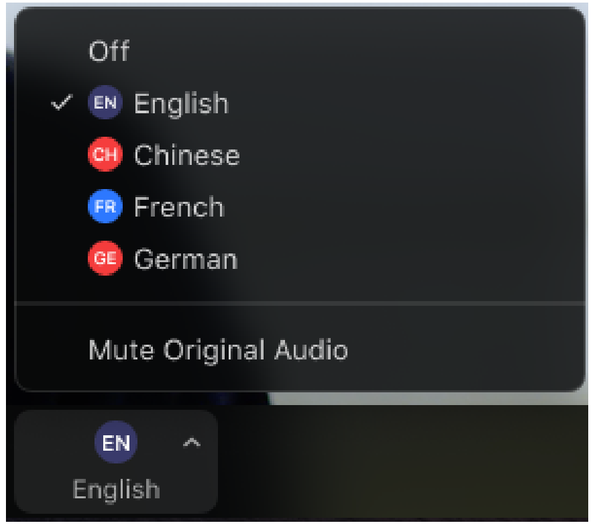
LANGUAGE INTERPRETATION

Windows/MacOS

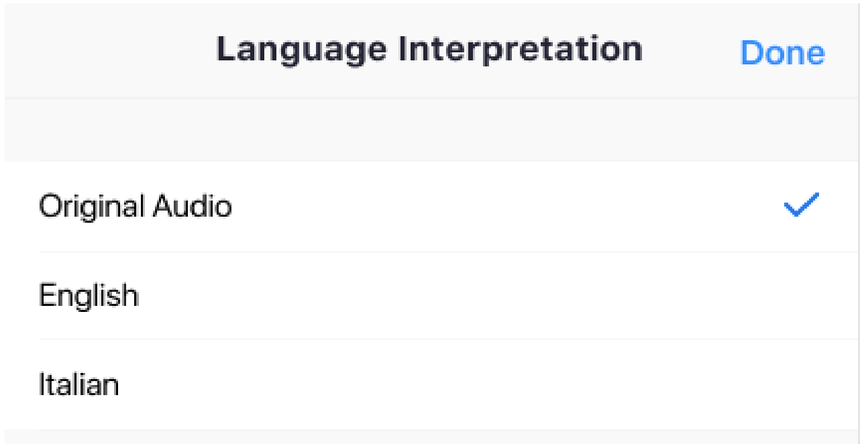
1. In your meeting/webinar controls, click **Interpretation** 🌐.
2. Click the language that you would like to hear.



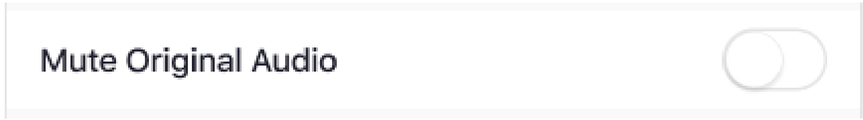
3. (Optional) To hear the interpreted language only, click **Mute Original Audio**.

Android/iOS

1. In your meeting controls, tap the ellipses • • •.
2. Tap **Language Interpretation**.
3. Tap the language you want to hear.



4. (Optional) Tap the toggle to **Mute Original Audio**.



5. Click **Done**.

Managing Environmental Hazards, Mental Health and Well-being in Post Hurricane Recovery

Presenters:

Marysel Pagán Santana, DrPH, MS, Director of Environmental and Occupational Health

Pamela Secada-Sayles, MPH, Senior Program Manager, Witness to Witness

Tuesday, October 22, 2024

Disclaimer

- This project was supported by grant #U45ES006179 from the National Institute of Environmental Health Sciences of the National Institutes of Health. The content of this presentation is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

MIGRANT CLINICIANS NETWORK

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“Being a force dedicated to health justice”

Clinical Support and Capacity Building

Resources and Dissemination

Advocacy and Policies

Research and Knowledge Mobilization

Innovative Programming

At the conclusion of this presentation, participants will be able to...

- Learn about common hazards during the recovery phase following a hurricane and how they affect workers, volunteers, and community members responding to the emergency.
- Identify the effects of these hazards on the health and well-being of emergency responders.
- Explore resources to help emergency responders better protect their health and safety during emergency management.

Agenda

- ✓ Welcome
- ✓ The Climate Crisis and its Impact on the Health of Our Patients
- ✓ Mental Health and Wellbeing in Emergency Situations
- ✓ Focus Groups
- ✓ Evaluation and Closure

Special populations and climate change: Health risks and impacts before, during, and after emergencies and disasters

Presenter:

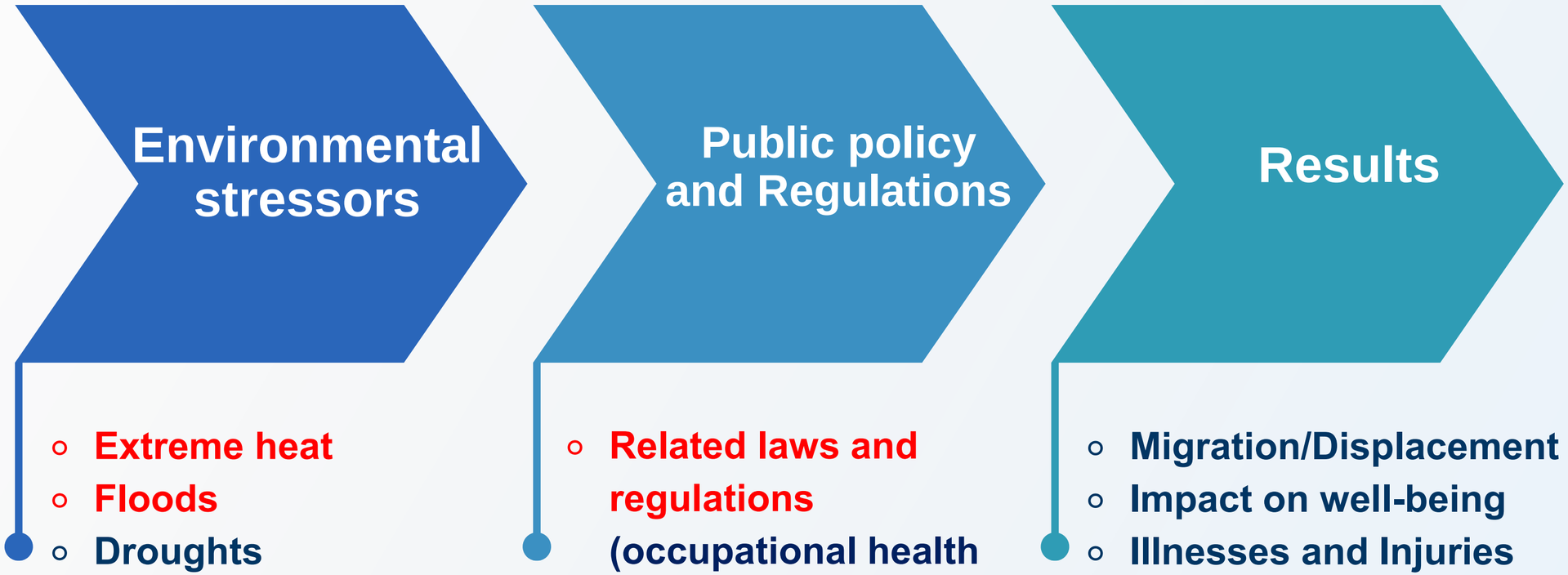
Marysel Pagán Santana, DrPH, MS

Director of Environmental and Occupational Health,

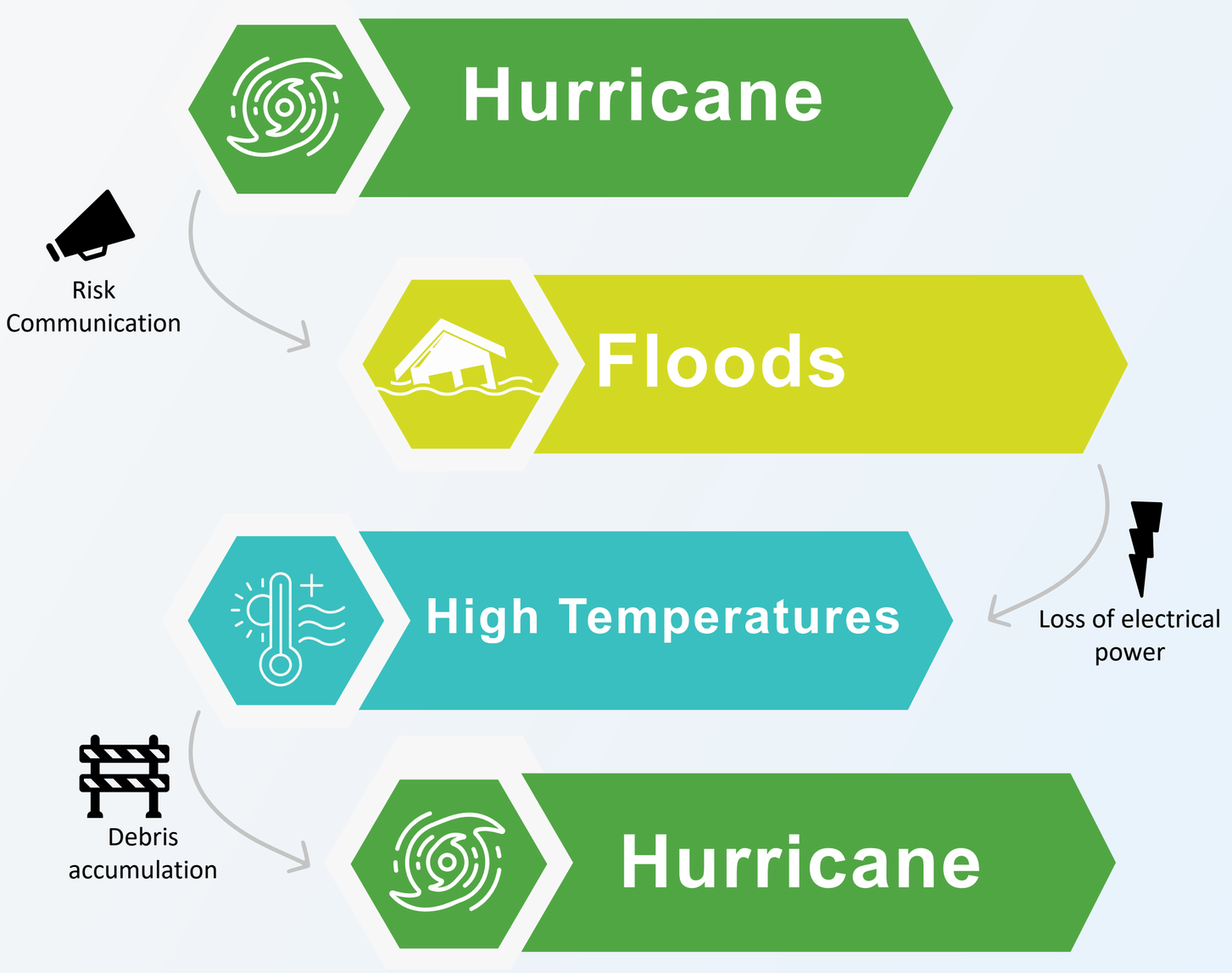
Senior Program Manager for the Caribbean Region

Migrant Clinicians Network

The climate crisis and its impact



HURRICANE SEASON 2024



What activities can be risky during an emergency?

Before

- Clearing debris, cutting trees or branches
- Installation of storm shutters/panels
- Shelter management

During

- Evictions
- Response to harm or effects
- Direct exposure to disaster
- Shelter management

After

- Handling of supplies (heavy loads)
- Debris cleanup
- Reconstruction
- Shelter management
- Direct exposure to resulting risks

What risks can we encounter during an emergency?

In what places or situations?

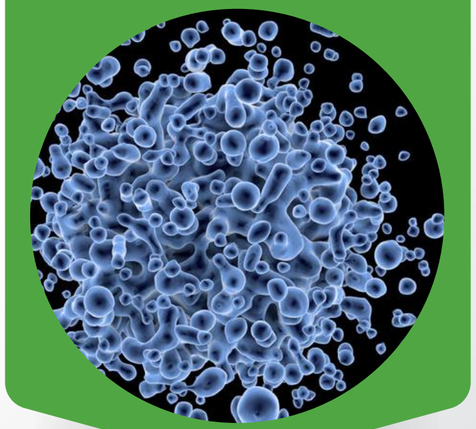
Biological risks

Reach the body through the respiratory, digestive, blood, and skin routes.

Some are transmitted by vectors (such as mosquitoes).

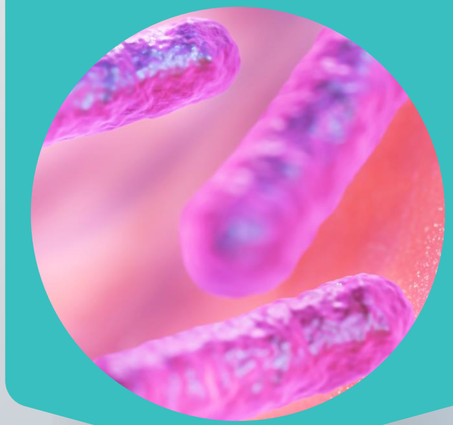
Example of a biological hazard during emergencies: **Leptospirosis acquired through unsafe water, or inhalation of spores in places affected by floods.**

VIRUS

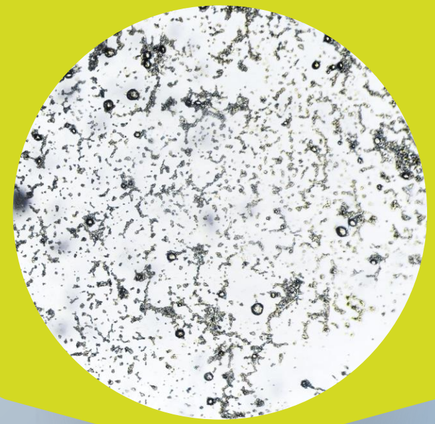


PARASITES

BACTERIA



FUNGI



Acute Conditions

Respiratory problems:

Inhaling mold spores can lead to respiratory problems, especially in people with allergies or asthma. It can cause symptoms such as coughing, wheezing, shortness of breath, and nasal congestion.

Allergic reactions:

Mold can induce allergic reactions in sensitive people, causing symptoms such as sneezing, runny or stuffy nose, itchy or watery eyes, and rashes.

Irritation:

Exposure to mold can irritate the skin, eyes, throat, and lungs, causing discomfort and possible inflammation.

