

Some Disaster Medicine Thoughts

CONVID-19

- A Paradigm Shift
- A Two Pronged Approach
- A Health Problem Sure!

Command and Control (MIMMS)

EC Triage – Outside my EC

Designated CONVID-19 Facilities

Private, Public Health and relevant NGOs

Health Promotion

Surge Strategy – Beds, ICU and High Care (Stuff, Staff, Systems)



And Then!!

The Citizen's Daily Journey

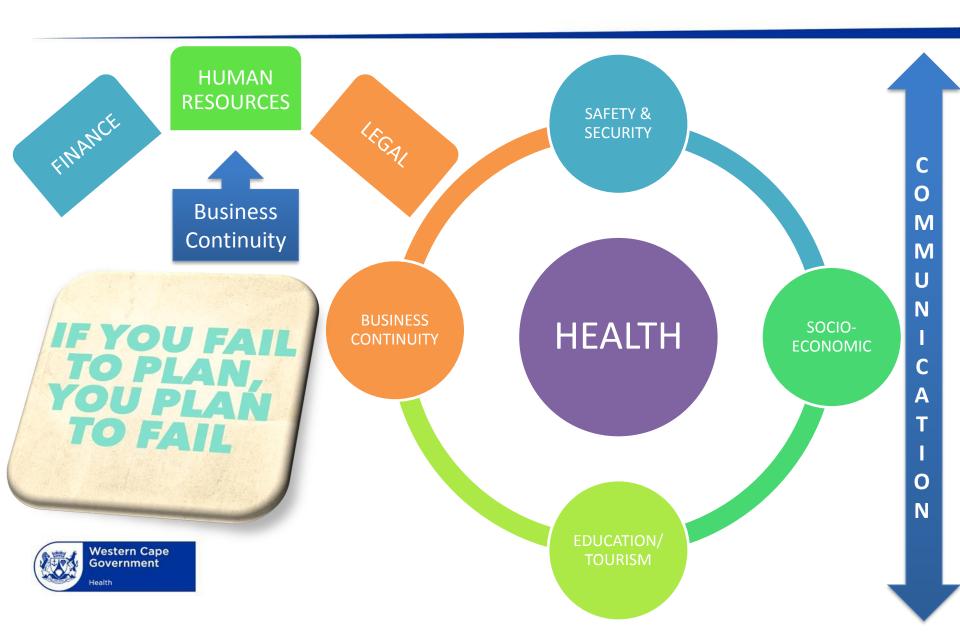


Desktop Risk Assessment:

- Public Gatherings/ Sport and Culture Events;
- Electricity Disruptions/ Prolonged load shedding;
- Water and Food Security;
- Seasonal flu winter season;
- Municipal Elections;
- Matric/Tertiary Education examinations;
- Informal Settlement exposure;
- At risk population (HIV/Immune deficiencies/elderly/ underlying illnesses.....)
- Public Transport hubs and means;
- Socio-economic circumstances unique South African context;
- Impact of any other potential disaster (floods/ fires/ drought/ xenophobia);
- PANDEMIC and potential PANIC/FEAR



All of Society



Proposed Clusters

Health Government Economic/ Education/ Communication Transport and Safety/ Security/ **Business &** Social Logistics Tourism/ Transport **Objectives Objectives** Continuity' Business **Objectives Objectives Objectives** Surveillance Communication **Advisory Serives** • Law **Objectives** Strategy Tracing Contingency Transport strategy enforcement Social media **Objectives** Triage planning for • Logistics plan Travelling initiatives monitoring schools •Isolate impacts · Modes of Business Training, Education, Identification of Response Tourist Continuity transport Taxis, **Awareness** Vulnerable Training attractions Busses, Trains Planning Groups Business Safety strategy Legal Advice Conitunity

COMMUNICATION

STIGMA



Challenges

- A new virus A Developing Story
- Misinformation A Present Day Infodemic
- Worldwide availability of PPE
- Large Sport and Cultural Events
- Panic Mitigation
- Surge
- Collaboration model Similar to Water with PDMC
- Whole of Society Health just one of the role players



Thank you

