SECTION HIGHLIGHTS

This section provides tips for the physical and emotional care of leaders and responders before, during, and after an emergency.

›› Leaders should provide long-term, continuous team support for their teams, because response may take days, weeks, or even months.

›› Make sure to consider self-care before the emergency happens, including:

- Making arrangements for personal responsibilities

- Assembling a disaster supplies kit for home and workplace

- Creating a self-care plan

›› Staying in touch with colleagues, friends, and loved ones during an emergency may help leaders and responders to stay focused on their jobs.

›› It is important for leaders and responders to consider their own emotional care, both for their own well-being and to help them perform their jobs better.

›› Managers can support their teams during a response by enforcing shifts, encouraging team members to limit excessive caffeine and junk food consumption, and using other strategies.

TAKING CARE OF YOURSELF AND EACH OTHER

THE IMPORTANCE AND CHALLENGE OF SAFETY AND COPING

First responders and public officials deal with emergencies in their communities every day—from weather-related incidents to fires. However, relatively few have worked in an environment devastated by a terrorist attack or a profound public health emergency. During the response to such events, both first responders and public officials have the common goal of protecting their communities. The response to such events may take days, weeks, or even months and will prove to be a stressful experience for even the most seasoned professionals. Leaders must create a response plan that provides for continuous support for their teams—and that requires attention to the physical and emotional well-being of the response teams.

Many issues may complicate your response to such events, including:

› Physical and mental trauma or "burnout" that can occur with the extended response that may be needed during a public health emergency.

› Potential exposure to pathogens, poisons, and other health threats, and the fear of bringing illness to your family.

› The challenge of responding to an event when you, your staff, and your loved ones may be part of the "affected public."

› Individual distress responses that may manifest as irritability, depression, anxiety, or other posttraumatic stress symptoms.

› The challenge of dealing with an invisible threat, like an infectious disease, as opposed to crime, fire, floods, explosions, and other threats that are clearly visible.

› Latency effects may be serious (e.g., you may develop a disease even after you're "out" of the dangerous situation).

The large scale of a public health emergency almost certainly means there is a limitless amount of work to do, and you and your staff may feel the need to push yourself beyond your usual limits. It can be difficult to go home or take a break when you know that your community is at risk. But it is important for you to monitor your needs and well-being as well as those of your staff so you will be able to stay focused and maintain the long-term response that will be needed.

SELF-CARE BEFORE THE EMERGENCY

When an emergency occurs, public officials and first responders are likely to be called on to fill any number of roles and may need to work extended hours for several days, weeks, or months at a time. During this time, it is both natural and healthy to be concerned about personal issues, such as the safety and well-being of loved ones. Without that assurance, it can be difficult to focus on work. To adjust to working in a disaster setting, you can encourage your staff (and yourself) to take the following steps in advance of an emergency:

Make arrangements for personal responsibilities.

› Consider the personal demands that may compete for your attention during a disaster, including children, elderly parents, and financial responsibilities.

IMPORTANCE OF PLANNING AHEAD

In a study on the community reactions to bioterrorism, findings indicated that 26 percent of first responders and 53 percent of their spouses thought that it was essential to reach agreement with their partners on whether to stay at work, seek medicines, and send family members out of town. Encouraging your staff to discuss these issues before an emergency may influence staffing levels and responder job performance in an actual event.

Source: DiGiovanni et al. (2003). Community reaction to bioterrorism: Prospective study of simulated outbreak. Emerging Infectious Diseases, 9(6), 708–712.

TIP—PROTECTING IMPORTANT DOCUMENTS

Keep these records in a waterproof, portable container:

› Will, insurance policies, contracts, deeds, stocks and bonds

› Passports, social security cards, immunization records

› Bank account numbers

› Credit card account numbers and companies

› Lists of family members' blood types, medical conditions, and allergies

Note: You may also want to keep copies of these documents in a safe location outside of your home or workplace.

" THE FIRST THING THAT HAPPENS

during disaster response is that caffeine intake goes up and sleep and rest go down. This is not a good recipe for long-term response. "

David Kaye, NREMT–P, International Association of EMTs and Paramedics

Assemble a disaster supplies kit for your home and workplace.

› Prepare a disaster supply kit for your family in case they are required to evacuate or shelter in place while you are at work.

› Assemble a similar kit for taking care of responsibilities from an office location.

