

A SOCIAL WORKERS ROLE IN AN EMERGENCY

Part I: Emergency Preparedness

Social Workers are important members of all emergency responses. The mental health aspects of an emergency event, especially a terrorist one, cannot be underestimated. Social Workers must be aware of the emergency response plans that they will be involved with so they know their roles and how best to utilize their skills.

The United States was ill-prepared for the terrorist attack which occurred on 9-11. The tragic events of 9-11 illustrated the lack of preparedness for emergencies that existed in the United States at that time. Some of the apparent shortcomings were:

- Lack of coordination of responders
- Inadequate communication
- No definitive leadership hierarchy
- Ignorance of available resources
- No consistent accountability for responders and resources

As a result of this, the federal government deemed it imperative that a universal methodology of responding to emergencies be developed, be they large or small, man-made or natural. Since emergency preparedness and response requires coordination with public health officials, clinicians, mental health professionals, an emergency management team, first responders, and law enforcement officials, a standardized emergency response system is necessary. To implement a system that would be effective and efficient, the following Directives and Orders were authorized by the President and New Jersey Governors:

- On February 28, 2003, President Bush issued the Homeland Security Presidential Directive-5 (HSPD-5). This directive authorized the Secretary of Homeland Security to develop and administer a National Incident Management System, or NIMS as it is usually referred to. NIMS provides a consistent nationwide template to enable all government, private-sector and nongovernmental organizations to work together during incidents occurring in America. This system is designed to improve coordination and cooperation by responders during an emergency.
- On August 5, 2005, then Acting New Jersey Governor Richard Codey signed Executive Order #50 which mandates that NIMS shall be the state standard to respond to incidents in New Jersey. This was a federal requirement in order to get federal money to assist in any emergencies New Jersey may have.
- On March 16, 2006, New Jersey Governor Corzine signed Executive Order #5, which established a cabinet-level New Jersey Director of Homeland Security and Preparedness (HSP). Richard L. Canas was chosen for this position to coordinate emergency response efforts across all levels. Prior to this, there wasn't a clear understanding of who had what responsibilities between the state police and the New Jersey Office of Counterterrorism. Besides overseeing New Jersey's statewide emergency plan, based on the NIMS model, Mr. Canas will be the state's liaison to federal and outside state resources.

NIMS provides a national structure for preparing for, preventing, responding to, and recovering from domestic incidents. This is equivalent to a facility's policies & procedures. Many people think policies and procedures are a pain in the neck, but imagine what a facility would be like if everyone did their job the way they wanted to do it without any standards or structure. It would be chaos. People just have to think of the aftermath of Hurricane Katrina in New Orleans, where structure fell apart, to see the need for this type of system. The beauty of NIMS is that it can be used for small as well as large incidents.

NIMS consists of 6 components:

- Command and Management specifies the chain of command during an emergency and who is responsible for what, using an Incident Command System (ICS) with an incident commander in overall charge. This is a hierarchal chain that must be followed so there is no duplication of efforts which wastes time, energy and resources.
- Preparedness utilizes Emergency Operations Planning. This involves assessing the risk of an emergency occurring, determining how to handle the risk and training responders to handle the situation resulting from the risk.
- Resource management dictates how personnel, facilities, and major equipment and supply items will be assigned by the Incident Command System for use during the incident. This allows the incident commander to know where everything is during the emergency and where resources can be obtained if the need arises.
- Communications and information management tells how communications to responders and the public will be handled using standardized words, equipment and a public information officer (PIO). Part of the tragedy of 9-11 resulted when the different police and fire units couldn't communicate with each other because their radios weren't compatible and were on different frequencies. Also, each discipline has its own "lingo" which is unknown outside of its field. This can be very confusing to others who do not understand them if they are used during an emergency. NIMS eliminates this possible communication breakdown by requiring that plain language be used by everyone.
- Supporting technologies use computers and other technology to assist in handling the incident. They must be universally compatible across the country. Again, any equipment that is used must be able to be used by everyone without special adaptations.
- Ongoing management and maintenance involves meeting changing needs as they may occur during an incident as well as demobilizing the resources after the incident. This requires constant re-evaluation to make sure the situation is being handled in the most effective and efficient way. Also, it is important to demobilize the resources as quickly as possible so they will be available in the event of another incident, keep costs down and relieve responders as quickly as possible to minimize their stress.

