

P.K.DAS COLLEGE OF NURSING
COMMUNITY HEALTH NURSING

LESSON PLAN

Name of the teacher	: Prof. Zaina Elizabeth Jose	Group	: VII Sem.B.Sc. Nursing
Subject	: Community Health Nursing - II	Date	:
Unit	: Unit XI - Disaster Management	,	
Topic	: Disaster Management	Venue	: Lecture Hall
Method of teaching	: Lecture cum discussion		
Prerequisite	: Students have already aware regarding disaster during their previous life experiences.		
General objective	: At the end of the class, the students will develop adequate knowledge regarding disaster management & practice it in their life with a positive attitude.		
Specific Objective	: At the end of the class, the students:		
	1. Identify the meaning of disaster		
	2. Define disaster		
	3. Enlist Types		
	4. Specify the epidemiology of disaster		
	5. List down the phases of disaster		
	6. Describe the disaster management		

Time	Specific objective	Content	Teacher's activity	Learner's activity	Instructional aids	Evaluation																
2.0mt	Introduce the topic	<p>INTRODUCTION</p> <p>Presently at global level, there has been considerable concern over natural diseases. Even as substantial scientific and material progress is made, the loss of lives and property due to disasters has not decreased. Natural disasters are not bound by political boundaries and have no social or economic consideration.</p> <p>ANNOUNCEMENT OF THE TOPIC “Disaster Management”</p>	Introduces the topic by connecting with life experience.	Listens																		
1.0mt	Define disaster	<p>DEFINITION</p> <p>A disaster can be defined as any occurrence that damage, ecological disruption, loss of human life or deterioration of health and services on a scale sufficient to warrant as extraordinary response from outside the affected community or area.</p>	Teacher writes the topic on the white board	Student copies	White board	What is a disaster?																
2.0mt	Identify the types of disaster	<p>TYPES</p> <p>Mainly two types</p> <ul style="list-style-type: none"> ▪ Natural ▪ Manmade <table border="1"> <thead> <tr> <th>Natural</th> <th>Man made</th> </tr> </thead> <tbody> <tr> <td>▪ Hurricanes</td> <td>▪ Conventional warfare</td> </tr> <tr> <td>▪ Tornados</td> <td>▪ Nonconventional warfare(e.g. chemical, Nuclear)</td> </tr> <tr> <td>▪ Hail storms</td> <td>▪ Transportation accidents.</td> </tr> <tr> <td>▪ Tsunami</td> <td>▪ Structural collapse</td> </tr> <tr> <td>▪ Cyclone</td> <td>▪ Explosion</td> </tr> <tr> <td>▪ Blizzards</td> <td>▪ Fire</td> </tr> <tr> <td>▪ Drought</td> <td>▪ Toxic materials</td> </tr> </tbody> </table>	Natural	Man made	▪ Hurricanes	▪ Conventional warfare	▪ Tornados	▪ Nonconventional warfare(e.g. chemical, Nuclear)	▪ Hail storms	▪ Transportation accidents.	▪ Tsunami	▪ Structural collapse	▪ Cyclone	▪ Explosion	▪ Blizzards	▪ Fire	▪ Drought	▪ Toxic materials	Explains the meaning with the help of white board.	Copies	White board	What are types of disaster?
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2.0mt	List down the phases of disaster	<p><u>Environment</u></p> <p>Environmental factors that affect the outcome of a disaster include physical, chemical, biological and social factors. Physical factors include the time when the disaster occurs, weather condition, the availability of food and water and functioning of utilities such as electricity and service.</p> <p><u>Chemical factors</u></p> <p>These are leakage of stored chemicals into the soil, ground water or food supplies.</p> <p><u>Biological factors</u></p> <p>These are those that occur or increase as a result of contaminated water, improper waste disposal, insect or rodent proliferation, improper food storage, or lack of refrigeration.</p> <p><u>Social factors</u></p> <p>Are loss of family members, changes in roles and questioning of religious beliefs</p> <p>PHASES OF DISASTER</p> <p>There are 3 main phases of disaster</p> <ul style="list-style-type: none"> ● Pre impact phase ● Impact phase. ● Post impact phase 	<p>Explains with the help of roller board</p> <p>Asks questions</p> <p>Supplements the answer</p>	<p>Listens & copies</p> <p>Answers</p>	<p>Roller board</p>	What are the phases of disaster?