› Consider preparing the kit in an easy-to-carry container, such as a duffel bag or small plastic trash can.

› More information on home and office disaster supplies can be found in appendix F (see p. 111). Additional supplies checklists can be found at http://www.ready.gov.

Create a self-care plan.

› Consider how you will take care of personal stress and well-being while doing disaster work.

› Include mental health in preparedness and response planning and cultivate an open and supportive culture.

SELF-CARE DURING THE EMERGENCY
PHYSICAL CARE

In the unfamiliar and chaotic environment of a disaster, it may be difficult to follow normal safety procedures. Proper training and preparedness can help with this situation, but how an event unfolds is largely out of the control of responders. While decisions regarding physical safety during an emergency need to be made individually by each organization, it may be helpful to consider the following tips for protection.

WHY DO MAJOR DISASTERS MAKE THE WORK OF RESPONDERS MORE HAZARDOUS?

"Most emergencies are on a comparatively small scale. One or more specialized local response organizations can handle them effectively. In these situations, steps to ensure responder safety are usually well established and familiar. But the singular nature of a major disaster presents special challenges to safety management. For example, unlike smaller emergencies, a major disaster can cover a wide geographic area, present many highly varied hazards, and take from several days to several months to contain. In short, not only does a major disaster expose emergency workers to a multitude of risks they would not normally face, it requires a complex response operation that can involve many different organizations. In such situations, it is crucial to have effective systems in place for managing the safety of the numerous responders on the scene."

Source: RAND Corporation. (2004). Safeguarding emergency responders during major disasters and terrorist attacks: The need for an integrated approach. http://www.rand.org/pubs/research_briefs/RB9044/index1.html. Reprinted with permission.

NEW APPROACH TO STRESS

"Traditionally, fire departments have taken a responsive approach rather than a management approach to stress. Often, we're slow to respond until something goes wrong. We send a firefighter to addictions treatment for a drinking problem, or we mandate employee counseling sessions when behavior is problematic. As a result of this strategy, firefighters are forced to resolve their problems in a time of stress while at odds with their employer.

"Instead, a management/prevention approach to stress could better serve the firefighter. The events of September 11 signaled a need to end the reactive approach. Fire service managers no longer have the luxury of waiting for a problem to occur before responding…. Firefighters who respond to critical incidents in a lower state of stress have a greater chance of sustaining psychological wellness and avoiding burnout during their career."

Robert L. Smith, Lieutenant, Stress Management Unit, Washington Township Fire Department, Indianapolis, Indiana

Source: Smith, R. (2001). Stress management for firefighters. In R. Kemp (Ed.), Homeland security: Best practices for local government. Washington, DC: International City/County Management Association. Reprinted with permission.

Staying In Touch

Stay in touch with colleagues.

› Provide several people, both in the field and back at the office, with a list of emergency contacts for you and detailed instructions on how to get in touch with them.

› Consider making communications arrangements for personal security, such as letting colleagues know arrival and departure times and checking in with a designated contact on a regular, predefined basis.

Stay in touch with friends and loved ones.

› An e-mail or quick phone call can make a big difference for you and your family. Let them know that you are OK and find out if they are OK. According to Sunny Mindel, former press secretary for New York Mayor Rudolph Giuliani, many first responders felt more focused on their work during the response to September 11 after having checked in with loved ones and letting them know that they were OK. A handheld wireless device was passed around the room so staff could send e-mail messages home.

EMOTIONAL CARE

Taking emotional care of yourself is particularly important in a public health emergency, because you may also be a survivor of the emergency. Even if you did not experience the same kind or degree of trauma as those to whom you are providing help, you may still be coping with the event. Few people who respond to a mass casualty event remain untouched by it. You or your staff may experience anxiety, sadness, grief, or anger— but postpone rest and recovery while responding to the emergency. This can work up to a point, but such strategies have their limits, and experts recommend that you develop

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TIP—MONITORING SUBSTANCE USE

It is not uncommon for people who typically use alcohol or drugs to increase their use during stressful situations. It is also common for people who are in recovery to start using substances again. People should be cautious of changes in their alcohol and drug use, because use of these substances may impair their ability to work, as well as their judgment, in potentially hazardous environments. These changes in substance use may be an indication of a need for more support. They are usually temporary; however, if increased use continues, the individual may want to consider seeking professional help.

DO I NEED PERSONAL PROTECTIVE EQUIPMENT?