As part of NIMS, Emergency Operations Planning is crucial to handling incidents in a timely and effective manner. These plans are made prior to emergencies and responders practice the plans to familiarize themselves with them as well as to determine any flaws in the plans. Emergency operations plans may differ due to regional differences and the complexity of the incident, but they all contain 4 basic components:

- **Preparedness** – this involves evaluating the risks that could occur and the probability of them occurring. For example, certain areas of New Jersey are at risk of flooding and have a high probability of it happening. People living in those areas should be prepared for them to occur. Some disasters could happen, but the probability of them occurring is low. For example, New Jersey could have an earthquake, but the probability is low compared to California. Preparedness involves identifying what the risks are, the probability of them occurring and prioritizing the risk response based on the probability of them occurring, so people can prepare to prevent or be ready to respond to them.
- **Response** – This involves how the risks that have been identified are going to be dealt with when they occur. Some of the questions that need to be resolved are: What needs to be known? How can this information be obtained? What impact will the emergency have on people, property, and business? For example, if a family had to evacuate their home due to a fire, do they know where the shut-off valves for the gas or electricity are? If they live in a multiple dwelling building, who's responsible for doing this? What resources will they need? Do they have a fire extinguisher in their home in case of a fire? Does everyone know how to use it? Has it been inspected or recharged annually? Do they have an escape route out of the home? Do they have a meeting place for everyone to go? Do they have a back-up plan in case that meeting place is inaccessible? Do they have a contact person out of the immediate area to call if family members are not all at the home and they can't get back there? Will they be able to get to work or school if they have to be relocated? As is evidenced by these questions, there are multiple things that need consideration and planning to be able to respond adequately to reduce the effects of an emergency.
- **Mitigation** – This means to reduce the effects or prevent a reoccurrence of a disaster. This is the true heart of emergency operations planning. No one will ever be able to plan for every single emergency that can occur. However, by good planning, and knowing what resources are available and which people to contact for a specific type of emergency, for example, the impact of the event can be lessened. Emergency planning identifies what internal and external resources are needed to handle the situation. An evaluation of what is available and what needs to be obtained to mitigate the situation can be made. Lessons learned can also be used to mitigate future emergencies. This is why fire drills are held, for example. It can show what is being done wrong and allows corrections to be made to improve the response. Mitigating the results of the emergency can help the recovery process.

- **Recovery** – This means - what would be needed to restore unmet needs and how can this be done. On a federal level, FEMA (Federal Emergency Management Agency) steps in to assist when a state governor declares a state of emergency and requests assistance. Other agencies may also provide assistance, such as the Red Cross. If something happened to a family's home, for example, they might rely on friends and family as well as their insurance company if property damage occurs. A Social Worker's assessment skills will ascertain what unmet needs people may have as the result of an incident. These may be concrete things such as food & clothing or reassurance and information to meet their psychosocial needs. By having good preparation and knowing the local resources, recovery will be easier to attain.

Once a disaster happens, the Emergency Disaster Plan that was developed is implemented using an Incident Command System. This is a coordinated response with the common goals of stabilizing the incident and protecting life, property and the environment as much as possible. One person is designated as the Incident Commander. This person has overall responsibility and accountability for managing the incident. The incident Command System has 4 basic functions and, depending on the size of the emergency, each function may have a leader who reports directly to the Incident Commander.

