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Activity 7

Individual exercise, refer to page 28 of the Participant Manual.
Action Planning for Resiliency and Traumatic Stress

Time for activity: 20 minutes

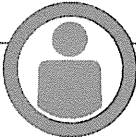
Objective: The goal of this activity is to begin developing an action plan on the individual, supervisory, and workplace organizational levels that will promote resiliency.

Task: Based on the lessons learned in today's program I will take the following actions

- 1 List one or more steps you may take as an individual to increase resistance to trauma, stress, and improve resiliency.
- 2 ... as a supervisor.
- 3 ... your employer or organization may take.

演習 7：参加者は各自で参加者マニュアル28ページのエクササイズをします。

メモ：演習 6の報告と話し合いをする際に、参加者の中には個人の目的を共有しづらい人もいるということに留意することが大切です。たとえば、あなたが「個人であるいは雇用者や組織と一緒に行動しようと考えている、本日の研修プログラムに基づいた方法を共有したい人はいますか？」と質問したとします。参加者が共有したくない場合は、それを尊重することが大切です。参加者によっては進んで目的を共有する人もいるでしょう。自分たちや組織を向上させるような行動を参加者同士で共有するということはとても建設的なことです。他のアプローチとしては、参加者がペア（相棒）になって作業する方法がありません。



演習 7：

回復力とトラウマ性ストレスへのアクションプラン

活動時間：20分間

目的：この活動の目的は個人、監督者、職場組織レベルで回復力を促進するアクションプランを展開することです。

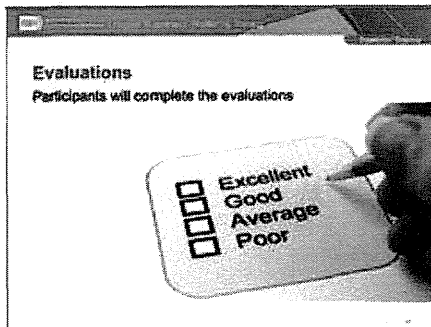
課題：本日のプログラムで学んだ内容に基づいて以下のアクションに取り組めます。

・ 個人レベルでトラウマやストレスに対する回復力を高め、回復力を向上するような方法のリストを作ります。

・ 監督者レベルで…

・ 雇用者・組織レベルで…

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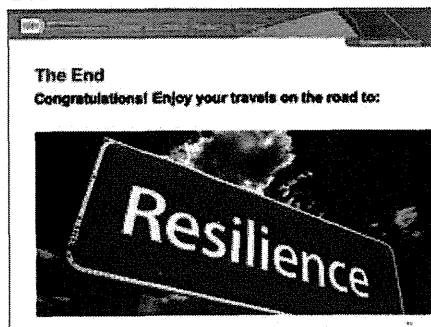
メモ：参加者が評価用紙を記入し終わるのを確認し、最後のスライドに進みます。付録3の評価用紙を使ってもいいですし、ご自身の評価ツールを使ってもいいです。

説明：「災害対応者（監督者）回復力向上研修プログラムを持続的に向上させるために、あなたが参加した研修の有用性を評価してください。率直に回答してください。個人が特定できないように、用紙には個人を特定するようなことを記入しないでください。」

メモ：付録xxxの評価用紙を使用する場合は、以下の指示に従ってください。あなたの用紙を使用する場合は、適切な指示を提示するようにしてください。

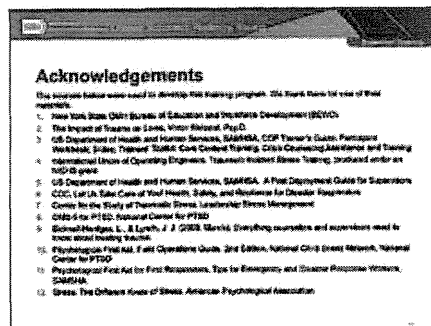
説明：「各セクションで、それぞれのコース習得目的をどの程度達成できたと思うか、あるいはコースの有用性について得点を付けてください。評価尺度は、1がまったくあてはまらない、7がとてもあてはまる、となっています。各質問でもっとも当てはまるものを選んでください。さらに、用紙の裏にある3つの質問に対してコメントを書いてください。」

