Disability inclusion and physical rehabilitation across the disaster continuum – international perspective

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UN CRPD Article 11 (on situations of risk and humanitarian emergencies)

...calls upon States Parties to take “all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters”
“Persons with disabilities and their organisations are critical in the assessment of disaster risk and in designing and implementing plans tailored to specific requirements, taking into consideration inter alia, the principles of universal design.”
Objective 1: To remove barriers and improve access to health services and programmes.

Action 1.6: Meet the specific needs of persons with disabilities in all aspects of health emergency risk management, including emergency prevention, preparedness, response, and recovery.

Proposed inputs for Member States: 1) Integrate disability across emergency risk management in global, regional and national multi-sectoral and health policy frameworks and forums. 2) Include actions on emergency risk management in disability policies, services, and programmes.

Proposed inputs for international and national partners: 1) Integrate disability across emergency risk management in global, regional, and national multi-sectoral and health policy frameworks and forums. 2) Include disability in risk assessments and make provision for disability in health services in emergency response and recovery.
Guidance Note on Disability and Emergency Risk Management for Health
Welcome to WHO Emergency Medical Teams Initiative
Who Are EMTs?

The term EMT refers to groups of health professionals providing direct clinical care to populations affected by disasters or outbreaks and emergencies as surge capacity to support the local health system.

They include governmental (both civilian and military) and non-governmental teams and can include both national and international EMTs.
Vision

Preserving Health

Protecting Dignity

Saving Lives

Mission

Reducing the loss of lives and prevention of long-term disabilities in sudden onset disasters and outbreaks through the rapid deployment and coordination of quality assured Emergency Medical Teams.

https://extranet.who.int/fmt/page/home
CLASSIFICATION AND MINIMUM STANDARDS FOR FOREIGN MEDICAL TEAMS IN SUDDEN ONSET DISASTERS
International partners: Professional rehabilitation societies (in official relations with WHO)

RI (Rehabilitation International)
“Sendai Statement to Promote Disability-inclusive Disaster Risk Reduction for Resilient, Inclusive and Equitable Societies in Asia and the Pacific” (2015)
-Task Force on Disability, Armed Conflict, and Natural Disasters
[RI Global Work/Disaster Management; http://www.riglobal.org/projects/disaster-management/]

WCPT (World Confederation of Physical Therapy)
Report “The role of Physical Therapists in Disaster Management” (2016) Policy statement on disaster management
-Disaster Management focus [http://www.wcpt.org/policy/ps-disaster-management]

WFOT (World Federation of Occupational Therapy)
-Disaster Preparedness and Response (DP&R) focus
[http://www.wfot.org/Practice/DisasterPreparednessandResponseDPR.aspx]

ISCoS (International Spinal Cord Society)
-Disaster Committee [http://www.iscos.org.uk/disaster-committee]

ISPRM (International Society of Physical and Rehabilitation Medicine)
Policy statement on disasters, discussion papers; focus group at ISPRM 2016 on disability inclusion
-Disaster Rehabilitation Committee [http://www.isprm.org/collaborate/who-isprm/drc/]
Established health risks for persons with disabilities in disasters

Reduced access to information & services

Disruption of social support networks

High incidence of medical complications
Disability inclusion across the disaster continuum –
international disability & rehabilitation community

**Preparedness & mitigation**
- Pre-identification of persons with disabilities
- Accessible warning systems
- Inclusive evacuation measures
- Accessible, inclusive sheltering

**Response**
- Inclusive vulnerability and need assessment (VNA)
- Accessible health/rehab services - ‘twin-track approach’
- Involvement of local disability-aware NGOs, DPOs, networks, and responders
- Engagement of international community

**Recovery**
- Documentation of lessons learned in the field with wide dissemination
- Systematic analysis of differential impacts using disaggregated data
- Estimation of averted losses due to inclusive (DRR) practices
- Application of ‘build back better’ to inclusive health facilities & programmes
How can physical rehabilitation professionals, including therapists and physiatrists, include persons with disabilities in emergency risk management across the disaster continuum?
Disaster rehabilitation continuum
by time post disaster and stage

0-72 hours
Acute Rehabilitation
(RESPONSE)

Allocate resources
Establish rehabilitation units
Designate/identify specialty sites

- Rehabilitation triage
- Peri-surgical/ICU consultation

Perform initial assessment/needs forecasting
Establish staffing process

Collect data
Establish referral processes
Track patients

3-28 days
Core Rehabilitation
(RESPONSE)

- Decisions on evacuation/transfer
- Acute/core rehabilitation
- Documentation of functional status/impairments

Train local staff/rehab teams

4-12+ weeks
Core Rehabilitation
(RESPONSE)

- Multidisciplinary rehabilitation
- Decisions on discharge/transfer to specialized centers

Specialized rehabilitation for target groups (amputations, SCI)

- Documentation of outcome measures
- Discharge planning/follow-up/long-term rehab

Project long-term resource needs

Long Term Community Integration
(RECOVERY/MITIGATION/PREPAREDNESS)

Build host capacity
Transition to local/host government
Train first responders
Develop response plans
Conduct training exercises

- CER: educational/vocational/social rehabilitation
- Personal preparedness planning

Figure 1. Disaster rehab continuum by time post disaster and stage: key clinical (unshaded) and clinical (shaded) activities. In Koenig & Schultz’s Disaster Medicine. Chapter: 24. Rehabilitation of disaster casualties. Publisher: Cambridge. Editors: Koenig KK and Schwartz CH. 2nd edition, 2016.
Disability inclusion across the disaster rehabilitation continuum - rehabilitation professionals

**Response**

**Clinical**
0-72 hours: rehabilitation triage, peri-surgical/ICU consultation
3-28 days: core rehab (multidisciplinary); outcomes documentation; transfer/discharge planning
4-12+ weeks: specialized/long-term rehab

**Non-clinical**
0-72 hours: immediate needs forecasting, staffing processes
3-28 days: referral processes, patient tracking, data collection
4-12+ weeks: rehab team/local staff training, long-term forecasting

**Recovery/mitigation/preparedness (long-term; 12+ weeks)**

**Clinical:** discharge follow-up, personal/caregiver preparedness planning (ie, medical stores)

**Non-clinical:** first responder training, emergency response plans
Future directions
References


Acknowledgement

Mathieu Simard - Lead, RI Task Force on Disability, Armed Conflict, and Natural Disasters

Martin Grabois – ISPRM RI Liaison

ISPRM Disaster Rehabilitation Committee
ISPRM 2016 Focus Group
Questions?

Thank you