- **Planning** – Again, this is the process of determining what specifically needs to be done in this emergency to reach recovery. Since this process occurs after the emergency occurs, all of the previous planning and strategies that were developed during the emergency operations planning to resolve potential situations will be utilized. Hopefully, this risk or a similar one has been previously identified, so the plan can be adapted to fit the specifics of this situation and implemented quickly.
- **Operations** – This function directs all of the resources needed to carry out the plan. They are the actual front-line workers. For example, the actual manpower used, the location they go to, the equipment they use, and the tasks they perform.
- **Logistics** – This function provides the resources and all other services that are needed for the operations function to be carried out. They would have to know where the materials and manpower can be found and arrange for them to be available to the operations team. For example, where would medications be located for the operations team to dispense them in the case of a bioterrorism attack? Where is a roster of trained people to dispense the medications?
- **Finance/Administration** – This function monitors costs related to managing the incident. After the incident, payment for the cost of handling it will be reimbursed through various national, state and local funding agencies. Good accounting and record-keeping is important to make sure reimbursement is received.

The laws that come into effect during an emergency, and some ethical situations these laws may put Social Workers in, may directly impact their care provision. Social Workers stress self-determination, non-discrimination and privacy. But, in an emergency, the ideals they hold so dear may be discarded. The Homeland Security Presidential Directive – 5 which established NIMS as the national standard for emergency response, Executive Order #50 by then Acting Governor Cody which mandated that NIMS would be the state standard for emergency response and Governor Corzine's Executive Order #5 which establishes a New Jersey Director of Homeland Security & Preparedness have already been addressed. These laws dictate how responders will be used and how emergency responses will be handled. Social Workers must be cognizant of two other laws that are more relevant to their professional practice.

One such law is the New Jersey Emergency Health Powers Act, which was approved on September 14, 2005. This act lists the powers the Commissioner of the Department of Health & Senior Services (the Department) can use during an emergency. The authority given to the Commissioner is very broad and very powerful. Following are some of the main parts of the law which could directly affect Social Workers:

- The Commissioner will determine which illnesses must be reported to the Department. Anyone who is aware of someone with one of these illnesses must report it.
- The Commissioner will also track the course of the illness and identify any people thought to have been exposed to an illness or health condition that might be a potential cause of a public health emergency.
- The Commissioner will set up a registry of health care workers who voluntarily agree to provide services during an emergency. Training and identification will be provided to these volunteers by the Commissioner.
- The Commissioner can require health care facilities, such as hospitals, to provide services during an emergency as well as transferring the management and supervision of the facility during the emergency for as long as he/she feels it's necessary.
- The Commissioner can ration medical supplies, immunizing agents, antibiotics, or other pharmaceuticals if a shortage is threatened. He/she may give preference to responders.
- The Commissioner can require the vaccination of people to prevent the spread of an infectious disease.
- The Commissioner can enforce quarantine or isolation of people who refuse to undergo treatment for reasons of health, religion or conscience.
- The Commissioner can require a licensed in-state health care provider to assist in the emergency.
- The Commissioner can allow licensed out-of state health care providers to respond in New Jersey to the emergency.
- The Commissioner can grant immunity from liability to health care responders who act in good faith (as long as they are registered).
- The Commissioner can give reasonable reimbursement for any services required of any health care provider.

HIPPA, the Health Insurance Portability & Accountability Act, also affects Social Workers. This law mandates that information between Social Workers and their clients/patients is privileged and confidential. However, during an emergency, sections of HIPPA override a person's right to privacy. There are permitted disclosures contained in the law. Personal Health Information, or PHI as it's referred to, may be disclosed when a person may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition. PHI may also be disclosed for public health activities, such as reporting declination of treatment to a public health authority. Also, it mustn't be forgotten that acts of terrorism are crimes, and information may have to be provided to law enforcement agencies dealing with the incident.