Time	Specific objective	content	Teacher's activity	Learner's activity	Instructional aid	Evaluation
4.0mt		<p>1. <u>Pre impact phase</u></p> <p>It is the initial phase of the disaster, prior to the actual occurrence. warning is given at the sign of the first possible danger to community. Many times, there is no warning, but with the aid of weather networks and satellites, many disasters can be prevented.</p> <p>This is the period when the emergency preparedness plan is put in effect. Emergency centers are opened by the local civil Defense Authority. Communication is very important in this phase. Disaster personnel will call on amateur radio operators, radio and television stations to alert the community.</p> <p>2. <u>Impact phase</u></p> <p>The impact phase occurs when the disaster actually happens. It is a time of enduring hardship or injury and of trying to survive. This is a time when individuals help neighbors and families at the scene, a time of "holding on" until outside help arrives. The impact phase may last for several minutes or for several days or weeks. This phase must provide for preliminary assessment of the nature, extent and geographic area of the disaster, the number of persons requiring shelter, type and number of needed medical services, anticipated and general health status and needs of the community must be evaluated.</p> <p>The impact phase continues until the threat of further destruction has passed and the emergency plan is in effect. If there has been no warning, this is the time when the Emergency Operating Center (EOC) is established and begins operation. It serves as the center for communication with other government agencies, the center for recruitment of health care providers to staff shelters and the liaison center or working with other volunteer agencies.</p>	Discusses the role of community health nurse by dividing into two groups.	Actively participates in the discussion.	Roller board	Explain the role of community health nurse in conducting clinics?

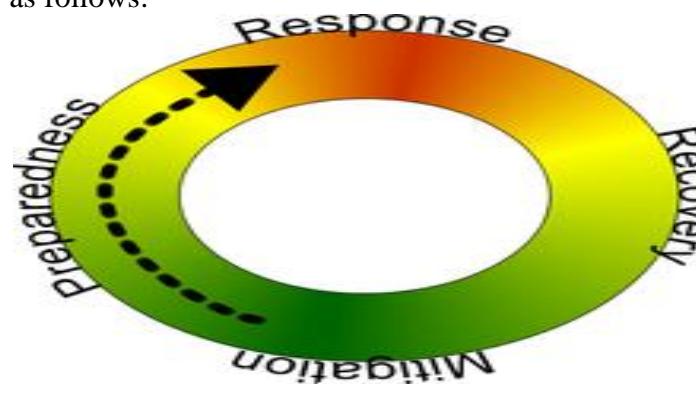
Time	Specific objective		Teacher's activity	Learner's activity	Instructional aids	Evaluation
		<p>Shelters are opened and every shelter has a nurse as a member Disaster Action Team (DAT). The nurse is responsible for assessing needs and providing physical and psychological support to victim shelters. During the impact phase, injured person is triaged, n facilities are established and coordinated, and search and re union act are organized.</p> <p>3. Post impact phase.</p> <p>Recovery begins during the emergency phase and ends with the ret normal community order and functioning. For person in the impact ar phase may last a life time (victim of the atomic bombing of Hiroshima</p> <p><u>The victims of the disaster go through 4 stages of emotional response</u></p> <p>1. Denial</p> <p>During the first stage, the victim may deny the magnitude of the prob more likely, will understand the problem but may seen unaf emotionally. The victim may appear unusually unconcerned.</p> <p>2. Strong emotional response</p> <p>In the second stage, the person is aware of the problem but regard overwhelming and unbearable. Common reaction during this st trembling, tightening of the muscles, sweating, speaking with diff weeping, heightened emotions, sensitivity, restlessness, sadness, ang passivity. The victim may want to re tell or relive the disaster expe over and over.</p> <p>3. Acceptance</p> <p>During the third stage, the victim begins to accept the problems caus the disaster and makes a concentrated effort to solve them. He or she more hopeful and confident.</p>				

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2.0mt	Participate in under five clinic	<p><u>Recovery</u></p> <p>The 4th stage represents a recovery from the crisis reaction. Victims that they are back to normal. Routines become important again. A sense of well being is restored. The ability to make decision and carry out return. The victim may develop a realistic memory of the experience.</p> <p><i>PHASES OF A COMMUNITY REACTION TO A DISASTER</i></p> <p>a. <u>Heroic phase</u> Strong direct emotion focusing on helping people to survive and recover. It appears at the time of disaster and is characterized by people working together to save each other and their property. Excitement is intense. People are concerned with survival.</p> <p>b. <u>Honeymoon phase</u> It is a drawing together of people who simultaneously experience catastrophic events. This is a relatively short (2 weeks to 2 months) disaster period in which the victim feel buoyed and supported by promises of governmental and communal help and see an opportunity to reconstitute quickly. Optimism continues high, losses are counted and ways to reestablish are made.</p> <p>c. <u>Disillusionment phase</u> Feelings of disappointment because of delays or failures when promises of aid are not fulfilled. People seek help to solve their own personal problems rather than community problems. Lasting anywhere from several months to a year or more.</p>	Explains	Listens, copies.	Chart	What are the features of a good clinic?

