Youth Safety: Schools and Communities Must Act Together Now

By Aaron J. Fox, B.A.
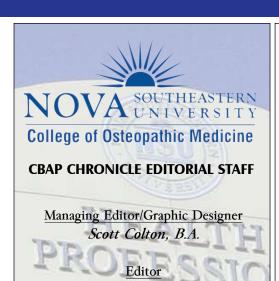*Research Assistant, Webmaster, and Data Coordinator*

The parents of primary and secondary school-aged children may be more vigilant now than they ever were in years past. The National Youth Violence Prevention Resource Center, sponsored by the Centers for Disease Control and Prevention (CDC), notes that, "a great deal of media attention has been directed to school shootings in recent years."

Many of these shootings have resulted in mass casualty situations that undermine local education systems as well as the communities they support. Despite this, "the overall rates of violence in schools have fallen, and students feel safer in schools today than they have for several years." In fact, "school-associated violent deaths account for less than one percent of homicides among school-aged children and youth."

Schools may not be the locus of youth violence, but they still remain the centerpiece of any community, as a place where children and teens can learn about ways to create safer communities for their peers and future generations. On the other hand, schools can also be places of intervention, particularly for students who may need remediation, counseling, or disciplinary action. The issue of youth safety is an ongoing challenge that each and every school, in partnership with the community, must address.

CHRONICLE CORNER

Cecilia Rokusek, Ed.D., R.D.
CBAP Project Manager

The CBAP faculty and staff began 2007 with a packed training schedule that includes continuing education programs and courses at both Nova Southeastern University and Broward Community College. In fact, there are 33 state and national CBAP programs scheduled through July 2008. It is wonderful to be busy as it reinforces for me the ongoing work and numerous challenges we have before us as we prepare and continually attempt to answer the preparedness question. We at CBAP are also working tirelessly to conduct ongoing drills and surveys in an attempt to measure our preparedness. In addition, we have a strong team working on regular follow-up with all individuals trained through the center.

I am extremely pleased to be able to highlight a new initiative I am working on with my wonderful colleague and CBAP director, Dr. Leonard Levy. Together, we are preparing a working document for the dean of NSU's College of Osteopathic Medicine on "Pandemic Preparedness for Colleges of Osteopathic Medicine." This document will serve as the foundation piece for a planning initiative for the college. In addition, we are preparing a seminar for the American Association of Colleges of Osteopathic Medicine Annual Meeting, which we will present in St. Louis, Missouri, on April 8.

We have all been reading a great deal about pandemic preparedness, but the reality is almost incomprehensible in regard to educational institutions—most especially health professions institutions—that will have a double challenge to address. I want to urge higher education administrators to take this issue very seriously. If you do not have a plan, start NOW. If you have a plan, have you involved key stakeholders? Does everyone in the institution know about the plan? Have you provided training on pandemic preparedness? If you have a plan, have you updated it?

On the subject of campus planning for pandemic flu, I want to extend a special invitation to all our readers for an upcoming conference. On April 25-26, 2008, our center will host a national conference entitled Campus Safety and Security: A Call to Action for Higher Education. This two-day program, which will be held at NSU's Health Professions Division, will feature state and national speakers who will be addressing areas of campus safety, security, planning, and response management. On the second day, attendees will have the opportunity to participate in a campus emergency drill, which will involve the external community to a significant degree, including fire and rescue, law enforcement, CERT, Broward County EOC and health department personnel, the local Medical Reserve Corps, and community health care systems. It is our hope that this conference will provide an interdisciplinary forum for learning and discussion for higher education leaders, law-enforcement officials, student-life personnel, safety officers, health services professionals, and others involved in campus safety. Refer to page 12 in this issue for further information and registration details. You can also visit the CBAP Web site at *www.nova.edu/allhazards*.

Finally, I am excited to announce that our Advanced Course will be given here at NSU on March 31-April 1. The program will be packed with information highlighting a radiological and chemical event. Dr. Joel Spalter and Debbie Haas will be delivering the training along with a team of facilitators. For the first time anywhere, the Casualty Objective Structured Clinical Examination (COSCE) will be used in dealing with the victims of disasters that will occur on each day of the training program. Be sure to check our Web site for registration for this free continuing education program that promises to be truly enriching, especially for first responders and those physicians, nurses, and others directly involved in emergency response and care. For further information on any of these programs, please contact Sally Bragg, M.S.N., R.N., at (954) 262-1663 or *bragg@nova.edu*.