These laws may cause Social Workers some ethical concerns. Ethics is defined as a set of principles of right conduct. They are a system of moral values which, by group consensus, determine the goodness or badness of human action and character. It deals with moral duty and obligation. Ethics are not derived from any scientific principles and they may change over time, so there is no clear-cut rule of thumb as to ethical behaviors. However, Social Workers must adhere to their Ethical Code to remain licensed or certified. There are 4 basic principles of ethics that must be followed:

- **Autonomy:** Social Workers must respect and allow people the opportunity for self-determination. They should not prevent voluntary action or choice.
- **Beneficence:** Social Workers should act to enhance the welfare of others and avoid acts that harm, which is called nonmaleficence.
- **Paternalism:** This conflicts with autonomy, but is necessary if someone is a threat to themselves or others. Social Workers would use paternalism with someone who is demented, for example, to keep them safe or if someone is incapacitated due to an injury or illness.
- **Justice:** This concept promotes equitable treatment for everyone. It promotes fairness and prohibits discrimination.

The object of Social Workers' ethical treatment of people is to put another's interests above their own. Some ethical issues that can be problematic during an emergency based on these 4 principles and the laws in effect during an emergency are:

- **Autonomy** –The state will determine who must receive treatment. It will insist on what treatment will be accepted and if the treatment is refused, the state will quarantine a person. This takes away the right of individuals to decide for themselves what is best; they no longer have the right of self-determination.
- **Beneficence** – By forcing someone to do something they may not want to do, such as take medication, Social Workers are not enhancing a person's welfare; they are creating additional stress and mental anguish.
- **Justice** – Not everyone will be treated equally. Due to limited resources, medical supplies may be dispensed to people on a priority basis and some will not get any.
- **Privacy/confidentiality** – Social Workers are mandated to supply information to the Health Commissioner, public health authorities, as well as law enforcement personnel when requested to do so, breaching the confidentiality of individuals.

- Moral duty to job responsibilities vs. family responsibilities – Social Workers may be required to stay on the job when family obligations are imperative. Social Workers may have an important role in the emergency plans but family situations may demand their attention. This dichotomy may impede their care provision.

There are no right or wrong responses to these dilemmas. Nor is there any single solution that would be appropriate for every situation Social Workers may encounter during an emergency. However, Social Workers need to be aware of these potential situations and determine how they will deal with them prior to an incident occurring.

Social Workers must be prepared for emergencies as part of an interdisciplinary response team. They must understand the structure of responding to an incident with the National Incident Management System (NIMS) and following an Incident Command System (ICS). They must be a part of Emergency Operations Planning and know their role in the emergency response, stressing the mental health needs of disaster victims and responders. Finally, Social Workers must be aware of their ethical, legal and moral obligations to a disaster response. Only by being prepared can Social Workers use their many skills effectively and efficiently as an important member of an interdisciplinary response team.

Summary of the Key Points:

- All emergency responses are based on NIMS.
- The Incident Commander is in charge of the emergency response.
- Laws have been enacted to deal with legal issues in an emergency.
- Ethical dilemmas may arise during emergencies.
- Social Workers must be prepared for emergencies to work effectively as a member of an interdisciplinary response team.

Part II: Bioterrorism Preparedness

Bioterrorism is defined as the intentional release of a virus, bacteria, or toxin upon a population for the purpose of causing illness or death. The goal of terrorism is to create “terror” - intense, overpowering fear to cause psychological, social, and economic disruption, not simply to hurt or kill those near the attack. An attack in New Jersey would accomplish that goal. Because of the disruption that can be caused nationally and internationally by its central location, New Jersey is a prime target for a bioterrorism attack.

Biological agents are a method of choice for terrorists because:

- Small amounts of the organisms can cause devastating effects and can be done without initial detection.
- The delayed onset of symptoms allows terrorists time to get away before detection and allows the spread of the agent.
- Most of the civilian population is currently unprotected, so the publicity from a biological outbreak will result not only in the spread of the disease, but in a disruption of the health care system and social upheaval, impacting all aspects of everyday life.

