

THE RAPID PULSE

February 2007

Faces & Places

WELCOME:

Buffalo, NY:
CDR David Foley
El Centro, CA:
Ms. Bonnie Lewis
Elov, AZ:
Ms. Brenda White
Ms. Dianne Caffrey
Ms. Gina Casanova
Ms. Jennifer Long
Ms. Pamela Brown
Ms. Sharon Metcalf
Mr. Terence Clark
Ms. Teresa Durbin
Ms. Tiffany White
Florence, AZ:
Ms. Edith Costello
Ms. Lori Provenzio
Harlingen, TX:
Ms. Cerefia Coleman
Ms. Griscelda Castillo
Ms. Nina King
Houston, TX:
LT Frank Molina
Ms. LaShonda Bennett
Krome, FL:
LT James Pappas
Pearsall, TX:
LT Marc Clough
LCDR Danny Phillips
Pinal, AZ:
LCDR Holly McGrath
Ms. Candace Livas
Ms. Deann Hughley
Ms. Deborah Daniel
Ms. Diane Dickerson
Ms. Helen Keyes
Ms. Shirley Kriedler
Stewart, GA:
CDR Betty Shaw
CDR Christopher Walsh
CDR Daniel Aronson
Ms. Angela Mallory
Ms. Cynthia A. Harris
Ms. Latifa Crawford
Ms. Phyllis Blocker
Tacoma, WA:
LCDR Aileen Renolayan
Willacy, TX:
LCDR Jan Guy
Ms. Andrea Tamez
Ms. Augustina Uba
Mr. Carlos Garza
Ms. Celia May Posas
Ms. Iris Mejia
Ms. Sandra Vanderpool

FAREWELL:

Houston, TX:
LT William Cooper
Port Isabel, TX:
LTJG Marc McManus
Washington, DC:
CAPT Eugene Migliaccio

THE DIRECTOR'S PERSPECTIVE

By Mr. Neil Sampson, Interim Director

Welcome to another installment of *The Rapid Pulse*! As the Interim Director of DIHS, it is an honor for me to have this opportunity to communicate with you, the employees of DIHS, via this mechanism.

My predecessor believed that *The Rapid Pulse*, as DIHS' official monthly communiqué, is an important tool to share information on what is taking place within the Division. I share that view, and I look forward to utilizing *The Rapid Pulse* as just one of the ways to communicate with our most vital asset- our staff.

Serving in this new position is something that I did not anticipate, but I look forward to. The work that you do each day to advance the cause of public health protection, and preventing disease infiltration, is vital to our nation's well-being.

As you know, our field sites especially play an important role. DIHS staff in the field are the ones who touch the patients and "lay" the hands.

You might also remember that last September, you were asked by our

parent organizations, the Health Services and Resources Administration/Bureau of Primary Health Care, to participate in an employee survey.

The results of the survey are in, and I hope to have a conversation with you in the future about the results of the employee survey from DIHS' perspective, and how we might utilize those results to make a great organization even greater!

Again, I am grateful for this opportunity to serve as your Interim Director, and I thank each of you for the vital work you do every day on behalf of this organization.

INSIDE THIS ISSUE:

<i>The Director's Perspective</i>	Front Page
<i>Faces and Places</i>	Front Page
<i>Suicide: The Scope of The Problem & What Can Be Done</i>	Page 2
<i>Epidemiology Corner</i>	Page 2
<i>A Guide to Understanding Mental Illness: Post Traumatic Stress Disorder</i>	Page 3

SUICIDE: THE SCOPE OF THE PROBLEM & WHAT CAN BE DONE

By CDR Brenda Gearhart

Editor's Note: This is the third installment of a three-part series on suicide.

Division of Immigration Health Services Policy
DIHS strongly supports early identification of suicide risk and appropriate interventions to reduce the likelihood of a completed suicide. What follows are some key elements of the Suicide Prevention Program, but for more detailed information, see Chapter 15 of the current Policies and Procedures Manual.

Key Elements of the DIHS Suicide Prevention Program:

- Detention and medical staff will receive annual training on suicide prevention
- All detainees will receive an initial mental health screening during intake that includes an assessment of suicide risk. This assessment takes place prior to housing assignments being made.
- Detainees who engage in suicidal gestures, threats, attempts, and other self-injurious behavior will be clinically evaluated, and if clinically appropriate, will be placed on suicide watch.