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		<p>d. <u>Reconstruction phase</u></p> <p>A reaffirmation of believes in the community when new buildings are constructed. Delays in this process may cause intense emotional responses. This phase may last for several years. It is characterized by a coordinated individual community effort to re-build and re-establish normal functioning.</p> <p><i>DIMENSIONS OF A DISASTER</i></p> <p>1. <u>Predictability</u></p> <p>Some events are easily predicted than others. Certain type of natural disasters such as weather related disasters (eg. Tornadoes, floods, hurricanes) can be predicted. Man-made disaster such as explosions is less predictable.</p> <p>2. <u>Frequency</u></p> <p>Natural disasters appear more often in certain geographical locations. Residents of the coastal area are at greatest risk for cyclones.</p> <p>3. <u>Controllability</u></p> <p>Some situations allow for pre-warning and control measures that can reduce the impact of the disaster. Emergency plan were able to control some effects of the flooding by the sand bagging levels and levees and by raising sea banks to reduce the effects of water damage and by deliberately breaking dams to divert flood waters to less populated areas.</p> <p>4. <u>Time</u></p> <p>There are several characteristics of time as it relates to the impact of a disaster, the speed of onset of disaster, the time available for warning the population and the action length of time of the impact phase. It is difficult to prepare for sudden events.</p>				

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2.0mt	Practice the child guidance clinic.	<p>5. <u>Scope and intensity</u></p> <p>The disaster may be concentrated in a very small area or involve a large geographical region, usually affecting many more people. A disaster can be very intense and highly destructive, causing many injuries, deaths, and property damage or less intense, with relatively little damage done to property or individuals. Sometimes relatively small disaster may be extremely destructive to a large segment of the community. For example, an explosion at a water purifying plant may cause minimal injury to property and personnel at the plant, but may reduce or eliminate the water supply to an entire community for days or even weeks.</p> <p>DISASTER MANAGEMENT</p> <p>Emergency management (or disaster management) is the discipline of dealing with and avoiding risks. It is a discipline that involves preparing for disaster before it occurs, disaster response (e.g., emergency evacuation, quarantine, mass decontamination, etc.), supporting, and rebuilding society after natural or human-made disasters have occurred. In general, any Emergency management is the continuous process by which all individuals, groups, and communities manage hazards in an effort to avoid or ameliorate the impact of disasters resulting from the hazards. Activities at each level (individual, group, community) affect the other levels. It is common to place the responsibility for governmental emergency management with the institutions for national defense or within the conventional structure of the emergency services. However, emergency management actually starts at the lowest level and only increases to the next higher organizational level after the current level's resources have been exhausted</p> <p>Principles of Emergency Management</p>	Discusses the child guidance clinic about the administration.	Actively participates	White board	What is a child guidance clinic?

Time	Specific objective		Teacher's activity	Learner's activity	Instructional aids	Evaluation
2.0mt	Summarizes the topic	<p>In 2007, Dr. Wayne Blanchard of FEMA's Emergency Management Higher Education Project, at the direction of Dr. Cortez Lawrence, then Superintendent of FEMA's Emergency Management Institute, convened a working group of emergency management practitioners and academics to consider principles of emergency management. This project was prompted by the realization that while numerous books, articles and papers referred to "principles of emergency management," nowhere in the vast array of literature on the subject was there an agreed-upon definition of what these principles were. The group agreed on eight principles that will be used to guide the development of a doctrine of emergency management. This includes:</p> <p>Principles:</p> <p>Emergency management must be:</p> <ol style="list-style-type: none"> 1. Comprehensive – emergency managers consider and take into account all hazards, all phases, all stakeholders and all impacts relevant to disasters. 2. Progressive – emergency managers anticipate future disasters and take preventive and preparatory measures to build disaster-resistant and disaster-resilient communities. 3. Risk-driven – emergency managers use sound risk management principles (hazard identification, risk analysis, and impact analysis) when assigning priorities and resources. 4. Integrated – emergency managers ensure unity of effort among all levels of government and all elements of a community. 5. Collaborative – emergency managers create and sustain broad, sincere relationships among individuals and organizations to encourage trust, advocate a team atmosphere, build consensus, and facilitate communication. 	Summarizes	Asks Clarifies doubts	Whiteboard	