Be safe…and remember our job in preparedness is only just beginning!

CBAP Trains Medical Reserve Corps Members

In October, the CBAP provided a daylong training program based on the competencies established by the Office of the U.S. Surgeon General for 95 members of the Medical Reserve Corps (MRC) as well as a representative from the U.S. Public Health Service and the Florida Department of Health. The program, which was held at the Intercontinental West Miami Hotel in downtown Miami, focused on training the attendees in MRC core competency areas such as psychological first aid, roles and responsibilities of individual volunteers, vulnerable and hard-to-reach populations, and anthrax preparedness.

The MRC, which is a national program for volunteer emergency responders, typically comprises volunteers from medicine and other health professions who participate in responding to both natural and manmade major public health emergencies locally but also elsewhere in the state and nationally. This CBAP initiative, which is part of an ongoing effort with the Miami-Dade, Broward, and Palm Beach County health departments, required several months to plan. Currently, there are no standards for the education and evaluation of MRC members in the United States. As a result, this pilot program has hopefully established a training standard that will be demonstrated by the members of the CBAP team at the MRC national meeting in Portland, Oregon, in April 2008.

Speakers included James Howell, M.D., M.P.H., CBAP project director; Maribel Zayas, B.P.A., J.D., interim administrator, Miami-Dade County Health Department; Leonard Levy, D.P.M., M.P.H., CBAP director; Pete De Jesse, EMT-P, EFO, battalion chief, Broward County Sheriff's Office, Department of Fire Rescue and Emergency Services; and Jay Lee, Ph.D., Palm Beach County MRC coordinator.

Center Receives Recognition from Miami-Dade County

The CBAP was honored in October by the Miami-Dade County Health Department for its contributions to the organization's Public Health Preparedness Program. Leonard Levy, D.P.M., M.P.H., associate dean of education, planning, and research and CBAP director, and Cecilia Rokusek, Ed.D., R.D., CBAP project manager, were honored by the Miami-Dade County Health Department for their "unwavering support and assistance" to the program and the citizens of the community during the organization's Volunteer Recognition Reception held at the South Miami Hospital, Victor E. Clarke Education Center. In addition, CBAP faculty and staff received a plaque of appreciation from the Miami-Dade County Health Department "in recognition of the center's support to the Medical Reserve Corps in the development and implementation of core competency training for volunteers."

CBAP Fast Facts

The center received **$1.13 million in continuation funding** from the Office of the Assistant Secretary for Preparedness and Response of the U.S. Department of Health and Human Services to continue its Bioterrorism Training and Curriculum Development Program. The funding is utilized by the CBAP to provide national training activities aimed at physicians, other health professionals, and first responders for the fiscal year ending August 31, 2008.

Leonard Levy, D.P.M., M.P.H., director of the Center for Bioterrorism and All-Hazards Preparedness, will serve on the ASPR panel at the 2008 Public Health Preparedness Summit, which centers on the theme Measuring Preparedness: Celebrating Our Success, Challenging Our Future. The symposium will be held February 19-22 in Atlanta, Georgia.

Mission Statement

The CBAP is dedicated to the interdisciplinary education and training of professionals, health care workers, community groups, and executives at the local, state, and national levels. The center is dedicated to

- prevent, protect, respond, prepare for, and recover from hazardous events

- emphasize vulnerable, underserved, hard-to-reach, and disadvantaged populations

- serve as a resource center in all-hazards preparedness

- perform research related to response, mitigation, and recovery

CBAP Chronicle is a quarterly publication that highlights the resources, services, and relevant information on current topics available on all-hazards preparedness in the United States for interested health care professionals and those involved in the health and safety of their communities, state, and nation.

"Youth Safety: Schools and Communities Must Act Together Now"

(continued from page 1)

School vs. Youth Violence Rhetoric

■ How have high-profile cases (e.g., Columbine High School in 1999) influenced the need for school emergency preparedness?

 ☼ How have they affected school funding as well as the direction of law enforcement?

 ☼ How have they affected other priorities for emergency preparedness in schools such as planning for natural disasters and other hazards?