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説明：「この重要なプログラムにご参加いただき、ありがとうございます。参加者マニュアルにある情報を、あなた自身、ご家族、同僚、組織のために役立て下さい。本日行った演習は、回復力を高める途上で必ず役に立つでしょう。本日の研修で立てたセルフケアとストレス管理の案をフォローアップするのは特に重要です。また、これらの重要な問題に取り組む意義について、雇業者、組合、組織に説明することも検討してみてください。ストレス、トラウマ、そして包括的なメンタルヘルスに取り組むことは、健康、安全、幸福を追求する上での重要なステップであることを忘れないでください。」

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説明：「最後にこの研修プログラムの発起者とその資料を使わせていただいたことに感謝申し上げます。」



National Institute of
Environmental Health Sciences

Glossary of terms and acronyms used or related to the training:

The following definitions have been adapted from a variety of resources, including Medline Plus, the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services and the National Institute of Mental Health.

Acute Stress

Acute stress is short term stress and is the most common form of stress. It comes from demands and pressures of the recent events and anticipated demands and pressures of the near future. Acute stress is thrilling and exciting in small doses, it can help us react to new situations, but too much is exhausting. Too much short-term stress can lead to psychological distress, tension headaches, upset stomach and other symptoms.

Anxiety Disorders

Long term feelings of overwhelming worry, nervousness, unease, and fear, with no obvious source, that can grow progressively worse if not treated. The anxiety is often accompanied by physical symptoms such as sweating, heart rhythm disturbances, diarrhea or dizziness. Anxiety disorders are anxiety that lasts at least 6 months and can get worse. (This is different from short term Anxiety, which is a normal part of life, such as before speaking to a group, or before a date¹)

Chronic Stress

Chronic stress is long term grinding stress that wears people away day after day, year after year. It's the stress of "never ending troubles". Chronic stress comes when a person never sees a way out of a miserable situation. It's the stress of having non-stop demands and pressures that seemingly never end that eventually takes a physical and emotional toll on individuals.

Cognitive

Means how we think and involves thinking, understanding, learning, and remembering.

Coping

The process of dealing with internal or external demands that feel threatening or overwhelming.

1 <http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>



Cultural Competence

A group of skills, attitudes and knowledge that allows persons, organizations and systems to work effectively with diverse racial, ethnic and social groups.

Cumulative Stress

Cumulative stress is prolonged, long term exposure to stress triggers that can lead to stress disorders and psychological problems; The combination, or 'piling on' of all stress factors in ones life.

Department of Health and Human Services (HHS)

The United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

Depression

In psychiatry, a disorder marked especially by sadness, inactivity, difficulty with thinking and concentration, a significant increase or decrease in appetite and time spent sleeping, feelings of dejection and hopelessness and sometimes suicidal thoughts or attempts to commit suicide. Depression can range from mild to severe, and is very treatable with today's medications and/or therapy.

Dissociative Disorder

A disorder marked by a separation from or interruption of a person's fundamental aspects of waking consciousness, such as personal identity or personal history. The individual literally separates (dissociates) from a situation or experience that is too traumatic to integrate with the conscious self.

Early Intervention

In mental health, diagnosing and treating mental illnesses early in their development. Studies have shown early intervention can result in higher recovery rates. However, many individuals do not have the advantage of early intervention because the stigma of mental illness and other factors keep them from pursuing help until later in the illness' development.

Emotional Distress

Some combination of anger or irritability, anxiety and depression. Showing distress through exaggerated, or heightened emotions.



Fatigue

Lack of energy and motivation. This may include drowsiness but is not just 'feeling tired'. Fatigue is a component of depression and can be diagnosed by a doctor.

