



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

*James Gosney MD MPH*

Coordinator, Preparedness, Response & Recovery Workgroup

Focal Point, WHO Emergency Medical Teams Initiative (ISPRM)

Immediate Past-Chair, Disaster Relief Committee (DRC)

International Society of Physical and Rehabilitation Medicine (ISPRM)

Parallel Session D: 'CRPD'

*RI World Congress 2016: 'Create a more inclusive world'*

Edinburgh, Scotland

Day 3: International developments and partnerships

27 October 2016

## 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”

## UN Sendai Framework for Disaster Risk Reduction (SFDRR) 2015-2030

“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.”

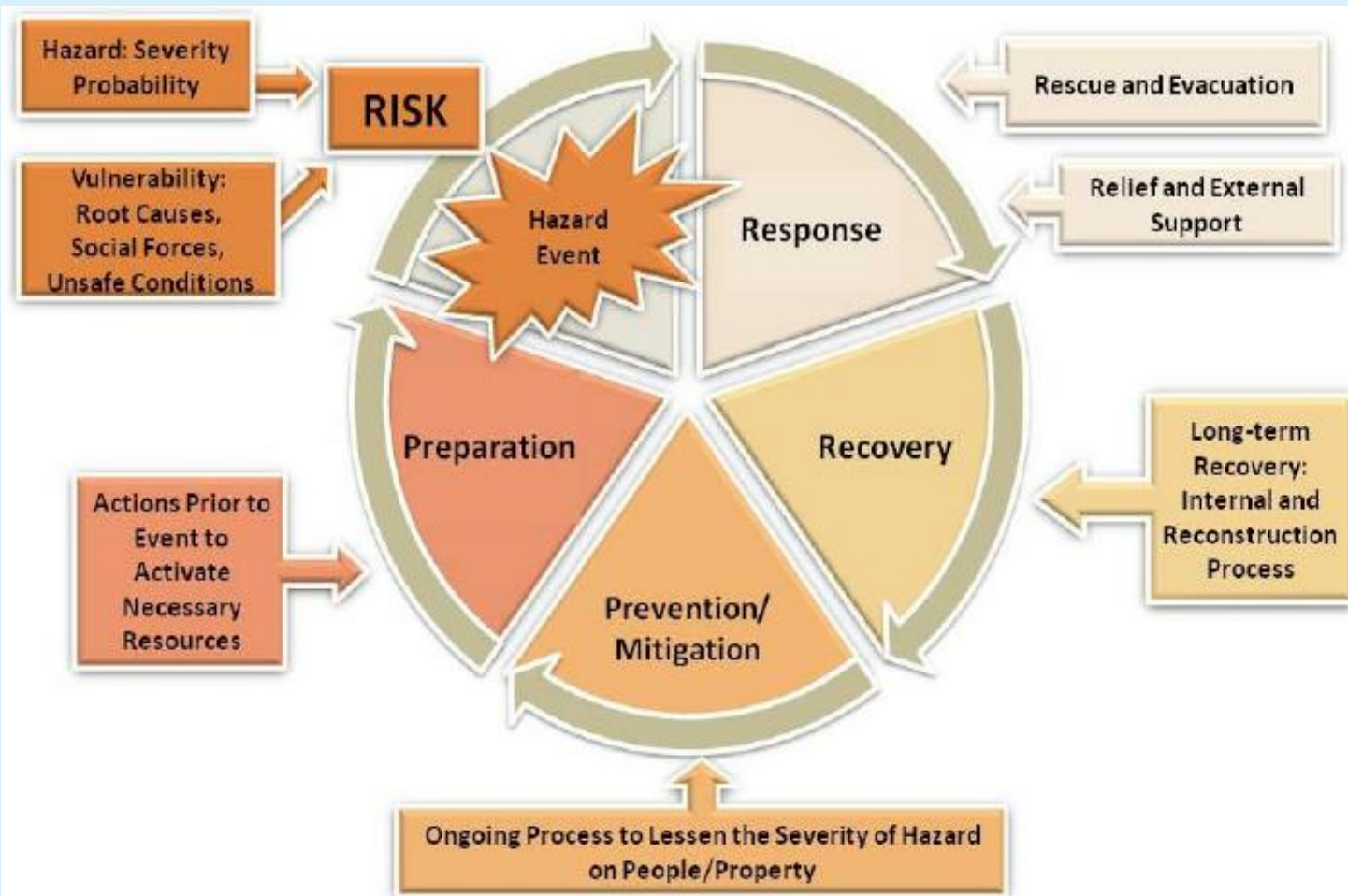
# WHO Global Disability Action Plan (GDAP) 2014-2021

*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.

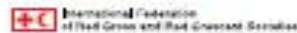
*Proposed inputs for **international and national partners**:* 1) Integrate disability across emergency risk management in global, regional, and national multi-sectoral and health policy frameworks and forums. 2) Include disability in risk assessments and make provision for disability in health services in emergency response and recovery.