■ If violence in schools accounts for less than one percent of all youth violence, then where and how should youth violence be targeted?

 ☼ How does school violence differ from youth violence?

 ☼ What are risk and protective factors for youth violence? Who is vulnerable?

 ☼ What can be done to reduce youth violence? What is the role of the local education system? What is the role of the community?

Youth Violence Statistics

■ Through the last decade, there have been nine homicides per day for children and teens under 19 years of age.

■ In 2004, 750,000 youths between the ages of 10 and 24 were treated in the emergency department due to violence.

■ In 2004, suicide was the third-leading cause of death among youth between 10 and 24 years of age.

■ In 2006, homicide was the leading cause of death for African Americans and the second-leading cause of death for Hispanics among youth between 10 and 24 years of age.

■ For more information, please visit *http://www.cdc.gov/ncipc/factsheets/yvfacts.htm*.

School Safety and Community Emergency Management

What are the challenges confronting schools in the area of school safety? Like any community, a safe school is more than just a place without crime—it is also a place where children and adults feel safe to go. It is a place where people are working together on a consistent basis to continually improve existing plans, facilities, and other infrastructure. The work it takes to develop a safe school may require assistance beyond just school employees; it may also involve students, parents, community infrastructure (e.g., police, fire rescue, health services, etc.), and other stakeholders. In assessing school safety, it may be effective to answer the following questions as if you were a student of the school:

☻ How safe is my school?

☻ What can I do if I don't feel safe about my school?

☻ What needs to be done to make my school safer?

☻ Does everyone know what to do if there is an emergency in my school?

Though problems in schools may not be completely avoidable, their likelihood can certainly be reduced. For schools and communities alike, effective emergency management functions in a disaster cycle with four phases. It begins with **mitigation** and **prevention**, addressing what schools and districts can do to reduce or eliminate risk to life and property. The second quarter of the cycle—**preparedness**—focuses on the process of planning for worst-case scenarios. The third and fourth phases—**response** and **recovery**—deal with steps to take during and after a disaster or crisis. Well-planned school emergency management is not prescriptive, but it may be helpful when updating disaster plans.

In between reviewing and practicing, school safety begins and ends with planning as a continuous cycle. School disaster and emergency planning must be on paper and electronically documented for it to be referenced; hearsay knowledge of a plan is not sufficient during a crisis. In 2007, *Helpful Hints for School Emergency Management* from the U.S. Department of Education's Office of Safe and Drug-Free Schools recommended that plans

be reviewed, strengthened, and updated on an ongoing basis with the following in mind:

- **Conduct scheduled emergency exercises** to measure the effectiveness of your school's emergency management plan(s). Get students, teachers, and staff involved. Run through scenarios, tabletop exercises, drills, functional simulations, and full-scale exercises. Identify gaps and fill them appropriately. The idea is to provide the most realistic situation possible so that when the scenario becomes reality, your school can handle it to the best of its ability.

- **Collaborate with community partners** to establish and maintain relationships that will suit the needs of your school. Meet with community partners regularly. Incorporate them into your emergency exercises, strategic planning meetings, and other aspects of your school where you feel they would best fit. Factor them into your school's budget, grants, and other relevant allocations.

- **Focus on sustainability** to increase capacity building for emergency management at your school. Engage your school's administration, faculty, and staff in training sessions on key issues, such as school-bus safety or preparedness for students with disabilities. Identify individuals who will be your school's backup staff in the event of a disaster. Seek out support, resources, and collaboration from within your school's community.

- **Conduct evaluations consistently** to assess how people at your school and your school's community feel about your school's emergency plan(s). This will add credibility and public trust to the plan and in those who implement it. Document both the positive and the negative—from performance and growth to lessons learned. Emergency response providers and government officials may visit *www.llis.dhs.gov* (Lesson Learned Information Sharing) to access secured resources.

Ensuring **school safety** is a **community effort** that incorporates a comprehensive, all-hazards approach that encompasses natural and manmade disasters. This may sound complex and not necessary for all types of emergencies; however, this is not the case and should be a priority for all schools. The development,

implementation, and ongoing revision process of a school disaster plan must not compromise a school's ability to carry out its mission. Instead, school safety should be incorporated into meeting agendas and the workflow of school employees as well as the community. In the end, schools will hopefully benefit their communities and vice versa.

