AGENDA ITEM G

AOTA Emergency Preparedness Activities
Report by Tim Nanof, Federal Affairs Representative

During the 13 months since Hurricane Katrina and specifically over the past 6 months, AOTA has been very active advocating for increased visibility and an expanded role for occupational therapy professionals in emergency preparedness, response and recovery.

Efforts have included a meeting with the American Red Cross to obtain a partnership between AOTA and the Red Cross to provide improved services to people with disabilities. AOTA's Chief Public Affairs Officer and I met with the Red Cross's Director of Disaster Mental Health. We discussed the possible role of OT's and OTA's as well as opportunities to do triaging and activity based group work at shelters. During the meeting we also met with Red Cross leaders for preparedness and disaster planning which gave us an opportunity to highlight the potential for occupational therapy to improve accessibility of shelters and facilitate improved function for people within the shelters.
The Red Cross is currently undergoing an internal decision making process about expanding opportunities for professionals to volunteer in various areas and our conversations are ongoing.

As part of the mental health aspect, we have also been in contact with Dan Dodgen at the Substance Abuse Mental Health Services Administration (SAMHSA) Anne Mathews-Younes, the director of SAMHSA's Division of Prevention, Traumatic Stress and Special Programs, who is an OT and psychologist. We discussed their advocating for AOTA with the Red Cross and specific ways OT's could be involved in therapeutic activities for people in shelters. Problems with inactivity and boredom for children and people with mobility issues were identified by SAMHSA for the people in the cruise ship shelters hired by FEMA and this was used to highlight the potential contributions of OT's and OTA's in these and other mass shelters.

AOTA has also been working with the Department of Health and Human Services Office on Disability to improve service to people with disabilities during emergencies or disasters by working with states to develop satisfactory all hazard plans that utilize volunteers and subject area experts to improve the plan before the disaster and raise the number of skilled volunteers during response and recovery. So far, AOTA in collaboration with our Affiliated State Association Presidents Association, have shared state by state contact information for the State Associations so the emergency preparedness agencies in the state will have the necessary information for obtaining input from occupational therapists. The State Associations were informed of this and it was suggested that they identify people interested in volunteering and people who have expertise in this area in order to facilitate response when they are contacted by the State Preparedness agencies. Many states have begun this process, but more needs to be done and a pro-active reaching out to the state agencies at the State level would be worthwhile. Another significant opportunity is for OT's and OTA's to volunteer and become active participants in local Medical Reserve Corps which already exist throughout the country. These groups respond to emergencies using their medical training and occupational

therapists are already considered eligible for participation. More information can be found on their website at: http://www.medicalreservecorps.gov/HomePage

Finally, AOTA participates in the Consortium for Citizens with Disabilities (CCD) Emergency Preparedness Task Force. CCD is a national advocacy organization made up of disability rights, consumer and health care provider advocates. This group has been active with Congress, the American Red Cross and to a lesser extent FEMA, to improve emergency preparedness for all people with disabilities.

Further questions related to AOTA activities can be forwarded to Tim Nanof, Federal Affairs Representative.

AGENDA ITEM H

THE ROLE OF OCCUPATIONAL THERAPY IN DISASTER PREPAREDNESS, RESPONSE, AND RECOVERY: A CONCEPT PAPER

When a societal crisis occurs, individuals, families, communities, institutions, and society as a whole become "disabled"—that is, limited in their ability to perform normal daily activities, restricted by environmental barriers, prohibited from participating in usual social roles, threatened by personal and financial losses, and subject to a variety of psychological reactions, including fear, helplessness, and loss of confidence (Scaffa, 2003). Along with everyone else, occupational therapy practitioners are victims and survivors of these experiences. However, they also have the opportunity to be part of the solution. They can use their understanding of the importance of occupation to increase readiness, to enhance the effectiveness of response, and ultimately to promote health and recovery.

Occupational therapy theorists have proposed seven ways in which occupation can mediate the effects of stressful situations and promote health (McColl, 2002). Occupation can contribute to a person's sense of mastery, and it can reinforce identity. It can restore habits and normalcy, and it can provide diversion. Many occupations (such as rest, exercise, and nutrition) are health-promoting activities, which are essential in responding to and recovering from trauma. Finally, occupation is a means through which people support themselves and others, and through which they are reminded of their connection with a spiritual force.

This paper provides a definition of disaster and a staged model for thinking about occupational therapy's contribution in times of disaster.[1] Further, it identifies 10 premises that inform occupational therapy practitioners'[2] participation in disaster relief. These premises extend occupational therapy practitioners' usual roles as therapists to persons with disabilities, and help them to expand their role in relation to families, communities, and organizations that are "disabled" by disaster. The paper makes a cogent case for an occupational therapy role in all three stages of disaster relief, and it leaves occupational therapy practitioners with the challenge of how and where to become involved.

Purpose

Natural and technological disasters are common occurrences throughout the world. Disasters have a significant negative impact, both short- and long-term, on the occupational performance of individuals and communities. The focus of occupational therapy is to facilitate engagement in occupation in order to support participation in valued life roles and activities and to enhance the

[1] This paper, the product of a collaboration between civilian and military personnel, and American and Canadian occupational therapists, arose from the work of the American Occupational Therapy Foundation's Task Force on Occupation in Societal Crises.

[2] Occupational therapy practitioner: An individual initially certified to practice as an occupational therapist or occupational therapy assistant or licensed or regulated by a state, district, commonwealth or territory of the United States to practice as an occupational therapist or occupational therapy assistant and who has not had that certification, license or regulation revoked due to disciplinary action (American Occupational Therapy Association [AOTA], 1998).

quality of life. Therefore, occupational therapy practitioners have an important role in responding to disasters.

The purpose of this concept paper is to provide occupational therapy practitioners with a basic understanding of disasters and the support that they can provide to individuals and communities across the spectrum of disaster preparedness, response, and recovery. The paper focuses on the impact of disasters on occupational performance, the benefits of occupational engagement during disasters, and the contribution of occupational therapy in those times.

Definitions and Background

In 1961, Charles E. Fritz, a pioneer in disaster research, defined "disasters" as

> actual or threatened accidental or uncontrollable events that are concentrated in time and space, in which a society or a relatively self-sufficient subdivision of a society undergoes severe danger, and incurs such losses to its members and physical appurtenances that the social structure is disrupted and the fulfillment of all or some of the essential functions of the society, or its subdivision, is prevented (p. 655).

This definition describes not only the physical damage and personal injuries that are typically sustained during a disaster but also the potential widespread social and economic disruption of daily-life routines.