Chronic diseases

Respiratory conditions:

Asthma

Aggravation of existing conditions:

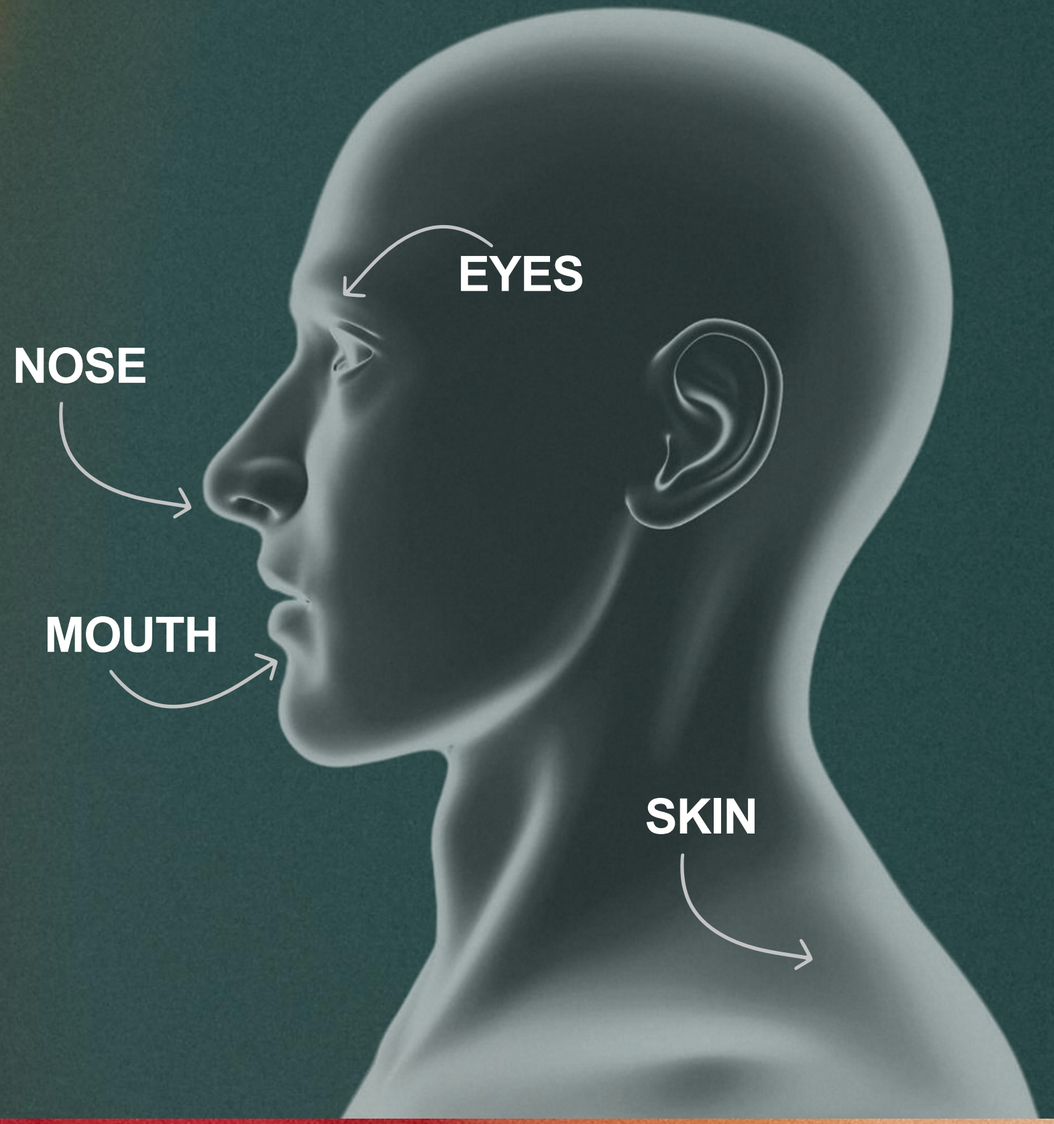
For those with pre-existing respiratory conditions or immune system disorders, exposure to mold can worsen your symptoms or lead to more serious health problems.

Systemic effects:

In rare cases, exposure to mold and mycotoxins has been associated with more serious health effects, including fatigue, headaches, cognitive difficulties, and suppression of the immune system.

Chemical Risks

- When exposed to chemicals in sufficient ammounts, they can:
  - inhibit absorption and/or destroy nutrients
  - cause cancer
  - mutagenic or teratogenic
  - are toxic and can cause severe illness and even death



Use of biocides

- Biocides are substances that can destroy living organisms. The use of a biocide or chemical that kills organisms such as mold (chlorine bleach, for example) is not recommended as a routine practice during mold cleanup. However, there may be cases where professional judgement indicates its use (e.g. when immunocompromised people are present).

Carbon monoxide

- Carbon monoxide (CO) is a toxic, colorless, and odorless gas. Many people have died from CO poisoning due to an improperly ventilated generator.

Physical risks

Noise

Irradiation

Falls

Hits

Injuries

Vibration

Extreme heat kills more people than
hurricanes, floods,
tornadoes, and lightning combined.
As climate change worsens,
deaths due to heatstroke are predicted to
increase substantially.

There are 1,300 deaths per year in the United States due to extreme heat.

By 2050, that number could be closer to 60,000. Even when people don't die immediately from heat-related illnesses, there are other health consequences.

What other factors affect the heat one feels?

Risk factors

- High humidity
- Very light or complete lack of wind
- Heat waves
- Continuous heat that lasts for several days
- Body is not used to heat
- (start of season or sudden changes)
- High temperatures at night
- Urban areas

Who are the most vulnerable?

- People who work outdoors
- Low socioeconomic status
- Children
- Pregnant women
- Chronic disease patients
- Immigrants

Worsens existing conditions

- Diabetes
- Heart disease
- Dementia
- Chronic Obstructive Pulmonary Disease
- Asthma
- Mental Health Disorders
- Impact on prescription drugs

How do we support workers?

The role of health centers in protecting workers during emergency response and recovery.

Operational practices to protect community workers

- **Identification, screening and monitoring at the health center.**

- **Education through community outreach**
  - Rights and responsibilities.
  - Risk identification.
  - Chronic disease management.
  - Emergency plans.

- Worker Protection Focused Programs
  - **Respiratory protection.**
  - Hearing protection.
  - Personal protective equipment.

Tools

Educational materials addressing health and safety when hot, air quality, chemicals, and infectious diseases.

FARMWORKER JUSTICE

MIGRANT CLINICIANS NETWORK MCN

Guía del proveedor de servicios de salud para enfermedades relacionadas con el calor

Junio de 2021

Introducción

Los trabajadores agrícolas corren un riesgo importante de sufrir estrés por calor. El estrés por calor se produce cuando el cuerpo no puede deshacerse del exceso de calor y su temperatura central aumenta.[1] El estrés por calor puede dar lugar a enfermedades más graves relacionadas con el calor, como el agotamiento por calor, los calambres por calor, el golpe de calor e incluso la muerte, si no se trata.[2] El trabajo agrícola, que requiere la realización de un trabajo físicamente exigente durante largas horas en un clima caluroso y a veces húmedo, pone a los trabajadores en alto riesgo.

Esta guía proporciona información a los proveedores de servicios de salud sobre la prevención y el tratamiento de las enfermedades relacionadas con el calor. Dado que los trabajadores pueden no estar familiarizados con todos los síntomas del estrés por calor, es importante que los proveedores de servicios de salud hablen con los trabajadores agrícolas y otras personas en riesgo sobre los síntomas de las enfermedades relacionadas con el calor y su prevención.