Mental Health

The condition of being mentally and emotionally sound and well adjusted, characterized by the absence of mental disorder and by adequate adjustment. Individuals with mental health feel comfortable about themselves, have positive feelings about others and exhibit an ability to meet the demands of life. Mental Health is also called Behavioral Health

Mental Health Services

Services that help improve the way individuals with mental illness feel, both physically and emotionally, as well as the way they interact with others. Services may include diagnosing or treating a mental illness and preventing future mental illness in those who are at a high risk of developing or re-developing mental illness.

Mental Illness (Psychiatric Illness)

Refers to all diagnosable mental disorders. Can refer to disorders of the brain or personality which may include visible and invisible (behavioral) symptoms as well as physical symptoms. Formal diagnosis is based on guidelines and definitions of psychiatric illness listed in Current Medical Information and Terminology of the American Medical Association or in the Diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

National Institute of Environmental Health Sciences (NIEHS) and National Institutes of Health (NIH)

The National Institute of Environmental Health Sciences (NIEHS) is one of 27 research institutes and centers that comprise the National Institutes of Health (NIH), U.S. Department of Health and Human Services (DHHS). The mission of the NIEHS is to discover how the environment affects people in order to promote healthier lives.



Panic Disorder

A type of anxiety disorder in which individuals have feelings of terror that strike suddenly and repeatedly with no warning. Individuals cannot predict when an attack will occur and may experience anxiety and worry between attacks as they wonder about when the next one will strike. Symptoms can include heart palpitations, chest pain or discomfort, sweating, trembling, tingling sensations, a feeling of choking, fear of dying, fear of losing control and feelings of unreality.

Phobia

An intense and sometimes disabling fear reaction to a specific object or situation that poses little or no actual danger. The level of fear is usually recognized by the individual as being irrational. (Common examples include fear of heights, fear of clowns etc.)

Posttraumatic Growth

Posttraumatic Growth (PTG), refers to positive psychological change that occurs as the result of one's struggle with a highly challenging, stressful, and traumatic event. Five factors are contained within PTG including Relating to Others (greater intimacy and compassion for others), New Possibilities (new roles and new people), Personal Strength (feeling personally stronger), Spiritual Change (being more connected spiritually), and a deeper Appreciation of Life.

Posttraumatic Stress Disorder (PTSD)

A diagnosable mental disorder that is severe, disabling, and prolonged. A psychological reaction that occurs after experiencing a highly stressing event, such as wartime combat, violence or a disaster. It is usually characterized by depression, anxiety, flashbacks, recurrent nightmares and avoidance of reminders of the event. Individuals can feel emotionally numb, especially with people who were once close to them. Also called delayed-stress disorder or posttraumatic stress syndrome.

Psychiatry

The branch of medicine that deals with the science and practice of treating mental, emotional or behavioral disorders.

Psychotropic

A medication prescribed to treat the illness or symptoms of a mental illness.



Recovery

A process by which people who have a mental illness are able to return to work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction of symptoms.

Resilience

An ability to recover from or adjust to significant challenges. The ability to continue on in the face of difficult circumstances

Screening

In mental health, a brief assessment used to identify individuals who have mental health problems or are likely to develop such problems. If a problem is detected, the screening can also determine the most appropriate mental health services for the individual.

Stigma

A mark of shame or discredit. A sign of social unacceptability.

Substance Abuse

The inappropriate use of, and possibly addiction to, illegal and legal substances including alcohol and prescription and non-prescription drugs.

Substance Abuse and Mental Health Services Administration (SAMHSA)

An agency within the United States Department of Health and Human Services (HHS) that is committed to improving the lives of people with or at risk for substance abuse or mental illness. SAMHSA's vision is "A life in the community for everyone, based upon the principle that people of all ages with or at risk for substance abuse disorders and mental illnesses should have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends."

SAMHSA provides factsheets on most mental health conditions and suggestions for referral. They have hotline for anyone who needs mental health counselling at any time.

- Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Disaster Distress Helpline: 1-800-985-5990 or text 'TalkwithUs' to 66746
- Treatment Referral Line- 1-800-662- HELP (4357)



Therapy

Treatment of physical, mental or behavioral problems that is meant to cure or rehabilitate. Therapy may include discussions with a therapist, medications or Psychotherapy, which emphasizes substituting positive responses and behaviors for negative ones.