Opportunities Inside and Outside the Classroom

Primary and secondary schools represent two completely different worlds; however, they each provide distinct opportunities for parents, teachers, students, and other members of the community to get involved in safety and protection measures. They have been enhanced by technology, which has given individuals increased versatility and speed in communication, access to information, and the ability to produce a wide range of materials. Despite technology's nearly infinite potential, particularly in emergency communications, it also has created a wider forum for adverse behaviors, including bullying, inappropriate content, and other offensive exchange.

Primary and secondary schools are similar to small communities, except that all school staff members may also be "unofficial police officers." For example, the cafeteria is the restaurant; the school nurse is the health department, and so on. Thus, incorporating student or parent input into school safety is similar to having community residents assist in their own emergency planning. Particularly in elementary schools, older students may be asked to pitch into their school's community by patrolling hallways or outdoor areas; parents may be seen volunteering as well in different capacities. As children progress through middle and high school, parents may become less involved, as their child becomes a teen approaching adulthood and independence.

Involving all of the individuals related to a given primary or secondary school in emergency planning can help students to

It may be a common practice to put students in the hallway of their school in an emergency situation. However, during a tornado or high-wind situation, the school's roof may blow off, and the support for air conditioning units attached to the ceiling may break, resulting in heavy debris. This is especially true for schools in the southern United States. It is critically important for all school employees to be knowledgeable of their facility's building infrastructure and construction, particularly those involved in school emergency planning.

understand schools as communities in which they are members. This fostering of community may also make students feel partly responsible for each other's well being. Involving students in emergency preparedness activities, including but not limited to planning, drills, exercises, assessment, and evaluation, can help students learn to practice emergency management in their homes and in other future situations. Involving students in special taskforces for safety efforts may also save money and provide viable solutions through creative ideas. Students also can provide assistance through becoming a member of a school safety-related extracurricular organization, if it is available within the school.

Through continuing education and in-school training, teachers and staff must be kept up to date on a regular, consistent basis with the most current information on school safety. Some of the more recent hot topics include technology, bullying, food safety, bus safety, and terrorism, among others. Following training, teachers can also impart new curriculum to students through the Teens, Crime, and Community (TCC) initiative, which combines education and action to reduce teen victimization and seeks to engage the strengths of young people, educating them and providing the opportunity for them to serve their communities. Teachers, as well as other school employees, should also be kept alert of any threats that may affect the school as soon as they are recognized through a password-protected, secure intranet. Schools may also choose students to secretly observe and report crime as well as utilize school resource officers, aside from standard security guards. Like parents, teachers are also consistent role models for children and teens in primary and secondary schools; thus, teachers must remember to practice what they preach in the classroom.

Student discipline is similar to law enforcement in the real world. If a student is caught cheating in class, he or she may receive a zero or be sent to the school principal (or both). Punishment is given proportionally to the seriousness of a student's offense. Particularly due to recent events in the United States as portrayed by the media, student offenses in regard to school safety are not taken lightly and may result in local, state, or federal investigation. Schools that exist in neighborhoods with high crime should consider partnering with local law enforcement. Besides discipline, teachers and other school staff can utilize interventions and other best practices. Through early identification and intervention of at-risk students, school staff can mitigate against potential problems with students in the future.

There are varied opportunities inside and outside the classroom for primary and secondary school teachers, as well as other school staff and administrators, to positively impact students and their families on issues regarding school and community safety. The same lesson plans that teach and maintain school safety should also be the same plans that apply to community preparedness and youth safety outside the school. It is critical that appropriate early identification of adverse behaviors, appropriate discipline, and effective interventions are utilized consistently to manage student conflict. In locations where crime is a noticeable problem, law enforcement should work with schools to identify problems in the community and deal with them accordingly.

Recommendations for Planning Ahead

As of May 17, 2007, the U.S. Government Accountability Office (GAO) noted that, "While no federal laws require school districts to have emergency management plans, (only) 32 states reported having laws or policies requiring school

Early Identification and Intervention Programs

Academic Support Programs involve adult, peer, and cross age tutoring as well as interventions for school attendance.

Anger Management involves strategies that help students control anger in conflict.

Threat Assessment includes the use of early warning signs such as risk factors and individual profiles.