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Causas de las enfermedades relacionadas con el calor

Las altas temperaturas ambientales, la humedad, las condiciones de viento escaso o nulo, la exposición al sol, la deshidratación y el esfuerzo físico son factores de riesgo de las enfermedades relacionadas con el calor.[3] El consumo de alcohol o de bebidas con alto contenido en cafeína -como las bebidas energéticas- puede aumentar aún más el riesgo.[4] Factores personales como la edad, el peso, el embarazo, la condición física y el uso de ciertos

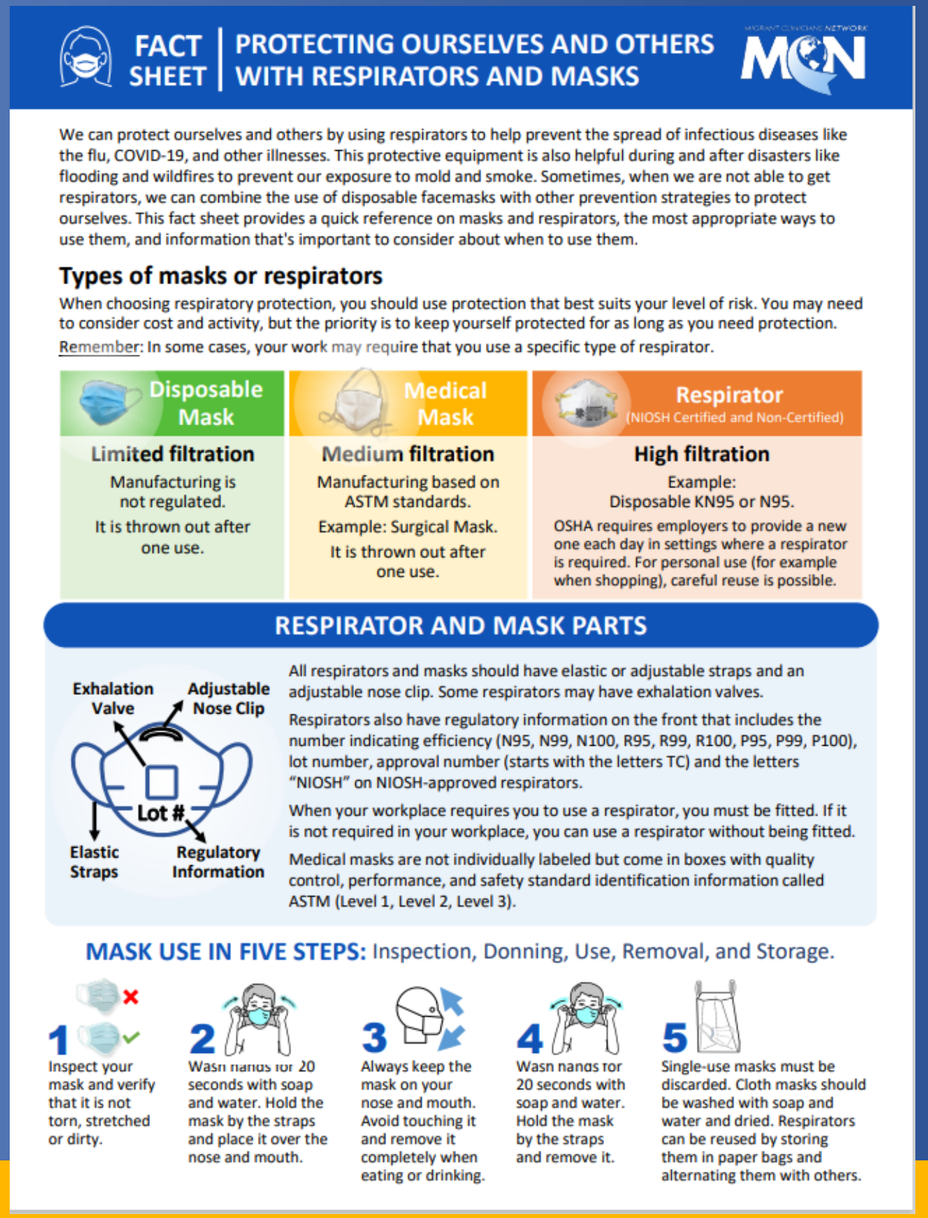
1

Heat stress

Heat-Related Illness and Agricultural Workers: Training Curriculum and Facilitator's Guide [SPA/ENG]

Heat-Related Illness Clinician’s Guide - June 2021

Fact Sheet: Protecting Ourselves and Others with Respirators and Masks (English, Spanish, and Haitian Creole)



FACT SHEET | **PROTECTING OURSELVES AND OTHERS WITH RESPIRATORS AND MASKS**

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We can protect ourselves and others by using respirators to help prevent the spread of infectious diseases like the flu, COVID-19, and other illnesses. This protective equipment is also helpful during and after disasters like flooding and wildfires to prevent our exposure to mold and smoke. Sometimes, when we are not able to get respirators, we can combine the use of disposable facemasks with other prevention strategies to protect ourselves. This fact sheet provides a quick reference on masks and respirators, the most appropriate ways to use them, and information that's important to consider about when to use them.

Types of masks or respirators

When choosing respiratory protection, you should use protection that best suits your level of risk. You may need to consider cost and activity, but the priority is to keep yourself protected for as long as you need protection.

Remember: In some cases, your work may require that you use a specific type of respirator.

Disposable Mask	Medical Mask	Respirator (NIOSH Certified and Non-Certified)
Limited filtration	**Medium filtration**	**High filtration**
Manufacturing is not regulated. It is thrown out after one use.	Manufacturing based on ASTM standards. Example: Surgical Mask. It is thrown out after one use.	Example: Disposable KN95 or N95. OSHA requires employers to provide a new one each day in settings where a respirator is required. For personal use (for example when shopping), careful reuse is possible.

RESPIRATOR AND MASK PARTS

All respirators and masks should have elastic or adjustable straps and an adjustable nose clip. Some respirators may have exhalation valves.

Respirators also have regulatory information on the front that includes the number indicating efficiency (N95, N99, N100, R95, R99, R100, P95, P99, P100), lot number, approval number (starts with the letters TC) and the letters "NIOSH" on NIOSH-approved respirators.

When your workplace requires you to use a respirator, you must be fitted. If it is not required in your workplace, you can use a respirator without being fitted.

Medical masks are not individually labeled but come in boxes with quality control, performance, and safety standard identification information called ASTM (Level 1, Level 2, Level 3).

MASK USE IN FIVE STEPS: Inspection, Donning, Use, Removal, and Storage.

1 Inspect your mask and verify that it is not torn, stretched or dirty.

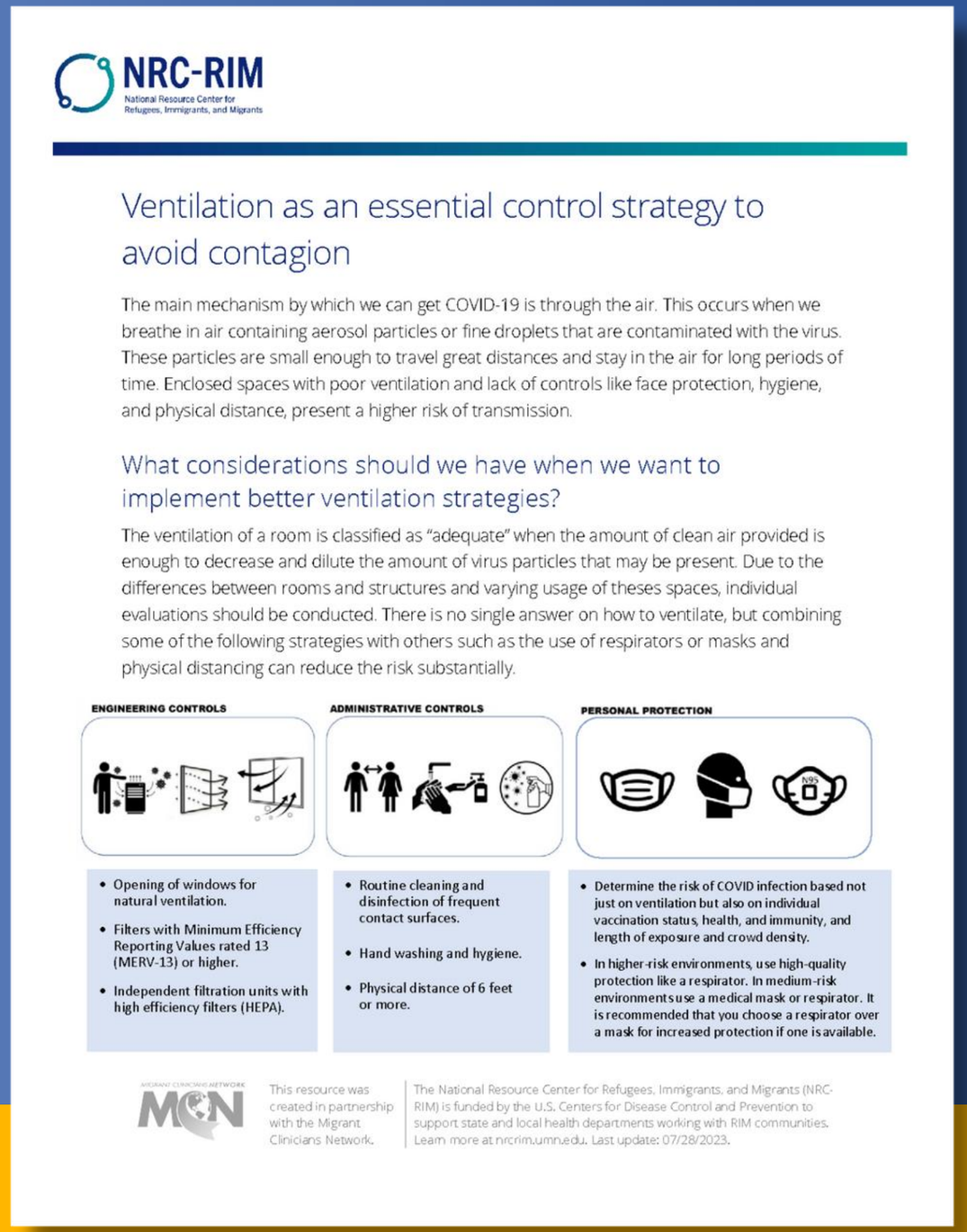
2 Wash hands for 20 seconds with soap and water. Hold the mask by the straps and place it over the nose and mouth.