The Center for Disease Control, or the CDC, has identified certain agents that they feel can potentially be used as biological weapons. They are classified alphabetically, going from the most likely ones to be used to the less likely ones. The Category A Critical Agents are thought to be the ones most likely used based on previous use, ease of spreading the agents, the ability to cause significant mortality or illness, and how infectious they are. The biological agents of highest concern are:

- Smallpox
- Anthrax
- Plague
- Tularemia
- Botulism
- Viral Hemorrhagic Fevers

Except for Smallpox, these agents occur naturally. However, to be used widely as a weapon, they would be made into an inhalant form by the terrorists and dispersed via aerosol spray. The types of illnesses these agents can cause are:

- “Flu-like” illness (fever, sweats, nausea)
- Cough and/or pneumonia
- Headache, confusion
- Skin ulcers (anthrax, tularemia, plague)
- Rashes (smallpox, viral hemorrhagic fevers)
- Paralysis (botulism)

It’s not necessary to remember each and every thing about the specific agent. If an attack occurs, information about the agent will be widely disseminated by the media. What Social Workers should be aware of is that most of these critical agents produce initial nonspecific or “flu-like” symptoms. Since these symptoms mimic common illnesses, bioterrorism may be overlooked as a cause at first.

The good news is, if a terrorist attack can be said to have good news, is that most of these critical agents are not transmitted person-to-person. Smallpox and plague can be transmitted person-to-person by respiratory secretions through coughing or sneezing or through fluid from open sores. Some viral hemorrhagic fevers can be transmitted person-to-person through body fluids such as blood, saliva, urine, feces, etc. All the rest of the agents will only be spread when the agent is inhaled during its original release into the air by the terrorists. It will be self-limiting.

The illnesses caused by these agents can be treated in several ways:

- Antibiotics are used with anthrax, plague, and tularemia because they are caused by bacteria.
- Antitoxin is used with botulism. Even though botulism is caused by a bacteria, it is an anerobic one, which means that it lives where no oxygen is available, and antibiotics are not effective. An antitoxin has been developed to counter the effects of the toxin released by the botulism organism. This is similar to taking an antacid for heartburn which is caused by too much acid in the digestive tract – it neutralizes the acid (i.e. toxin).
- Vaccines for immunizing against smallpox, anthrax, and some viral hemorrhagic fevers are available. These vaccines are developed from the organism itself. It is

put into a weakened state and given to a person so that person can develop antibodies to fight off or prevent the illness.

Prophylaxis (the prevention of or protective treatment for a disease) of exposed persons with antibiotics, antitoxin, or immunization might prevent development of the disease. It is not recommended that the general population take antibiotics as a preventative measure unless they have been exposed. Overuse of antibiotics can cause a person to become allergic to it or for the pathogen to mutate and make the antibiotic ineffective. However, the United States has a National Pharmaceutical Stockpile of antibiotics and medical supplies located around the country and available to each state in response to a request from the state's governor or designee. If the need arises to provide prophylactic antibiotics to large groups of people, everyone will have the appropriate treatment in a timely manner. This should help to calm panic over the availability of medications.

As workers in the field, Social Workers may be concerned about their own safety as well as those of their clients/patients. Personal Protective Equipment (PPE) is usually sufficient for interviewing and information-gathering purposes with potentially exposed individuals. Also, extensive decontamination after exposure to a biological critical agent is usually not necessary. Intact skin is the best barrier to Category A agents. Soap and water is adequate in most instances, but Social Workers should follow all facility-specific decontamination guidelines they encounter. According to the CDC, if the agent is known and a person is not an emergency worker or environmental sampler who is entering a suspected or confirmed site of release or dissemination of an agent, the following infection control precautions apply:

- Standard precautions – all cases
- Airborne & contact precautions - smallpox, viral hemorrhagic fevers
- Droplet precautions – pneumonic plague

Even though Social Workers may not have hands-on interactions with patients, they may be involved in interviews and assessments with patients, so they have to be aware of how to protect themselves.

