

Disaster Psychosocial (DPS) Program Concept of Operations

Introduction

The Disaster Psychosocial (DPS) Program is responsible for the development and provision of psychosocial strategies involving a *continuum* of supportive services, targeting those people, both public and responders alike, who are affected by an emergency or disaster.

Within the DPS Program is the *DPS Services Volunteer Network* which is comprised of registered clinicians from B.C. Association of Social Workers, B.C. Psychological Association, B.C. Association of Clinical Counselors, B.C. Police Victim Services and Canadian Association for Spiritual Care. This volunteer group is managed by the Provincial Health Services Authority (PHSA), Provincial Lead, DPS Program and the DPS Steering Committee. The DPS Steering Committee has representatives from each of the professional groups, as well as the Red Cross, Salvation Army, Vancouver Coastal Health, Mental Health and Vancouver's ESS Director.

Authority

The statutory authority for the DPS Program currently lies under the Emergency Program Act's Regulations, Schedule 2 - Duties of Ministers and Government Corporations in the Event of an Emergency, Minister of Health and Minister of Social Services (for unaccompanied children). The regulations specific to the mandate of the DPS Program is currently under review and in the approval process.

The B.C. Emergency Program Act defines local authorities as responsible for first response, however as yet psychosocial planning has often not been included. The DPS Program provides psychosocial services upon request and with the agreement of the impacted community.

Purpose and scope

The 2010 DPS Concept of Operations will define the process during activations, what services are available for impacted people, which includes responders.

The DPS Concept of Operations is based on established policies and procedures. When an emergency event occurs, a psychosocial request and response will follow the process outlined below:

Note: "No one who sees a disaster is untouched by it"

Assumptions

1. It is assumed that in any major event psychosocial support and considerations for responders and impacted people will be activated immediately, along with other disaster response organizations.
2. This concept of operations is based on the assumption that disaster psychosocial responders will be assigned to sites established by PEP or other response organization.

3. That if a psychosocial response is the primary service, that an operational organizing task group be established (see Appendix II chart)

DPS CONCEPT OF OPERATIONS

- Local authorities are responsible for psychosocial responses within their jurisdictions.
- Local authorities are responsible for establishing appropriate psychosocial response organizations to manage support services, including assigning personnel to the role of the Psychosocial Coordinator in an Emergency Operations Centre as required.
- When a local authority is overwhelmed, or if a local authority does not have psychosocial supports established, a request for DPS support can be initiated.
- Psychosocial supports are not always considered yet, however, as we work towards integration it is the responsibility of:
 1. ***PECC or the Regional PREOC Health seat, and/or the***
 2. ***PEP Health & Human Services section***

to anticipate the likelihood for psychosocial needs and make recommendations to local authorities re: psychosocial services available; and offer consultation with the DPS Program Provincial Lead.

CALL OUT PROCEDURES

1. REQUEST

Requests for DPS Services may originally come from a variety of sources such as the ESS Mobile Support Team, Reception Centers, the Red Cross, Health or any agency involved in a disaster response. These organizations/agencies are to put their request through to their local EOC and/or the appropriate regional PREOC and/or the Provincial Lead directly, who will then redirect to the EOC/PREOC or PECC.

2. ASSESMENT

Provincial Lead, DPS Program works with key community contacts and liaisons from the affected community or operation to determine:

- If the community already has a 'psychosocial response plan' and responders in place
- If so, what supports might they need from the DPS Program
- If no PS response group with community stakeholders, engages in determining what the initial psychosocial needs, resources and gaps are; *e.g. coordinating the support agencies already involved, engaging with responder organizations/agencies to provide Worker Care; activating the DPS volunteers for 1-1 support and so on.*
- Information gathered would include: an overview of the disaster situation, e.g. injuries and losses; how many people affected; what are the immediate psychological/emotional needs for impacted people, what are potential health and safety consideration for deployed volunteers
- Logistical information for deployment of volunteers includes; location and person to report to, initial scheduling needs (how many people, how many shifts, hours of shifts), available lodging, food and transportation if needing to deploy out of town volunteers.

3. ACTIVATION (Appendix I)

The DPS Provincial Lead contacts the representatives from the professional *Associations* (BCPA, BCACC, BCASW, BCPVS, CASC) and advises them of the activation request, potential psychosocial needs and logistical information. The Association reps are then asked to activate their callout procedures, which includes informing volunteers of the initial assessment of psychosocial needs.

4. DEPLOYMENT

Depending on the size of the event, the DPS Provincial Lead or the Association reps will ensure that the DPS Services Volunteer/s is provided with the initial assessment information, where and who to report to and what the role will likely be upon deployment.

Coordinator Role:

It is recommended and preferable to have an on-site Psychosocial Coordinator in order to fully assess and manage a psychosocial response. Once the Coordinator is established at the assigned site, she/he will:

- Further assess the community psychosocial needs
- Contact the support agencies involved and consider forming a psychosocial working group
- Determine DPS volunteer scheduling needs
- Provide information and support to all levels of the operation (site, Reception Center, EOC, PREOC) as it pertains to psychosocial services
- Advocate for workers and evacuees
- Engage in problem solving issues that arise

The Provincial Lead or delegate will provide support to the Coordinator

In most situations local psychosocial volunteers from the above associations will be deployed to the site(s), and volunteers from the surrounding regions would be a second alternative. It is uncommon for DPS to deploy volunteers from distant cities/towns.

