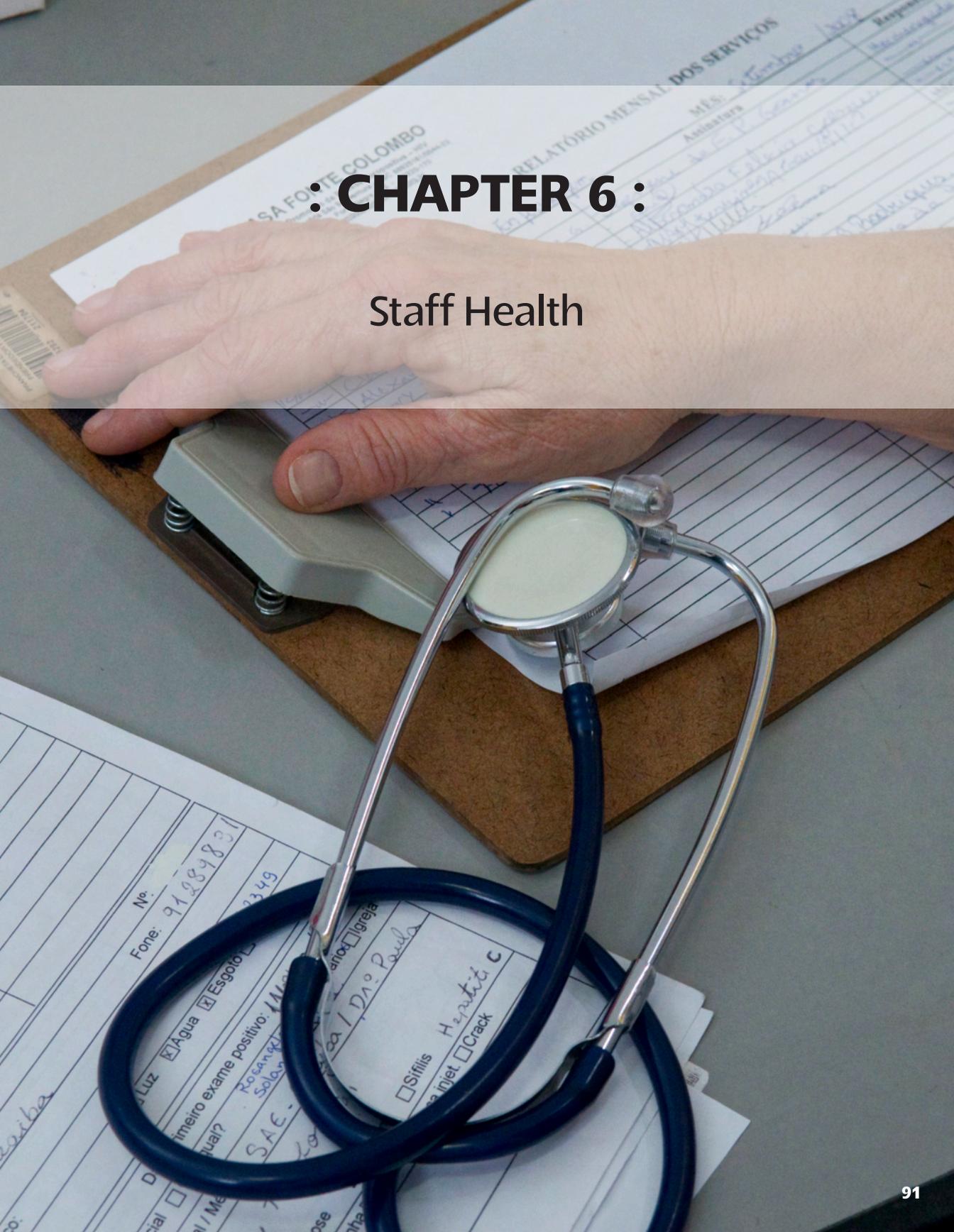


: CHAPTER 6 :

Staff Health



: NOTES :

Staff Health

“It is better to prevent than cure.”



The purpose of this chapter is to provide basic information on preventative measures to promote staff wellness in the field. CRS’s efforts to keep staff and their families healthy are dependent upon each individual taking responsibility for their own health as well as that of their family.¹ This chapter identifies what to do before, during and after field work; reviews some of the most common health problems in the field; and gives simple and practical advice on recognizing, ways to avoid these common health problems. Due to the nature of the operating environment in field and emergency situations, stress is often high, so it is also important to learn how to manage stress with the emphasis placed on how to avoid cumulative stress in employees and their families. In the CRS family, individual staff members, management and the organization share the responsibility for maintaining and contributing to a healthy field office.