Typically, disasters are classified into two categories: natural and technological (or human-made). Natural disasters include hurricanes, earthquakes, tornadoes, volcanoes, floods, landslides, and winter storms. Technological disasters include mass transportation accidents, nuclear power plant accidents, accidents involving hazardous materials (e.g., oil spills), and massively destructive fires. Newer forms of technological disasters are emerging, among them massive power failures; the spread of computer viruses; assault with biological, nuclear, or chemical weapons; and terrorism (Fischer, 1998; Schneid & Collins, 2001).

Disasters progress through five stages, each requiring different behavioral and organizational responses. In the first stage, the *pre-impact period*, a warning of impending disaster may allow for preparation. For example, the National Weather Service may issue a hurricane warning. In some cases, though, there is no warning, and the pre-impact stage is short or nonexistent.

The second stage, the *impact period*, is the shortest in duration but the most dangerous in the life cycle of a disaster. In this stage the disaster is experienced in full force. Research has shown that widespread panic, looting, price gouging, and deviant behavior during disasters are largely myth. More often, altruism is the norm. People tend to share food, equipment, and supplies and assist one another in recovery efforts (Fischer, 1998).

In the third stage, the *immediate post-impact period*, search-and-rescue efforts are initiated, the media generate increasing coverage of the event, and emergency organizations begin to respond.

During the fourth stage, the *recovery period*, clearance of debris is completed, essential services such as electricity and water are restored, preliminary reconstruction plans are initiated, and daily-life routines begin to normalize.

The fifth and final stage, the *reconstruction period*, may last from several months to several years depending on the scope and the severity of the disaster. Reconstruction involves the rebuilding not only of structures but also of individual lifestyles and a sense of community. The mental health effects of disasters often last longer than the physical manifestations (Fischer, 1998).

Premises

This paper is based on the following 10 premises:

1. Natural and technological disasters are common occurrences throughout the world.
2. Disasters can adversely affect the adaptive occupational performance of individuals and communities across all areas of occupation (Rosenfeld, 1982, 1989).
3. Disaster situations generate significant personal loss and environmental changes that can directly disrupt occupational roles, habit patterns, and routines (Rosenfeld, 1989). Performance patterns may be disrupted through the loss of loved ones, changed living situations, loss of employment, or loss of the ability to engage in other previously valued occupations.
4. Disasters also can generate significant traumatic stress. Traumatic stress affects survivors emotionally, cognitively, physically, and interpersonally (Young, Ford, Ruzek, Friedman, & Gusman, 1998).
5. Disaster victims' usual coping strategies may prove inadequate for the overwhelming stress of disaster situations (Rosenfeld, 1982; Young et al., 1998).
6. Engagement in occupation can have a moderating effect on disaster response and recovery (McColl, 2002).
7. Occupational therapy practitioners can assist individuals and communities in coping with disaster situations and in returning to optimal occupational performance (Rosenfeld, 1982, 1989).
8. In disaster situations the focus of occupational therapy is to facilitate engagement in occupation in order to support participation in adaptive disaster recovery and resumption of valued life roles and activities (AOTA, 2002).
9. The occupational therapist and the occupational therapy assistant (under the supervision of the therapist) can identify disruptions in clients' previously adaptive occupational performance patterns and help clients develop new effective patterns of performance (Rosenfeld, 1982).
10. The role of the occupational therapy practitioner in disaster response is to enhance the effective occupational performance of disaster survivors by facilitating the process of occupational adaptation (Rosenfeld, 1982).

Discussion: Occupational Therapy Contributions in Times of Disaster

Occupational therapy practitioners can and should be involved in the three aspects of disaster preparedness, response, and recovery. In working with individuals and communities affected by disasters, practitioners bring a set of core practice skills founded on the importance of occupational engagement. Working together with the client, occupational therapists and occupational therapy assistants can plan and implement interventions that enable people to reestablish balance in daily life in activities of daily living, work, leisure, and social participation by

- analyzing occupations and activities to determine the underlying requisites for effective performance,

- evaluating occupational performance (functional abilities) in relation to specific activities, tasks, and occupations, and
- configuring physical and psychological environments to maximize function and social integration.

In addition, occupational therapy practitioners have mental health skills in common with other professionals that are useful in disaster management and response. Possession of these skills facilitates inclusion of occupational therapy practitioners on mental health intervention teams in times of disaster.

The following are examples of potential occupational therapy contributions in disaster preparedness, response, and recovery.

Occupational Therapy Contributions in Disaster Preparedness
Disaster preparedness involves actions taken before a disaster that enable a community to respond effectively. This requires planning at the community, organizational, and household levels. Disaster planning roles, by definition, continue over time and must respond to changing levels of threat. To meet this need for flexibility, some roles may be long-term, while others will be specific to an issue and may be long- or short-term. Planned interventions designed to address system-level concerns, as well as direct service interventions for the individual, are necessary to accomplish safety and normalization. Organizations and businesses must develop emergency response plans, train employees in how to handle emergency situations, acquire needed supplies and equipment, and conduct response drills and exercises (Tierney, Lindell, & Perry, 2001). Individuals must know what these plans entail so that they can proactively remain safe or seek help, when needed, in a timely and efficient way. In essence, disaster planning requires an activity analysis of what will be expected of individuals and agencies when a disaster occurs. Interventions must be designed to be meaningful and purposeful to those engaged in them, and they must support the individual or the agency in performing what the context of the disaster requires.

Knowing the hierarchical structure of agencies and organizations involved in planning, response, and recovery from disasters is important. The National Disaster Medical System is a section within the U.S. Department of Homeland Security, Federal Emergency Management Agency (FEMA). It is responsible for managing and coordinating the federal medical response to major emergencies and federally declared disasters. Its focus is to ensure medical response to a disaster area in the form of teams, supplies, and equipment; move injured people from disaster sites to unaffected areas; and identify the types of medical care available at participating hospitals in unaffected areas. All states are divided into local regions with Disaster Medical Assistance Teams. These teams develop and implement plans to meet physical and mental health needs during disasters in their areas. State, county, and local agencies, businesses, and individuals may assist these teams in planning and in disaster response and recovery. Becoming affiliated with local and national organizations, such as the American Red Cross, mental health crisis services, critical incident stress management (CISM) teams, and employee assistance programs, prior to a disaster increases one's credibility and facilitates involvement when a disaster occurs.

Occupational therapy practitioners can select roles that fit their personal availability and activity preferences at the system level just identified or within their personal context. Because so many occupational therapy practitioners work in health care facilities, they can easily expand a discussion of existing policies, procedures, and occupational therapy roles for the safety of

clients during a fire or severe weather conditions to a consideration of what to do when these conditions continue for an extended period. For example, when a predicted hurricane arrives, plans are already in place for securing facilities, moving those with special needs, and providing food and shelter and necessary medications for the short term. But if the storm is fierce, and if there is great destruction, then staff need to be able to design and adapt spaces, modify expectations, create new physical and psychological environments, and provide support services for those under their care for an unknown period of time.

