

Safeguarding the Health, Safety and Resilience of Emergency Responders

Richard (Rick) W. Klomp, MOB, MS, LPC, BCPC

Behavioral Scientist. Clinical Coordinator

Resilience Assessment and Maintenance Program

Centers for Disease Control and Prevention

Shared @ **10th International Conference on Managing Fatigue**

March 21, 2017



Disclaimer

The ideas, opinions, observations and conclusions shared in this presentation are those of the presenter and do not necessarily represent the views or positions of the Centers for Disease Control and Prevention or the Agency for Toxic Substances and Disease Registry.

Outline

- Background (brief history, mission, definition...)
- Examples of workforce stressors
- 4 Main areas of emphasis
- Overview of process and impact
- Summary

The Mission of RAMP* & Vision of OHC

RAMP: To develop, promote and maintain a culture of readiness and resilience within the CDC workforce through **assessment, education, collaboration** and **outreach**.

OHC: Be a world class **O**ccupational **H**ealth **C**linic that protects the people who protect the world.

*Resilience Assessment and Maintenance Program

Resilience

**The ability to withstand,
recover and grow
in the face of stressors
and changing demands.**

Chairman of Joint Chiefs of Staff
CJCSI 3405.01 1 Sep 2011

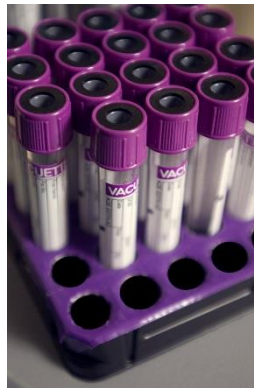
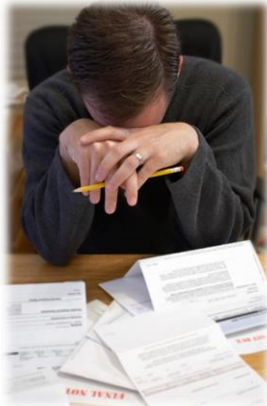
Common stressors & threats to resilience

CDC Ebola responders encountered in field



Photos shot by Justin Williams, Health Communication Specialist, CDC, during his Deployment to Liberia

Common stressors & threats to resilience CDC workers can encounter in day job



Development of Deployment Assessments

- From abundance of caution about concerns of possible PTSD symptoms in Ebola responders request made 8/14 to develop screening
- Multi-disciplinary cross-cutting workgroup convened; identified assessment process
CD-10, Kessler 10, PTSD Screener (4-item)
- Resilience Assessments integrated with OHC's mandatory deployment health screening 11/14
(Crystal Frazier leads these initiatives)

Education: Existing Classes

RAMP professionals conduct:

- Mental Health segment of Pre-Deployment Briefing
- Disaster Mental Health segment in PFWO*
- Resilience segment in PHRCP**
- One-Hour resilience (or stress management) training
- One-Day resilience training
- Three-Day resilience training (DSRT***)
- Customized training (e.g. burnout/compassion fatigue);

* Preparing for Work Overseas

** Public Health Readiness Certificate Program

*** Deployment Safety & Resiliency Team

Education: Evolving Approach To Resilience & Wellbeing in Emergency Response

“Then” (*about 15 years ago*)