The nature of emergency responders' work makes it impossible to completely eliminate all danger. In working on the scene of a terrorist attack or other public health emergency, responders may need to use protective equipment that is different from the equipment they use on a daily basis. Decisions about what type of equipment to use will differ based on the type of responder organization and the specific threats in each local jurisdiction.

Even public officials who do not anticipate being on the front lines of an emergency may have questions about the use of such equipment. There is no easy answer about what type of equipment may be right for you, your organization, or other responders in your community. However, for some general guidance on this topic, please visit the National Institute of Occupational Safety and Health's Web site on personal protective equipment at http://www.cdc.gov/niosh/topics/emres-ppe.html.

❝ IF SOMEONE HAS TO WORK FOR 36–48 HOURS STRAIGHT

and they can't contact their family, we have an unpublished phone number that the family can call to get information. We believe that we must take care of our own, if we expect them to take care of others. If we have a cop out there worrying about his family, he's not going to be doing his job, so we have to make sure that this is taken care of. ❞

Wayne Shelor, Public Information Officer, Clearwater Police Department (Florida)

other psychological coping strategies, such as those described in the following sections, both for self-care and possibly in support of colleagues. By taking care of yourself and ensuring that your staff is doing the same, you will be better able to do your job and, for that matter, to return to "normal" personal functioning after the event. Remember that it is important for employers to destigmatize the act of seeking mental health support so that everyone can feel comfortable accessing these services. (See "Ways That Managers Can Help Response Team Members Reduce Stress Levels" on p. 57.)

Setting Boundaries

› Set personal boundaries before the crisis occurs.

› Perform a realistic assessment of your limits and what you and your staff need in order to be effective in responding to the event.

› Keep in mind that it may be harder to maintain personal boundaries in a crisis, because you also may have endured the event to which you are responding, and this can make it harder to remain emotionally detached.

› An example of a personal boundary that you might set is limiting exposure to the event during "off" hours. Although it is natural to want to keep on top of the developments in the situation while at home, constant exposure to a traumatic event takes its toll. A study on psychological responses to the events of September 11 indicated that the number of hours of television coverage an individual watched per day in the

> "Firefighters are trained and socialized to respond to the needs of others, and this mission is an important facet of the firefighters' jobs... We know that job stress and burn out are issues that people in these caretaking professions should pay attention to. Consequently, we must place a higher emphasis on the psychological and emotional health of firefighters so they are physically and mentally prepared to serve the public."
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> Robert L. Smith, Lieutenant, Stress Management Unit, Washington Township Fire Department, Indianapolis, Indiana
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> Source: Smith, R. (2001). Stress management for firefighters. In R. Kemp (Ed.), Homeland security: Best practices for local government. Washington, DC: International City/County Management Association. Reprinted with permission.

days following the attacks correlated with his or her development of posttraumatic stress disorder or symptoms of clinically significant psychological distress (Schlenger et al., 2002).

Self-Monitoring

› Be attentive to your own stress responses through continual self-monitoring.

› In monitoring your and your staff's stress, consider factors such as stamina, expectations, prior traumatic experiences, and eating habits.

› Have each staff member partner with a colleague ("buddy care"), so that they can help monitor each other's stress levels to determine when relief is needed.

Excessive Desensitization

› Be cautious of your and your staff's potentially harmful coping mechanisms, such as desensitization to others' emotional pain and psychological distress. One sign that you are becoming desensitized is projecting negative feelings experienced on the job onto others at home in angry or abusive ways. Compartmentalization can be an effective short-term coping mechanism, but it breaks down after a while.

› Take time, and encourage your staff to take time, to process emotions—to deal with feelings of sadness, anger, horror, or confusion and not repress them (Bull & Newman, 2003).

Talking With Others

› Offer mental health services to your employees after all community tragedies (e.g., through an Employee Assistance Program).

› Create an environment that supports seeking these kinds of services when needed.

› Consider bringing on a mental health consultant or counselor to serve as a resource for disaster mental health questions and to provide names of professionals with expertise in particular areas.

› Seek support from peers when possible and if appropriate.

GROUP DEBRIEFINGS

Be aware that the benefits of group debriefings (voluntary or mandatory and whether facilitated by a certified professional or not) have been debated (Institute of Medicine of the National Academies, 2003; National Institute of Mental Health, 2002).