3 Always keep the mask on your nose and mouth. Avoid touching it and remove it completely when eating or drinking.

4 Wash hands for 20 seconds with soap and water. Hold the mask by the straps and remove it.

5 Single-use masks must be discarded. Cloth masks should be washed with soap and water and dried. Respirators can be reused by storing them in paper bags and alternating them with others.

Fact Sheet: Ventilation as an essential control strategy to avoid contagion (English and Spanish)



NRC-RIM
National Resource Center for Refugees, Immigrants, and Migrants

Ventilation as an essential control strategy to avoid contagion

The main mechanism by which we can get COVID-19 is through the air. This occurs when we breathe in air containing aerosol particles or fine droplets that are contaminated with the virus. These particles are small enough to travel great distances and stay in the air for long periods of time. Enclosed spaces with poor ventilation and lack of controls like face protection, hygiene, and physical distance, present a higher risk of transmission.

What considerations should we have when we want to implement better ventilation strategies?

The ventilation of a room is classified as "adequate" when the amount of clean air provided is enough to decrease and dilute the amount of virus particles that may be present. Due to the differences between rooms and structures and varying usage of theses spaces, individual evaluations should be conducted. There is no single answer on how to ventilate, but combining some of the following strategies with others such as the use of respirators or masks and physical distancing can reduce the risk substantially.

ENGINEERING CONTROLS

- Opening of windows for natural ventilation.
- Filters with Minimum Efficiency Reporting Values rated 13 (MERV-13) or higher.
- Independent filtration units with high efficiency filters (HEPA).

ADMINISTRATIVE CONTROLS

- Routine cleaning and disinfection of frequent contact surfaces.
- Hand washing and hygiene.
- Physical distance of 6 feet or more.

PERSONAL PROTECTION

- Determine the risk of COVID infection based not just on ventilation but also on individual vaccination status, health, and immunity, and length of exposure and crowd density.
- In higher-risk environments, use high-quality protection like a respirator. In medium-risk environments use a medical mask or respirator. It is recommended that you choose a respirator over a mask for increased protection if one is available.

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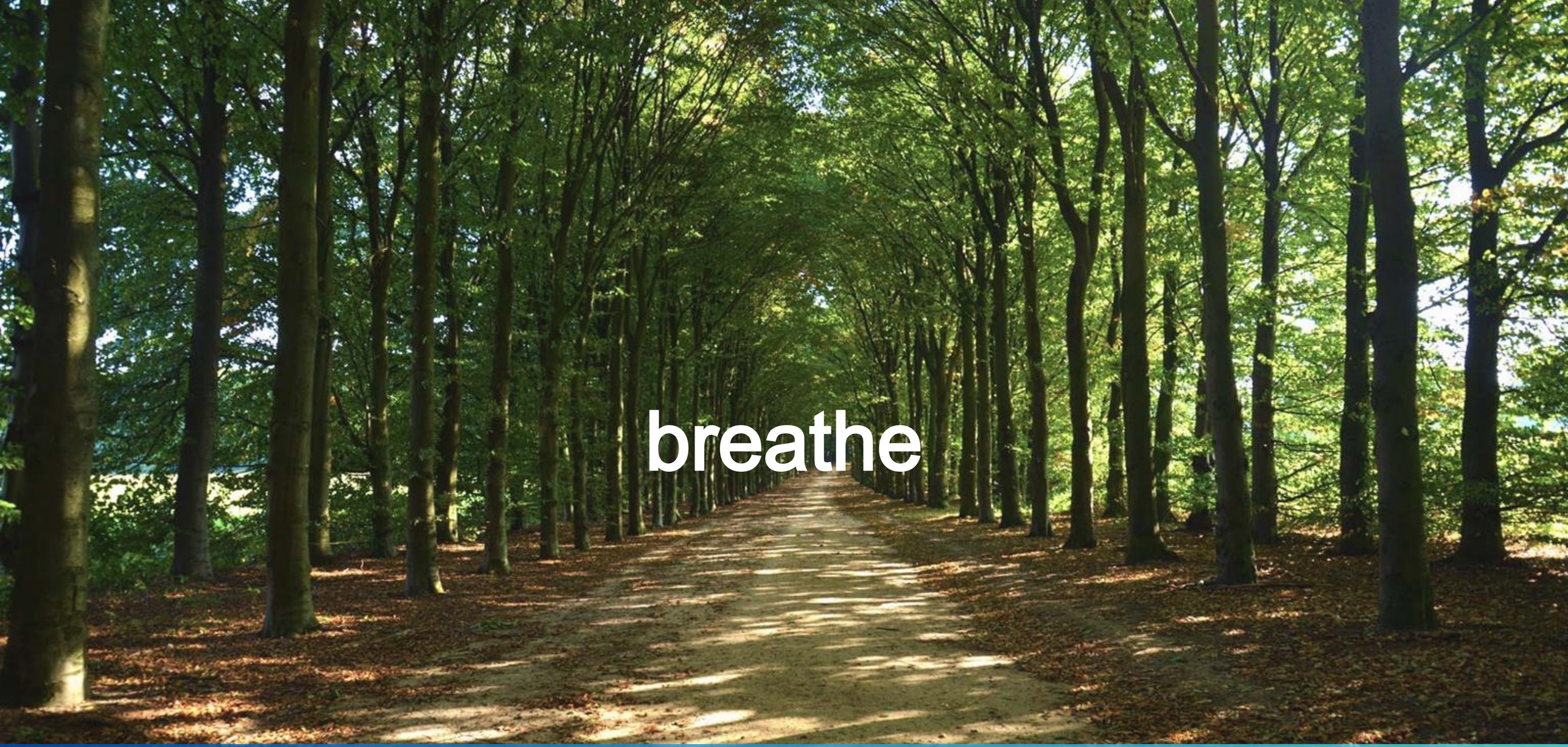
This resource was created in partnership with the Migrant Clinicians Network.

The National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM) is funded by the U.S. Centers for Disease Control and Prevention to support state and local health departments working with RIM communities. Learn more at nrcrim.umn.edu. Last update: 07/28/2023.