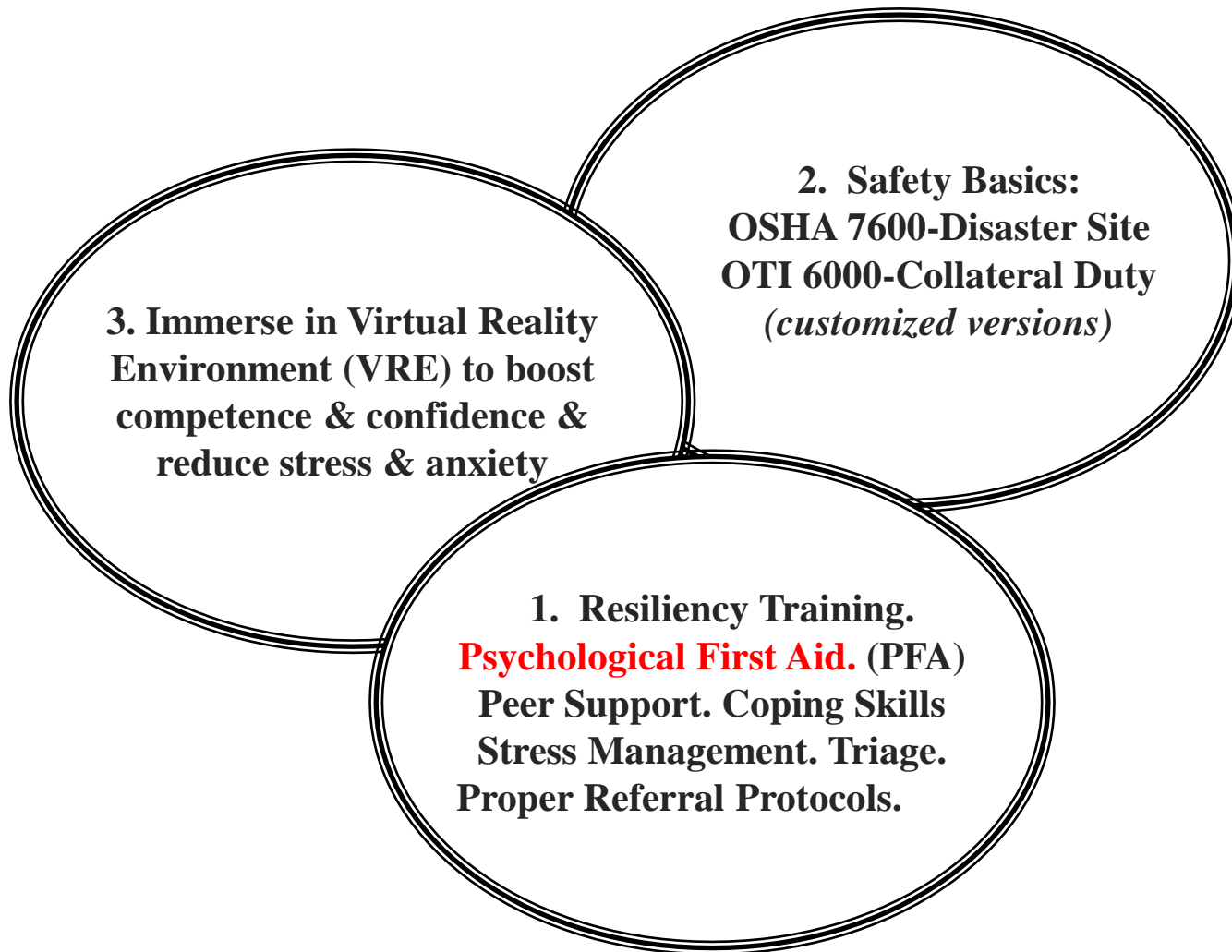
- Small groups of seasoned staff infrequently sent to field
- Emergency response was smaller part of CDC mission

“Now”

- CDC began major culture shift (*expanded mission*)
- CDC engaged in more responses (*WHO, FEMA, DHS*)
- More CDC staff involved (*from dozens to thousands*)
- During Katrina response +/- 51% = first time deployed
- Increased # of participants = increased # at risk

Conclusion: CDC can/should do even more to protect workers

Education Key Elements of DSRT*



* Deployment Safety & Resiliency Team

Education: Resiliency Training

DSRT 3-day instruction* includes 2 days of:

- **Definitions of resilience; PFA; Realistic scenarios**
- **Risk factors; protective factors; coping skills**
- **Physiological, cognitive, behavioral stress signs**
- **Relaxation Response vs Stress Response**
- **Principles of Peer Support; Assessment basics**
- **Importance of Self Care; Self Care Plan**

***Developed collaboratively w/Center for the Study of Traumatic Stress @ USUHS**

Education: Basic Safety Training

DSRT 3-day instruction includes 1 day of:

- Training in a customized/relevant version of
 - OSHA 7600 (*Disaster Site Worker Course*)
 - OTI 6000 (*Collateral Duty for Fed Agencies*)
- **Highlights of Regulatory Background; Electrical Risks; Fatigue/Mental Alertness; Overview of Accident Investigation & Reporting; Chemical Safety; Fire Safety; Confined Spaces/Excavations; Material Handling; PPE (Personal Protective Equipment); Definition of Disaster; Intro to Disaster Sites; Disease & Deployment; Respiratory Protection; Hazardous Dust and Mold; Environmental Hazards; CBRNE (Chemical/Bio/Rad/Nuclear/Explosive)**
- Focus on CDC deployed team (*not a Safety Officer*)

Education: Virtual Reality Training

Assumptions & Approach

- Actual experience in country would be ideal
- When not possible, virtual exposure helpful
- Want to provide equivalent of emotional vaccine
 - Intrigued by Donald Meichenbaums' concept of Stress Inoculation
- Partners at VBI pioneered VR in PTSD treatment
- We're expanding that work for prophylactic* use
- Africa, Hurricane, Earthquake, RDD, Flu, Plague...

*Saw Rothbaum & Rizzo demo at ISTSS (*asked myself "why not prevent?"*)

Translation from Live to VRE*

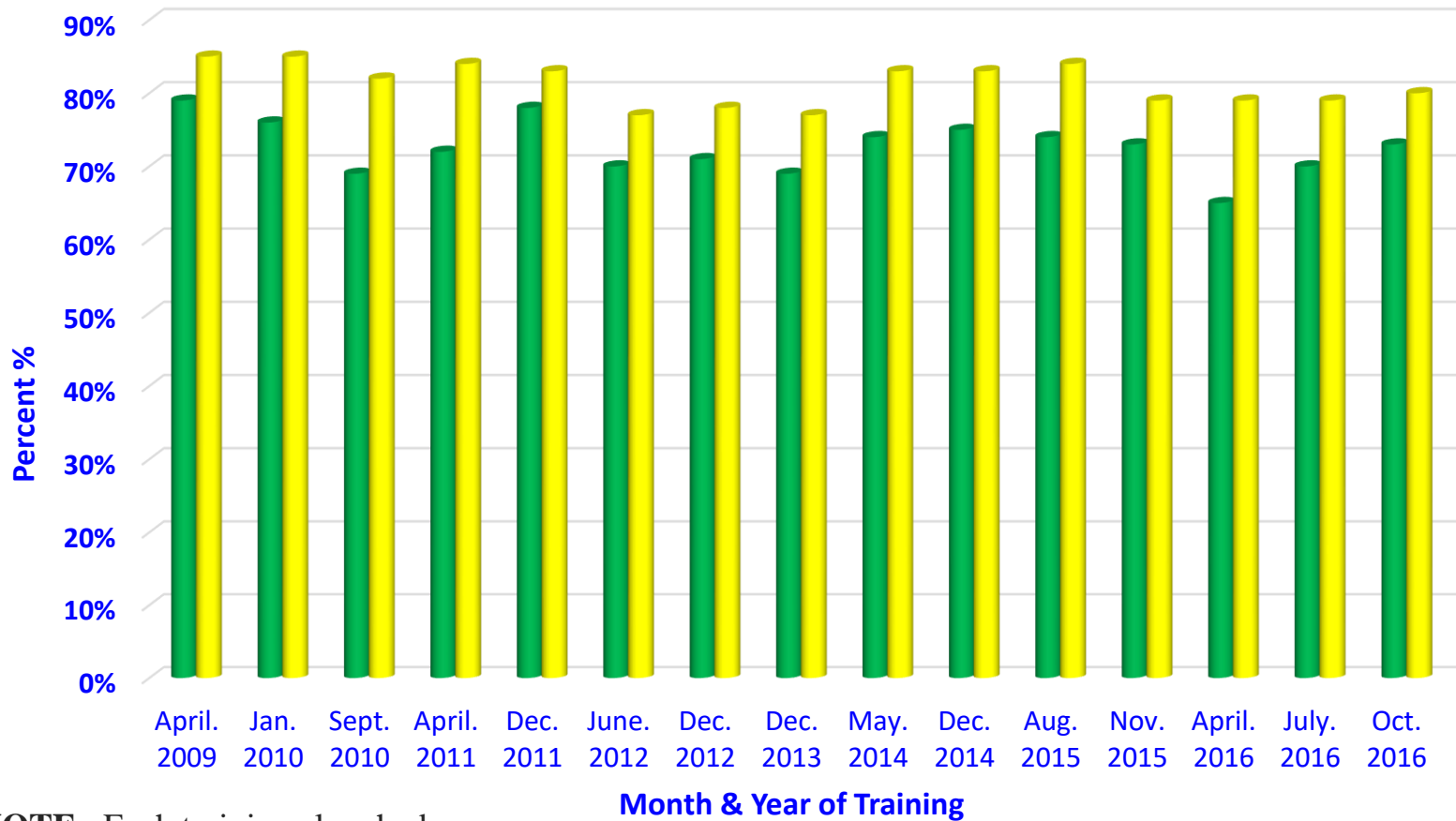


* Virtual Reality Environment

VRE Training as a Group (for DSRT)



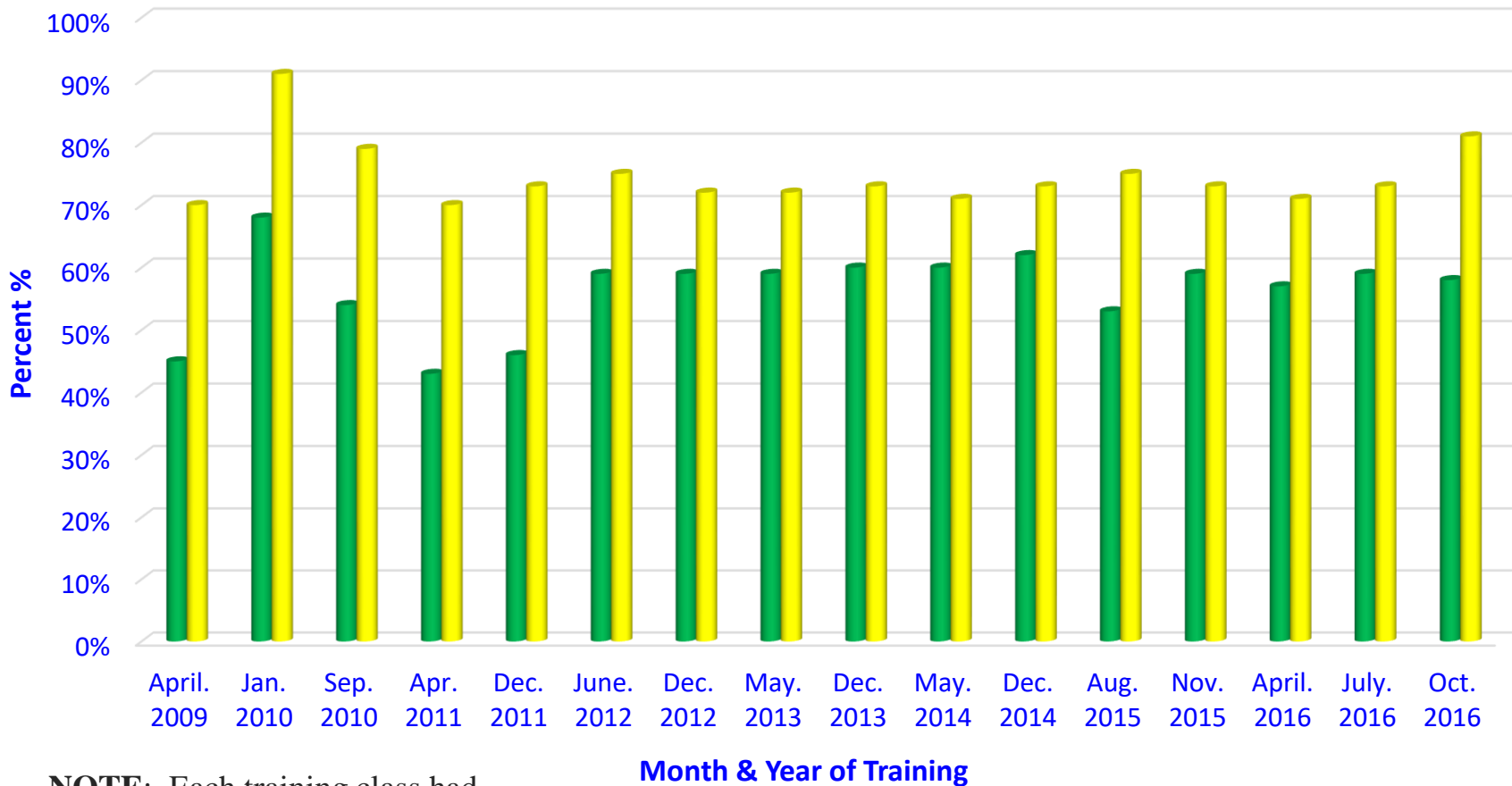
DSRT Participant Results on **Resilience** Assessment Instrument