Knowledge of available resources and understanding of local plans for responding to such disasters is critical if the therapist is to facilitate rapid humanitarian responses. Sensitivity to occupational performance needs becomes the marker of the services provided by occupational therapy practitioners, unlike any that are likely to be provided by other members of the response team. It is also essential that practitioners have in place appropriate plans for their family's care during the extended period when they may need to remain on duty at their institution. This will help to prevent conflicting demands on their energies and emotions.

If in the event of a disaster, people with mobility or sensory disabilities are to be moved to a temporary emergency location not specifically designed to accommodate their needs, occupational therapy practitioners can—within their skill level and arena of practice—modify and adapt environments to promote more independent function. Occupational therapy practitioners planning system-level interventions can ensure that planned emergency sites are organized in ways that minimize environmental barriers. For example, they can ensure that people with mobility limitations will be located near restrooms to facilitate independence in self-care. Such planning also decreases the number of environmental modifications or kinds of adaptive equipment that will be required to address self-care needs and privacy concerns. In addition, occupational therapy practitioners can help employers design plans to evacuate workers with disabilities effectively in the event of an emergency, and they can train staff and volunteers to work in shelters for people with special needs.

Occupational Therapy Contributions in Disaster Response

Emergency response involves actions taken just prior to, during, and shortly after disaster impact to address the immediate needs of victims and to reduce damage, destruction, and disruption. Emergency response activities include detection of threats, dissemination of warnings, and evacuation of vulnerable populations. In addition, they include search for and rescue of victims, provision of emergency medical care, and furnishing of food and shelter for displaced persons (Tierney et al., 2001).

During times of disaster or emergency, all professionals are called on to provide their expertise voluntarily in the service of others. Occupational therapy practitioners can provide a variety of services to individuals and families who have evacuated their homes and workplaces and are living in emergency shelters, or who are "sheltering-in-place" (i.e., remaining in their personal homes or other residences, such as assisted living facilities, foster and group homes, and long-term care facilities). In addition, specially trained occupational therapists and occupational therapy assistants under the supervision of an occupational therapist can provide supportive mental health services to first responders and volunteers.

Occupational therapy practitioners are qualified to provide disaster response services to people with special needs. FEMA defines "special needs populations" as people in the community with physical, mental, or medical care needs who may require assistance before, during, or after a

disaster or an emergency, after exhausting their usual resources and support network. During a disaster, people with special needs may be moved to regular shelters or shelters for people with special needs, or they may shelter-in-place. Occupational therapy services may include supervising staff and volunteers at special needs shelters, making home visits or telephone calls to those sheltering-in-place, and facilitating support groups designed to reduce anxiety and stress. Occupational therapy practitioners also may provide support for displaced, confused adults and children until their caregivers can be identified and located.

People who are displaced from their homes and workplaces to emergency shelters face a variety of challenges. People of different cultures and races with different beliefs and habits often are forced to live in one large room with no privacy. Children are bored, a general sense of uneasiness pervades, and stress levels increase. Using a client-centered approach, occupational therapy practitioners can evaluate the needs of people in the shelter and provide appropriate services. Interventions might include providing structure in daily routines, identifying and emphasizing people's strengths, encouraging creative expression of feelings, coordinating age-appropriate play for children, and providing opportunities for stress management (Newton, 2000).

Occupational therapy is based on the premise that engagement in occupations facilitates adaptation. Occupation can help disaster survivors reestablish their lost sense of control. Focused, constructive activity, such as helping others, moves people beyond shock and denial. This strategy is especially effective for survivors who are being disruptive. By focusing on occupations that help such people take charge of their life, as active participants in their ongoing survival and adjustment to change, occupational therapy practitioners can help them regain their sense of mastery and overcome any sense of guilt from a perceived failure to prepare for the disaster or to protect their family. By engaging in play, vigorous physical activity, or valued leisure occupations, survivors can get a brief respite from recurring thoughts, worries, and concerns about the future.

First responders, including firefighters, police, and emergency medical personnel, also may benefit from occupational therapy. These individuals work long hours under difficult circumstances and often are away from home. Occupational therapists can observe first responders and volunteers for signs of distress, and together with occupational therapy assistants, can provide respite or other appropriate interventions (Newton, 2000). Supportive mental health services may take the form of Critical Incident Stress Debriefings (CISDs). A CISD is a seven-step, small-group technique for crisis intervention that is part of a larger Critical Incident Stress Management (CISM) program (Mitchell, 2003). CISDs involve structured discussions of the traumatic events, designed to help people cope with the stressors they have experienced. Such debriefings are thought to lessen the harmful effects of traumatic events. Special training in CISM is required to conduct CISD sessions (Mitchell). The U.S. military has used these debriefings for many years, and occupational therapists are one of the professional groups trained to conduct them (Newton, 2000).

Occupational Therapy Contributions in Disaster Recovery

Postdisaster recovery involves repair and rebuilding of property, reestablishment of public utilities, and restoration of disrupted social and economic activities and routines. It also includes efforts to enhance the psychosocial well-being and the quality of life of the community members affected (Tierney et al., 2001).

Following disasters, many survivors experience acute stress reactions (see Table 1). Some survivors may suffer lasting psychological effects from the traumatic stress of their experience. These posttraumatic stress symptoms may be severe enough to manifest themselves as depression or an anxiety disorder. One such anxiety disorder is posttraumatic stress disorder (PTSD). Characteristic of PTSD is persistent reexperiencing of the event (e.g., in nightmares and flashbacks), avoidance of reminders of the trauma and numbing of emotions (e.g., difficulty recalling aspects of the trauma and detachment from others), and heightened physiological arousal (e.g., insomnia, irritability, and an exaggerated startle response), all lasting more than 1 month (American Psychiatric Association, 1994). In addition, and of greatest concern to the occupational therapy practitioner, a person with PTSD may experience significant occupational dysfunction.