**FIGURE 3. DISASTER MANAGEMENT CYCLE.** 'WHEN DISASTER STRIKES... HOW COMMUNITIES COPE AND ADAPT: A SOCIAL CAPITAL PERSPECTIVE'. IN *SOCIAL CAPITAL: THEORY, MEASUREMENT AND OUTCOMES*, CHAPTER: 6. PUBLISHER: NOVA; EDITOR: C DOUGLAS JOHNSON. 2013.



## Guidance Note on Disability and Emergency Risk Management for Health



International Strategy for Disaster Reduction



Welcome to WHO Emergency Medical Teams Initiative



[APPLY FOR EMT ACCOUNT](#)

| [REGISTER TO GET EMT NEWSLETTER](#)

### NEWS

[Our Updated News](#)



### RESOURCES

[Journal and Conference Papers](#)

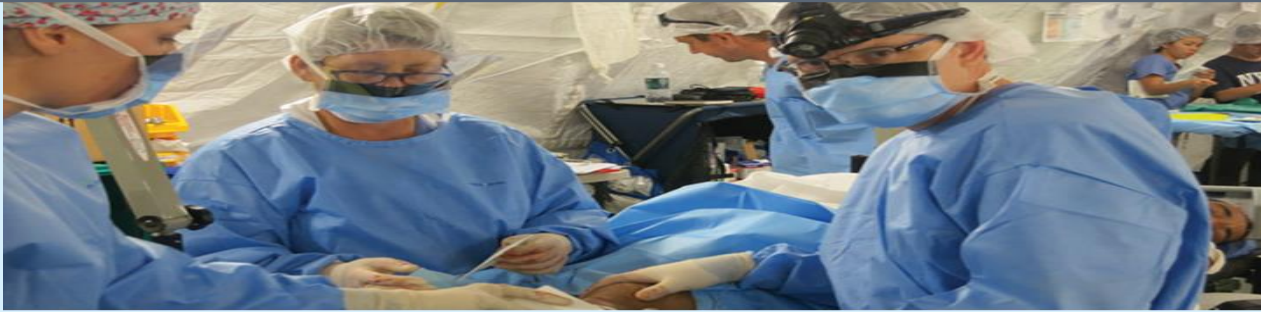


### FAQs

[Who Can Apply for an Account?](#)



# 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

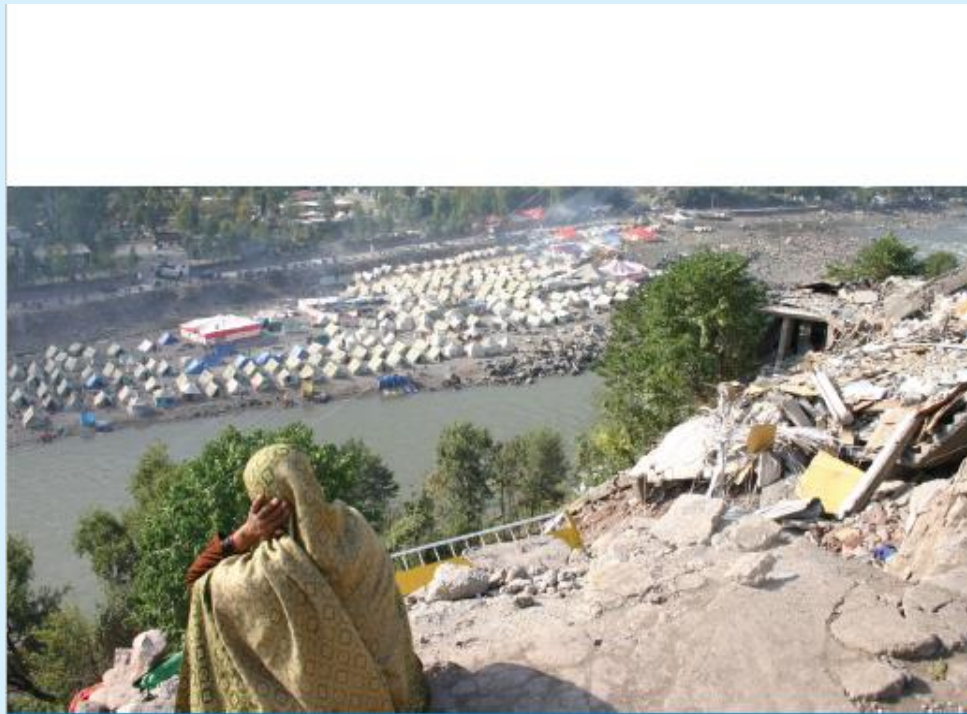
Protecting Dignity

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.