NOTE: Each training class had between 23 and 25 students.

■ PRE-Training ■ POST-Training

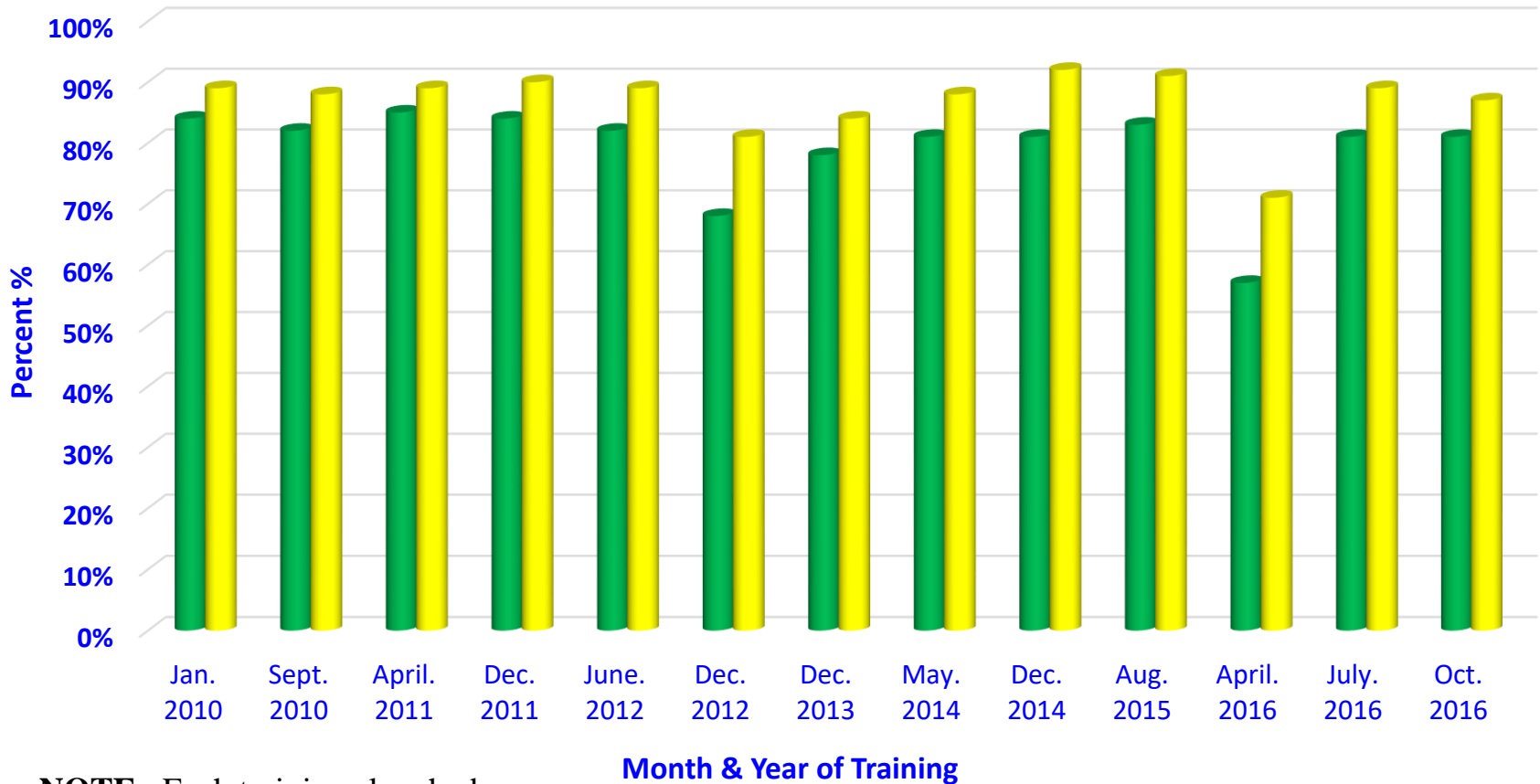
DSRT Participant Results on Safety Assessment Instrument