Table 1. Common Acute Stress Reactions to Disaster

Emotional Effects	**Cognitive Effects**
Shock Anger Despair Emotional numbing Terror Guilt Grief or sadness Irritability Helplessness Loss of derived pleasure from regular activities Dissociation (e.g., perceptual experience seems "dreamlike," "tunnel vision," "spacey," or on "automatic pilot")	Impaired concentration Impaired decision-making ability Memory impairment Disbelief Confusion Distortion Decreased self-esteem Decreased self-efficacy Self-blame Intrusive thoughts and memories Worry
Physical Effects	**Interpersonal Effects**
Fatigue Insomnia Sleep disturbance Hyperarousal Somatic complaints Impaired immune response Headaches Gastrointestinal problems Decreased appetite Decreased libido Startle response	Alienation Social withdrawal Increased conflict within relationships Vocational impairment School impairment

From *Disaster Mental Health Services: A Guidebook for Clinicians and Administrators*, by B. H. Young, J. D. Ford, J. I. Ruzek, M. J. Friedman, & F. D. Gusman, 1998, Menlo Park, CA, & White River Junction, VT: National Center for Post-Traumatic Stress Disorder, Department of Veterans Affairs. Available at **www.ncptsd.org//publications/disaster/**.

Both for short-term, "normal" stress reactions and those that persist over time, occupational therapy practitioners can provide supportive, informative, and educational counseling, as well as crisis intervention to help survivors deal with the consequences of their experience (Roberts, 1995). Clarke (1999) supports this notion that the "use of self" is integral to occupational therapy

and that "there appears to be no question that occupational therapists use counseling skills every day in practice" (p. 137). However, occupational therapy is a triadic relationship consisting of the client, the therapist, and the activity. Without the use of activity, occupational therapy does not occur (Clarke). This differentiates occupational therapy from other mental health approaches.

Occupation and activity can help clients cope with traumatic stress and meet survival needs. Occupational engagement provides diversion from stressful events and helps reestablish a sense of mastery in a situation in which a person feels a loss of control. Participation in occupation facilitates restoration of adaptive habits, supports a person's sense of identity, and helps establish a spiritual connection in the disaster situation (McColl, 2002). The military has long used occupational therapy to help soldiers overcome occupational dysfunction due to the stress of war (Ellsworth, Laedtke, & McPhee, 1993; Laedtke, 1996), to support their role identity, and to restore their confidence in their ability to function (Gerardi, 1996, 1999; Gerardi & Newton, 2004).

For persons diagnosed with PTSD, occupation can be used to recover and enhance skills required by one's daily life roles. Such interventions may focus on activities of daily living to enhance independent living; coping skills (relaxation, biofeedback, etc.) to deal with stress, anxiety, and physiological arousal; and socialization skills to decrease emotional and social withdrawal and to increase socialization (Davis & Kutter, 1998; Froelich, 1992; Rosenfeld, 1982, 1989; Short-Degraff & Engelman, 1992). Expressive media can be used to help clients reexperience their trauma in a safe supportive environment. This enables them to explore and discover how they have been affected by the event and to practice skills to deal more effectively with their physiological and emotional responses (Davis, 1999; Froelich, 1992; Morgan & Johnson, 1995; Short-Degraff & Engelman, 1992).

As part of the intervention team, occupational therapy practitioners can help clients develop coping skills to deal with the aftereffects of their experience. Additionally, through engagement in occupation, disaster survivors can restructure their habits and routines to cope more effectively with stress and anxiety, to enhance their sense of mastery over their environment, and to participate in their valued life roles.

Conclusion

In summary, occupational therapy practitioners can have a significant role in disaster preparedness, response, and recovery. For example, in preparation for disaster, practitioners can

- participate in facility-level and community-wide planning efforts,
- design special needs shelters and train staff and volunteers, and
- assist businesses and employers in developing plans for evacuating employees with disabilities.

During the disaster response, practitioners can

- provide supportive mental health services to victims and their families,
- provide supportive mental health services to first responders, such as police, firefighters and military personnel,
- manage special needs shelters,
- provide supportive services by telephone or visits to those sheltering-in-place,
- provide occupational interventions in shelters, and
- facilitate psychoeducational support groups to decrease anxiety and stress.

Throughout the disaster recovery phase, practitioners can provide occupation-based and psychoeducational mental health services for persons with acute stress reactions and PTSD.

Occupational therapy has much to offer individuals and communities affected by disaster. The profession's holistic approach and its focus on occupational engagement and adaptation constitute its contribution to disaster management. However, to be effective in this arena, occupational therapy practitioners must

- define and establish their role in disaster preparedness, response, and recovery (McDaniel, 1960),
- be aware of existing hospital, institutional, work site, and community disaster plans,
- be knowledgeable about how national, state, and local governments and private agencies involved in disaster management are organized and how to gain entry into these systems,
- develop skills and train for their role in disaster response and recovery, and
- be personally and professionally prepared to respond effectively to disaster situations (see Table 2. Web Resources).

Table 2. Web Resources

Title	Web Address	Description
Disaster Preparedness for Persons With Disabilities	www.redcross.org/services/disaster/beprepared/disability.html	Booklet
Disaster Preparedness for Seniors by Seniors	www.redcross.org/services/disaster/beprepared/seniors.html	Booklet
Disaster Preparedness for Persons With Disabilities	www.accessiblesociety.org/topics/independentliving/disasterprep.htm	Web site prepared by June Isaacson Kailes, vice-president of the Access Board
National Center on Emergency Preparedness for Persons With Disabilities	www.disabilitypreparedness.org/	Web site focused on ensuring that all people are included in development of plans for protection from natural and technological disasters
Disaster Mental Health Services: A Guidebook for Clinicians and Administrators	www.ncptsd.org/publications/disaster/	Publication of National Center for Post-Traumatic Stress Disorder

Title	Web Address	Description
Training Manual for Mental Health and Human Service Workers in Major Disasters	www.mentalhealth.org/publications/allpubs/ADM90-538/Default.asp	Training manual developed by U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services
Federal Emergency Management Agency (FEMA)	www.fema.gov	Web site of FEMA, former independent agency that became part of U.S. Department of Homeland Security in March 2003; responsible for responding to, planning for, recovering from, and mitigating against disasters
Emergency Management Institute (EMI)	www.training.fema.gov/EMIWeb/index.asp	Web site of EMI, nationwide training program of resident and nonresident courses to enhance U.S. emergency management practices
A Citizen Guide to Disaster Preparedness	http://purl.access.gpo.gov/GPO/LPS31779	Booklet prepared by FEMA and published by Federal Citizen Information Center, General Services Administration (2003)
International Critical Incident Stress Foundation (ICISF)	www.icisf.org/	Web site of ICISF, nonprofit, open-membership foundation dedicated to prevention and mitigation of disabling stress through provision of education, training, and support services for all emergency medical service professions; continuing education and training in emergency mental health services; and consultation in establishment of Crisis and Disaster Response Programs for varied organizations and communities worldwide
Emergency Planning and Special Needs Populations	http://training.fema.gov/EMIWeb/pub/register.html	Course materials for training program sponsored by EMI
National Disaster Medical System	http://ndms.dhhs.gov	Web site of National Disaster Medical System, section within U.S. Department of Homeland Security that has responsibility for managing and coordinating federal medical response to major emergencies and federally declared disasters

Occupational therapy practitioners can use their professional expertise and the power of occupational engagement to restore control, order, and quality of life, and to normalize lives in crisis, when individuals, families, and communities are disrupted by natural or technological disasters.

