

## Disaster planning: A call for increased physician involvement

**T**he last several months have seen a number of large earthquakes rock the BC coast. These seismic events should serve as a wake-up call to British Columbians regarding disaster and emergency preparedness. Had any of these earthquakes struck the more populous areas of the southern BC coast—where a significant quake has long been predicted—the outcome could have been devastating. Keeping in mind that virtually all major emergencies and disasters require health care response plans, the question must be asked: how prepared are our physicians and hospitals for a major emergency or disaster in BC?

Over the last 5 decades the number of global disasters—both natural and those caused by humans—has progressively increased.<sup>1</sup> While we in BC have been spared from the large catastrophic events of other places seen in the media the last few years, the reality is that disasters have occurred, and will continue to occur in BC and Canada. So what type of event can be characterized as a disaster, and why should physicians be concerned? The term “disaster” typically calls to mind massive events like Hurricanes Sandy and Katrina and the earthquakes in Haiti (2010) and Japan (2011)—events that caused massive numbers of casualties and deaths. But the majority of disasters are actually much smaller in scale, and could occur in any BC community.

The World Association for Disaster and Emergency Medicine defines a medical disaster as a local event where the casualties overwhelm the

locally available medical resources.<sup>1</sup> In other words, an event that may be termed a disaster in a small rural community may not fit that description if it occurs in an urban centre.

The mill explosion in Burns Lake—an unexpected event that rapidly overwhelmed the local hospital capacity—resulted in the need to transport the severely injured to tertiary centres throughout BC and Alberta. It was an event that called upon local health care professionals to quickly respond and one that will likely continue to involve them for many years as that community strives to recover from the tragedy.

The roles of front-line physicians and hospitals following a disaster are multifaceted. Both are essential parts of a community’s critical infrastructure and both are expected to be prepared and available to manage any challenge a major community emergency or disaster may create. But how prepared are they? While a hospital may initiate a code orange when faced with a major emergency or disaster, how many of its physicians are actually aware of what a code orange involves or what their role entails? How many physicians have been involved in the development and practice of their hospital’s emergency plan?

Unfortunately it appears Canadian front-line physicians remain uninvolved in disaster and emergency management,<sup>2</sup> which may be attributed to the lack of disaster and emergency management exposure during their medical training and in their practice. In other countries disaster medicine has gained importance and developed into its own specialty (or subspecialty of emergency, trauma, and public health medicine),<sup>3,4</sup> while in Canada disaster emergency management medical edu-

cation remains limited, and has actually decreased over the past decade.<sup>5</sup> It is difficult to be involved or provide leadership in an area in which one has no experience or education.

The last few years have seen a few pockets of physician interest in disaster and emergency management in Canada, leading to the development of BC’s Mobile Medical Unit ([www.bcmmu.ca](http://www.bcmmu.ca)), and the nonprofit Canadian Centre for Excellence in Emergency Preparedness (CEEP; [www.ceep.ca](http://www.ceep.ca)) which is an excellent resource for health care professionals. There is still the need, however, for front-line physicians to become more involved in their local hospital’s emergency planning process, as it will be these physicians who will be expected to actually carry out those plans.

As physicians then, how do we ensure that we are equipped and prepared to be called upon before, during, and after a disaster occurs? One way is to introduce emergency management curricula into medical school, residency training, and CME programs.<sup>5</sup> Another is for health administrators to actively engage and encourage physician participation in hospital emergency planning. Finally, we need to create “physician champions” in disaster management, and through them create the necessary links between the medical profession and local, provincial, and national emergency management organizations.

While we often cannot prevent disasters, we can make our communities more disaster resilient through better planning and preparedness activities. Physicians have an important and necessary role in that process. Appropriately educated and prepared health care professionals are among

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the most essential components in reducing mortality and morbidity following any disaster.<sup>6</sup> It is time for us to become more involved.

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