Bullying Prevention and Intervention involves best practices through the use of the Olweus Bullying Prevention Program (*www.clemson.edu/olweus*), which can dramatically improve the school environment.

Conflict Resolution and Peer Mediation Programs involve negotiation-based strategy involving peers to help resolve peer conflict.

Others include individual counseling, individual behavior plans/supports, mentoring programs, school-wide discipline programs, as well as drug, alcohol, and gang prevention/ intervention programs.

districts to have such plans." Those states are shaded gray in the accompanying map.

Figure 1: States That Reported Having Laws or Other Policies Requiring School Districts or Schools to Have Emergency Management Plans

States reporting requirements for districts or schools to have emergency management plans.

Source: GAO analysis of survey data.

The federal government gives states the power to disperse funds to local governments, but not all states have the same rules and regulations. Community members should take an active role in advocating for school and community safety. Some state or school districts require their schools to have a school resource officer who is intimately involved in all law-enforcement issues related to the school, including matters of education and promotion; however, this does not include all areas of the United States. In addition to furthering school preparedness efforts, it is important for communities to assess their needs and request funding if necessary.

Through the use of continuing education and other available training, teachers and other school staff must be made aware of emerging topics such as **Methicillin-resistant Staphylococcus aureus (MRSA)**, **cyberbullying and the role of technology**, **the role of law enforcement in youth violence**, and others. Particularly with technology, a good deal of bullying now goes unnoticed because it is on the Internet or through text messages and cell phones. Teachers and school staff should also be aware of new terminology such as **bullycide** (i.e., suicide caused by bullying) and other such words. New technologies and alternative ways of thinking have spawned these words, which require curriculum and disaster preparedness plans to be updated as well.

Additional New Terminology School Staff Should Know

According to the Federal Bureau of Investigation, **cyberterrorism** is any "premeditated, politically motivated attack against information." It also can be described as any sort of leveraging of one's computer and information technology (i.e., Internet) to cause real-world harm or severe disruption.

According to the National Crime Prevention Council, **cyberbullying** involves "the use of the Internet, cell phones, or other devices to send or post text or images intended to hurt or embarrass another person."

According to the Center for Safe and Responsible Internet Use, a **cyberthreat** "is online material that threatens or raises concerns about violence against others, suicide, or other self-harm."
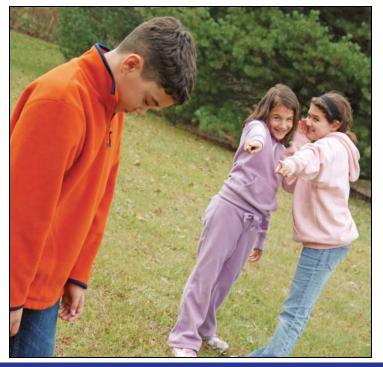
Besides beefing up on the most up-to-date vocabulary, schools should begin making friends with their local law enforcement if they haven't already. Since statistics show that apparently 99 percent of all youth violence happens outside the school environment, local police departments need to link up with schools to have a stronger presence in communities where families can be reached. Law enforcement can provide education, assistance, and monitoring to areas where crime and violence exist and need remediation. It is important for parents, as much as they can, to be involved with local schools in emergency management and safety planning. This way, families in the school's community can also prepare themselves for a disaster or crisis.

Other Important Topics for Independent Study

Crisis management is on the forefront of school safety today, particularly following what took place at Virginia Tech. The Virginia Department of Education offers a Model School Crisis Management Plan at *http://www.doe.virginia.gov/VDOE/Instruction/model.pdf*.

Bullying accounts for much of youth violence today. The Health Resources and Services Administration's campaign called Stop Bullying Now can be found in every school across the country. For more information on this campaign, please visit: *http://stopbullyingnow.hrsa.gov*.

Schools and communities should be aware of the **Incident Command System (ICS)** and how it relates to their area. An introduction to ISC for schools, developed by the U.S. Department of Homeland Security, can be found at *http://training.fema.gov/EMIWeb/is/is100sc.asp*.

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Providers of Care at Special Needs Shelters: Targeting Occupational and Physical Therapists

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Provision of care at special needs shelters has been identified as a specific area of concern at the decision-making level for local, state, and national disaster planning. After hurricanes Wilma and Katrina, reports of first responders unable to transfer or physically assist individuals who arrived at special needs shelters made further attention to staff training necessary because many first responders had never handled an individual with special needs.