A quote from C. S. Lewis written for another time remains relevant today as occupational therapy practitioners think about their response to disaster, both as private individuals and as professionals. It reminds them of the power of occupation to restore and uphold humanity in stressful times:

> The first action to be taken is to pull ourselves together. If we are to be destroyed by an atomic bomb, let that bomb, when it comes, find us doing sensible and human things—praying, working, teaching, reading, listening to music, bathing the children, playing tennis, chatting to our friends over a pint and a game of darts—not huddled together like frightened sheep and thinking about bombs (Lewis, 1986, pp. 73–74).

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The Commission on Practice
Sara Jane Brayman, PhD, OTR/L, FAOTA—Chairperson

and

The American Occupational Therapy Foundation
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Adopted by the Representative Assembly 2005CO304

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OCCUPATIONAL THERAPY'S DISASTER PREPAREDNESS READINESS PLAN

GROUPS AND PARTNERS MASTER SHEET

Critical Groups and Partners in Disaster Preparedness and Response

	International (INTL)	National (NATL)	State (ST)	County (CO)	City or Local (LOC)
1. Occupational Therapy Associations and Groups (OT)					
2. Government Agencies (GOV)					
3. Non-Governmental Organization (NGO)					
4. Political Structures (Legislative & Regulatory Bodies) (POL)					
5. Uniformed Services (Military, public health, fire, police) (US)					

	International (INTL)	National (NATL)	State (ST)	County (CO)	City or Local (LOC)
6. Health Care Delivery (HC)					
7. People with Disabilities (PWD)					
8. Education (Continuing and Formal) (EDU)					
9. Schools and Child/ Adolescent Services (PED)					

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OCCUPATIONAL THERAPY'S DISASTER PREPAREDNESS READINESS PLAN

GEOGRAPHICAL GROUPS AND PARTNERS CONTACT INFORMATION

Organization:_____

Geographic Area Covered:_____

Contact Information for Disaster Preparedness and Response				
	Organization	**Website**	**Contact Information**	**Description**
1. Occupational Therapy Associations and Groups (OT)				
2. Government Agencies (GOV)				
3. Non-Governmental Organizations (NGO)				
4. Political Structures (Legislative & Regulatory Bodies) (POL)				
5. Uniformed Services (Military, public health, fire, police) (US)				
6. Health Care Delivery (HC)				
7. People with Disabilities (PWD)				
8. Education (Continuing and Formal) (EDU)				
9. Schools and Child/ Adolescent Services (PED)				

OCCUPATIONAL THERAPY'S DISASTER PREPAREDNESS READINESS PLAN

PLANNING MATRIX FOR GEOGRAPHICAL GROUPS AND PARTNERS

Organization_____

Geographic Area Covered:_____

Plan Status for Disaster Preparedness and Response

	ORGANIZATION	CURRENT ACTIVITIES BY DISASTER PHASE				FUTURE RECOMMENDATIONS BY DISASTER PHASE			
		Preparation	Disaster Warning Immediate Response	Response Relief	Long Term Recovery Reconstruction	Preparation	Disaster Warning Immediate Response	Response Relief	Long Term Recovery Reconstruction
1. Occupational Therapy Associations and Groups (OT)									
2. Government Agencies (GOV)									
3. Non-Governmental Organizations (NGO)									
4. Political Structures (Legislative & Regulatory Bodies) (POL)									
5. Uniformed Services (Military, public health, fire, police) (US)									

Attachment A.1.c. AOTA Board Ad Hoc Group on Disaster Preparedness and Response, January 2007

	ORGANIZATION	CURRENT ACTIVITIES BY DISASTER PHASE				FUTURE RECOMMENDATIONS BY DISASTER PHASE			
		Preparation	Disaster Warning Immediate Response	Response Relief	Long Term Recovery Reconstruction	Preparation	Disaster Warning Immediate Response	Response Relief	Long Term Recovery Reconstruction
6. Health Care Delivery (HC)									
7. People with Disabilities (PWD)									
8. Education (Continuing and Formal) (EDU)									
9. Schools and Child/ Adolescent Services (PED)									

Note:

The Disaster Preparedness Phases reflect those depicted in the WFOT Disaster Preparedness and Management Framework model published in December 2005 but are clustered into four phases:

a. Prepare: Development of prevention strategies, building response networks, mitigation of OT's roles with organizations, training of OT's with needed skills, advocacy for OT's various roles with response organizations, contingency plans for manning.
b. Disaster Response: Disaster warning phase personnel network activation, disaster roles in evacuation, safety of people with disabilities, shelter management roles, OT interventions.
c. Emergency Relief: Immediate responses post-disaster with OT interventions, advocacy, safety of people with disabilities, OT network personnel contingencies activated from surrounding areas or nationally, etc.
d. Recover Rehab: Rebuilding, reconstruction, OT interventions with citizens, etc.

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AGENDA ITEM I

AOTA's Systems Approach to Disaster Preparedness and Response

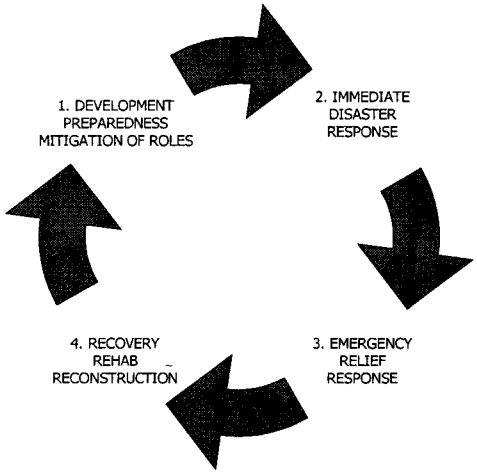
Mary M. Evert
USA Delegate to WFOT
CAOT June 2008

