SECTION 4:

EMERGENCY

SETTINGS

An Emergency is a serious, unexpected, and often dangerous situation requiring immediate action and follow-up in terms of extra-ordinary measures. The Emergency Threshold is normally determined by mortality rates, usually a crude mortality rate of 1 per 10 000 per day, or as an under-five mortality rate of 2 per 10 000 per day.

Work in Emergencies can take many forms. This section is designed to introduce you to the types of roles that are available, and the particular challenges of working in this environment. Therapists can be involved in responding to emergencies, but can also be involved in preparing for disasters **– "disaster risk reduction"** or in longer term disaster recovery work. Responding to emergencies can often sound fast paced and exciting, and while this can be the case, it can just as easily become bureaucratic, slow and frustrating. It can also involve significant hardship, working long hours, sleeping in tents surrounded by mud and flooding, with limited access to drinking water and fresh food. Alternatively it might be quite physically comfortable, staying in a guesthouse and arriving by 4x4. Whatever the circumstances, it will always challenge your emotions and your conscience, and it is important to prepare yourself properly, and to only work with organisations with a strong track record of this kind of work.

This section is intended as a short introduction only. **Key guides are available as follows:**

Responding Internationally to Disasters: A Do's and Don'ts Guide for Rehabilitation Professionals. To find this: Just type the above into a search engine

WCPT (2016) The Role of Physical Therapists in Disaster Management.

The World Federation of Occupational Therapists has information which refers to disaster management. **http://www.wfot.org/Practice/DisasterPreparednessandResponseDPR.aspx**

The World Federation of Occupational Therapists also has information and resources on disaster preparedness and responses specific to occupational therapy on their website under the "resource centre" tab / sub tab "disaster preparedness and response". It also has a page on disaster preparedness and responses **http://www.wfot.org/Practice/DisasterPreparednessandResponseDPR.aspx"**

There is no such thing as a typical emergency. The most common sudden onset disasters that physiotherapists and occupational therapists are called upon to respond to are earthquakes, as they have a high ratio of injuries compared to fatalities. Other sudden onset disasters such as tsunamis and typhoons do sometimes create a high number of injuries, but generally result in high mortality/low injury. Disease outbreaks such as Ebola have also revealed an unanticipated need for rehabilitation support once the outbreak has subsided. Slow onset disasters, such as drought, floods, famine, or mass migration, may also require input from rehabilitation professionals. Conflicts may also result in high numbers of dead and injured, as well as creating huge numbers of refugees and internally displaced people. The most vulnerable, such as the elderly, injured and people with disability, are often the least able to flee.

Some examples of emergency deployments:

Typhoon: An occupational therapist from Handicap International coordinated the establishment of a disability and vulnerability focal point following 2013 Typhoon Haiyan in the Philippines. This involved providing immediate and long term rehabilitation to those affected, ensuring the inclusion of people with disability in the emergency response, and re building the capacity of decimated local facilities.

Earthquake: Physiotherapists and Occupational Therapists from organisations including Handicap International and CBM provided rehabilitation and equipment in hospitals and camps following the 2010 earthquake in Haiti. They also provided long term training and capacity building for local staff. Organisations like MSF and the Red Cross also sent physiotherapists to work as part of their surgical field hospitals.

Conflict: A physiotherapist working for a medical INGO increased the capacity of a surgical hospital during the 2011 conflict in Libya, while PT and OT working for IMC carried out needs assessments, capacity building and provided trauma and disability trainings for local staff.

Migration: A physiotherapist worked with Handicap International with refugees in Northern Iraq to identify and support those fleeing conflict who had increased vulnerability.

Vulnerability during Emergencies:

We should always consider the protection of the most vulnerable in both the planning for and response to emergencies and it is the responsibility of all individuals and agencies to ensure their emergency response is inclusive. People with disability can be particularly vulnerable during emergencies, and ensuring their inclusion spans both emergency and development work. They are vulnerable for many reasons, at the core of which are the links between: disability, a lack of social inclusion and poverty. People with disability may not be able to access warnings, evacuate or access relief services and may lose essential equipment or support. People with long term conditions and the elderly can also be very vulnerable during an emergency. Limited access to medication exacerbates illness, while conditions like diabetes leave individuals at a higher risk of wound infection. Many programmes by organisations including Handicap International, Help Age and CBM are aimed at developing inclusive Disaster Risk Reduction plans for nations and communities, but all therapists working in this sector should be aware of the importance of not neglecting vulnerable groups.

