

Rapid health assessment following mass disaster

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A “**disaster**” is defined as *an event that is beyond the powers of first responders to prevent or control, and that results in serious damage and prolonged service disruption at several sites and possibly a number of casualties.*

One strategy used to put the crisis in the proper context is to establish an order of magnitude with respect to the crisis. Crises may be categorised into one of three levels.

Level I - Low risk

No serious injuries, minimal physical damage, no disruption to critical business operations, minimal impact on routine business activities, minimal distress to employees.

Level II - Moderate risk

Serious (life threatening) injuries, significant number of minor injuries, minor damage to property and facilities, minor or impending disruption on critical business operations, moderate impact to routine business activities, moderate employee distress.

Level III - High Risk

Major human casualties including death, major physical damage, significant impact on and routine business activities, media visibility, potential customer and shareholder impact.

The initial phase of a major emergency is crucial for the survival of victims and for determining the future path of assistance to the stricken community. The absence of a common, standardized technical tool for damage and needs assessment in this initial phase may result in contradictory information being channeled to national and international humanitarian agencies.

Rapid health assessment is a complex task fraught with difficulties and one that carries heavy responsibilities. Therefore, whenever possible, it **should be under taken only by a team of qualified and experienced specialists.**

Purpose

In emergency management, *assessment means collecting subjective and objective information in order to measure damage and identify those basic needs of the affected population that requires immediate response.* The assessment is always meant to be rapid as it must be performed in limited time, during or in the immediate aftermath of an emergency.

At the onset of a crisis, rapid assessment information will be used to recognize and quantify the emergency, and to readjust strategies and plans accordingly.

The information produced by the assessment is both an asset and a commodity. Mutual exchange of information is the first step in effective coordination.

The purpose of rapid assessments to:

- confirm the emergency;
- describe the type, impact and possible evolution of the emergency;
- measure its present and potential health impact;
- assess the adequacy of existing response capacity and immediate additional needs; and
- recommend priority action for immediate response.

In order to rapid assessment results to be useful there should be an emergency preparedness programme which includes.

- Policy development for preparedness, response and recovery
- Vulnerability assessment:

- Emergency planning
- Training and education; and
- Monitoring and evaluation.

An example of emergency preparedness applies to countries at increased risk of sudden – impact emergencies such as earthquakes: routine hospital management in these areas must include formulating mass casualty plans and holding regular emergency practice drills. There are such mass disaster preparedness activities in the National Hospital and other major hospitals in Sri Lanka due to existing civil war.

Preparedness for rapid assessment

Although all of the following **seven measures are not always feasible, they are very desirable if the assessment is to be carried out rapidly.**

1. Lines of authority within the Ministry of Health should be defined and clearly stated.
2. Organizational network and partnerships should be maintained for mobilizing personnel and resources for the rapid assessment.
3. National, sub national, and district maps of high-risk areas, showing settlements, water sources, main transport routes, and health facilities, should be developed, kept updated, and made easily available.
4. Data collection forms, specimen containers, and other items essential for specific types of field assessment should be kept at the national and sub national levels.
5. Reference laboratories and special shipment / transport procedures for rapid analysis of specimens should be identified in advance.
6. Communication channels between the assessment team, local authorities, decision – makers, and participating organizations should be agreed upon and kept open.
7. Qualified personnel should be identified in advance for rapid health assessment in specific types of emergencies.

Presenting the results of the assessment

The following format can be adapted for presenting the results of the assessment in different situations.

- **Reason for emergency** (type of actual or imminent hazard):
 - onset and evolution;
 - additional hazards.
- **Description of the affected area** (add at least a sketch map)
- **Description of the affected population:**
 - number, estimated breakdown by age, sex, and special risk or vulnerability factors;
 - estimated total number of deaths and injuries
- **Impact, in terms of mortality and morbidity:**
 - daily crude mortality (number of deaths for the day per 10000 population);
 - other indicators, such as malnutrition rates, losses in vital infrastructures, financial losses and other socioeconomic data can be used.
- **Existing response capacity** (in terms of human and material resources):
 - local, sub national, and national capacity;
 - international organizations (bilateral, nongovernmental, and intergovernmental);
 - overall authority and national focal point;
 - distribution of tasks and responsibilities;
 - coordination mechanisms;
 - logistics, communications, and administrative support.
- **Additional requirements:**
 - immediate vital needs of the affected populations;
 - immediate and medium-term needs for national capacity-building;
 - implementation, monitoring, and evaluation mechanisms.