Suicide prevention is everyone's responsibility. All staff should be familiar with the DIHS Policies and procedures related to suicide prevention which can be found on the G Drive.

Sources of information:

"Jail Suicide." *Preventing Suicide: The National*

Journal. September 2003. Volume Two. Number Four.

"World Report on Violence and Health: Summary." World Health Organization, Geneva, 2002.

"World Report on Violence and Health: Chapter 7: "Self-Directed Violence." World Health Organization, Geneva, 2002.

DIHS Policies and Procedures: Chapter 15. Located on G Drive.

Epidemiology Corner

New report forms reminder

Two new forms were launched January 1, 2007: TB Case and Suspect Report and International Referral Form, and Infectious Diseases Report Form. Both forms and instructions can be found on the G drive at [G:\Specialty Folders\Epidemiology\Infectious Disease Case Reporting\Case Reporting Forms & Instructions](#).

The TB case report shall be used for reporting to DIHS and for enrolling patients in the TB referral programs CureTB and TBNet. For patients enrolled in TBNet, the TBNet Consent Form is still required.

We have also received concurrence from health authorities in Arizona, California, Florida, Georgia, Texas, and Washington to use the new TB Case and Suspect Report and International Referral Form for reporting to local and state health departments in those respective states. If you have any questions, please contact the Epidemiology Unit.

*Epidemiology– From Page 2***N-95 Mask Basics**

N-95 masks are intended to be placed on employees, not patients. The reasoning for this is that if a patient may have a condition that impairs breathing, N-95 masks may further impair breathing. N-95 masks are intended to protect others from exposure to organisms that are transmitted through air. They should be worn by staff, not patients. A tight-fitting surgical mask may be placed on the patient for transportation or movement or when they are not in an airborne infection isolation room until they are determined to not be contagious.

The Centers for Disease Control and Prevention (CDC) *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005* recommend initial and periodic fit testing for respiratory protection. What does this mean? Initial fit testing means that an employee should undergo N-95 mask fit testing upon beginning employment. Periodic fit testing means that the person should undergo fit testing when a new brand, model, or size of mask is used, and when characteristics of the person change, e.g., weight gain or loss, facial surgery, dentures, etc. These guidelines are available at http://www.cdc.gov/nchstp/tb/pubs/mmwrhtml/Maj_guide/infectioncontrol.htm.

Links of interest:

2007 National Notifiable Infectious Disease listing
<http://www.cdc.gov/epo/dphsi/phs/infdis2007.htm>

TB Core Curriculum and Self-Study Modules – all DIHS clinicians are encouraged to complete these web-based courses

<http://www.cdc.gov/nchstp/tb/webcourses/default.htm>

Hepatitis C Management in the Correctional Setting (free archived webcast; CMEs/CEUs available)

http://www.i3cme.com/cactivs/listing_full.asp?ID=975&Type=Enduring&tarea

Archived TB training materials or self study courses (some may offer CMEs/CEUs):

<http://www.umdnj.edu/globaltb/audioarchives.htm>

<http://www.nationaltbcenter.edu/courses/index.cfm>

<http://sntc.medicine.ufl.edu/Training.aspx?webinar=y>

A Guide to Understanding Mental Illness

By LTJG Terron Sommerville

I have served as a Commissioned Officer in PHS for the past 13 months. Currently, I am assigned to our facility in San Diego, California as the Staff Program Manager of the Mental Health Department.

As well, I am a published author and enjoy writing in my spare time. I have worked in the mental health field for the past six years. I served as a Naval Corpsmen before being accepted into the U.S. Public Health Service.

My new book, entitled *A Guide To Understanding Mental Illness*, is scheduled to debut in May 2007. The book is comprised of information that will allow everyone to gain a better understanding of mental illness and how it affects millions of people around the world.

Following is an excerpt from the third chapter of my book, which deals with post traumatic stress disorder (PTSD).

see Book– Page 4

Book– From Page 3

Chapter 3:

Mental Illness: Post Traumatic Stress Disorder

(PTSD)

PTSD is one of the fastest rising mental disorders, especially amongst military persons. As stated in the intro of this book, during the Vietnam era mental health was rarely thought about.

In today's society we see this epidemic growing like wildfire. Many of our service members serving in today's military suffer from PTSD. There are thousands of our service members serving in Operation Iraqi Freedom coming back home to the US with severe PTSD.

