Course Learning Outcomes for Unit III

Upon completion of this unit, students should be able to:

   1.1 Describe the personal protective equipment and training required for response to natural and man-made emergencies and disasters.
   1.2 Identify the symptoms of stress and treatment for emergency managers and first responders.

Reading Assignment

Chapter 4: Responder Health and Safety
Chapter 6: Stress Management and Responders

Click [here](#) to access an article regarding Mental Health Workers that pertains to the content in this unit.

Click [here](#) to access an article regarding Critical Incident Stress Management that pertains to the content in this unit.

Click [here](#) to access an article regarding Emergency and Crisis Management that pertains to the content in this unit.

Click [here](#) to access an article regarding Critical Incident Stress Debriefing that pertains to the content in this unit.

Unit Lesson

In the last decade, natural and man-made disasters have increased in frequency and magnitude. The population in the United States that is affected by these disasters has also increased. After a disaster occurs, the public, businesses, healthcare providers, and emergency responders frequently suffer from critical incident stress of various levels. Although pre-warnings and emergency alerts provide notification of a pending disaster, the magnitude and after-effects are seldom known until the event is over. Some disasters are predictable and allow the population to evacuate or go to a shelter. Other disasters do not allow the population to evacuate and they become victims of the disaster. Likewise, first responders on the scene experience the effects of the disaster as they rescue disaster victims from the debris and provide assistance.

The extent of the response time for the population affected and first responders generates strong psychological stress that frequently causes post-traumatic stress. The effects of stress can linger for weeks, months, and years if not properly treated. When the emergency manager and planning team develop or conduct an annual review of the emergency preparedness plan for a community, the plan should include a critical incident stress management program that will help to maintain community resiliency (Guenthner, 2012).

The level of stress that a community and first responders experience from a disaster is determined by the “cause, intensity, duration of exposure, availability of medical and psychosocial support” (Benedek, Fullerton, & Ursano, 2007, p.-57). Depending upon the person and the level of exposure, three categories of stress can be experienced and require treatment. In the first category, the majority of people experience minimal stress...
and may exhibit behavior characteristics such as “sleep disturbance, fear, worry, anger, or sadness or increased use of tobacco or alcohol” (Benedek et al., 2007, p. 57). These characteristics may diminish with time or require the intervention of a community support group or education about stress. In the second category, a smaller group of people experience “persistent insomnia or anxiety or changes in travel patterns or workplace behavior” that affect work or home functionality (Benedek et al., 2007, p. 57). In the third category, a smaller group of people experience prolonged depression or chronic posttraumatic stress disorder (PTSD) and require psychosocial treatment. It is noted that children and the elderly also experience varying levels of chronic mental and physical stress, especially if the elderly live where their social support system is limited. Research further indicates that disasters caused from a terrorist event are more likely to cause stress in the population affected (Benedek et al., 2007).

As the community planning team assesses the vulnerabilities of the community, a critical incident stress management program is necessary to prevent and treat acute stress and post-traumatic stress. The program should also be available and adapt to the various cultures and populations to strengthen the resiliency of the entire community. After a disaster, employees of businesses are more apt to quickly return to work and first responders are able to successfully overcome the psychological trauma from rescuing disaster victims if emotional support is available. Guenther (2012) states various types of prevention and intervention programs are necessary when planning a program for a community. He further notes that “critical incident stress debriefing (CISD) does not prevent development of post-traumatic stress disorder” in first responders or disaster victims (p. 303). It is therefore imperative that various cognitive behavior preventions and interventions are identified in the community preparedness plan or annex.

In recent years, disasters have expanded to include natural disasters, terrorist attacks, and infectious diseases that require the expansion of the first responder role. The traditional role of first responders includes police, fire, search and rescue, and emergency and paramedical teams. After the 9/11 attack, public health organizations also became a crucial stakeholder in emergency preparedness planning. Likewise, nurses, physicians, laboratory personnel, and hospital staff became first responders. Non-government organizations with a multitude of volunteers from numerous states also respond to large disasters. For example, first responders from across the United States and Canada responded to Hurricane Katrina. Some search and rescue responders brought their trained dogs to locate bodies in the debris along the Mississippi coastline. In addition, first responders may experience post-traumatic stress with the increase of disasters, length of exposure to the disaster, extended number of work hours, and the number of victims that require physical and psychological assistance. The Boston Marathon terrorist event of April 15, 2013 is an example of an unpredictable disaster that affected a multitude of first responders, victims, and a population that extended far beyond the immediate area of the incident. Through the availability of multi-media, the tragedy of a disaster can be visualized by many people and cause stress.

As a mitigation effort, the community planning team can develop an educational program about stress for first responders and for the community. Another planning strategy is to develop psychological teams called Critical Incident Needs Assessment Team (CINAT) that are trained and positioned in locations after a disaster to assist and evaluate first responders and volunteers. These teams consist of professionals from the community such as a “psychiatrist, psychologist, social worker, clergy, and administrative assistant” that coordinate their efforts with leadership from police, fire, and other on-the-scene response organizations (Benedek et al., 2007, p. 63).

A community planning team that develops and coordinates an educational program and CINATs to minimize stress within the community will strengthen the resiliency within the first responder organizations and the population. After a disaster, the recovery time for a community will also be shortened because the population will join efforts to support each other during the healing process and move forward to rebuild the community.

References
