

# BASIC DISASTER LIFE SUPPORT®

COURSE PRESENTATION

3.2





#### **INTRODUCTION TO:**

#### **Disaster Basics**



#### **RE: Introduction to Disaster Basics**

This presentation while based on training provided promoted by Cooper University Health Care does not constitute a formal certification and was developed as a primer for those seeking additional information/education on our various National Disaster Life Support Regional Training Center offerings. Among those offerings are the following:

Core Disaster Life Support (4 Hours-4 CEU's/CME's)

Basic Disaster Life Support (8 Hours-8 CEU's/CME's)

Advanced Disaster Life Support (16 Hours-16 CEU's/CME's)

Other offerings as well with the CDLS and BDLS being able to be delivered via a Virtual Environment.

#### **Learning Objectives**

- Discuss each component of the PRE-DISASTER Paradigm™ as it pertains to all-hazards disaster preparedness.
- Discuss each component of the DISASTER Paradigm™ as it pertains to all-hazards disaster response and recovery.
- Discuss health-related aspects of all-hazards disaster preparedness, including risk analysis, population vulnerability assessment, health system surge planning, and legal and ethical considerations.
- Describe principles for all-hazards disaster response and recovery with attention to situational awareness, incident management, health care facility surge management, continuity of operations, and after-action review.

#### **Background**

- Over 200 million disaster deaths occurred worldwide in the last century
- Health professionals play a critical role in disasters
- All-hazards principles and practices are important



Michael Rieger/FEMA

#### What is a disaster?

"An event and its consequences that result in a serious disruption of the functioning of a community and cause widespread human, material economic converged environmental losses that exceed the capacity of the affected area to espond without external assistance to save lives the effected area."

#### **Categories of Disaster**



Natural



Human Systems Failure



War and Conflict

#### **All-Hazards Preparedness**

A uniform approach to prepare and respond to any given hazard or event that may

affect the community regardless of cause...

... to do the greatest good for the greatest number of potential survivors



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#### The PRE-DISASTER Paradigm™

Planning and Practice

Resilience

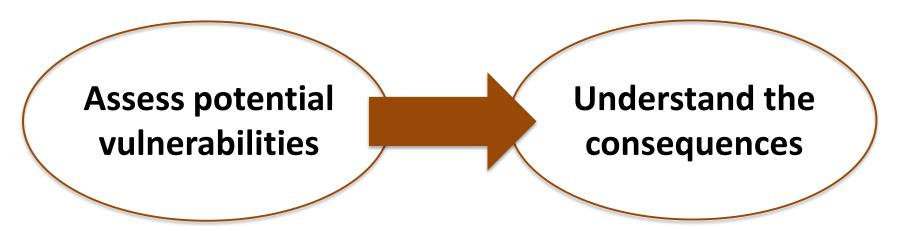
**E**ducation and Training

- At-risk populations
- Identify stakeholders
- Develop a valid plan
- Training and education/ exercise and drills
- Plan review and revision



Aaron Skolnik/FEMA

**Risk Analysis** 



When we understand our vulnerabilities, we can mitigate and plan for them

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#### **Continuity of Operations**

- Each stakeholder must identify mission-critical functions to meet the demands
- Contingency planning must support these missioncritical functions

#### **Health System Surge**

Surge capacity

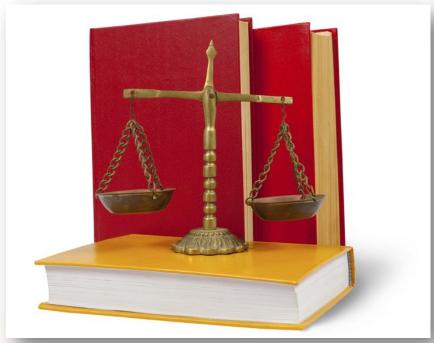
Where do you put the extra patients?

Surge capability

How do you take care of them?



- Plans must follow legal and ethical principles
- Plans are guided by acceptable scientific and medical practice
- Plans must aid decision making



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### PRE-DISASTER Paradigm™ Resilience



Ruth Kennedy/FEMA

Ability of individuals and communities to adapt and overcome adversity due to disaster

# PRE-DISASTER Paradigm™ Education and Training

- Essential to the workforce
  - and community
- Competency based
- Standardized
- Setting performance expectations



**Ruth Kennedy/FEMA** 

#### The DISASTER Paradigm™

D etection

ncident Management

S afety and Security

A ssess Hazards

Support

riage and Treatment

vacuation

R ecovery



Yuisa Rios/FEMA

Always ask
Are my needs > resources?

### The DISASTER Paradigm™ Detection

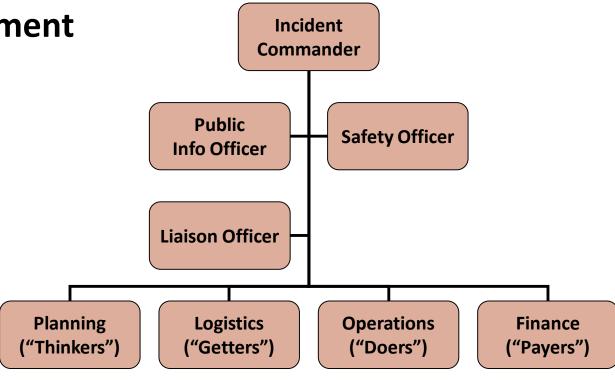
- Situational awareness:
  - Is a disaster present?
  - What has happened?
  - What is needed now?
  - Whom should I call?