**CLASSIFICATION AND  
MINIMUM STANDARDS  
FOR FOREIGN MEDICAL  
TEAMS IN SUDDEN ONSET  
DISASTERS**

# MINIMUM TECHNICAL STANDARDS AND RECOMMENDATIONS FOR REHABILITATION

Emergency Medical Teams



# 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>]

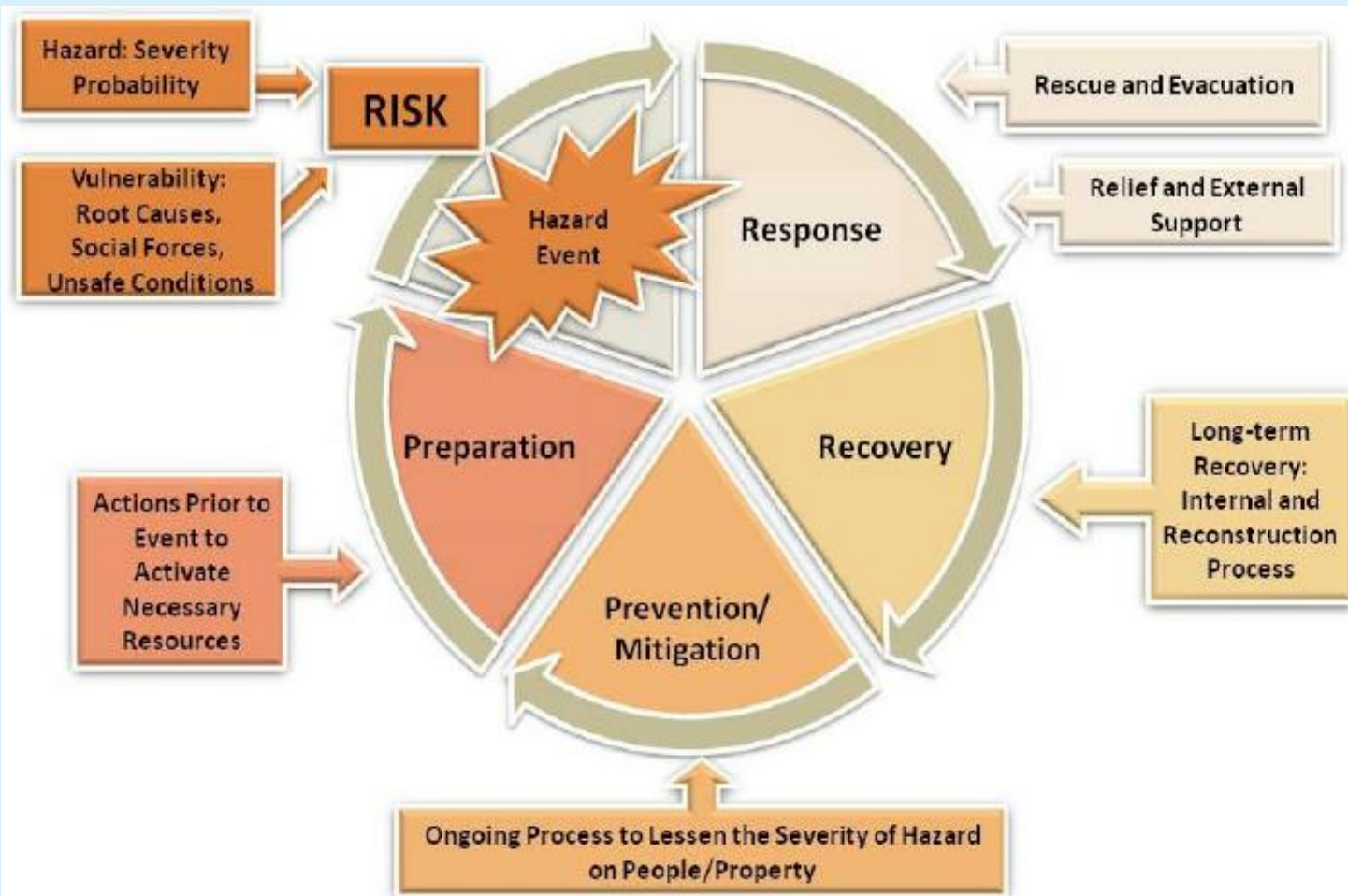
## **ISCoS (International Spinal Cord Society)**

-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/>]



**FIGURE 3. DISASTER MANAGEMENT CYCLE.** 'WHEN DISASTER STRIKES... HOW COMMUNITIES COPE AND ADAPT: A SOCIAL CAPITAL PERSPECTIVE'. IN *SOCIAL CAPITAL: THEORY, MEASUREMENT AND OUTCOMES*, CHAPTER: 6. PUBLISHER: NOVA; EDITOR: C DOUGLAS JOHNSON. 2013.