Pathway from injury to recovery and types of rehabilitation services

In emergencies resulting in high volumes of trauma, frontline surgical and medical hospital services tend to focus on life saving care. If available, complex trauma cases may be referred to tertiary or specialised hospitals, but in the first days and weeks of an emergency (or longer in a conflict) health facilities are likely to be overflowing. This can result in early or uncoordinated discharges of patients with ongoing rehabilitation needs, to camps, back to the community or sometimes to unknown destinations. Existing rehabilitation resources can become stretched and unable to manage a surge in cases, particularly in countries where the rehabilitation of major trauma injuries such as Spinal Cord Injury (SCI) and amputation are managed by a small number of specialist professionals. For mobile populations and refugees, follow up can be even more complicated. Early rehabilitation, patient education and the rapid provision of mobility devices is therefore critical, but so is increased coordination between medical and rehabilitation actors, as well as those involved in camp management and protection.

Role of short term rehabilitation professionals in crisis orthopaedics and neurology

The main injuries in an emergency are complex fractures, Peripheral Nerve Injuries (PNI) and wounds. Other injuries such as Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI) need long term management which is often not available within the health service is in a crisis. People with lifelong conditions may be moved from facility to facility. Identifying them and coordinating their care is essential. Cohorting, particularly for SCI patients, is recommended.

Pain management

Pain is a significant problem for most of the vulnerable and injured people in an emergency context, and surprisingly is often neglected. Rehabilitation professionals can support pain management, but can also work as part of a team to optimise pharmacological management, for example for neuropathic pain conditions.

Humanitarian Workers can face additional risks and stresses in an emergency situation:

• Exposure to the environment that precipitated or sustains a crisis or event, such as a natural disaster or conflict

• Working long hours under adverse or extreme conditions, often in close contact with the affected population

• Damaged or absent infrastructure, including availability of food, water, lodging, transportation, and health services

• Reduced levels of security and protection particularly where affected populations become desperate.

• Stress, ethical, and moral challenges related to the event and the resource capacities of the situation. Arrange to have a colleague or friend support you, as it is well documented that stress and deteriorating health status can be a problem for humanitarian workers. A recent study of Red Cross workers showed that:

- >40% found the experience more stressful than expected.

- 35% report that their personal health status deteriorated during the mission.

Large scale international responses to disasters, though sometimes successful, have also been beset by problems. Medical responders (including international rehabilitation responders) have lacked the appropriate skills or equipment, do not coordinate properly, and leave too soon. All these factors not only reduce their impact, they also at times undermine an effective local response. The WHO has now introduced a classification system for all health responders to disasters, called the Emergency Medical Team (EMT) Initiative. Any rehabilitation responders wanting to respond to disasters must be part of teams registered with WHO or an organisation with an established presence in that country already. International teams must meet standards relating to equipment, length of stay, licensure and training. More information on the EMT initiative is available here: **https://extranet.who.int/emt/page/home**

International organisations that work in emergencies and recruit rehabilitation professionals include (but are not limited to) CBM, Handicap International, ICRC, International Medical Corps, Johanniter International, MDM, MSF, and Motivation. In the UK, Occupational Therapists and Physical Therapists who are interested in emergency response are encouraged to join the UK Emergency Medical Team **(www.uk-med.org).** The UKEMT is a consortium consisting of DFID, UK-Med, Handicap International and the UK Fire and Rescue Service. Through the UKEMT, rehabilitation professionals can access free humanitarian training, as well as clinical training on rehabilitation in austere environments run by Handicap International. They are then selected to join rotational on call clinical teams. The UKEMT now also includes the world's first dedicated disaster response rehabilitation team, increasing opportunities for rehabilitation professionals to deploy to disasters.

Important considerations:

1. Don't be a disaster tourist! If not in the affected area at the time of the disaster only travel with an invitation and only work for an existing national organisation or an international organisation with a track record of responding to disasters.
2. Be realistic about the technical role - read the project documentation and talk to teams in the HQ and field; work with what you have and plan for next steps
3. Respect security and communication strategies; follow the rules, even if you feel they are not relevant, as they are there for your safety. Be sure not to put other people at risk because of your actions.
4. Take care of physical and emotional health of self and others; if you are not well/sick – then say to your team and follow medical advice; if you or others feel stressed or depressed/ dreams etc, talk to others in your team to find a way to debrief
5. Travel with the right equipment, stay for more than just a few weeks, and have a defined role that supports not undermines the national response.
6. Be prepared to work long hours under extreme stress and at times in a challenging living environment.
7. Be prepared to respond and adapt to difficult situations; aim to focus on the work in hand as PT/OT, but often you have to deal with complex situations which means a change of plan
8. Be aware of the agencies and networks; these agencies form the foundation of the humanitarian responses in a crisis with funding and activities and can help you to build up referral networks to support patients/clients.
9. Rehabilitation in emergencies needs to be promoted – 3 key messages to promote the work
   - Be aware of pathway from injury to recovery and types of rehabilitation processes
   - Identify role of rehabilitation professionals in crisis, orthopaedics and neurology
   - Recognise the role of rehabilitation in pain management

Key Messages:

- **Don’t be a disaster tourist**
- **Be realistic about the technical role**
- **Respect security and communication strategies**
- **Take care of physical and emotional health of self and others**
- **Be prepared to respond and adapt to difficult situations**