In country, all employees should be fully briefed about:

- Current health risks and their management.
- Health services available locally.
- Vaccination availability.
- Methods of stress management.
- Procedures for emergency medical evacuation.

In country, all employees should contact the CR or designated staff in charge for support on any of the following issues:

- You experience unhealthy stress.
- You are facing a difficult situation.
- You think a colleague needs help.
- You want to talk to someone outside CRS in a confidential manner.
- You are in need of advice.

CRS provides health coverage and special benefits for staff working in the field so they have access to quality health care when needed. Field managers support a healthy working environment in various ways. In areas where mosquitoes carry disease, managers need to ensure that the offices are sprayed regularly as mosquitoes bite throughout the day. Staff needs regular positive feedback as well as informal check-ins in case a staff member is developing signs of illness or unhealthy stress. Scheduled days off and recognition for the work staff is doing contribute to a healthy field office.

Providing staff with a comprehensive briefing also contributes to staff health and performance on the job, because they know what to expect and can prepare to cope in the field environment. For example, if malaria and road accidents are the major causes of death in the field, staff needs to know this so they can make better choices when traveling and working in malaria risk areas.² Staff members who engage in risky behavior can easily suffer catastrophic consequences not only for him/her, but for others as well. Risky sexual behavior, increased alcohol consumption, working long hours and not observing customs and traditions in the host country could all increase staff’s vulnerability to risk factors.

¹ Stay Safe: The International Federation’s guide to a safer mission, 2007

² Stay Safe: The International Federation’s guide to a safer mission, 2007



Checklist

Before Going To The Field

- ✓ Complete medical and dental check ups.
- ✓ Immunize against diseases prevalent in the country of assignment.
 - The hepatitis B vaccine is especially recommended for health professionals coming into contact with blood products.
- ✓ Pack for a variety of circumstances: decide what you need to bring in advance in case you need time to order or purchase items.
 - Long sleeved shirt and long pants, to wear whenever possible to minimize illnesses carried by insects.
 - Insect repellent containing DEET (diethylmethyltoluamide), in 30-35% strength for adults and 6-10% for children.
 - Even if you are staying in air conditioned or well screened housing, you should purchase a bed net impregnated with the insecticide permethrin. Bed nets can be purchased at camping or military supply stores.
 - Over the counter anti-diarrhea medicine.
 - Iodine and portable water filters to purify water, if bottled water is not available.
 - Sun block, sunglasses, hat.
 - Prescription medications: make sure you have enough to last during your trip as well a copy of your prescriptions. You may need to refrigerate some medicine to maintain quality.
- ✓ Complete medical profile form to be filed at the field office in case of emergency (See Appendices for example).



POLICY: CRS recognizes that our work often places great demands on staff in conditions of complexity and risk. We take all reasonable steps to ensure the security and well-being of staff and their families. (POL-HRD-INT-0005)



LINKS/ONLINE RESOURCES

To purchase supplies online, visit Johns Hopkins passport health website:

http://www.passporthealthusa.com/travel_medical_services/.

If in Baltimore, HR will refer you to the Johns Hopkins International clinic for immunizations. Located in the Johns Hopkins Outpatient Center JHOC 8th floor; telephone 410 955-8931 or travelmedicine@jhmi.edu.

The Centers for Disease Control or <http://www.cdc.gov/travel/default.aspx>.

The website includes health information on different destinations, vaccinations, mosquito and tick protection, safe food and water illness, injury abroad and avian influenza.

World Health Organization or <http://www.who.int/ith/en/index.html>.

The International Travel and Health report provides information on the most common health risks for travelers.

During The Field Work Assignment

The individual staff member is responsible for:

- Submitting a medical profile form, and the medical forms of any dependents, as per country program form with information on blood type.
- Advising of any relevant medical problems and prescribed medication for self and dependents. See Chapter 11 Useful Forms and Graphics, Medical Profile Form.

Field Office Management is responsible for briefing to

- Provide new staff members with a list of emergency phone numbers and services, referral to local health clinics hospitals including dental services and ambulance services.
- Discuss common health problems in the country and preventative measures to be taken.
- Explain medical evacuation plan and procedures.
- Discuss stress and tips for managing stress.

