below, while written from a community perspective, can and should be translated into a perspective that includes the needs of a house of worship as well.

Planning and Preparedness Phase

The *Planning and Preparedness Phase* is designed to structure the disaster response prior to the occurrence of a disaster. It is a state of readiness to respond to a disaster or other emergency situation and involves evaluating the community's potential disaster risks, vulnerabilities, and the likelihood for a disaster to occur. This risk assessment process is sometimes referred to as an *All-Hazards Analysis*[2]. An All-Hazards Analysis can be completed at multiple levels, including:

• Federal, state, and county levels
• Hospital, business and agency levels
• Personal and family levels

Depending on the disaster, there are some incidents that may present more risk and challenge than others for hospitals. For example, a small house fire may present minimal risk for both a community and a hospital if they have the resources to adequately respond to the needs of the individuals involved. A large structural fire, such as a 23 floor office building with multiple people killed or suffering significant burn injuries, may present significant challenges for both the community and the health care system, no matter how large the city or how many resources they have at hand. Communities and houses of worships' systems must assess the risk of such scenarios above and plan accordingly.

The Planning and Preparedness phase also assesses the community's or house of worship's systems' infrastructure (i.e., availability of backup communications, transportation options, economic viability, etc.) and its capability to respond to the potential risks and vulnerabilities identified in the All-Hazards Analysis. Assessing available mental health and spiritual care personnel and training them in disaster response is an example of a Planning and Preparedness activity.

Disaster response is the organization of activities used to respond to the event and its aftermath.

It is important to note, however, that having the best plan or the most experienced team will not always guarantee a successful disaster response. There are some disasters whose magnitude and/or unique characteristics will stress even the most prepared system or team. In these cases, individual and system flexibility is imperative. Developing a plan and response team that is flexible and able to adapt to whatever occurs is extremely important. In many cases, peoples' lives will depend on it. Consider the scenario where an entire hospital is rendered inoperable as a result of a flood or decontaminated by a biological or chemical agent. A plan and response team that had only considered the provision of services from their usual site will quickly become overwhelmed with how to respond when their site suddenly does not exist.

Mitigation Phase

The *Mitigation Phase*, also known as the Prevention Phase, is characterized by the measures taken to reduce the harmful effects of a disaster in order to limit its impact on human health, community function, and economic infrastructure. During this phase, steps are taken to prepare a community or house of worship for disaster, especially high-risk locations (e.g. hospitals in areas that typically flood) and populations. There is supporting research that suggests individuals, communities, and hospitals are more resilient following disaster when they have anticipated and prepared for disaster outcomes. For example, having a personal or family disaster plan can be a step towards mitigating the effects of disaster when it strikes a particular family. Ensuring that all personnel understand their roles in disaster response and are educated on the appropriate evacuation plan for a particular individual, family, agency, department, or organization, and other response activities can achieve similar positive outcomes.

Response Phase

The *Response Phase* is the actual implementation of the disaster plan. Disaster response is the organization of activities used to respond to the event and its aftermath. The Response Phase focuses primarily on emergency relief: saving lives, providing first aid, minimizing and restoring damaged systems (communications and transportation), meeting the basic life requirements of those impacted by disaster (food, water, and shelter), and providing mental health and spiritual support and comfort care.

Recovery Phase

The *Recovery Phase* focuses on the stabilization and return of the community and health care system to its pre-impact status or what some describe as "getting back to normal." Activities of the Recovery Phase can range from rebuilding damaged buildings and repairing a community's infrastructure to relocating populations and instituting intermediate and long-term mental health interventions. The Recovery Phase can begin days, or in some cases, months after disaster strikes. In the aftermath of catastrophic disasters such as Hurricane Katrina, the concept of returning a community or healthcare system to its pre-impact status might seem unlikely or impossible. In these cases, the recovery efforts focus on helping communities and systems adapt to a new sense of 'normal.'

Usually when disaster strikes, there are a number of responding agencies and the scene of a disaster can quickly become chaotic and confusing.

Evaluation Phase

The *Evaluation Phase* of the disaster management continuum often receives the least amount of attention. A timely and thoughtful evaluation process is essential in determining what worked versus what did not, so that future revisions and enhancements to the disaster plan and response system can be made. Communities or health care systems that fail to implement an evaluation phase in the context of their disaster management process find they are no better prepared the next time disaster strikes.

As you can see, each phase presents unique opportunities for communities, hospitals, and individuals to focus on how they will prepare for, respond to, and recover from disaster before the event actually happens.

Responding to Disaster: Who Gets Involved, How, When, and Why?

The Local Response
All disasters start at the local level [3]. No matter how large or small, local communities are expected to provide immediate disaster response. On a daily basis, our police officers, firefighters, and emergency medical technicians are our community's first responders. Their primary mission centers on the rescue and recovery of those in harm's way. Whether fire, flood, or act of terrorism, these individuals are usually the first on the scene.

There are others who also respond and provide assistance to those impacted in the immediate aftermath of disaster. Mental health professionals, spiritual care professionals, and the community's hospitals may also be activated in those early minutes and hours after disaster.

Triage and assessment becomes a significant factor in a community's first response. It is not only the assessment and medical triage of injured victims, but also the assessment of needed human and material resources to respond to the incident. Usually when disaster strikes, there are a number of responding agencies and the scene of a disaster can quickly become chaotic and confusing. In an effort to avoid some of this unnecessary confusion, there is always someone placed in charge of assessing the situation and evaluating the needs of the response system.

Section Summary

Prior to a disaster, coordination of the agencies and organizations described in this module should be of primary interest. Identifying specific roles and relief procedures for each agency and organization could prevent some of the unnecessary challenges communities and houses of worship have faced in times of disasters.

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[1] Veenema, T.G. (Ed.). (2003). *Disaster Nursing and Emergency Preparedness for Chemical, Biological, and Radiological Terrorism and Other Hazards.* New York: Springer Publishing Company.

[2] For more information about All-Hazards Analysis, refer to the Mental Health All-Hazards Disaster Planning Guidance document, which is available on your CD-Rom or can be downloaded from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services web site at **www.samhsa.gov**.

[3] *Editor's Note: All disasters are local in terms of their initial impact on the immediate community. The level of response will vary, depending on the nature of the disaster or event.*