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		<p>6. Coordinated – emergency managers synchronize the activities of relevant stakeholders to achieve a common purpose.</p> <p>7. Flexible – emergency managers use creative and innovative approaches in solving disaster challenges.</p> <p>8. Professional – emergency managers value a science and knowledge based approach; based on education, training, experience, ethical practices, public stewardship and continuous improvement.</p> <p>An academic trend is towards using the term disaster risk reduction, particularly for emergency management in a development management context. This focuses on the mitigation and preparedness aspects of the disaster management cycle.</p> <p>A. Phases and professional activities</p> <ul style="list-style-type: none"> a. Mitigation b. Preparedness c. Response d. Recovery <p>A graphic representation of the four phases in emergency management as follows:</p> 				

		<p><i>Phases and professional activities</i></p> <p><i>Mitigation</i></p> <p>Mitigation efforts attempt to prevent hazards from developing disasters altogether, or to reduce the effects of disasters when they occur. The mitigation phase differs from the other phases because it focuses on long-term measures for reducing or eliminating risk. The implementation of mitigation strategies can be considered a part of the recovery process, applied after a disaster occurs. Mitigative measures can be structural or non-structural. Structural measures use technological solutions, like flood levees. Non-structural measures include legislation, land-use planning (e.g. the designation of nonessential land like parks to be used as flood zones), and insurance. Mitigation is the most cost-efficient method of reducing the impact of hazards. Mitigation does include providing regulations regarding evacuation, sanctions against those who refuse to obey the regulations (such as mandatory evacuations), and the communication of potential risks to the public. Some structural mitigation measures may have adverse effects on the ecosystem.</p> <p>A precursor activity to the mitigation is the identification of risk. Physical risk assessment refers to the process of identifying and evaluating hazards. The hazard-specific risk (R_h) combines both the probability and the level of impact of a specific hazard. The equation below states that the hazard multiplied by the populations' vulnerability to that hazard produces a risk. Catastrophe modeling. The higher the risk, the more urgent that the hazard specific vulnerabilities are targeted in mitigation and preparedness efforts. However, if there is no vulnerability, there will be no risk, e.g. an earthquake occurring in a desert where nobody lives.</p>			
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		<p><u>Response</u></p> <p>The response phase includes the mobilization of the necessary emergency services and first responders in the disaster area. This is likely to include the first wave of core emergency services, such as firefighters, police, and ambulance crews. When conducted as a military operation, it is termed a Disaster Relief Operation (DRO) and can be a follow-up to a Non-Combatant Evacuation Operation (NEO). They may be supported by a number of secondary emergency services, such as specialist rescue teams.</p> <p>A well rehearsed emergency plan developed as part of the preparedness phase enables efficient coordination of rescue. Where required, search and rescue efforts commence at an early stage. Depending on injuries sustained by the victim, outside temperature, and victim access to air and water, the vast majority of those affected by a disaster will die within hours after impact.</p> <p>Organizational response to any significant disaster - natural or terrorist</p>				