After The Field Work Assignment

- If you have visited an area where there is risk for malaria, continue taking your malaria medication for 4 weeks after you leave the area.
- If you become ill even as long as a year after your return-tell your doctors where you have traveled.



HEALTH RISKS: What are the health risks one may face?³

- cumulative stress.
- malaria.
- food and water borne diseases.
- insect and vector borne disease.
- exacerbation of chronic diseases.
- accidents.
- injuries.

HEALTH HAZARDS: What are common health hazards?

- stomach upsets and food poisoning.
- intestinal parasites.
- malaria and dengue infection.
- stress.
- sexually transmitted diseases including HIV.
- substance abuse.

Basic Health Precautions While Working In The Field

Staying Well

- Wash hands often with soap and water
- Drive defensively and avoid travel at night
- If you visit an area where there is risk for malaria, take your malaria prevention medicine before, during and after travel, as directed.

³ Note- most of the information on specific risks and disease and suggested response is taken from Stay Safe: The International Federation's guide to a safer mission, 2007

- STDs and HIV/AIDS are highly infectious diseases. It is each individual's responsibility to learn and understand the risks and take proper precautions.
- Protect yourself from insects by remaining in well-screened areas using insect repellent, using permethrin-impregnated mosquito nets and wearing long sleeved shirts and long pants from dusk through dawn.
- Keep feet clean and dry; do not go barefoot thus avoiding fungal and parasitic infections.

Food - Do's

- Eat only thoroughly cooked food and fruits and vegetables you have peeled yourself.
- Drink only bottled or boiled water or carbonated (bubbly) drinks in cans or bottles. If this is not possible, make water safer by both filtering through an "absolute 1-micron or less" filter (found in camping and outdoor supply stores) and adding iodine tablets to the filtered water.

Food - Don'ts

- Eat or drink dairy unpasteurized products.
- Eat undercooked ground beef or poultry. Raw shellfish is dangerous for individual's who have liver disease.
- Drink tap water fountain drinks or use ice made from same.
- Don't eat food purchased from street vendors.
- In tropical climates, avoid cold buffets, ham, salami as well as mayonnaise and dressings made with eggs.
- Avoid ordering salads in restaurants.
- Stay away from ice cream and avoid unreliable sources of food products.

When eating out while traveling, chose a busy restaurant and fully cooked and popular local dishes with a high turn-over rate!

Water

- Make sure the water has been boiled, filtered or disinfected before you drink it.
- Bring extra safe water when you travel to the field.
- Increase your intake of water in hot climates and further whenever you have diarrhea or fever. Use oral rehydration tablets to rehydrate.

Hygiene

- Take a daily shower in warm climates to minimize fungal or other infections. Follow by thorough drying.
- Water used for oral or dental hygiene should be purified or boiled beforehand; if in doubt, use bottled water.

Clothing

- Remember always to take into consideration the local culture and clothing especially in Muslim countries.
- In tropical climates, wear long sleeved clothes that are light colored and apply mosquito repellent to exposed areas to reduce the risk of disease transmitted by mosquitoes.
- In cold climates, make sure you wear warm clothing so that your extremities (feet, hands, nose and ears) are well covered and protected.
- Strong sunlight and heat can cause severe sunstroke. You will adjust more easily if you expose yourself gradually. Wear a suitable hat, clothing and sunglasses and use sunscreen with a high protection factor.

Swimming

In regions where bilharzias (also know as schistosomiasis) is endemic, it is advisable not to bathe in fresh water and to avoid prolonged contact with stagnant or slow moving water (including rivers, lakes, marshy pools, etc.) The parasites that cause the disease enter the body through the skin.

With regard to communicable diseases in general, the only safe bathing places are chlorinated swimming pools.

While bathing in the sea involves no risk of disease, it can be very dangerous for other reasons (i.e. the presence of jelly fish and sharks, etc.) Be especially alert of rip currents. Before going swimming anywhere find out whether conditions are safe. Never swim alone.

Sexually Transmitted Diseases

Your risk of exposure to HIV is not a question of where you work (as there is no part of the world that has not been affected by HIV/AIDS) but what you do. Sexual abstinence, remaining faithful to a partner you are sure of, and taking proactive measures to counter the risk factors for transmission are the only ways to avoid HIV and minimize exposure to other STDs. Remember good judgment tends to diminish under the influence of alcohol. Consult with medical professionals and access CRS' HIV In The Workplace materials for more information.