Traumatic Event

An event that has the power to overwhelm the normal coping abilities of an individual or group such as disasters, physical or sexual assault, fatal or serious injury or accident, or exposure to death and destruction.

Traumatic events are shocking and emotionally overwhelming situations that may involve the threat of death, serious injury, or may cause or threaten physical well being.

Traumatic Stress

Traumatic stress is stress caused by exposure to traumatic events. Reactions to traumatic events vary and range from relatively mild, minor disruptions in the person's life to severe and debilitating. Acute Stress Disorder And Posttraumatic Stress Disorder are mental health diagnoses associated with traumatic stress reactions.

Trigger

A sight, sound, smell or event that reminds individuals of a past traumatic event and can cause a person to re-live the event and/or have an emotional reaction.

Vicarious Trauma

Sometimes also called compassion fatigue, vicarious trauma is the latest term that describes a transference of trauma symptoms to care givers. It is the "cost of caring" for others. It is believed that counselors working with trauma survivors experience vicarious trauma because of the work they do. Vicarious trauma is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.

When Terrible Things Happen

What You May Experience—What Helps and What Doesn't

Immediate Reactions

There are a wide variety of positive and negative reactions that disaster workers, volunteers, or homeowners can experience during and immediately after a traumatic event¹.

These include:

Domain	Negative Responses	Positive Responses
Cognitive (thoughts)	Confusion, disorientation, worry, intrusive thoughts and images, self-blame	Determination and resolve, sharper perception, courage, optimism, faith
Emotional	Shock, sorrow, grief, sadness, fear, anger, numb, irritability, guilt, shame, and crying	Feeling involved, challenged, mobilized
Social	Extreme withdrawal, interpersonal conflict, risky behavior	Social connections, generous helping behaviors
Physical	Fatigue, headache, muscle tension, stomachache, increased heart rate, exaggerated startle response, difficulties sleeping	Alertness, readiness to respond, increased energy

Common reactions that may continue include:

Intrusive reactions:

- Distressing thoughts or images of the traumatic event while awake or dreaming
- Upsetting emotional or physical reactions to reminders of the experience
- Feeling like the experience is happening all over again (flashback)

Avoidance and withdrawal reactions:

- Avoid talking, thinking, and having feelings about the traumatic event
- Avoid reminders of the event (places and people connected to what happened)
- Restricted emotions; feeling numb
- Feelings of detachment and estrangement from others; social withdrawal
- Loss of interest in usual pleasurable activities

Physical arousal reactions:

- Constantly being “on the lookout” for danger, startling easily, or being jumpy
- Irritability or outbursts of anger, feeling “on edge”
- Difficulty falling or staying asleep, problems concentrating or paying attention

Reactions to trauma and loss reminders

- Reactions to places, people, sights, sounds, smells, and feelings that are reminders of the traumatic event
- Reminders can bring on distressing mental images, thoughts, and emotional/physical reactions
- Common examples include: sudden loud noises, sirens, locations where the event occurred, seeing people with disabilities, funerals, anniversaries of the traumatic event, and television/radio news about the event

¹ Traumatic Event, defined: “An event that has the power to overwhelm the normal coping abilities of an individual or group such as a disaster, violence, serious injury, or death”.



Positive changes in priorities, worldview, and expectations

- Enhanced appreciation that family and friends are precious and important
- Meeting the challenge of addressing difficulties (by taking positive action, changing the focus of thoughts, using humor, acceptance)
- Shifting expectations about what to expect from day to day and about what is considered a “good day”
- Shifting priorities to focus more on quality time with family or friends
- Increased commitment to self, family, friends, and spiritual/religious faith

When a loved one dies, common reactions include:

- Feeling confused, numb, disbelief, bewildered, or lost
- Feeling angry at the person who died or at people considered responsible for the death
- Strong physical reactions such as nausea, fatigue, shakiness, and muscle weakness
- Feeling guilty for still being alive
- Intense emotions such as extreme sadness, anger, or fear
- Increased risk for physical illness and injury
- Decreased productivity or difficulties making decisions
- Having thoughts about the person who died, even when you don’t want to
- Longing, missing, and wanting to search for the person who died
- Children and adolescents are particularly likely to worry that they or a parent might die
- Children and adolescents may become anxious when separated from caregivers or other loved ones

What helps

- Talking to another person for support or spending time with others
- Engaging in positive distracting activities (sports, hobbies, reading)
- Getting adequate rest and eating healthy meals
- Trying to maintain a normal schedule
- Scheduling pleasant activities
- Taking breaks
- Reminiscing about a loved one who has died
- Focusing on something practical that you can do right now to manage the situation better
- Using relaxation methods (breathing exercises, meditation, calming self-talk, soothing music)
- Participating in a support group
- Exercising in moderation
- Keeping a journal
- Seeking counseling

What doesn’t help

- Using alcohol or drugs to cope
- Working too much
- Extreme avoidance of thinking or talking about the event or death of a loved one
- Extreme withdrawal from family or friends
- Violence or conflict
- Not taking care of yourself
- Overeating or failing to eat
- Withdrawal from pleasant activities
- Doing risky things (driving recklessly, substance abuse, not taking adequate precautions)
- Excessive TV or computer games
- Blaming others

Summary

These feelings, thoughts, behaviors, physical reactions, and challenges to your spirit may come and go. For most people, these reactions usually are resolved in four to eight weeks, depending on the nature of the traumatic event. See the companion factsheets entitled, “**Connecting with Others**” and “**Information for Families**”.



Connecting with Others

Giving and Receiving Social Support

Seeking Social Support

Making contact with others can help reduce feelings of distress and help people recover in the aftermath of traumatic events.

Connections can be with family, friends, clergy, or others who are coping with the same traumatic event¹.

Children and adolescents can benefit from spending some time with other similar aged peers.

Social Support Options

- Spouse or partner
- Trusted family member
- Close friend
- Doctor or nurse
- Crisis counselor or other counselor
- Support group
- Co-worker, union representative
- Priest, Rabbi, or other clergy
- Pet

Do

- Decide carefully whom to talk to
- Decide ahead of time what you want to discuss
- Choose the right time
- Start by talking about practical things
- Let others know you need to talk or just to be with them
- Talk about painful thoughts and feelings when you are ready
- Ask others if it's a good time to talk
- Tell others you appreciate them listening
- Tell others what you need or how they could help explain one main thing that would help you right now

Don't

- Keep quiet because you don't want to upset others
- Keep quiet because you're worried about being a burden
- Assume that others don't want to listen
- Wait until you're so stressed or exhausted that you can't fully benefit from help

Ways to Get Connected

- Calling friends or family on the phone
- Increasing contact with existing acquaintances and friends
- Renewing or beginning involvement in church, synagogue, or other religious group activities
- Getting involved with a support group or in community activities

Connecting with Others – Giving Social Support

You can help family members and friends cope with the disaster by spending time with them and listening carefully. Most people recover better when they feel connected to others who care about them. Some people choose not to talk about their experiences very much, and others may need to discuss their experiences. For some, talking about things that happened because of the disaster can help them seem less overwhelming. For others, just spending time with people one feels close to and accepted by, without having to talk, can feel best. The next page contains some information about giving social support to other people.

¹ Traumatic Event, defined: "An event that has the power to overwhelm the normal coping abilities of an individual or group such as a disaster, violence, serious injury, or death".