		<p>borne - is based on existing emergency management organizations and processes: the Federal Response Plan (FRP) and the Incident Command System (ICS). These systems are solidified through principles of Unified Command (UC) and Mutual Aid (MA). There is a need for both discipline (structure, doctrine, process) and agility (creativity, improvisation, adaptability) in responding to a disaster. Combining that with the need to onboard and build a high functioning leadership team quickly to coordinate and manage efforts as they grow beyond first responders indicates the need for a leader and his or her team to craft and implement a disciplined, iterative set of response plans. This allows the team to move forward with coordinated, disciplined responses that are vaguely right and adapt to new information and changing circumstances along the way.</p> <p><u>Recovery</u></p> <p>The aim of the recovery phase is to restore the affected area to its previous state. It differs from the response phase in its focus; recovery efforts are concerned with issues and decisions that must be made after immediate needs are addressed. Recovery efforts are primarily concerned with actions that involve rebuilding destroyed property, re-employment, the repair of other essential infrastructure. Efforts should be made to "build back better", aiming to reduce the pre-disaster risks inherent in the community and infrastructure. An important aspect of effective recovery efforts is taking advantage of a 'window of opportunity' for implementation of mitigative measures that might otherwise be unpopular. Citizens of the affected area are more likely to accept proposed mitigative changes when a recent disaster is in fresh memory.</p> <p><i>Phases and personal activities</i></p> <p><u>Mitigation</u></p> <p>Personal mitigation is mainly about knowing and avoiding unnecessary risks. This includes an assessment of possible risks to personal/financial health and to personal property. One example of mitigation would be to avoid buying property that is exposed to hazards, e.g., in a flood plain.</p>			
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		<p>areas of subsidence or landslides. Home owners may not be aware of property being exposed to a hazard until it strikes. However, specialists can be hired to conduct risk identification and assessment surveys. Purchase of insurance covering the most prominent identified risks is a common measure.</p> <p>Personal structural mitigation in earthquake prone areas includes the installation of an Earthquake Valve to instantly shut off the natural gas supply to a property, seismic retrofits of property and the securing of items inside a building to enhance household seismic safety. The latter may include the mounting of furniture, refrigerators, water heaters and breakables to the walls, and the addition of cabinet latches. In flood prone areas houses can be built on poles, as in much of southern Asia. In a region prone to prolonged electricity black-outs installation of a generator would be an example of an optimal structural mitigation measure. Construction of storm cellars and fallout shelters are further examples of personal mitigative actions. Mitigation involves Structural and Non-structural measures taken to limit the impact of disasters.</p> <p><u>Structural Mitigation:-</u></p> <p>This involves proper layout of building, particularly to make it resistant to disasters.</p> <p><u>Non Structural Mitigation:-</u></p> <p>This involves measures taken other than improving the structural integrity of building.</p> <p><u>Preparedness</u></p> <p>For example, Hurricane preparedness and Earthquake preparedness. Airport emergency preparedness exercise.</p> <p>While preparedness is aimed at preventing a disaster from occurring, personal preparedness focuses on preparing equipment and procedures to use when a disaster occurs, i.e., planning. Preparedness measures can take many forms including the construction of shelters, installation of warning devices, creation of back-up life-line services (e.g., power, water and sewage), and rehearsing evacuation plans. Two simple measures can</p>			
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		<p>prepare the individual for sitting out the event or evacuating, as necessary. For evacuation, a disaster supplies kit may be prepared and for shelter-in-place purposes a stockpile of supplies may be created. The preparation of a survival kit such as a "72-hour kit", is often advocated by authors. These kits may include food, medicine, flashlights, candles and more. It is important not to put very expensive things in a safe area.</p> <p><i>Response</i></p> <p>The response phase of an emergency may commence with search and rescue but in all cases the focus will quickly turn to fulfilling the basic humanitarian needs of the affected population. This assistance may be provided by national or international agencies and organizations. Effective coordination of disaster assistance is often crucial, particularly when many organizations respond and local emergency management agency (LEMA) capacity has been exceeded by the demand or diminished by the disaster itself.</p> <p>On a personal level the response can take the shape either of a shelter-in-place or an evacuation. In a shelter-in-place scenario, a family would be prepared to fend for themselves in their home for many days without any form of outside support. In an evacuation, a family leaves the area by automobile or other mode of transportation, taking with them the maximum amount of supplies they can carry, possibly including a tent and a shelter. If mechanical transportation is not available, evacuation on foot would ideally include carrying at least three days of supplies and equipment, with tight bedding, a tarpaulin and a bedroll of blankets being the minimum requirements.</p> <p><i>Recovery</i></p> <p>The recovery phase starts after the immediate threat to human life has subsided. During reconstruction it is recommended to consider the location or construction material of the property. The most extreme human confinement scenarios include war, famine and severe epidemics and can last a year or more. Then recovery will take place inside the home. Planners for these events usually buy bulk foods and appropriate storage and preparation equipment, and eat the food as part of normal life.</p>				
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		<p>simple balanced diet can be constructed from vitamin pills, whole-wheat, beans, dried milk, corn, and cooking oil. One should include vegetables, fruits, spices and meats, both prepared and fresh-garde when possible.</p> <p>RECAPITULATION</p> <ol style="list-style-type: none">1. What is a disaster?2. List down the phases of disaster?3. Specify the disaster management? <p>ASSIGNMENT</p> <p>Organize an disaster mock drill .</p> <p>CONCLUSION</p> <p>Disaster may be occurring due to man made or naturally.we should be aware regarding types , phases, and management of disaster</p> <p>REFERENCE</p> <ol style="list-style-type: none">1. Clement I (2005): Basic concepts of community health nursing, Jaypee brothers, New Delhi.2. Kamalam. S. (2005): Essentials of community health nursing practice, Jaypee brothers, New Delhi.3. Keshav Swarankar (2004): Community health nursing, N.R. Brothers, Indore.4. K.Park preventive and social medicine bhanot brothers.MP				
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