For example, you take an 18 year old healthy male fresh out of high school. He enlists in a branch of the military. He goes to boot camp and this is really his first time away from home. After boot camp he reports to his division, platoon or duty station. Next thing he knows he's deployed to Iraq. He's being shot at and seeing all types of death and destruction.

What do you think that all of this will do this 18 year old male's psychological condition? Chances are this person will suffer from PTSD or worse.

There can be many causes why a person suffers from PTSD. PTSD is linked to a person or persons experiencing traumatic events in their life. Some of these traumatic events are as follows:

1. A person being raped or sexually abused
2. Physical or emotional abuse
3. Being in a war type situation
4. Victim of a violent crime
5. Near death experience
6. Death of a loved one

PTSD can lead to a person having flash backs or

scary dreams frequently. There's no set time limit when a person can experience PTSD. Some episodes of PTSD last a few months to many years and can occur at any age.

Recommended treatment for PTSD is psychotherapy; talking to a doctor or trained professional, and medication may be prescribed by your doctor.

With PTSD there seems to be a link with other illnesses, such as depression, alcoholism and substance abuse. In most cases PTSD can be controlled once some of these other factors are identified and treated properly.

Research has shown that thousands of Vietnam vets became addicted to either alcohol or drug due to suffering from untreated PTSD over many years.

PTSD is truly a serious illness; that's why it's recommended that a person that may be suffering from PTSD be seen ASAP by a mental health specialist.

-End of book excerpt-

Many people associate PTSD with a traumatic event such as war, or a life-threatening event. In many cases these are the reasons why many people suffer from PTSD.

What about the less traumatic events/situations that can lead to PTSD? There are many such events that we deal with on a daily basis that go unknown. Do you believe that extreme work and stress can cause some people to suffer from PTSD?

What is PTSD?

Posttraumatic Stress Disorder is a complex health condition that can develop in response to a traumatic experience – a life-threatening or

see PTSD– Page 5

PTSD– From Page 4

extremely distressing situation that causes a person to feel intense fear, horror or a sense of helplessness.

PTSD can cause severe problems at home or at work. Anyone can develop PTSD – men, women, children, young and old alike. Fortunately, PTSD is treatable and manageable condition for most people.

PTSD In The Work Place:

Many of us may not think about PTSD in the work place but it does exist. PTSD does not just exist in high extreme, life threatening or fatal situations, but in less severe situations and environments also.

Many of us in DIHS work in high security and high risk areas, such as our processing centers. Many of the detainees we encounter have criminal backgrounds, including assault cases. We have to be aware of things like this.

At any given time one of these detainees can assault another detainee or even staff. If someone witnesses an event where a detainee seriously inflicts injury, witnessing that incident can cause PTSD for both the witness and the victim.

Another way PTSD can manifest itself in the work place would be an overworked and stressed employee. Many of us work long hours and in stressful environments. Remember PTSD can take a great toll on one's body and mind. Stress can cause such things as:

1. Nightmares/Scary thoughts
2. Cardiac/Breathing Problems
3. Headaches
4. Muscle Aches (one main complaint is Back Pain)
5. Nose Bleeds
6. Decreased Concentration
7. Depression
8. Sleep disorders
9. Stomach Pain/Complaints

There are many scenarios that can lead to PTSD in the workplace, affecting any of us at anytime. In DIHS we do such great work providing health services to the ICE detained population. I believe that we sometimes forget about ourselves in the mist of all that we do daily.

There are many things that a person can do to avoid or lessen the chances of stress or PTSD in the work place. Some examples would be:

1. Daily exercise (at least 30 minutes daily)
2. Eating a proper diet
3. Reading daily
4. Relaxation Techniques (i.e. deep breathing, or meditation)
5. Adequate Rest/Sleep (**VERY IMPORTANT**)
5. Group /1 on 1 Therapy

PTSD does not all ways come from a traumatic event. Remember PTSD can manifest it self from many smaller events also.

We must look out for one another from the battlefield to the workplace, because PTSD is a real illness that many people suffer from.

NOTE: LTJG Sommerville's book will be available on www.amazon.com as well as a few other retail/wholesale book supplies when released.

This is YOUR newsletter!

Have an idea or suggestion for a submission for The Rapid Pulse?

Contact Shalana Millard today!

Phone: 202-732-0130

Email: shalana.millard@dhs.gov

Coming soon in The Rapid Pulse: A statistical data and analysis update!