A common comment from many first responders who visited special needs shelters for Hurricane Wilma was individuals who arrived at the these shelters required much more cognitive and physical assistance than expected. Although qualified to provide minor medical assistance, such as taking blood pressure or obtaining a medical history, many first responders did not possess the knowledge to mobilize individuals or ask probing questions regarding cognitive status for individuals with special needs. Fortunately, occupational and physical therapists are uniquely trained to provide professional assistance indicated at special needs shelters.

Case Example

Ms. Murray is a widowed 82-year-old who lives alone in a first-floor condo. She is able to take care of her house plants, enjoys going to bingo on Tuesdays, and once a month goes with other residents in her condo to the Hard Rock Casino for a night of fun. She has someone who cleans her home and helps with the grocery shopping. She walks with a cane; however, when she has a bad day, she sometimes uses a walker. Although she still drives even though she's suffered vision loss, Ms. Murray limits her driving to short, familiar distances and only on "good" days when she both feels good and the weather is clear.

As a responsible citizen with no family in the area, Ms. Murray registered and is recognized as an individual with special needs who is familiar with the shelter she is to respond to during any hazardous situation. When a hurricane strike is imminent, she responds as instructed to her shelter with a pillow, medicines, and her cane. A caring public health nurse takes her health information and points out where the restrooms and water are located, at which point Ms. Murray enters the main shelter area.

What happens now? It takes Ms. Murray a long time to get to the restrooms, so she goes immediately and then refuses any water. With her vision deficit, she is having a difficult time locating the wires and steps on the floor and is afraid of falling while walking around. As a result, she decides to stay in one chair. As the hours pass, she is offered a cot or a mat to sleep, but she has not been on any surface that low in years and does not know how she would

possibly get out of the cot upon waking. She does not want to bother anyone for assistance and consistently reports she feels fine. After only 24 hours at the shelter, she becomes stiff and wishes she had her walker with her. She also begins to feel dizzy. The shelter has a wheelchair, which it provides for her so she can sit on a surface with back support. Unfortunately, even the wheelchair becomes uncomfortable after a short time. What happens to Ms. Murray after 48 hours…one week…or in the case of Hurricane Katrina, one month or longer?

Does Ms. Murray's story sound familiar? In 1994, 33.2 million individuals were aged 65 years or above, and the number is rapidly rising as the baby boomers age. Disaster planning to include and adequately provide care for these individuals is being discussed. Ms. Murray represents the type of individual who should register for and respond to special needs shelters. Although she requires only limited assistance upon arrival, even healthy adults have difficulties coping with disasters — and older adults have additional health problems that must be considered as well.
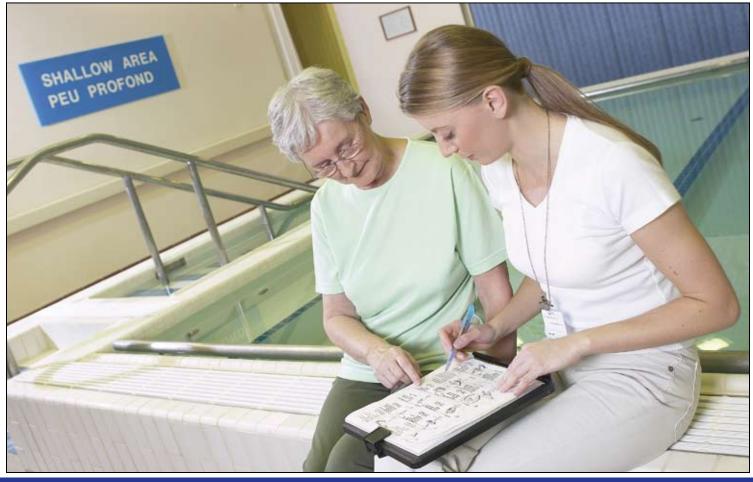
As time passes and the stress of an event increases, health begins to decline. Since individuals with physical, mental, or cognitive impairments are members of the intended population to report to special needs shelters, plans for inevitable decline should be considered during the planning phase. Responders to these shelters must be prepared to assess physical and mental status as well as provide adequate care for these individuals.

