COVID-19 & Disaster Risk Management

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Objective

At the end of the Session participants will be able to:

1. DRM perspective of COVID-19
2. Risk Analysis: HVCRA to COVID-19
3. DM Act 2005 and various provisions
Disaster

A serious *disruption* of the functioning of a community or a society at any scale due to *hazardous events* interacting with conditions of *exposure, vulnerability* and *capacity*, leading to human, material, economic and environmental losses and impacts.

DISRUPTION & DAMAGE
Understanding Disaster Risk

Hazard is a process, phenomenon or human activity that *may cause* loss of life, injury or other health impacts, property damage, social and economic disruption or environmental degradation.
Exposure is the situation of people, infrastructure, housing, production capacities and other tangible human assets *located in hazard-prone areas.*

**ALL EXPOSED ≠ ALL DAMAGED**

Earthquake & Cyclone Prone region
Understanding Disaster Risk

HAZARDS
- Floods
- Cyclone
- Tsunami
- Earthquake
- Fires
- Heatwave
- Virus

EXPOSURE

DISASTER
Vulnerability is the conditions determined by physical, social, economic and environmental factors or processes which increase the susceptibility of an individual, a community, assets or systems to the impacts of hazards.
Understanding Disaster Risk

Capacity includes infrastructure, institutions, human knowledge and skills, and collective attributes such as social relationships, leadership, management and resources available within a society to manage disaster risks.
Community-based disaster risk management promotes the involvement of potentially affected communities in disaster risk management at the local level. This includes community assessments of hazards, vulnerabilities and capacities, and their involvement in planning, implementation, monitoring and evaluation of local action for disaster risk reduction.

Role of Youth and Volunteers

Local Level Action Plan for DRR
Assess and Reduce Hazard
Assess and Reduce Vulnerabilities
Assess and Reduce Exposure
Assess and Increase Capacity (EWS)
Disaster Risk Management – COVID19

Action Plan to Reduce Hazard

- Social Distancing & Lockdown
- Sealing of Borders
- Contact Tracing
- 14 Days Quarantine / Isolation
- Plasma Therapy
- Public Awareness
Disaster Risk Management – COVID19

Hazard Exposure

- Human-to-human transmission.
- Transmitted mainly through respiratory droplets that get generated when people cough, sneeze, or exhale.
- Transmitted by touching, by direct touch and through contaminated surfaces or objects and then touching their own mouth, nose, or possibly their eyes.
- Close contact with a suspect/confirmed COVID-19 patient or who care for such patients.

Action Plan to Reduce Exposure

- Know in Details about the Containment zones
- Communicate the information about containments zones
- Avoid yourself and others getting into containment zones / High risk zones like hospitals
- Social Distancing
- Maintain a distance of minimum 1 meter from others
- Use of PPEs and Respiratory Hygiene
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Physiological Vulnerability
- Diabetes,
- Hypertension, Lung Disease, Heart Disease, TB, Age-old; Physically Handicap

Socio Economic Vulnerability
- Migrant Labourers
- Maids, People Working in unorganised sectors

Occupational Vulnerability
- Doctors, Health workers, Police, Sanitation Workers, Emergency and Essential Service Providers

Attitudinal Vulnerability
- Neglecting Infection Risk
- No Wearing Masks
- Reluctant to follow Hand Wash / Sanitization Procedures

Action Plan to Reduce Vulnerability
- Identify the high risk groups
- Help them to isolate themselves
- Supply essential services/ medicines
- Get key influencers address Stigma for Docs
- Local level structure for quarantine facilities
- Communicate Risk
- Use of Technology to join vulnerable groups with Support Services
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**Household Level**
- Soap & Water
- Hand Sanitizers
- Mask
- Early Warning - Arogya Setu App
- Awareness

**Patient Treatment Capacity at District Level**
- Hospitals / Beds / Ventilators
- Patient Treatment Capacity
- Testing Capacities
- PPEs
- Availability of Doctors, Nurses, Paramedic Staff, Police, Sanitation Staff

**PPEs for Health Care Workers**
- Goggles,
- Face-shield,
- Mask (Triple layer medical mask; N-95 Respirator mask)
- Gloves,
- Coverall/gowns
- Head cover and
- Shoe cover.

**Decontamination & Recovery**
- Spraying disinfectants & Cleaning
- Volunteers
- Quarantine Places
- Adaptation of local business
COVID19 – Cross Cutting Issues

- Assisting Senior Citizens
- Public Awareness
- Handwashing and Sensitization of People
- Crowd Control
- Rumour Control
- Stigma Address
- Connecting Migrant Labourers to assistance service
- Psychosocial Care
- Developing logistic supply systems for the physically disabled
- Plan for recovery of small business

What are your Capacities?
Questions