The Institute of Medicine's Committee on Responding to the Psychological Consequences of Terrorism noted:

"Some workplace environments have a culture that is not conducive to seeking help for psychological issues. Seeking help or publicly sharing fears may be seen as a weakness. Alternative strategies may be necessary in such cases. An easily accessible anonymous service outside the workplace may be preferable to ensure confidentiality, and initiatives, such as group debriefings, may be less useful." (Institute of Medicine of the National Academies, 2003).

COPING WITH FIELD STRESS

The Public Health Training Network provides a useful Webcast on surviving field stress for first responders (http://www.phppo.cdc.gov/phtn/webcast/stress-05/). This Webcast, which first aired on April 28, 2005, provides descriptions and explanations of the following:

> Psychological stress

> Common causes of stress

> Mental and physical health effects of excessive stress

> Social, physical, and emotional causes of first responders' stress

> Methods to cope with field-related stress

> Strategies for assisting members of the public with their disaster-related stress in your role as a first responder

SELF-CARE AFTER THE EMERGENCY

As the response to the event starts winding down, it is important to continue to take steps to ensure that you and your staff are coping as well as possible.

> Continue monitoring your and your staff's behavioral, psychological/emotional, physical, cognitive, and social functioning, especially if you notice that you or they are experiencing challenges returning to the normal routine.

> Be aware of signs indicating that stress reduction strategies are not enough. Research has shown that some changes associated with exposure to trauma may involve a change in brain chemistry and function. The Disaster Mental Health Institute at the University of South Dakota provides the following guidelines (Jacobs, 2003), which may help you decide if your reactions, or the reactions of your staff, may require professional assistance:

- When disturbing behaviors or emotions last more than 4–6 weeks

- When behaviors or emotions make it difficult to function normally (including functioning at work or in the family)

- Any time an individual feels unstable or concerned about his or her behavior or emotions

"One young officer leaning on a barricade, telling folks they could not enter this area, said to me, 'What good am I serving here away from the main site?' I told him that keeping these folks away from the center of the rescue effort keeps the rescuers' areas clear so they can do their work. This is a tremendous help to the effort. He wanted to do more. Of course, we all want to do more. The key is to do our job and do it well."

Rickey Hargrave, police chaplain, Police Department, McKinney, Texas

Source: Hargrave, R. (2002). Stress management for police officers. In R. Kemp (Ed.), Homeland security: Best practices for local government. Washington, DC: International City/County Management Association. Reprinted with permission.

WAYS THAT MANAGERS CAN HELP RESPONSE TEAM MEMBERS REDUCE STRESS LEVELS

Management of workload	• Clarify the priorities of different tasks and the overall work plan with immediate onsite supervisor. • Recognize that "not having enough to do" or "waiting" is an expected part of crisis response. • Delegate existing "regular" workloads so that workers are not attempting disaster response and their usual jobs.
Balanced lifestyle	• Help team members avoid excessive junk food, caffeine, alcohol, or tobacco by keeping nutritious food, water, and fruit juices accessible to the team. • Provide rest areas for team members, especially on longer assignments. • Encourage team members to engage in physical exercise and gentle muscle stretching, if possible. • Encourage the development of family plans before an emergency and ensure that everyone be given the means (when possible) to send a message home.
Administrative support	• Enforce shift schedules, even if modified for the emergency (e.g., 12 hours on, with 12 hours off). • Rotate workers between high-, mid-, and low-stress tasks. • Encourage and require breaks and time away from the assignment when necessary. • Ensure that necessary supplies are available (e.g., paper, forms, pens, educational materials). • Ensure that communication tools are available (e.g., cell phones, radios).
Team support	• Suggest the use of the buddy system for support and monitoring of stress reactions. • Create a positive atmosphere of support, mutual respect, and tolerance with "thank you" and "good job" said often.
Stress reduction strategies	• Suggest that workers pace themselves between low- and high-stress activities and between providing services alone and with support. • Encourage team members to talk with coworkers, friends, family, pastors, or counselors about emotions and reactions during appropriate times. • Provide individual and group support, defusing, and debriefing, and encourage the use of mental health support for team members. • Create an exit plan for workers leaving the operation: debriefing, re-entry information, opportunity to critique, and formal recognition for service.
Self-awareness	Keep a checklist of stress-overload warning signs posted, and encourage team members to be alert for symptoms among colleagues.

Source: U.S. Department of Health and Human Services. (2004). Mental health response to mass violence and terrorism: A training manual. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.