

What if the police want to question the patient right away?

If the person requires treatment at the hospital, the police officer will usually accompany the patient in the ambulance. If the patient is emotionally upset, Psychological First Aid only takes minutes and can be highly beneficial to you in ascertaining clearer and more concise information from a witness.

This may be challenging in terms of providing the patient with support and contact with their family members who may be at the scene. Care should be taken to ensure that upset family members, if not able to be in the ambulance, do not drive themselves to the hospital if they are upset, highly anxious or very emotional.

Preparing the hospital to provide adequate psychosocial support

In an MCI, hospitals will often be overwhelmed with patients, their families, friends, the media and others who will converge at the hospital. Contact with the hospital advising them of who is accompanying the patient can help facilitate the patient's need to be close to their families.

Guiding principles

As a responder, whether or not the person you are treating is a casualty or potential suspect, it is important and professional to build a relationship based upon a climate of trust, respect, empathy and justice. As a paramedic you may be the first person in authority that the patient has seen. If the person is a suspect, studies show that perpetrators are more cooperative with the police and are more likely to confess, if treated with empathy right from the first contact with a person in authority.

Casualties and civilians who assist at the scene of an incident have stated that the initial words

of a first responder have a major impact on their emotional recovery. As a professional, when you show respect and empathy for all those involved they feel valued and appreciated and this has led to a speedier recovery. When dismissed, when the efforts of civilians have not been acknowledged, it can have a long-lasting negative impact.

If you can't thank the person at the time, a follow-up communication will assist in reducing long-lasting negative impacts.

Things to say to your patient

- Provide clear information.
- Clearly state what you can and cannot do.
- Ask what the person is feeling or how they are doing.
- Tell the person that you feel touched or are moved by their pain or situation.
- Thank them (if appropriate) for the help they have provided to others.
- Help people focus on short-term goals. This will help them cope with the immediate reality more effectively.
- Be willing to accept people for who they are, what they say, how they express their concerns, and how they define their particular losses.
- Be tolerant if people repeat their stories. This is common. Remember that “time, talk and tears” are important elements of healing.
- Always try to get back to people if you say you will.
- Do not claim that you fully understand the person's situation.
- Do not try to tell people how they should or should not be feeling even if their feelings seem inappropriate to you.

Tips for Paramedics for Managing Casualties After a Mass Casualty Incident (MCI)

It is common to experience emotional reactions after any traumatic event



The following tips can help you in treating and managing casualties and their families after an MCI. This information is general in nature; always check with your immediate supervisor to confirm how you should approach the situation and to answer specific questions.

What is a mass casualty incident (MCI)?

An MCI is any event where people have been through a traumatic situation involving multiple casualties. This could be after a major transportation accident, an earthquake, a mass shooting or other event. People's lives may have been threatened; there may or may not be injuries, or deaths.

This was a pretty scary experience for people. What reactions will they be having?

It will be normal for people to feel very anxious after an MCI. People may feel confused, scared, angry or sad.

They may be crying or, conversely, appear exhilarated that they have survived. Some people may appear very calm or suppress their emotions.

Everyone will experience the event differently – there is no “right” way to feel after such an event.

What will my role be?

You may be the first car or second car and thus you will join the command staff. Otherwise, typically, in an MCI a staging area for ambulances and fire engines will be arranged close to the scene.

This staging area may or may not also function as a triage area. In some cases patients may be brought to this area for triage and treatment, in other situations ambulances may be sent closer to the scene when it is safe to do so.

If the MCI involves a crime scene, (e.g., an active shooter or terrorist event) then the police will be in charge of the scene.

Victims Services workers and/or Disaster Psychosocial Services Volunteers may set up a Family Reunification Centre for family and friends waiting to hear from their trapped relatives. It will be important to have discussions with these support staff as to how best facilitate the eventual release of hostages or persons trapped in the building.

Depending on the situation, it may also be important to prepare families for negative outcomes in terms of the type of injuries and the physical state of the patients.

Patients will want to reunite or talk to their families or friends as soon as possible and reassure them that they are okay. For many people, until they have made that contact it will be difficult for them to concentrate on anything else. They may want to wait for treatment until that contact has been made.

A Victims Services Worker can help them reunite with their family members in a safe way that will not affect or jeopardize their treatment by paramedics or any potential testimony for the police.

Efforts should be made to pre-determine where family members should stand so as to make eye contact with the patient and reassure them while also ensuring that they do not interfere with any critical medical treatments.



Patients may be very upset. What can I do to help calm people down?

Victims Services Workers, or other trained persons can practice **Psychological First Aid (PFA)** with victims who have experienced an MCI and affected families.

Psychological First Aid is a quick, effective tool intended to be delivered in the immediate aftermath of a disaster or MCI. It is intended for people who are experiencing acute stress reactions and who appear to be at risk for significant impairment in functioning.

What is psychological first aid (PFA)?

Psychological First Aid has five key objectives:

1. Establish **safety** and **security**
2. **Connect** to restorative resources
3. **Reduce stress-related reactions**
4. Foster adaptive **short- and long-term coping**
5. **Enhance natural resilience**

Psychological First Aid has five key objectives:

Look

- Contact and engage
- Provide safety and comfort
- Stabilize

Listen

- Gather information
- Provide practical assistance

Link

- Connect victims with social supports
- Teach coping strategies
- Link them with collaborative services