Individuals with specific diagnoses targeted to relocate to special needs shelters include individuals who have a history of stroke, cardiac problems, frail elderly, or the medically needy (on oxygen, gastric tubes, indwelling catheters., etc.) who have a caregiver. Typically, it is expected that nursing homes, assisted living facilities, and other residential facilities have disaster plans in place that do not include \special needs shelters. However, for individuals with no family to assist them during a hazardous event, those from residential facilities are frequently brought to special needs shelters.

Additional, targeted populations for special needs shelters are individuals who have caregivers. The expectation is the caregiver will take responsibility for the individual with special needs in regard to using the bathroom, feeding, and transfers. However, the caregiver may also want to care for his/her family and leave the individual at the shelter to tend to his/her own family.

A provision in some disaster planning procedures states if the individual has no caregiver and cannot take care of him/herself, arrangements must be made to receive special admission to a hospital. The problem is the hospitals are overbooked and are sending individuals who do not need immediate medical care to special needs shelters. Hospitals need to remain available to help the injured and those with life-threatening needs rather than those who are medically stable. Additionally, once a disaster has taken place, transportation between facilities ceases and the shelter staff needs to care for all individuals at a facility.

Who can fill the need for these individuals who are reporting as directed to special needs shelters, which are people who have physical, cognitive, or mixed needs but do not have life-threatening impairments? The Florida Department of Health Chapter 64-3 set out provisions for special needs shelters.

Health care providers are defined as any practitioner issued a license by the Division of Medical Quality Assurance. This includes over 40 categories of licensed medical providers from hearing-aid specialists to physicians. When targeting the type of professional to serve at different levels of disaster planning, this list gives a starting point for selecting individuals with defined skill sets to provide different levels of care.
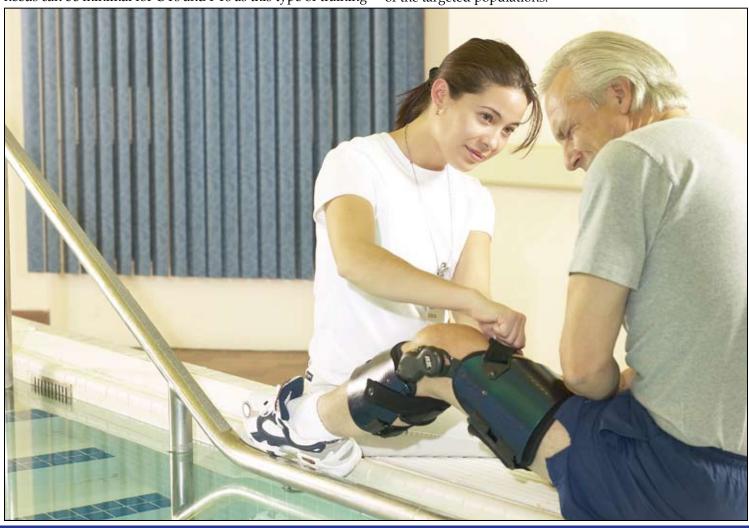
Occupational and physical therapists possess specific academic and situational education, making them skilled professionals whose input should be sought when making plans for and responding to special needs shelters. Occupational and physical therapists are educated to work with individuals across the lifespan with special needs. In addition to taking a medical history or blood pressure and interpreting health information, OTs and PTs can transfer and provide transfer training to assist the mobility needs of individuals.

Unique practice with acutely disabled individuals provides the experience necessary to identify which individuals are more likely to decline—as is the case with Ms. Murray—without individualized evaluation, attention, and care. The ability to evaluate and then relate health information into functional limitations, as well as provide hands-on assistance with all levels of transfers and mobility, makes occupational and physical therapists an ideal fit to fill the gap at special needs shelters.

Training regarding the actual care of individuals with special needs can be minimal for OTs and PTs as this type of training is integral to education prior to receiving licensure. Although interested OTs and PTs can assist and have assisted in all levels of disaster planning, for the individual practitioner responding locally, targeted education in specific topics will be effective. Training and education that focuses on local, state, and national disaster plans, identification of when, where, and who to respond, and what types of hazards to respond are examples of recommended training. For instance, if the avian flu becomes the next local hazard, OTs and PTs should not respond, as keeping person-to-person contact to a minimum is indicated. However, if the next hazard is another hurricane, OTs and PTs should know where to go to best serve individuals with special needs.