Animals And Insects

Animals in general tend to avoid human beings; but they may attack, particularly if they are with their young. In many developing countries, dogs are the main vectors or carriers of infectious agents. In areas of endemic rabies, domestic dogs and cats should not be petted, and contact with wild animals should be avoided. Snakes will usually try to escape rather than attack, however, there is a high probability of being bitten if you step on one. Please refer to the section below on snake bites.

Snake Bites

Most snakes are nocturnal and can be avoided by not walking at night in dark, swampy and bushy areas. Keeping your garden clear of thick vegetation, tall grass and dark rocky hideaways will help discourage snakes from taking up residence at your home or office. Be careful of scorpions, spiders and insects. Do not walk around barefoot. It is highly recommended that you wear high boots especially when walking across grass fields and forests. Use a flash light in the dark so that you know where you are stepping. Remember to always check shoes before putting them on.



First Aid Treatment For Snake Bites

- ✓ If possible, take a picture of the snake or memorize its appearance for identification purposes.
- ✓ Be reassured that most snake bites are painful but generally harmless. Assist a bite victim into a comfortable position, keeping the bitten area lower than the heart.
- ✓ Keep calm and observe the person closely, noting the time when symptoms, if any, appear.
- ✓ Bandage the affected area to immobilize it if possible. However, using a tourniquet, cutting the wound or sucking out the poison IS NOT recommended.
- ✓ Give the person sips of cool water and note any difficulty with swallowing.
- ✓ Notify a local medical professional **immediately**. They will decide whether the

person is to be evacuated or whether a doctor will fly in with antivenom and treat the person on the spot.

Diseases Carried By Mosquitoes

- Malaria is a serious and sometimes fatal disease which is widespread in many tropical and subtropical countries. It develops AFTER someone is bitten by an infected mosquito that carries malaria parasites in its saliva.
- Malaria occurs in over 100 countries and more than 40 percent of people in the world are at risk. Large areas of Central and South America, Hispaniola (Haiti and the Dominican Republic), Africa, the Middle East, the Indian Subcontinent, Southeast Asia and Oceania are considered at high risk for the disease.



Precautions

- Be aware of the level of risk of malaria in the country you are working in or travelling to.
- Avoid being bitten by mosquitoes by taking precautions, including:
 - Using repellents containing the chemical DEET.
 - Using mosquito coils.
 - Using impregnated bed nets.
 - Wearing appropriate clothing that covers exposed areas.

Take medicine (prophylaxis) such as:

- Doxycycline.
- Lariam.
- Malarone.

Early Diagnosis

Malaria can be fatal but if diagnosed early, treatment is usually very effective. Early diagnosis of symptoms, which appear following travel to a malaria-risk region, is vital. Any traveler who becomes ill with a fever or flu like illness while travelling—and **up to one year after returning home**—should immediately seek professional medical advice. You should tell your physician that you have been travelling in a malaria-risk area.

- Dengue Fever is a viral disease caused by the dengue virus and transmitted by mosquitoes. Dengue mosquitoes are more active in the daytime—unlike those carrying the malaria parasites.
- Keep in mind: The same precautions should be applied as when trying to avoid malaria, keeping in mind one important difference: no vaccine or prophylaxis exists for dengue fever. It is therefore vital that you take the protective measures listed in the section above, and if Dengue Fever is suspected, seek immediate medical attention.
- Other infectious diseases transmitted by mosquitoes that are relatively common in some parts of the world include Japanese B encephalitis and chikungunya.

First Aid Kits

All CRS field offices and sub-offices should have first aid kits. The sophistication of its contents will depend on the presence of a medical person on the team or in the area. Simple guidelines should be written and on the job orientation should be given for non-professionals to be able to use a basic kit and to ensure its proper management. (date of drug expirations, equipment sterility, replacements, etc.) The kit should ideally have a stock of basic life saving supplies and equipment, especially those that can prevent death or permanent disability from shock, loss

of blood, dehydration, blocked airway and malaria. Not every country program will require the same items in each medical kit due to differences in the risks found in the operating environment. All reasonable efforts should be made to establish and maintain first aid kits.