Managing Mental Health and Well-being in Post Hurricane Recovery

Presented by:
Pamela Secada-Sayles, MPH
Senior Program Manager, Witness to Witness

October 22, 2024



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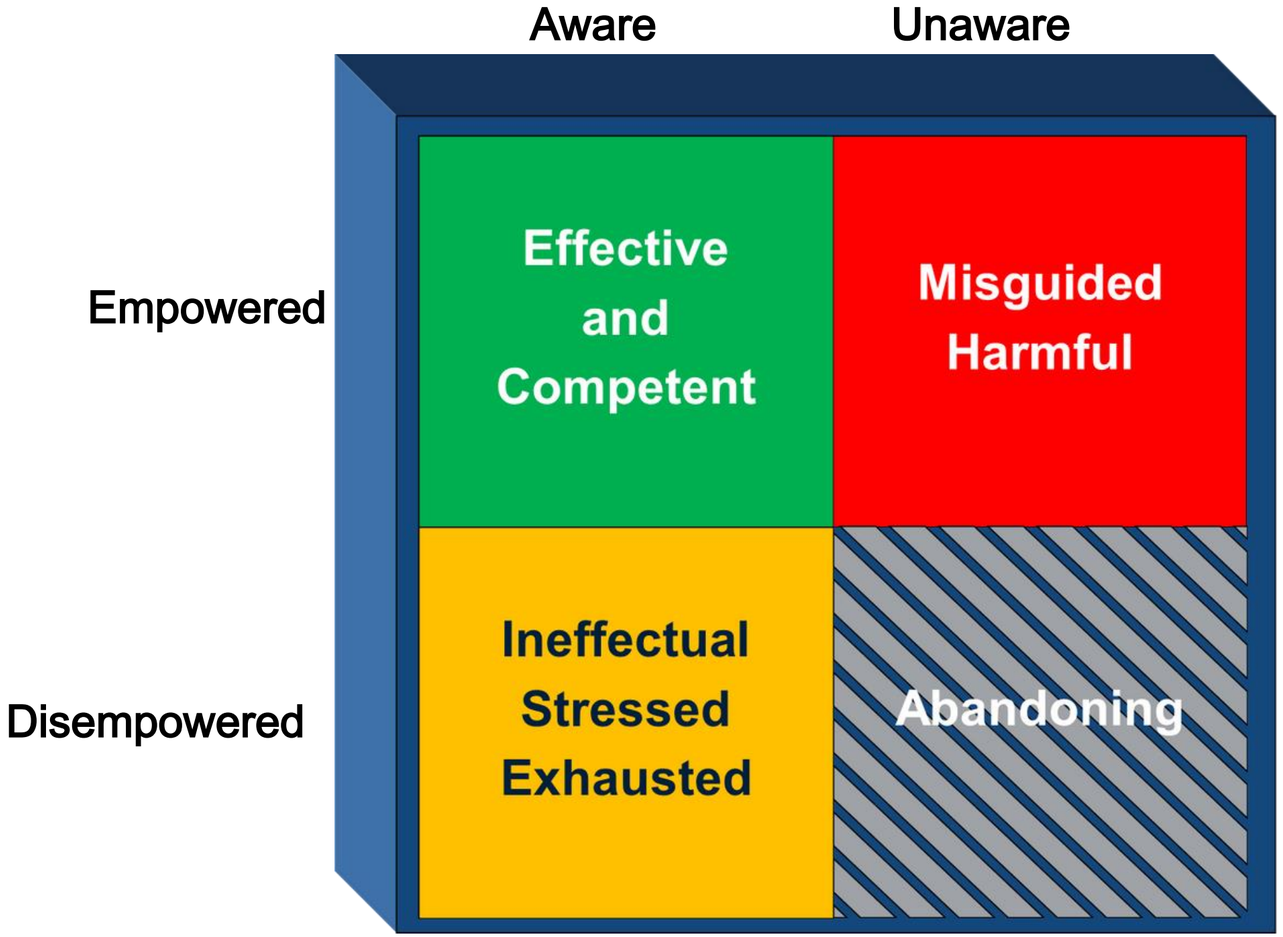
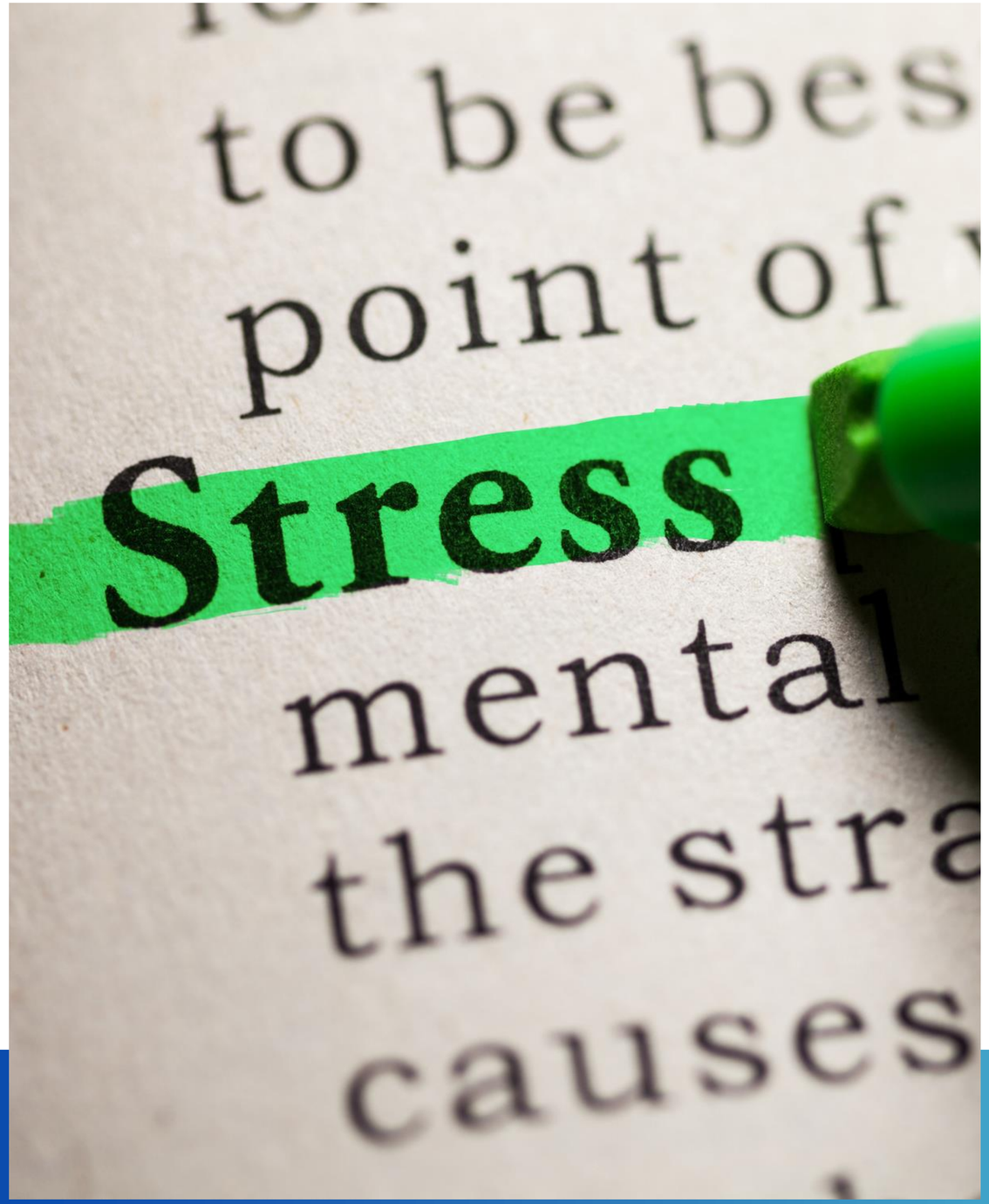
Witness Positions





What is stress?