DISASTERS & EMERGENCIES

- TERRORISM
- NATURE CAUSED
- MANMADE
- PANDEMICS
- WARS
- POLITICAL UNREST

Phases of Disasters

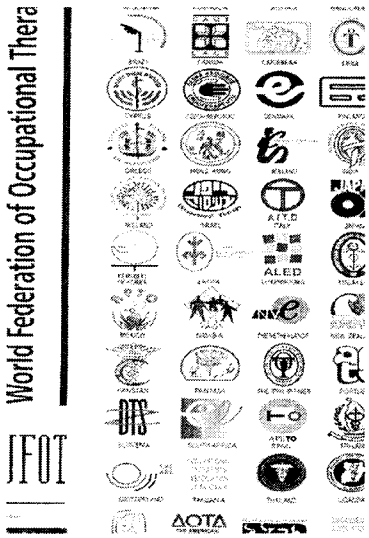
affecting persons, families, communities, organizations, regions, nations



Managing Disasters in Four Phases

- Preparing for the worst case scenarios with disaster response teams, agencies, etc.
- Immediate disaster response activation of OT networks
- Emergency relief roles for OTs with DP&R competencies
- Recovery, reconstruction, rehabilitation from disasters for individuals, families, communities, regions, nations

Message from the WFOT President



- Dr. Kit Sinclair introduces us to the DP&R Project of WFOT. Available soon by DVD from WFOT's Shop on-line.
- www.wfot.org

WFOT DP&R Action Plan

- International Resource Package and Development Plan
- Collaborative Development and Training of OT Roles and Competencies within Asia
- International NGO and Agency Networks
- Call to Action for Developing National OT DP&R Plans and Implementation

AOTA/AOTF History

- Followed Sept. 11, 2001 terrorism attacks
- Official OT Concept Paper passed: "Role of OT in Disaster Preparedness, Response and Recovery"
- Task Group formed to design plan and raise awareness of national and state OT leadership
- Ongoing plan development and implementation

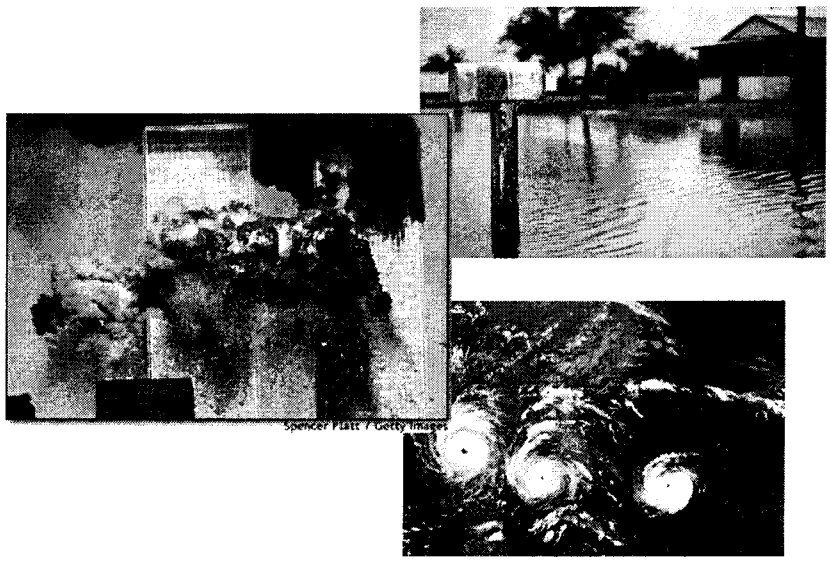
Occupational Therapy's DP&R System Includes:

- OT's role in response and recovery through 4 phases of disasters/emergencies
- C/E training and educational curriculum modules
- Communication networks in all geographic areas especially for local OT teams
- OT resource information access for all disaster responders, agencies, policy makers
- Best practices for safety of citizens at risk/People with Disabilities
- Planning + educational tools and check lists for OTs

Collaboration is key to success

- Within OT profession for consistent, competent, timely response at regional and local levels
- Local OT disaster response coordinators are critical to success
- External agencies learn about and embrace OT's role on response teams
- Public awareness of benefits of OTs on disaster response teams

Preparation through Planning



Benefits of a Plan

- Help formulate and establish public policy and focus national/provincial lobbying by OTs
- Strengthen NGO partnerships
- Identify and assure professional OT practice competencies in disaster scenarios
- Expand OT collaboration for DP&R in external and internal environments
- Demonstrate OT's value to communities and citizens

Effective National Preparation

- National resource data base accessible on website to OTs, related professionals and disaster and emergency response teams at all levels.

Effective National Preparation

- Data resources include OT roles, training modules, best practices and information aimed at public and professional needs.

Effective National Preparation

- Communication networks are created among OTs, published on website, and availability of this information is broadcasted to all disaster team responders.

Critical Groups for Collaboration:

System of Geographic Contacts: INTL, NATL, PROV, CO, LOCAL

- OT Associations and Groups (OT)
- Government Agencies (GOV)
- Non-Governmental Organizations (NGO)
- Political Structures (Legislative & Regulatory Bodies) (POL)
- Uniformed Services (police, military, fire, anti-terrorism, public health) (US)
- Health care and mental health delivery institutions (HC)
- Groups representing people with disabilities (PWD)
- Educational institutions and C/E providers (EDU)
- Schools and Child/Adolescent services (PED)

Preparation Phase: OT Roles

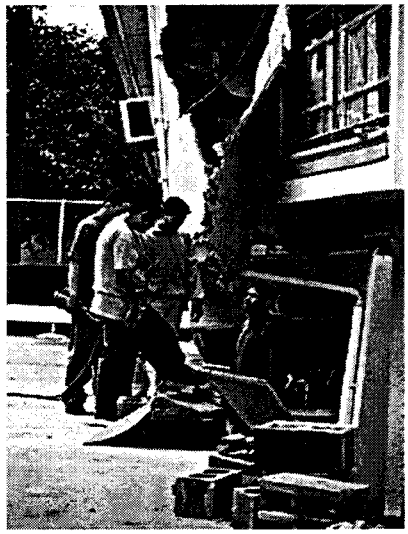
- Participate in facility-level and community-wide disaster planning efforts
- Design shelters with special needs in mind and train staff and volunteers
- Assist businesses and employers in developing plans for evacuating employees with disabilities.