A basic first aid kit with no medical or first aid trained personnel

- ✓ Ace bandages
- ✓ Latex gloves
- ✓ Various sizes of gauzes, tape and bandages
- ✓ Scissors
- ✓ Matches and needles
- ✓ Antibiotic ointment (topical)
- ✓ Acetaminophen (Tylenol or ibuprofen)
- ✓ Water purifying tablets (and water container)
- ✓ Oral rehydration salts
- ✓ Normal Saline (sterile)
- ✓ Hydrogen Peroxide

If you have some personnel with first aid training, the following should be added to the first aid kit:

- ✓ Tourniquet
- ✓ Syrup of ipecac
- ✓ Epinephrine and syringe
- ✓ Snake bit kit and razor blades
- ✓ Chloroquine and fansidar

If you have medically trained personnel available, you may want to add:

- ✓ IV fluids and equipment

First Aid Supplies

It is highly recommended that CRS staff contact other medical NGO staff working near by or in country, the U.S. embassy medical officer or local medical personnel for a list of their recommended essential first aid supplies. For example, they may be able to appraise whether sutures or plasma should be on hand to bring to the local hospital in case of an emergency. The hospital may have qualified personnel but no supplies.

Medical Evacuation

CRS international staff receives the medical evacuation coverage upon employment (www.internationalsos.com). The Country Representative should contact SOS to inquire about the procedures for medical evacuation from the country of assignment and to identify neighboring countries with adequate medical facilities for potential evacuations. It is also essential to have contact with medical NGOs in the area and or the U.S. Embassy medical staff to obtain their support in case of an emergency. All of this vital information can be included in the Field Security Plan (See Chapter 5).

National staff traveling on Temporary Duty (TDY) receive SOS coverage for the duration of the TDY. Further details on medical evacuation insurance coverage can be acquired from Human Resources/Benefits at HQ. Consultants and other non-CRS staff visitors are not covered by CRS' SOS coverage, but should not travel overseas without it. Short-term coverage is offered both by SOS and by Medex (See Chapter 4 Staff Preparation).

Death of Staff or Dependent

If a partner or child dies, the first concern of all staff should be support of the surviving partner or parents. When national staff dies: know how to use the local channels to respect the procedures in case of death of national staff. When expatriated staff dies:

- CRS must inform the next of kin as soon as possible and then send a letter of sympathy to the family (Inform the RD immediately and decide how to best handle this, whether the CR, RD, or EVP, Human Resources will contact the family and emergency contact). The CR should contact the spouse (even before the RD), for example, if the spouse is in-country.
- CRS pays the cost of transporting the deceased back to the employee's point of origin; in this regard the respective consular office affiliated with the deceased person must be contacted as well as the local authorities for organizational and legal aspects.
- Consult an airline about flight dates.



Stress

Stress has been likened to the tension on the strings of a violin. You need enough to make good music—too much and the strings will snap, too little and there will be no music.⁴

Stress is defined as the body's response to situations that pose demands, constraints or opportunities; and stressor is defined as the stimulus that evokes a stress response. Severe or chronic stress can result in disease or death. In the United States, approximately 80% of all non-trauma deaths are caused by stress related illnesses. Below are disorders that are thought to be stress related:

- High blood pressure.
- Stroke.
- Heart attack.
- Headaches.
- Diabetes mellitus.
- Peptic ulcer disease.
- Menstrual problems.
- Musculoskeletal pain.
- Increased vulnerability to infection and cancer.
- Memory impairment.
- Depression.
- Anxiety.
- Sexual difficulties.

All CRS staff who work in emergency programs, in conflict situations, or in acute onset natural disasters, experience strong emotions due to the nature of the operating environment. This section provides information to help recognize symptoms of stress, to provide comfort to the affected person and determine when to seek outside assistance.

The International Committee of the Red Cross (ICRC) pamphlet identifies two main types of stress: 1) Protective Stress, which enables a person to cope with the trying conditions of a difficult situation while remaining effective; 2) Severe Stress, which soon leads to exhaustion and impairs performance. It continues with a description of three types of severe stress that can be encountered by humanitarian relief staff in the field:

⁴ Insights into the Concept of Stress by Cyralene P. Bryce; Emergency Preparedness and Disaster Relief Coordination Program, Pan American Health Organization, Regional Office of the World Health Organization Washington, DC 2001

1. **Basic Stress** - In disaster situations there is underlying tension and emotional overload due to the situation itself. Basic stress causes various forms of vexation and frustration. Its severity depends on a person's psychological makeup and how vulnerable he or she is at that moment.

2. **Cumulative Stress** - May be felt gradually or rapidly (when disaster occurs), and is often predictable. Disasters can trigger a special type of cumulative stress characterized by their rapid onset. The inability to rest or relax during the person's rare moments of leisure is another sign to be taken into consideration. If cumulative stress is not recognized it leads to professional exhaustion or burnout.