Reasons Why People May Avoid Social Support

- Not knowing what they need
- Feeling embarrassed or weak
- Feeling they will lose control
- Not wanting to burden others
- Doubting it will be helpful, or that others won't understand
- Having tried to get help and felt that it wasn't there before
- Wanting to avoid thinking or feeling about the event
- Feeling that others will be disappointed or judgmental
- Not knowing where to get help

Good Things to Do When Giving Support

- Show interest, attention, and care
- Find an uninterrupted time and place to talk
- Be free of expectations or judgments
- Show respect for individuals' reactions and ways of coping
- Acknowledge that this type of stress can take time to resolve
- Help brainstorm positive ways to deal with their reactions
- Talk about expectable reactions to disasters, and healthy coping
- Believe that the person is capable of recovery
- Offer to talk or spend time together as often as needed

Things that Interfere with Giving Support

- Rushing to tell someone that he/she will be okay or that they should "get over it"
- Discussing your own personal experiences without listening to the other person's story
- Stopping the person from talking about what is bothering them
- Acting like someone is weak or exaggerating because he or she isn't coping as well as you are
- Giving advice without listening to the person's concerns or asking the person what works for him or her
- Telling them they were lucky it wasn't worse

Summary

Connecting with others and giving and receiving social support are very beneficial actions that help people recover from traumatic events. See the companion factsheets entitled, "When Terrible Things Happen, What You May Experience—What Helps and What Doesn't" and "Information for Families."



Information for Families

When a Family Member is Traumatized at Work

When a family member is traumatized at work, it also affects other family members. Although your loved one who experienced the traumatic event¹ may be experiencing normal reactions, their behavior may not seem normal to the family. It may take time to understand and cope with the event and family members can help. Two other factsheets in this series address 1) reactions to terrible events as well as coping strategies and 2) connecting with others, giving and receiving social support. Take a look at these factsheets.

Family members also may have strong reactions to the traumatic event such as fear, anger, sadness, protectiveness, or withdrawal. Whatever the reactions are, they are normal responses to a highly charged, abnormal traumatic event. This handout aims to provide some suggestions that may help family members help their loved one and themselves. The most important suggestions involve listening to feelings, not imposing a response or solution based on your feelings, and to remain emotionally present.

Remember

- Stress responses can occur right away at the scene, or within hours, days, or even within weeks after the event.
- Your loved one may experience a variety of stress symptoms or may not feel any of them.
- Most people recover from traumatic events and feeling safe in the support of family, friends, and co-workers is important to that recovery.
- Reactions and symptoms usually subside and disappear in time; often, by four to six weeks, symptoms are gone or greatly diminished in the majority of people.
- If the signs of distress and the intensity of the reactions have not subsided within four weeks, or if they intensify, your loved one should consider seeking further assistance.
- For most people, if you don't dwell on the symptoms and allow yourselves a chance to deal with the event, the suffering will lessen.
- Encourage, but do not pressure, your loved one to talk about what happened and their reactions to it. Talk is the best medicine. You can be most helpful if you listen and reassure.
- These events are usually upsetting to children. They will need to have some understanding of what happened; that mommy or daddy may be going through a difficult time, but that she or he will get better; and that they are safe and loved.
- If children are not coping well, child counselors or child psychologists can assist.
- Even if you don't fully understand what your loved one is going through, you can still offer your love and support. Don't be afraid to ask what you can do to help. Try not to be offended if they withdraw from the family or become overly protective of you or of children. These are normal reactions to trauma.
- Accept that life will go on. Maintain or return to a normal routine as soon as possible and maintain a healthy lifestyle. For children as well as adults, normal routines, especially for eating and sleeping, help us feel ourselves again.
- Be kind to yourselves.

See the companion factsheets entitled, "Connecting with Others" and "When Terrible Things Happen".

¹ Traumatic Event, defined: "An event that has the power to overwhelm the normal coping abilities of an individual or group such as a disaster, violence, serious injury, or death".

Source: Capital District Psychiatric Center Factsheet, NYS OMH 2009



National Institute of
Environmental Health Sciences



Caring For Yourself in the Face of Difficult Work

Caring For Yourself

This factsheet covers the basics of self-care for disaster workers and volunteers including healthy sleeping, eating, exercise, and social interaction. The bottom line is to avoid radical changes to normal life patterns.

Sleep Deprivation is Hazardous?

Driving, operating heavy machinery or performing hazardous tasks while sleepy can be dangerous to you and your coworkers.