Casey Deshong/FEMA

**Detection is awareness!** 

# The DISASTER Paradigm™ Incident Management



**National Incident Management System** 

**Emergency Management Command and Control** 

Improves Coordination and Communication and Reduces Redundancy

# The DISASTER Paradigm™ Incident Management



Elissa Jun/FEMA

Make effective use of technology

#### **Information Sharing**

**Effective = Timely + Accurate** 

#### Communication is challenging:

- Establish plans and protocols
- Establish key relationships
- Understand the equipment
- Drill and exercise

# The DISASTER Paradigm™ Incident Management

- Educate and inform the community
- Reduce fear and panic
- Guide and direct
- Controlled message

Risk communication is important and vital

One voice ... one message.

# The DISASTER Paradigm™ Safety and Security

#### **Priorities:**

1st – Self and team

2<sup>nd</sup> – Uninjured public

3<sup>rd</sup> – Casualties

4<sup>th</sup> – Environment

Action steps: mitigate a dangerous or threatening situation

### The DISASTER Paradigm™ Assess Hazards



**Recognition** of likely causes of safety and security concerns

**Risk** of causing additional casualties

### The DISASTER Paradigm™ Support

#### **Support is logistics:**

- What do I have?
- What is needed?
- Where is it?
- When will it arrive?
- What if it is unavailable?



Don Jacks/FEMA

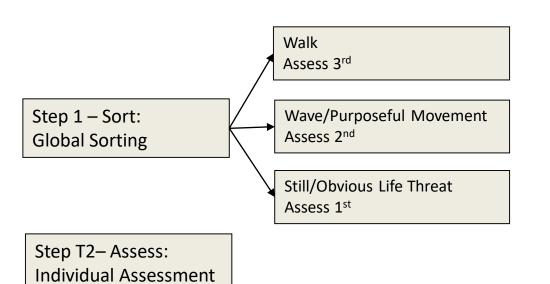
### The DISASTER Paradigm™ Triage and Treatment

#### Disaster triage must...

- Work with a large number of casualties
- Be easily performed
- Prioritize both treatment and transport
- Be standardized

TRIA	\GE	TAG
Scene Observations		
☐ Chemical ☐ Biological ☐ Radiologic ☐ Explosion ☐ Other	al	
Time Treatment/Dr	Treatmen	nt
Time B/P	Vital Sign	Respiration
DECEASED EXPECTANT		
IV	linin	nal
Delayed Immediate		

Tom Lehman, NTC-W



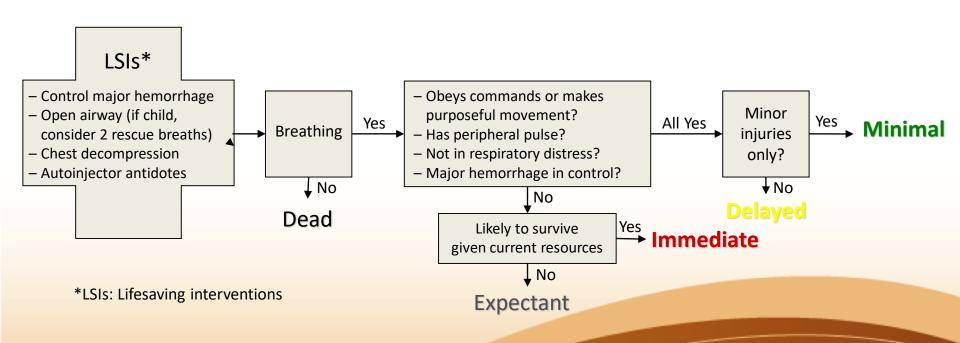
#### **SALT Mass Casualty Triage**

**S**ort

**A**ssess

Lifesaving interventions

**T**reatment/transport



# The DISASTER Paradigm™ Triage and Treatment

Casualties overwhelm available resources



#### Goal of disaster triage:

Do the greatest good for the greatest number of potential survivors

# The DISASTER Paradigm™ Triage and Treatment



#### **Treatment continues until:**

- All casualties have been transported from scene
- Available resources have been exhausted

**Comfort care is treatment!** 

#### **Special Considerations**

- Unique or special medical needs populations
  - Age: Including the very young and the very old
  - Functional or access needs secondary to motor, sensory and cognitive limitations
- Unique social situations
  - Cultural, religious, or ethnic communities
  - Language usage
  - Rural or isolated communities

### The DISASTER Paradigm™ Evacuation



Win Henderson/FEMA

- Relocation due to disaster
- Getting affected to safety
- Transportation methods

#### **PRE-DISASTER Paradigm™**

#### Recovery

# Following disaster, community needs:

- 1. Relief
- 2. Rehabilitation
- 3. Restoration



Leo Anderson and Steve Sumwat/FEMA

2040 Texas Ave Joplin, Missouri

#### PRE-DISASTER Paradigm™ Recovery

#### **After-Action Review (AAR)**

- Structured analysis of disaster response
- Done as soon as possible
- Identify gaps and weaknesses



Hans Pennink/FEMA

AAR is a duty not an option!

P lanning and Practice

R esilience

ducation and Training

etection

ncident Management

Safety and Security

A ssess Hazards

**S** upport

riage and Treatment

vacuation

R ecovery



Are my needs > resources?

# Approximately how many disaster-related deaths occurred in the last century?

- a. 100,000
- b. 200,000
- c. 120,000,000
- d. 200,000,000

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- a. Human systems failure
- b. Natural
- c. War and conflict
- d. Drowning
- e. All are disaster categories

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#### Which of the following does the "P" in the PRE-DISASTER Paradigm™ represent?

- a. Planning and preparation
- b. Planning and priorities
- c. Planning and practice
- d. Planning and participation

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#### **Lesson Summary**

- A standardized, competency-based approach to disaster training and education is important
- Utilizing an all-hazards disaster approach is important to planning and preparation
- The PRE-DISASTER Paradigm™ and DISASTER
   Paradigm™ are helpful learning and organizational tools



### Questions?