# 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

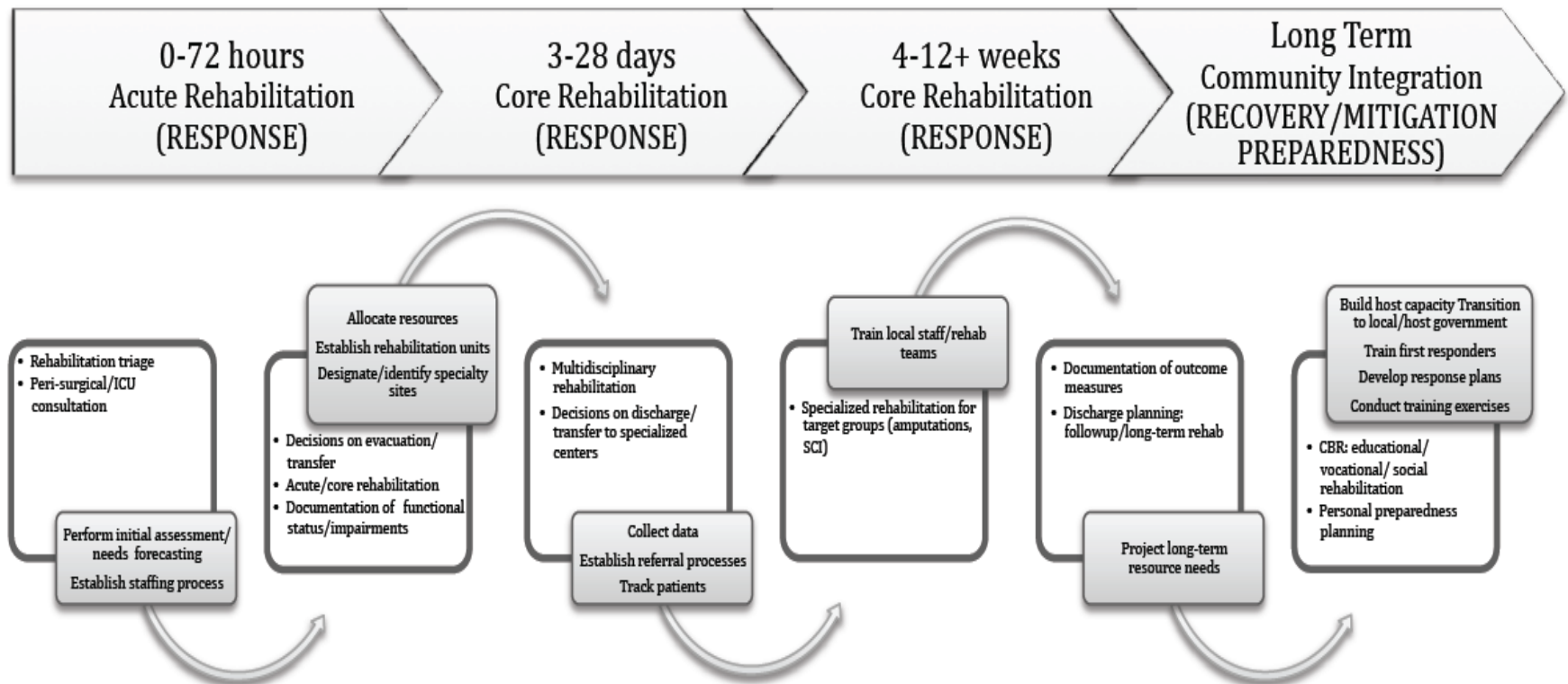
- Documentation of lessons learned in the field with wide dissemination
- Systematic analysis of differential impacts using disaggregated data -
- Estimation of averted losses due to inclusive (DRR) practices
- Application of 'build back better' to inclusive health facilities & programmes

*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



**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. 2<sup>nd</sup> 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

Fact sheet: Overview of emergency risk management for health. WHO. 2013.  
Available: <http://www.who.int/hac/techguidance/preparedness/en/>

Global disability action plan 2014-2021 (GDAP). Better health for all people with disability. WHO. 2015.  
Available: <http://www.who.int/disabilities/actionplan/en/>

Guidance note on disability and emergency risk management for health. WHO. 2013.  
Available: <http://who.int/hac/techguidance/preparedness/disability/en/>

Medical rehabilitation after natural disasters: why, when, and how?  
Rathore FA, Gosney JE, Reinhardt JD et al. Arch Phys Med Rehabil. 2012  
Oct;93(10):1875-81.

Sendai Framework for Disaster Risk Reduction 2015-2030. United Nations. 2015.  
Available: <http://www.unisdr.org/we/coordinate/sendai-framework>

WCPT report: The role of physical therapists in disaster management. WCPT. 2016.  
Available: <http://www.wcpt.org/news/Disaster-management-report-Mar16>

# 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