According to the National Institutes of Health's, National Heart, Lung, and Blood Institute¹, sleep deprivation occurs when you have one of the following:

You don't get enough sleep; 7 - 8 hours for adults.
You sleep at the wrong time of day.
You don't sleep well or deeply.
You have a sleep disorder.

Sleep deprivation is linked to many chronic diseases and depression. It is also linked to increased risk of injury. It is a common myth that people can learn to get by on little sleep with no negative effects. After losing 1-2 hours of sleep over a couple of nights, functioning suffers.

Signs and Symptoms

How sleepy you feel during the day can help you figure out whether you're having symptoms of problem sleepiness. You might be sleep deficient if you often feel like you could doze off during normal activities.

Tips

It is common for disaster workers and volunteers to work long hours. To the extent that you have control over your schedule, it is very important to practice healthy sleeping habits:

- If your accommodations are noisy, earplugs may be helpful.
- Eye covers may help if the sleeping area has too much light.
- Limiting 'screen time' (electronic device use and TV's) prior to sleep
- Avoid heavy meals, alcohol, tobacco or caffeine prior to bed.

¹ NIH website accessed 8/4/2014: <http://www.nhlbi.nih.gov/health/health-topics/topics/sdd/>.

Source: Centers for Disease Control



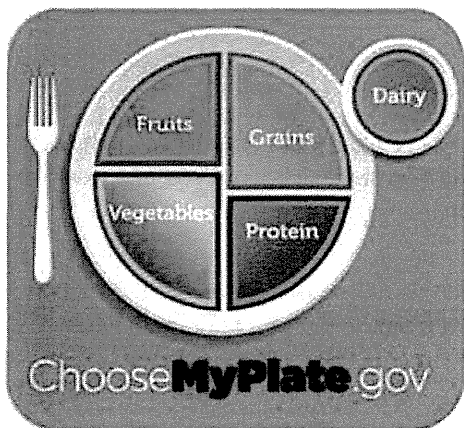
Are you eating well?

Disaster workers and volunteers are often confronted with unhealthy eating choices such as donuts, the bottomless coffee pot, pizza, or just a lack of access to nutritious alternatives. Consuming large amounts of sugar, fat, and other unhealthy food and snacks can increase stress on our minds and bodies. Importantly, energy and caffeinated drinks may provide a temporary boost, but the let down is rapid and deep. These should be avoided if one is tired. The only thing that can cure sleep deficit is sleep.

The 2010 U.S. Dietary Guidelines for Americans describe a healthy diet as one that:

Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products.
Includes lean meats, poultry, fish, beans, eggs, and nuts.
Is low in saturated fats, trans fats, cholesterol, sodium (salt), and added sugars.
Stays within your calorie needs.

Learn more about the Dietary Guidelines for Americans at: <http://www.health.gov/dietaryguidelines>.



Are You Getting Any Exercise?

Regular physical activity is one of the most important things you can do for your health. It is a very effective way of reducing stress and relaxing.

Fitting exercise into your schedule may be difficult, especially when you are doing exhausting disaster work. But even ten minutes at a time is fine. The key is to find the right exercise for you. It should be fun and should match your abilities. Brief walks are a great outlet for your mind and body.

Are You Interacting With Others?

Making contact with others can help reduce feelings of distress and help people recover in the aftermath of traumatic events. Connections can be with family, friends, clergy, or others who are coping with the same traumatic event. For more detail see the accompanying factsheet entitled, "Connecting with Others, Giving and Receiving Social Support".



Resilience Resources

National Disaster Distress Helpline: **1-800-985-5990 or Text 'Talk with Us' to 667461**

Veterans Crisis Helpline: **1-800-273-8255 Press 1**

24-Hour Suicide Hotline : **1-800-273-TALK**

Find a VA Healthcare Center: **<http://www.va.gov/directory/guide/home.asp?isflash=1>**

Find a HRSA Health Center: **www.findahealthcenter.hrsa.gov**

Substance Abuse and Mental Health Treatment Finder: **1-800-662-HELP**

State Resources

State Department of Mental Health: _____

State Emergency Preparedness : _____

Local Resources

Local Congregation(s): _____

Local Healthcare Center(s): _____

Local Organization (s): _____

Personal Connections

Name and Contact info for Family Physician : _____

Name & Contact Info of close friend: _____

Name & Contact information of an emergency contact: _____

Other Personal Resources: _____

Remember that preparedness, having a plan, and keeping yourself healthy are important to resilience!