DPS SERVICES

Psychological First Aid

- Assessment
- One-to-one support
- Crisis Counseling

Educational materials

Psycho-education interventions

Psychosocial needs assessment
Consultation: e.g. to Emergency Managers,
Public Relations, Incident Commander

EXAMPLES of psychosocial considerations and potential services

Scenario I

A young family has just barely escaped from the forest fires approaching their home, as they were driving away their 6 year old child watched their neighbour's house explode into flames. Now she has begun to wet herself, and two mornings later was found hiding in the motel, squeezed in between the stove and counter and curled in a foetal position. Parents are distraught and unsure what to do.

Support Services:

- one on one support to the distraught mother;
- assessing the parents' present coping ability/capacity, generally and re: child care
- educating parents on what are normal responses for children during disaster circumstances
- provide some stress management strategies – both for the daughter and for them as parents,
- providing written resource materials on stress, tips for managing stress
- information on other local resources to access if needed

Scenario II

A volunteer at the Reception Center is refusing to go home after working 10 days of 14 hour shifts. She is in a supervisory position and her behaviour has been reported as

- not being able to make decisions
- stares into space
- not entirely coherent
- refuses to put down a large pile of documents
- refuses to leave the Reception Center

Support for the Worker:

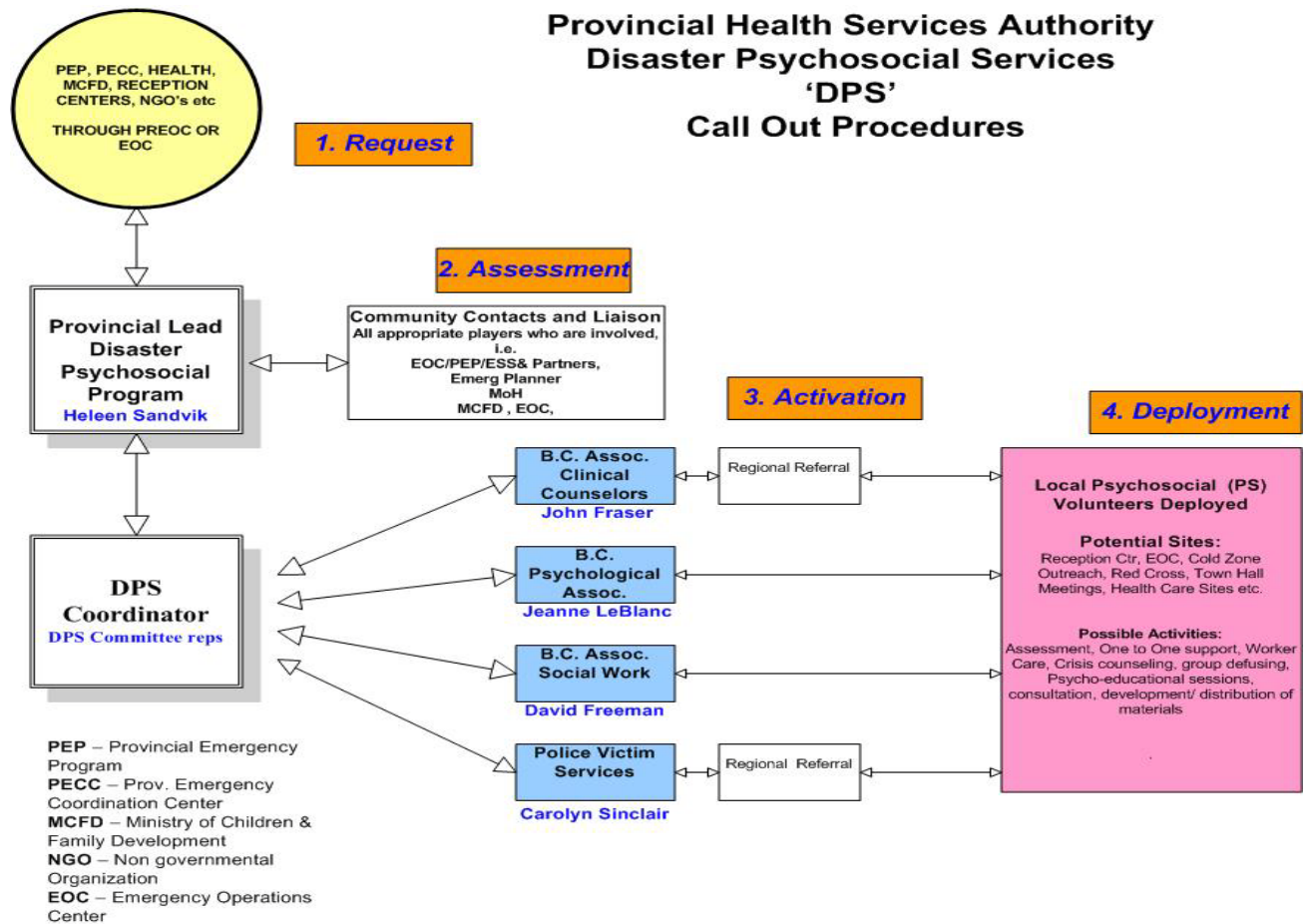
- one to one support,
- psycho-education on stress and the body's ability to function;
- assessment of need,
- crisis counselling

Support for Management:

- Consultation on strategies for handling sensitive HR situations
- Recommendations or support in enforcing worker care strategies
- removing workers with respect and care

APPENDIX I

Provincial Health Services Authority Disaster Psychosocial Services 'DPS' Call Out Procedures



Appendix II Example/DRAFT

DPS Structure During Incident Response