3. **Traumatic Stress** - Traumatic stress is caused by an unexpected and violent event, which harms or suddenly threatens an individual or someone close to him or her, either physically or psychologically, and calls up images of a death.

More complete definitions of the various types of stress, their symptoms and actions that can be taken to minimize their effects, are covered briefly in this section.

Dealing With High Stress Level

One strategy related to stress management in emergency programs is R&R and vacation. Staff in emergency programs should be especially conscious of the need to set aside sufficient time for relaxation and regular vacations. Where applicable, each country program should develop R&R policy for approval by Regional Director. Special R&R is not designed to accumulate days to add on to regular home leaves, but rather it is specifically designed to bring staff out of high stress situations for brief respites in order to maintain mental and physical well being. As such, field program management staff should be conscious of the need to keep staff and themselves on special R&R schedules.

It is extremely important to be aware of the difference between normal stress and stress levels that border on severe stress and trauma. The latter in particular requires specialized care such as the provision of counseling for those in need. Country Representatives and Regional Directors should identify regionally based contacts for counseling.



Below are best practices from field manuals published by USAID and UNHCR.

PERSONAL HEALTH AND CRITICAL INCIDENT STRESS⁵

Experience has shown that promoting and maintaining good health; especially by coping with the stresses encountered overseas are the keys to a successful performance.

Briefings

- The most important key to personal health and safety is to follow briefings given by OFDA, the State Department, and the DART team Leader, the USAID mission in country, the U.S. Embassy or Consulate in country and affected country contacts. They can provide up-to-date details on diseases, sanitation, food and water safety, personal and property security and other information to keep team members healthy and safe during the assignment.
- Team members should never knowingly put their lives in jeopardy. "Stay alert, keep calm, think clearly, and act decisively" should be their motto. Tasks should be accomplished by putting safety first.

⁵ From the USAID Field Operations Guide (F06) for Disease Assessment and Response, September 2005

Managing Culture Shock

- Team members may experience two different but related types of stress. The first is culture shock, which comes from suddenly being placed in a foreign environment. The second is the emotional and physical impact that often comes from being immersed in a disaster.
- Between arriving in country and reaching the disaster site, team members may experience classic culture shock. The team member is a foreigner and may be frustrated because of an inability to communicate with the local population; anxiety and frustration may erode his or her customary level of self-confidence.
- The team member should expect to be disoriented and confused and realize that this response is natural and often happens to others in similar situations. Patience, realistic expectations of an ability to make a difference, and a sense of humor are good coping strategies in these circumstances.
- The team member should not expect the affected country and the victims to change their ways of doing things to accommodate relief workers.

Critical Incident Stress

- No one who sees a major disaster remains emotionally untouched by it. Typical reactions are feelings of frustration, hopelessness, that simply too much suffering exists, and that one person can have relatively little impact.
- The combined effects of cultural stress and job stress make team members vulnerable to physical and emotional exhaustion. Some people refer to this condition as “burnout”. It can happen to anyone.
- The disaster-related stress caused by these factors is often referred to as critical incident stress (CIS). A critical incident is any incident as unusually stressful to an individual as to cause an immediate or delayed emotional reaction that surpasses available coping mechanisms. Critical incidents take many forms, including all emergencies that cause personnel to experience unusually strong reactions.
- The effects of critical incidents can include profound behavioral changes that may occur immediately or may be delayed for months or years.

How Staff Members May Be Affected By Stress During Disaster Operations

- Following are some ways team members may be affected by stress during disaster operations.
- They may experience physical symptoms associated with stress, such as headache, upset stomach, diarrhea, poor concentration, and feelings of irritability and restlessness.
- They may become overwhelmed by the disaster and prefer not to talk about it, think about it, or even associate with coworkers during time off. They may become tired of continual interaction with victims and may want to isolate themselves during time off.
- They may have feelings of frustration or guilt because they miss their families and are unavailable to their families physically and emotionally due to fatigue, their involvement in the disaster and so forth.
- They may feel frustrated with family and friends when they are able to contact them because the relief worker feels that families and friends simply cannot understand the disaster experience. If family and friends become irritated, it can compound the problem, and temporary isolation and estrangement may occur.