Federal Resources and Facts: www.samhsa.gov and NIEHS: <http://tools.niehs.nih.gov/wetp/index.cfm?id=2528>



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都道府県を超えた近隣保健所間での連携の試み

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研究要旨 一つの保健所で対応が困難な大規模災害の発生に際しては、種々の支援によって住民の健康被害を最小限にできるように体制を整えることが、保健所の責務である。また、災害の規模によって、必要となる支援体制も異なる。今回は、東海地震、東南海地震の被災が想定されている、長野県南端の飯田保健所と愛知県東三河地域を管轄する豊川保健所及び豊橋市保健所が、災害発生時に可能な保健医療福祉分野での連携について検討した。また、人工透析患者の医療を例に、連携に当たっての条件についても検討を行った。二年間の検討によって、両地域の関係者の顔の見える関係づくりがスタートし、お互いの地域の保健医療福祉分野の実情が把握できた。その上に立って、人工透析患者の支援連携を例に、支援・受援に必要な情報や実力が把握でき、連携体制の構築が開始された。

A. 研究目的

想定されている東海・東南海地震発生時に、長野県飯田保健所が管轄する飯田二次医療圏と愛知県豊川保健所が管轄する東三河医療圏の両地域が、災害発生時にどのように連携するかについて検討することを目的として連携会議を行った。この会議の検討結果を資料に、今後支援・受援における条件や必要となるシステムについて考察を行った。

B. 研究方法

平成 26 年度から、両地域の関係者間で「顔の見える関係を構築すること」を目的に、連携会議を開始した。この連携会議の出席者は、東三河二次医療圏からは、災害拠点病院の豊橋市民病院、東三河医療圏を管轄する愛知県豊川保健所、及び豊橋市保健所の関係者である。飯田二次医療圏からは、災害拠点病院の飯田市立病院、飯伊地区包括医療協議会及び飯田保健所の関係者である。

今年度の連携会議は、平成 26 年 12 月 9 日に、飯田二次医療圏の災害拠点病院である飯田市立病院において開催した。

（倫理面への配慮）

今回の検討は、保健所と公立病院を中心とした行政機関の連携体制を中心としたものであり、個人情報の取扱いなど倫理規定に関連する事項を扱わないことから、倫理面で問題はないと判断した。

（検討項目）

当日検討した項目は、以下の通りである。

- 1) 両二次医療圏における災害時の緊急医療体制と医療訓練の現状について。
- 2) 両二次医療圏における災害時の医療体制運営における救護所医療について。
- 3) 災害拠点病院内における DMAT 体制の円滑な運用について。
- 4) 災害時の人工透析提供体制について。
- 5) その他の事項について。

の 5 項目である。

C. 検討結果

- 1) 災害時緊急医療体制と訓練について

飯田地域の災害時の緊急医療体制について、飯伊地区包括医療協議会から説明がなされた。また、平成 26 年 8 月 31 日に飯田地域で実施された災害時医療訓練の状況について、説明がなされた。訓練参加者は、合計 2,137 人（本部 81 人、医療関係者 1,526 人、住民（自主防災会）530 人）であったこと、今年度の訓練の目的の 1 つに、飯田地域災害医療対策本部と災害拠点病院の連携体制の強化においたことなどである。

次いで飯田市立病院から、上記の災害医療訓練時に飯田市立病院で同時に行われた病院内の災害訓練について説明がなされた。今年度は、①現実的な想定のもとに訓練を行うこと、②災害初期における患者さんの受入れの訓練を中心に行うこと、③病院スタッフが各自の役割を自覚でき活動できるために現在作成している指揮