NOTE: Each training class had between 23 and 25 students.

■ Pre-Training ■ Post-Training

DSRT Participant Results on Self-Efficacy Assessment Instrument



NOTE: Each training class had between 23 and 25 students.

■ **PRE-Training** ■ **POST-Training**

Current Outreach

OHC's RAMP psychosocial professionals reach out to:

- EOC-deployed staff when they return from the **field**
 - Offer voluntary, confidential non-clinical Individual conversation
 - Offer voluntary, confidential non-clinical Group conversation
- Staff deployed to work in the **EOC** in Atlanta
 - Offer voluntary, confidential non-clinical Individual conversation

(Laurie Jones leads these initiatives)

Process Measures

Assessment	<ul style="list-style-type: none"> Reviewed 11,995* Well-being assessments (each deployer takes 3) Conducted > 200 follow up calls to pre-deployers w/ atypical scores
Education	<ul style="list-style-type: none"> Taught MH to 1,274 in PFWO, PHRCP & DSRT Covered MH issues in >56 EOC-sponsored Pre-Deploy briefings Three publications in process (plus multiple presentations)
Collaboration	<ul style="list-style-type: none"> Consulting with OPHPR/DEO for 12 years <i>Drafted Fatigue Mitigation/Psychosocial Policy</i> w/NIOSH & CGH Contributed to RDF-3, APHT-4, EAP's Stress Management Series
Outreach	<ul style="list-style-type: none"> Reached out to 4,582 returned field & EOC deployers Held confidential visits w/1,088 returned field & EOC deployers Led post-deploy Group debriefings w/466 returned deployers

* numbers on this page are related to CDC's Ebola and Zika responses from 11/19/14 through 2/7/17

Impact of RAMP's Initiatives/Services

- Obtain relevant feedback from deployers to improve processes
- Bring OHC's medical providers data Re: deployment risks
- Serve as employee advocate if assess interview raises concerns
- Reduce chance of deploying person at risk of negative outcome
- Provide multiple touch points to returned deployers
- Interview and refer returned responders to EAP as needed
- Express organizational appreciation for deployer contributions

Impact of RAMP's Initiatives/Services

- Share info to increase confidence/competence & decrease stress/anxiety
- Celebrate and emphasize meaningfulness of contributions
- Apply evidence-informed processes to strengthen resilience
- Supply potential access to peer support in field (DSRT)
- Function as objective, third-party data collectors
- Help CDC workers process experience/move toward closure
- Advance knowledge base Re: reducing negative impact of intense deployment

Summary

For over a decade CDC has been expanding range of processes and services to safeguard health, safety and resilience of emergency responders.

Currently our approach includes:

- Pre-deployment assessment & resilience training**
- Peri-deployment potential access to peer support**
- Post-deployment access (for field and EOC-deployed staff) to:**
 - Voluntary, confidential individual conversation**
 - Voluntary, confidential group conversation**
- Developing Fatigue Mitigation/Psychosocial Policy**

rpk5@cdc.gov

Summary/Take Away Points

- **Workforce is subject to diverse physical & emotional stressors (including vicarious traumatization and compassion fatigue) and fatigue**
- **Organizations have responsibility to protect workforce from unnecessary stressors and fatigue**
- **Pre-deployment training can increase knowledge and a participant's sense of self-efficacy**
- **Psychological First Aid is a tool we can use to help ourselves/others as needed in stressful situations**
- **A written Fatigue Mitigation & Psychosocial policy can reinforce important NIOSH recommendations**