How To Minimize Stress During A Disaster Operation

- As much as possible, make living accommodations personal and comfortable. Mementos from home may help disaster workers to keep in touch psychologically.
- Exercise regularly, consistent with your present physical condition and the limitations of the disaster site and try to relax with some activity away from the disaster scene.

- Get enough sleep and try to eat regular meals, even if not hungry. Avoid foods high in sugar, fat, and sodium. Taking vitamin and mineral supplements may help your body to continue to get the nutrients it needs.
- Avoid excessive use of alcohol and coffee. Caffeine is a stimulant and should be used in moderation because it affects the nervous system, making relief workers nervous and edgy.
- Although one needs time alone on long disaster operations, spend time with coworkers. Both experienced and new relief workers should spend rest time away from the disaster scene. Talking about normal things (home, friends, family, hobbies, etc.) other than the disaster is a healthy change of pace.
- Use humor to help ease the tension. Use it carefully, however, as victims or coworkers can take things personally, resulting in hurt feelings, if they are the brunt of “disaster humor.”
- When on the job, take breaks during the day, to help avoid making mistakes or to increase concentration.
- Staff should try to stay in touch with family back home if they can. Communication helps prevent the sense of being strangers when they return after the disaster.

Basic Stress Management For Difficult Assignments⁶

Notes for Staff Assigned to Emergencies: When starting a challenging work assignment such as refugee emergency, it is important to be aware that stress will be present at all stages of the work. Disasters expose everyone involved to traumatic and distressing sights, sounds and situations. Experienced humanitarian workers offer the following suggestions to ease passage through the assignment experience.

Brief Yourself

- Ask for information on the situation and what is most difficult, dangerous and disturbing about the work and living conditions.
- Determine the amount of self sufficiency necessary so you can obtain equipment and supplies to maintain yourself.
- Find an experienced mentor for the settling in period.
- Obtain a country and location-specific-security briefing.

Use Reliable, Proven Strategies To Cope In Difficult Circumstances

- Compartmentalize; focus on the task at hand.
- Adopt a small tasks, small goals, one day, one hour at a time approach.
- Monitor inner self talk, avoid negative comments to yourself, and use self encouragement.
- Work in pairs with a buddy agreement to keep an eye on each other.
- Adhere to regular shifts and breaks for water, food and rest.
- Know your personal signs of stress and exhaustion.
- Agree to periodic leave away from the work site.

Remember Stress Survival Skills

- Use portable forms of exercise, i.e. calisthenics, jump rope.
- Practice simple relaxation techniques; deep breathing, stretching.
- Pay attention to nutrition; take care with alcohol, caffeine, sugar.
- Get sufficient sleep; stress uses a lot of energy.
- Develop and use time out activities that change your focus (books, music, games).

Recognize Critical Events Such As

- Witnessing the death or serious injury of another human being.

⁶ UNHCR Managing the Stress of Humanitarian Emergencies.

- Involvement with any event described as an atrocity.
- Injury or death of coworker in line of duty.
- Dealing with serious injuries and or deaths of children.
- Exposure to mass casualties.

Such events cause stress reactions which can be less disturbing with the knowledge that they are normal responses to an abnormal event. If your work involves possible exposure to critical events, you may find it helpful to be aware of what you or others might experience in the period following the event. What you may experience:

- A periodic feeling of unreality; events seeming dream like.
- Heightened response to loud noises, reminders of the event scene.
- Discomfort at being alone.
- Discomfort at being in a group.
- Difficulty concentrating on what to do next.
- Difficulty making decisions and difficulty thinking creatively.
- Difficulty relating to those who were not part of the event.
- Difficulty resting and sleeping, fear of nightmares.
- Increase or decrease in appetite.
- Discomfort being in places that seem unsafe to you.
- Feeling vulnerable, afraid of losing control.
- Feeling frightened, sad, angry, irritable and confused.
- Feeling and being exhausted, even after good rest.

Manage Critical Event Stress

If you have been busy performing necessary tasks after the event, you may not react until you have less to do. A delayed reaction is common, but puts you on a different timetable from others. The suggestions below may be of help.

Care for yourself

- Reestablish an exercise routine. Even a twenty minute walk will burn off some of the chemical by products of intense stress, which remain in your body and contribute to fatigue and tension.
- Rest by choosing from your repertoire of soothing distracting activities.
- Communicate about your experience in ways that feel comfortable. Writing an account of what happened and your reactions to it can be helpful.
- Do what you need to do to feel safe. Review security with a qualified colleague.
- Respect your feelings and ways of handling things and those of others. People cope differently.
- Check out how you are doing with a trusted person. Feedback as you begin to feel more like yourself can be helpful.
- Participate in available debriefing and other recovery activities.
- Reconnect with sources of social and spiritual support.