Disaster Strikes

Disaster Response: OT Role

- Provide supportive mental health services to victims and their families
- Provide supportive mental health services to first responders, such as police, firefighters and military personnel
- Manage special needs populations in shelters
- Provide supportive services by telephone or visits to those sheltering-in-place
- Provide occupational therapy interventions in shelters
- Facilitate psycho-educational support groups to decrease anxiety and stress in all groups

Reconstruction Recovery



Recovery Phase: OT Role

- Ensure accessible environments in reconstruction
- Organize return to daily routines for victims
- Re-organize community supports and routines
- Assure assessment of mental health status of victims for depression and suicide
- Provide occupation-based and psycho-educational mental health services for persons with acute stress reactions and PTSD; train community support personnel

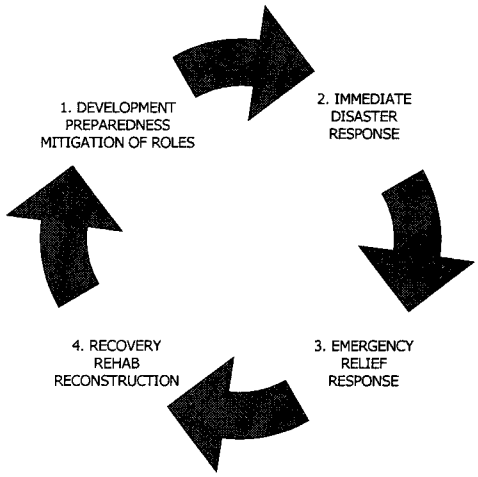
Planning Matrix by Phases

How to create action steps toward desired readiness

- Current state of readiness and activities identified for each of 4 phases
- Perform a SWOT analysis (Internal Strengths and Weaknesses; External Opportunities and Threats) to discover needed activities
- Define ideal readiness standards, then plan steps needed to fill gap between current state and desired future state.

Phases of Disasters

affecting persons, families, communities, organizations, regions, nations



WFOT Tsunami Project

WFOT DP&R Workshops Outcomes

- Growing recognition and appreciation of the unique role of Occupational Therapy in the DP&R context
- Importance of context networking and coordinating
- Significance of culture for social interaction and community connectedness – as both a vehicle for and outcome of OT intervention
- Importance of building rapport and relationships
- Opportunities and benefits provided by 'partnerships'
- Use of pilot activities to test ideas, build skills and raise awareness

WFOT DP&R Workshops Outcomes

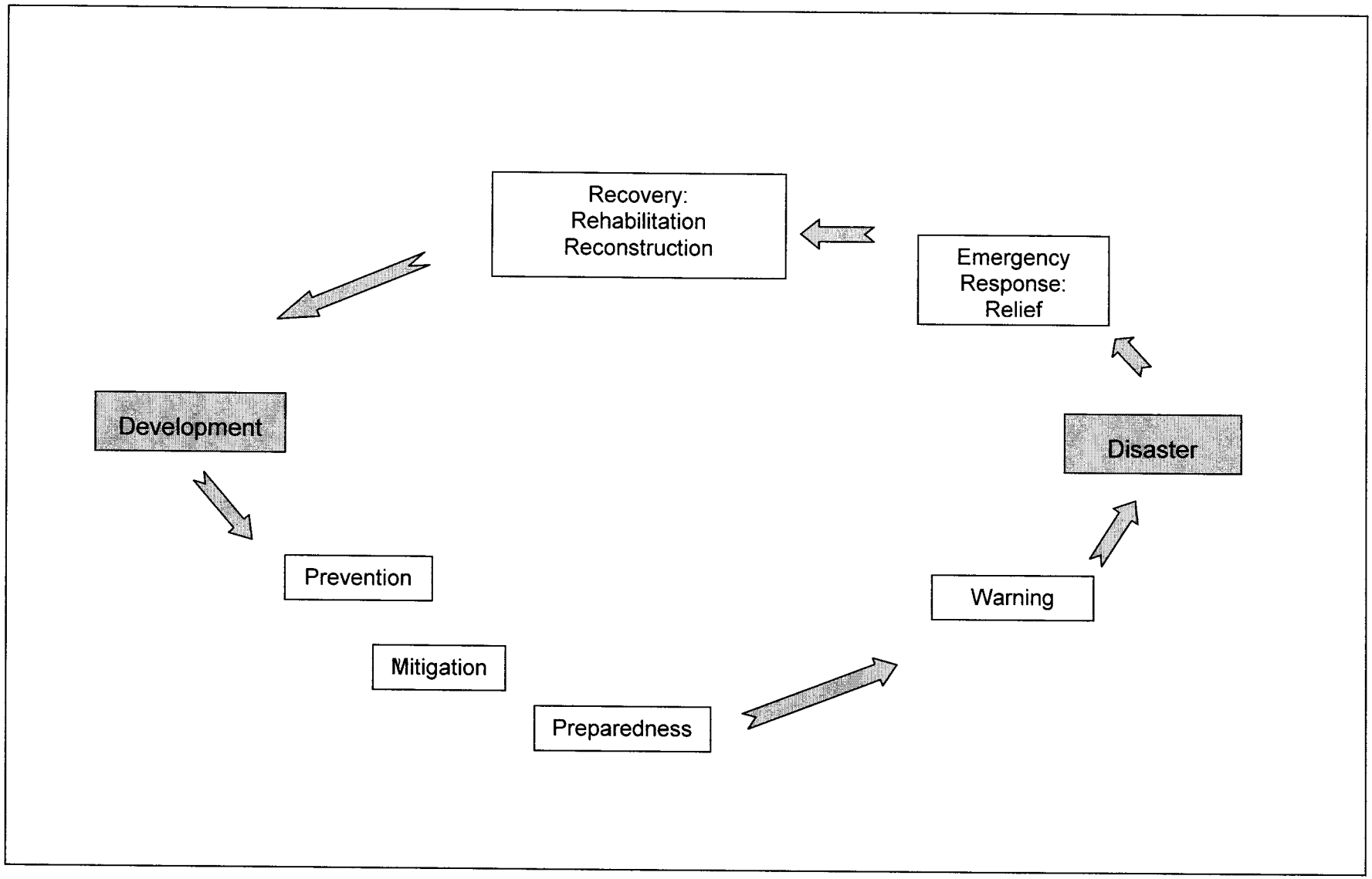
- **OT role contributions - researcher, clinician, educator/facilitator, coordinator**
- **Everyday occupations used to facilitate recovery in post disaster contexts**
- **Benefits of OT in facilitating accessible environments (physical, psychological and social)**
- **Value of participatory approaches with OTs and citizens - to learning, adaptation, successful outcomes**
- **Participants gravitated toward program management, coordination and leadership vs. direct therapeutic intervention**
- **Overarching need for capacity building to support emerging roles including educational curriculum modules at all levels, and organizational development within association sectors**

What can we do in Canada?

- Develop a CAOT national plan to implement and promote OT's role in disaster preparedness, response, and recovery
- Be knowledgeable of existing hospital, institutional, work site, and community disaster plans
- Know how national, provincial, and local governments and private agencies involved in disaster management are organized and how to gain entry to mitigate OT's roles into these systems
- Develop skills and train OT's for their role in disaster response and recovery---Provide evidence of efficacy
- Be personally and professionally prepared to respond effectively to disaster situations in your locality

Keeping a good outcome in mind...