The NSU College of Allied Health and Nursing's Occupational Therapy Department in conjunction with CBAP provides an in-person training session for all first responders to safely handle individuals with special needs. Training has been divided, and portions of the training will soon be available at the CBAP Web site. Additional training regarding health care providers and levels of participation in disaster planning are also available at the Web site.

Another hazard, hurricane, or other disaster is inevitable in the future. Providing appropriate levels of care for all populations at a variety of facilities is a necessity. Analysis of first responders and identified health care providers for special needs shelters identifies occupational and physical therapists as professionals uniquely trained to meet the needs of the targeted populations.

Upcoming CBAP Training Sessions

February 2008

February 8: Martin County Emergency Personnel (Martin County) – Intermediate Course

February 19: Broward Community College (Davie) – Intermediate Course

February 19 -22: Public Health Preparedness Summit (Atlanta, Georgia) – Booth

February 21-24: Florida Osteopathic Medical Association (Fort Lauderdale) – Booth

February 28: Broward Community College (Davie) – Nurse Critical Care

February 29: Community Health Center (Miami Springs) – Basic Awareness Course

March 2008

March 11: Broward Community College (Davie) – Intermediate Course

March 13: Broward Community College (Davie) – Basic Awareness and Intermediate Course

March 17-18: National Disaster Management System (Nashville, Tennessee) –Abstract/Advanced Course

March 19-20: Innovations Conference (Orlando) – Poster Presentation

March 27: Broward Community College (Davie) – Basic and Intermediate Awareness Course

March 28: School Nurses Palm Beach (West Palm Beach) – Pandemic Flu/Intermediate Course

March 31: Nova Southeastern University (Davie) – Advanced Course

April 2008

April 1: Nova Southeastern University (Davie) – Advanced Course

April 2: Cleveland Ohio School of Podiatry (Cleveland, Ohio) – Basic/Intermediate Awareness Course

April 8-12: American Association of Colleges of Osteopathic Medicine (St. Louis, Missouri) – Pandemic Preparedness in Our Academic Programs Oral Presentation/Poster Presentation on Follow-Up Evaluation of an All-Hazards Preparedness Basic Awareness Course

April 10: Broward Community College (Davie) – Intermediate Course

April 15-18: ASPR-BTCDP All-Awardee Conference (Washington, D.C.) – Presentation of Abstracts

April 17-18: Loma Linda University (Loma Linda, California) – Intermediate Course

April 25-26: Nova Southeastern University (Davie) – Campus Safety/Security Presentation and Drill

May 2008

May 2: Missouri Association of Osteopathic Physicians and Surgeons (Branson, Missouri) – Booth/Lecture

May 7-10: National Rural Health Association (New Orleans, Louisiana)

May 8-9: Community Health Organization (Miami, Florida) – Pandemic Flu

May 16-18: Connecticut Osteopathic Medical Society – Intermediate Course

May 24-29: American Academy of Physician Assistants (San Antonio, Texas) – Exhibit

CBAP National Campus Safety and Security Conference Set for April

On April 25-26, the CBAP will be presenting a two-day conference titled **"Campus Safety and Security: A Call to Action for Higher Education"** at Nova Southeastern University's Health Professions Division campus in Davie, Florida. This unique two-day program will provide college and university administrators, law-enforcement officials, health personnel, and others involved in campus and school safety the opportunity to explore the current issues affecting all areas of campus safety and security. On the second day of the conference, participants will have the opportunity to take part in an actual campus-based drill.

Discussion topics on day one will include "Legal Issues," "Impact of Media/Technology," "Changing Campus and Societal Environments," "Crisis Intervention/Psychosocial Applications," "All-Hazards Emergency Planning," "Interoperable Communications," "Risk Assessment," "Campus/Community Partnerships and Integrated Training," and "Drills and Overall Evaluation."

As a result of support from major grants received by Nova Southeastern University College of Osteopathic Medicine from the Office of the U.S. Assistant Secretary for Preparedness and Response, there is no cost for attending this program or for the materials that will be provided. However, there will be a nominal fee to cover all food and refreshment costs. Because of space limitations, registration is required.

To register or learn more about the conference, please visit the CBAP Web site at *http://nova.edu/allhazards* or contact the center directly at (954) 262-1688.

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