Infection Control - Standard Precautions (All)

- Wear disposable, non-sterile gloves.
- Wash hands before and after glove removal.
- Wear disposable gown/apron, face-shield if splashing is anticipated.
- Change protective gear between cases.

Infection Control – Contact Precautions (Small Pox, Viral Hemorrhagic Fevers)

- Standard precautions plus:
- Besides the gloves, always wear a gown; change the protective garments after any contact with infectious material, even if you are not leaving the room.
- Dedicate non-critical patient care items to a single patient or disinfect between patients. If anything is brought into the room for a patient's use, such as a book or writing materials, it should not be removed from the room. Otherwise the infection may inadvertently be spread.

Infection Control – Airborne Precautions (Small Pox, Viral Hemorrhagic Fevers)

- Standard precautions plus:
- Patient should be in a negative air pressure room.

- Wear respiratory protection (HEPA filter mask), ensuring a proper fit.

Infection Control – Droplet Precautions (Plague)

- Standard precautions plus:
- Wear regular face mask when you are within 6 feet of a patient in case the patient coughs.

To control the spread of illness, besides using the infection control measures listed previously, it may be necessary to isolate or quarantine people who have been exposed. The CDC defines quarantine and isolation as:

- Isolation is the separation of a **contagious** person or group from other people to prevent the spread of infection.
- Quarantine is the restriction of activities or limitations of freedom of movement of people who are **presumed** to have been exposed to a contagious disease, but have no symptoms of the disease, to prevent contact with those who have not been exposed.

Isolation and quarantine pose problems for care providers. Isolation is easier to do and is more readily accepted by others because these people are already sick or are known to be contagious. Quarantine, on the other hand, is harder to do and more negatively received because these people are presumed exposed to the disease and may not actually be contagious. Quarantine doesn't necessarily mean putting people away somewhere or locking them in their homes. Population-wide quarantines may also be implemented. These quarantines include such things as suspension of large public gatherings, closure of public places, and the restriction of travel like the restrictions used during the SARS epidemic in China and Canada a few years ago. Social Workers should be aware that isolation and/or quarantine can dramatically increase the stress that people are under during a bioterrorism event and they may very well have to deal with the results of that stress.

Summary of the Key Points:

- Most biological agents produce initial non-specific or “flu-like” illness.
- Standard precautions should be used with all clients/patients following a bioterrorism incident.
- Quarantine or isolation is never used unless the disease can be spread person-to-person.

Part III: Psychosocial Management

Social Workers need to understand their role in any type of emergency response. Besides medical care, people will need other types of assistance during the emergency. The type of assistance they require will be based on their needs. To adequately assess the situation, Social Workers should be aware that people will be affected by the emergency differently. The severity of their response will depend on various things:

- **Proximity to the event:** If people are injured/get sick or they lost a loved one, they will be more affected than those that didn't.
- **People who are intensely exposed,** such as first responders, will also be more affected by the event.

- **People who are displaced from their homes or are unable to get to work** will have lost a sense of normalcy and be more strongly affected.
- **Loss of property:** People who have lost homes have not only lost their shelter, but have lost personal items that have tremendous emotional value to them (i.e. family pictures, heirlooms, etc.)
- **Some age groups** will be more affected than others, such as the elderly and the young. Children are not little adults. They need to have things explained to them on their developmental level. The elderly are more resistant to change, may not want to leave their home, usually have some medical issues to deal with (need prescriptions, supplies, etc.) and/or may be cognitively impaired and not able to understand the situation.
- **Special needs populations** are another group that will be affected strongly by an emergency. For example, they may need assistance with ADLs and/or they may be incompetent to fully understand the situation and cooperate with instructions.
- **Culture** may also influence how people respond. Some cultures are very community oriented and will have a good support system in times of crisis. Other cultures may be very emotional and demonstrative and create a sense of panic in people by their behaviors.
- **Having a history of previous trauma, mental illness, substance abuse and chronic illness** will also impact on the response people will have to the emergency. These people have had stressors affecting them and their coping skills may not be as effective as those of other people. They may need more psychosocial support to help them deal with the situation.