Disaster Preparedness and Management Framework



Volunteer Questions and Answers:

Q: Is there protection for liability and workers compensation for volunteer health professionals?

A: Volunteers deployed through Disaster Healthcare Volunteers will be registered in their local county as Disaster Service Workers, a program providing these protections.

Q: Do I need to have prior disaster experience?

A: No! All volunteers are welcome.

Q: I'm retired. Can I still volunteer?

A: Yes! Just be sure to indicate your license status when you register.

Q: What other issues should I consider?

A: Care for your family if you respond. Emergency response can be physically and emotionally difficult; personal medical conditions may need to be evaluated. You may have work or have other response commitments that would prevent you from responding to an activation. Missions may be up to ten days in duration.

www.MedicalVolunteers.ca.gov

To register, please visit:

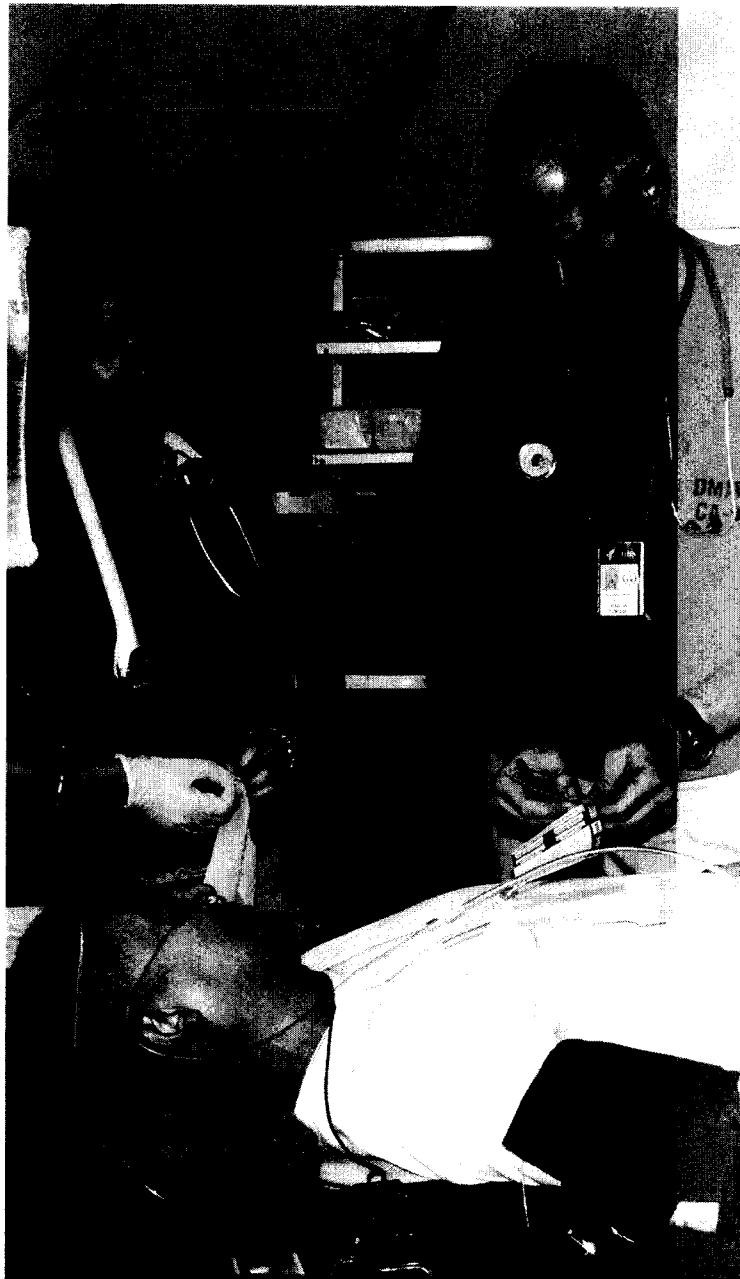
www.MedicalVolunteers.ca.gov

Managed by the California Emergency Medical Services Authority, in partnership with the California Department of Public Health. Funds are provided by the United States Department of Health and Human Services.

California Emergency Medical Services Authority Contact Information

1930 9th Street • Sacramento, CA 95811
Phone: 916-322-4336 • Fax: 916-323-4898
Email: CalMed@emsa.ca.gov
Web: www.emsa.ca.gov

DURING A DISASTER CALIFORNIA NEEDS THE BEST



Who are "Disaster Healthcare Volunteers?"

Disaster Healthcare Volunteers are professionals like you who want to volunteer during an emergency or disaster. When you register on our secure web-based registry, you will indicated your volunteer preferences and enter information about your skills. The registry will automatically notify you in the case of a disaster and track your deployment.

What role will I have in a large-scale disaster or emergency?

Your role will be to practice your profession or skill as either an individual called up at the time of a disaster, or as part of an organized response team. Volunteers may participate in several ways, including:

- As an individual called upon extreme emergencies.
- As part of a community-based Medical Reserve Corps;
- As a member of State of California Medical Assistance Team.

Every attempt will be made to match your skills, competencies and license or registration level with your responsibilities during a disaster. However, there might be situations in which you will be asked to assist with activities that are less challenging than your normal work duties.

How does "Disaster Healthcare Volunteers" work?

Once you have registered to become a Disaster Healthcare Volunteer, your professional license will be verified electronically with your licensing board by the Emergency Medical Services Authority. This information will become a part of the secure Disaster Healthcare Volunteer Statewide Registry.

During a disaster, state or local (county) officials will determine what kind of health professionals are needed, search the database for available volunteers, and send an alert to selected members via e-mail, telephone and pager.

If you receive an alert in the event of a disaster, you will have the chance to accept or decline the volunteer request. If you accept, you will receive specific instructions on where and when to report, and what is needed for the incident. There is no obligation to participate during an activation.

Register now, before a disaster strikes.

Registering now allows verification of your license and credentials, promotes training opportunities, and helps disaster managers understand how many volunteers might be available. This will help us match your skills with the needs required in each emergency situation.

Registering now makes it easier to help when disaster strikes!

IN TIMES OF DISASTER, CALIFORNIA NEEDS YOU!

BECOME A DISASTER HEALTHCARE VOLUNTEER

REGISTER TODAY AT WWW.MEDICALVOLUNTEERS.CA.GOV

REGISTERING IS EASY!

Visit the Disaster Healthcare Volunteers' site at:
www.MedicalVolunteers.ca.gov
click the "Register Now" button and you're on your way!