Stress is a natural psychological and physical ***response*** to challenging or threatening situations.

Acute Stress

Acute stress is the stress experienced on a daily basis from minor situations.

Chronic Stress

Chronic stress is the result of stress that builds up from repeated exposure to stressful situations.

What are stressors?

events, situations, or stimuli that causes stress to a person.

Environmental

Destruction of homes, disruption of essential services, lack of clean water, and unsafe living conditions.

Health-related

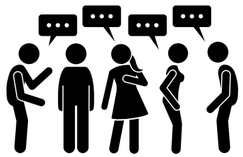
Physical injuries, lack of medical care, exposure to pollutants, increased risk of illness.

Workplace

High workload, role ambiguity, lack of control, work-life imbalance

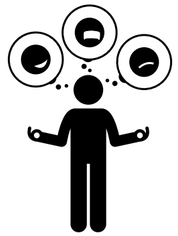
Financial

Loss of income, costs associated with property damage, and delays in insurance payouts.



Social

Family separations, loss of community support, and increased conflicts within families or communities.



Internal

Expectations, perfectionism, negative self-talk, fear, worry.

Physical Experiences

- Clamminess or chilliness
- Exaggerated startle
- Fear responses to non-threatening stimuli
- Hyper-arousal
- Hyper-vigilance
- Lethargy
- Muscle aches and pains
- Numbness
- Poor concentration
- Rapid heartbeat
- Spacey feeling
- Sweating
- Tingling
- Sudden cold or hot

Psychological Experiences

- Aggression
- Anger
- Disbelief
- Fear
- Grief
- Guilt
- Helplessness
- Memory alterations
- Numbing
- Rage
- Sadness
- Shame
- Vulnerability
- Worry/ Anxiety

Managing the Stress

The Stressor

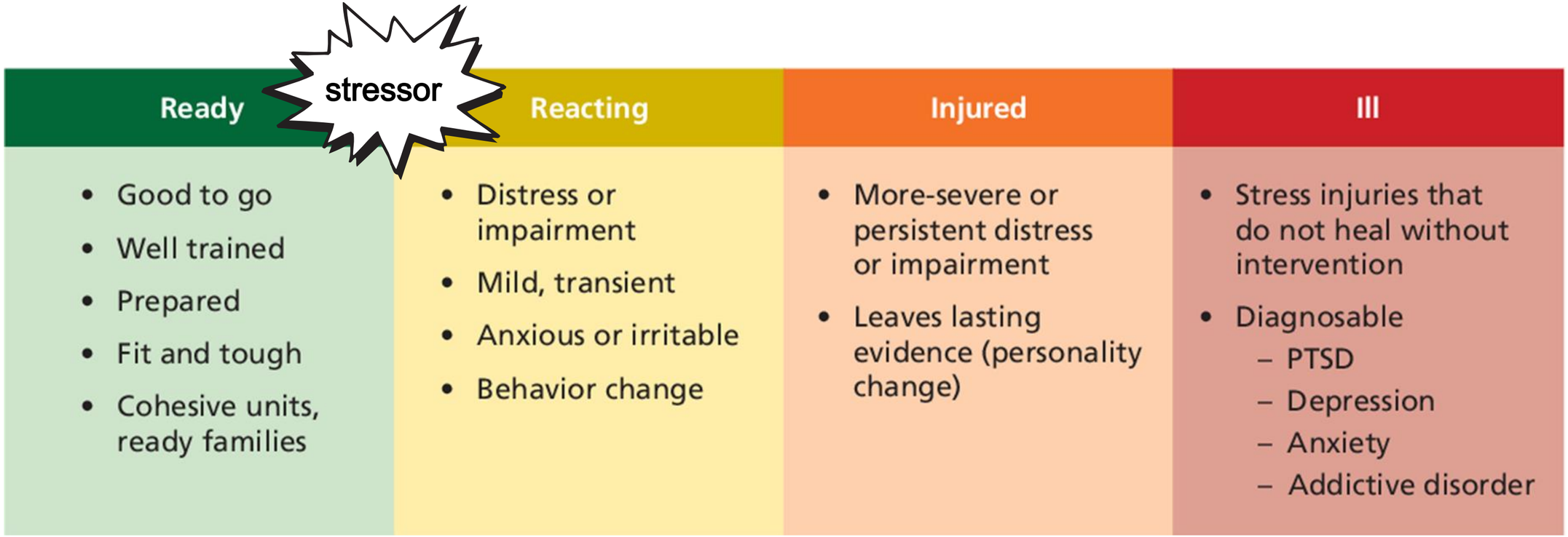
what activates the stress response

The Stress Response

what happens in your body when you encounter a stressor

Address *both* the stressor and the stress response

Stress Continuum



Nash, W. P. (2011). US Marine Corps and Navy combat and operational stress continuum model: A tool for leaders. Combat and operational behavioral health, 107-119.

How many of you have heard of the stress continuum?

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“I have come to believe that caring for myself is not self-indulgent. It is self-preservation.

Audre Lorde, *A Burst of Light*

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Self-care is…

caring for yourself in *all your roles* with *compassionate action and thought*.

is anything that makes us feel better.

Self-care is important, but not always easy

You don’t need to earn self-care.

Self-care is not a leisure and luxury.

Self-care doesn’t take a lot of time.

You’re worth it.

Self-care Practice #1

Practice self-compassion

Self-kindness
Common humanity
Mindfulness

Self-care Practice #2

Grounding

Self-care Practice #3

Breathwork

Box breathing
Cyclic sighing

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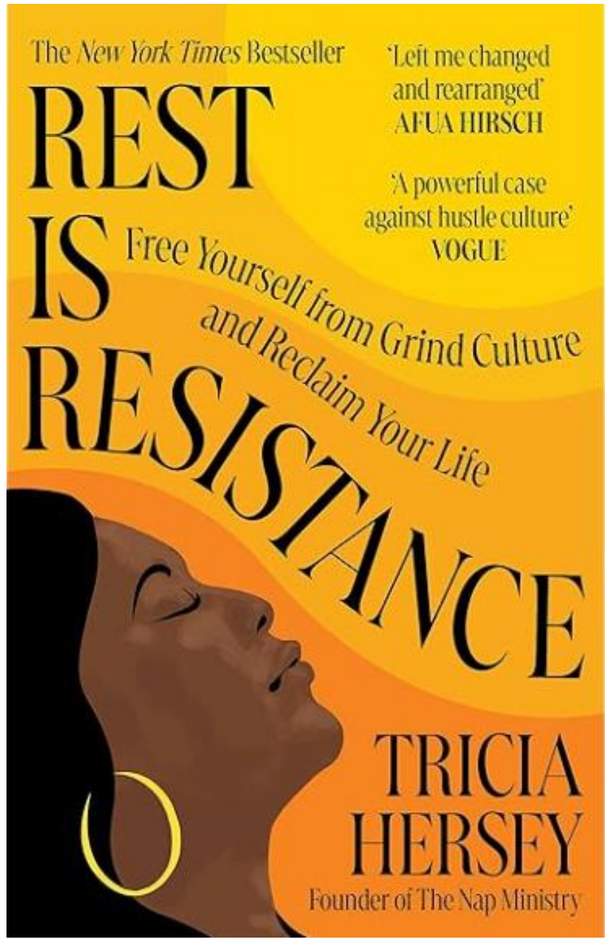
Self-care Practice #4