During an emergency, a Social Worker will have certain goals to attain. The goals for immediate assistance to clients can be summarized in 3 early intervention goals:

- Safety
- Function
- Action

The first goal is to provide for people's safety. Protect them from further physical harm by removing them from the traumatic scene. Also, basic needs such as food, shelter, clothing, sanitation, sleep and medical care should be provided. Information about what is happening, even if it is not good news, will help to alleviate fear of the unknown and reduce needless stress. Once safety issues are handled, the next goal can be dealt with.

The second goal is to return the people to as normal a function as possible. By linking them to critical resources, reuniting families and keeping them together, and reducing reminders of the incident by not constantly watching TV, listening to the news, etc., some of the stress will be relieved. Educating them about the body's responses to stressful or traumatic events can also help alleviate stress. For example, let them know that forgetting words or not sleeping well for a while is perfectly normal. Getting back into as normal a routine as possible will help people recover from the effects of the emergency.

The third goal is to help people get back to productive activity. Either get them back to their normal routine, or if that is not possible, redirect them to some constructive activities or helping tasks. For example, perhaps an elderly person could read to children in a shelter if they are housed there temporarily or a developmentally delayed individual

could be allowed to perform ability-appropriate chores. These activities will provide positive action and make them feel more in control of the situation.

Throughout all interactions with persons affected by a public health emergency, nothing is as important as the way Social Workers communicate. Some simple guidelines that should be followed are:

- Be aware of non-verbal communication. The tone of voice or body language will either help to reassure a client or increase his/her anxiety much more than what is actually being said. Speak slowly in a calm manner without raising the voice level.
- Tell the truth as it is known, when it is known. Fear of the unknown will only increase stress. Also, trust is built when people feel someone is being honest with them. Once trust is established, it is easier to achieve the early intervention goals.
- Explain what is being done to deal with the situation.
- Avoid withholding bad or disturbing information. If people find out what is being withheld, a Social Worker will have lost their trust. This will increase stress and possibly negative behaviors.
- Be forthright about what is not known. Admit what is not known, but reassure them that they will be told as soon it is known. Also, let them know that the information they want to know about will be sought.
- Provide practical guidance. This relates to helping meet the intervention goals. Don't generalize. For example: Tell them where they can get help for their needs. Inform them of what to expect as far as common reactions to stress and trauma. Help them to fill out necessary forms.
- Make messages simple and straightforward. People under stress tend to be easily distracted and their attention may wander. They can't focus. They may also have difficulty processing complex explanations. Written information to supplement what is being said is always helpful.

Helping and assisting others during and after a public health emergency are what Social Workers do. One thing Social Workers and all care providers have to keep in mind is that in order for them to help others, they first have to take care of themselves. The initial thing they must do is decide if they want to assist and can do so without having their own personal concerns interfere. Once a decision is made that they will provide assistance, they must remember that a healthy lifestyle is important. They have to make sure they get enough rest and food and that **their** basic needs are met during this time. They need to self-regulate themselves. They shouldn't try to overdo things. They need to take breaks and hand off the work to their peers. They need to practice stress management techniques such as deep breathing exercises, walks in the woods, listening to music, or yoga. Another way to increase their comfort level about a public health emergency is through additional education about emergency preparedness. The training they receive and the practice they do will help them develop positive coping skills for the emergency. This will help them to deal with the situation better and therefore help others more. In short, self-care involves:

- Healthy lifestyle
- Self-regulation

- Stress management
- Education
- Emergency Preparedness Practice
- Positive coping skills (resilience)

Summary of the Key Points:

- Reactions to a disaster will differ from person-to-person based on their life experiences.
- Care providers need to practice self-care during an emergency response.
- Effective communication is vital.
- Everyone needs to train for emergency preparedness to be most effective.