Care for another Exposed to a Critical Event

Use a common sense approach to support the person's coping and the return of control in the immediate aftermath of a traumatic experience.

- Explain your position and role to the person you are supporting.
- Obtain medical attention if needed.
- Provide a sheltered opportunity for: food, bathing, resting and communication with family and friends.

- Provide protection from the additional trauma of intrusive questioning, unwanted exposure to the public, and media attention.
- Ascertain the person's needs for company, companionship, privacy.
- Listen empathetically to what the person wants to tell you about the event.

Reflecting on the Experience and Moving On

Intense assignments are rarely over upon departure from the site. In the aftermath some people experience an elevated mood that lasts for days or weeks. Others find the let down sudden and may go through a grieving process and feel depressed. For some, flashbacks and intrusive images of disturbing events bring anxiety and continued stress, making it hard to let go and move on to new activities. People may dwell on their performance, wishing they had been more effective. They may want to share what happened with those close to them or may find this painful. If after a few weeks discomfort persists, and it is still not possible to return to a normal state, it is important to obtain a referral for assistance.

Many find that once the assignment is over, life gradually becomes normal and with normality comes a sense of new beginning born of having survived a challenging and dangerous experience. These people may be aware of new skills and competence acquired in coping with the disaster situation and feel satisfaction about this.

Most people eventually accept the notion that such powerful experiences have positive as well as negative aspects and the memories of these become part of one's life. They become accustomed to reactions surfacing from time to time in response to subsequent disturbing occurrences or on the anniversary of the disaster event. They accept what happened and their role in it, but focus on the future. They move on.



LINKS/ONLINE RESOURCES

- USAID Field Operations Guide
<http://rmportal.net/tools/disaster-assessment-and-response-tools/>
- The Antares Foundation offers support to the managers of humanitarian organizations working closest to the population. It has a commitment to examine all aspects of the agency's operations with respect to their effect managing and mitigating stress in employees. Policies and principles guide screening and assessing, training and preparation of staff; support and crisis support; debrief and reentry support at end of assignment. It also includes observable outcome indicators with regard to staff well being.
<http://www.antaressfoundation.org>
- Headington Institute or CARD Directory (Counselors Assisting Relief and Development): The CARD directory is an international online directory of professional counselors interested in providing services for humanitarian relief and development workers.
<http://www.headington-institute.org>
- People in Aid is a global network of development and humanitarian assistance agencies that aims to help organizations to enhance the impact that they make through better HR practices as well as management and support of staff and volunteers.
<http://www.peopleinaid.org>
- UNHCR Staff Welfare Unite, "Managing the Stress of Humanitarian Emergencies."
http://www.the-ecentre.net/resources/e_library/doc/managingStress.PDF

STRESS REACTIONS AND STRESS MANAGEMENT FOR CHILDREN & ADOLESCENTS⁷

Boys and girls tend to experience similar levels of stress which generally increase with age. The causative stressors are usually related to home, school and relationships. Children's reactions to such stressors are important since they can affect future development, learning and behavior.

As with adults, prevention of harmful stress responses in children and adolescents is preferred over their management. Children need to be prepared to handle life's challenges. The home and the school are uniquely placed to impart such preparation, which should include an understanding of the possible reactions to various stressors and a mastery of the necessary coping strategies. Usually these reactions can be handled with support from caregivers, friends and teachers, but sometimes professional intervention may be necessary if reactions are extreme or persistent.

The need for such assistance should never be viewed as a sign of failure on the part of the caregivers or teachers but as a necessary step in returning the child to normalcy as quickly as possible. It should be remembered that young children are the ones most likely to act out the tension within a family and family participation in consultation or treatment is always desirable.

- The Headington Institute's Online Learning Center provides free resources on psychological and spiritual support for humanitarian aid and disaster relief personnel worldwide including online training modules in 5 languages and links to research reports and articles. For families and children of humanitarian workers, it also discusses stress and trauma in children, third culture kids, relationship building and free online training. <http://www.headington-institute.org>

⁷ Insights into the Concept of Stress; Emergency Preparedness and Disaster Relief Coordination Program., Pan American Health Organization, Regional Office of the World Health Organization, Washington DC 2001