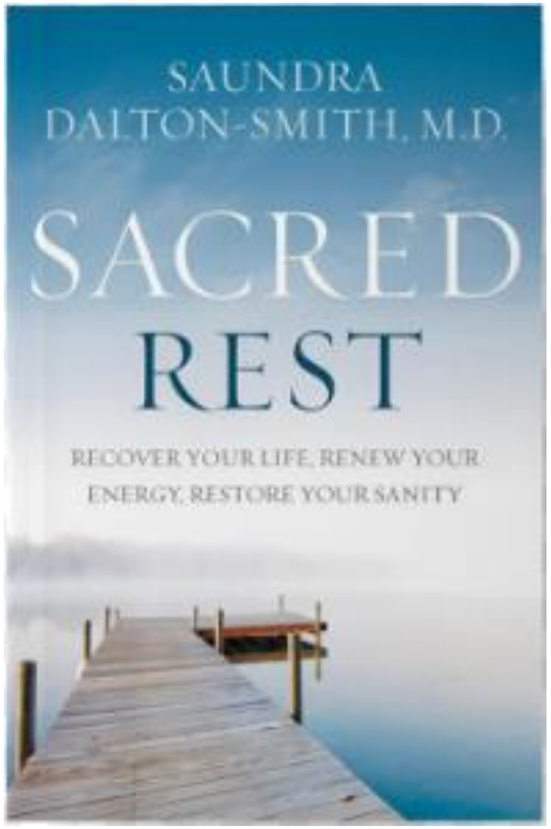
Joy snacking

Self-care Practice #5

Rest

- physical
- mental
- sensory
- creative
- emotional
- social
- spiritual





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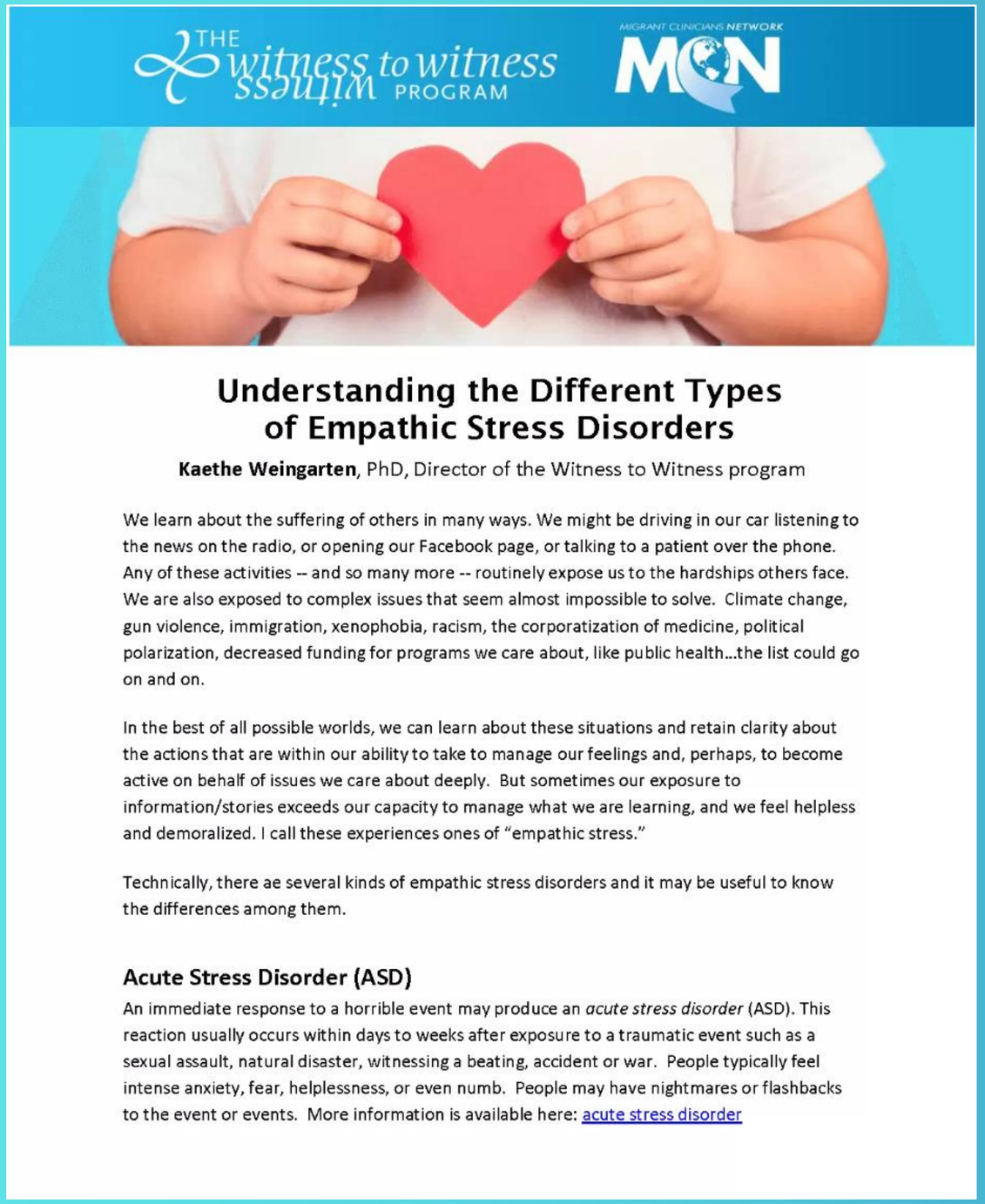
Helping the Helpers

Available in English and Spanish



Understanding the Different Types of Empathic Stress Disorders

Kaethe Weingarten, PhD, Director of the Witness to Witness program

We learn about the suffering of others in many ways. We might be driving in our car listening to the news on the radio, or opening our Facebook page, or talking to a patient over the phone. Any of these activities -- and so many more -- routinely expose us to the hardships others face. We are also exposed to complex issues that seem almost impossible to solve. Climate change, gun violence, immigration, xenophobia, racism, the corporatization of medicine, political polarization, decreased funding for programs we care about, like public health...the list could go on and on.

In the best of all possible worlds, we can learn about these situations and retain clarity about the actions that are within our ability to take to manage our feelings and, perhaps, to become active on behalf of issues we care about deeply. But sometimes our exposure to information/stories exceeds our capacity to manage what we are learning, and we feel helpless and demoralized. I call these experiences ones of "empathic stress."

Technically, there ae several kinds of empathic stress disorders and it may be useful to know the differences among them.

Acute Stress Disorder (ASD)

An immediate response to a horrible event may produce an *acute stress disorder* (ASD). This reaction usually occurs within days to weeks after exposure to a traumatic event such as a sexual assault, natural disaster, witnessing a beating, accident or war. People typically feel intense anxiety, fear, helplessness, or even numb. People may have nightmares or flashbacks to the event or events. More information is available here: acute stress disorder

Understanding different types of stress disorders

Available in English and Spanish

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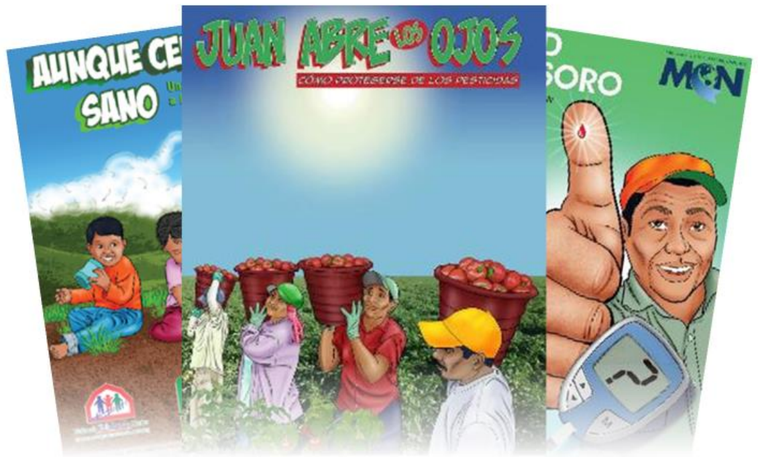

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