



Building Responder Resilience:

*Welcome to Anticipate, Plan and Deter
and the PsySTART Responder System
2019 Revised System Training*

Merritt Schreiber, PhD

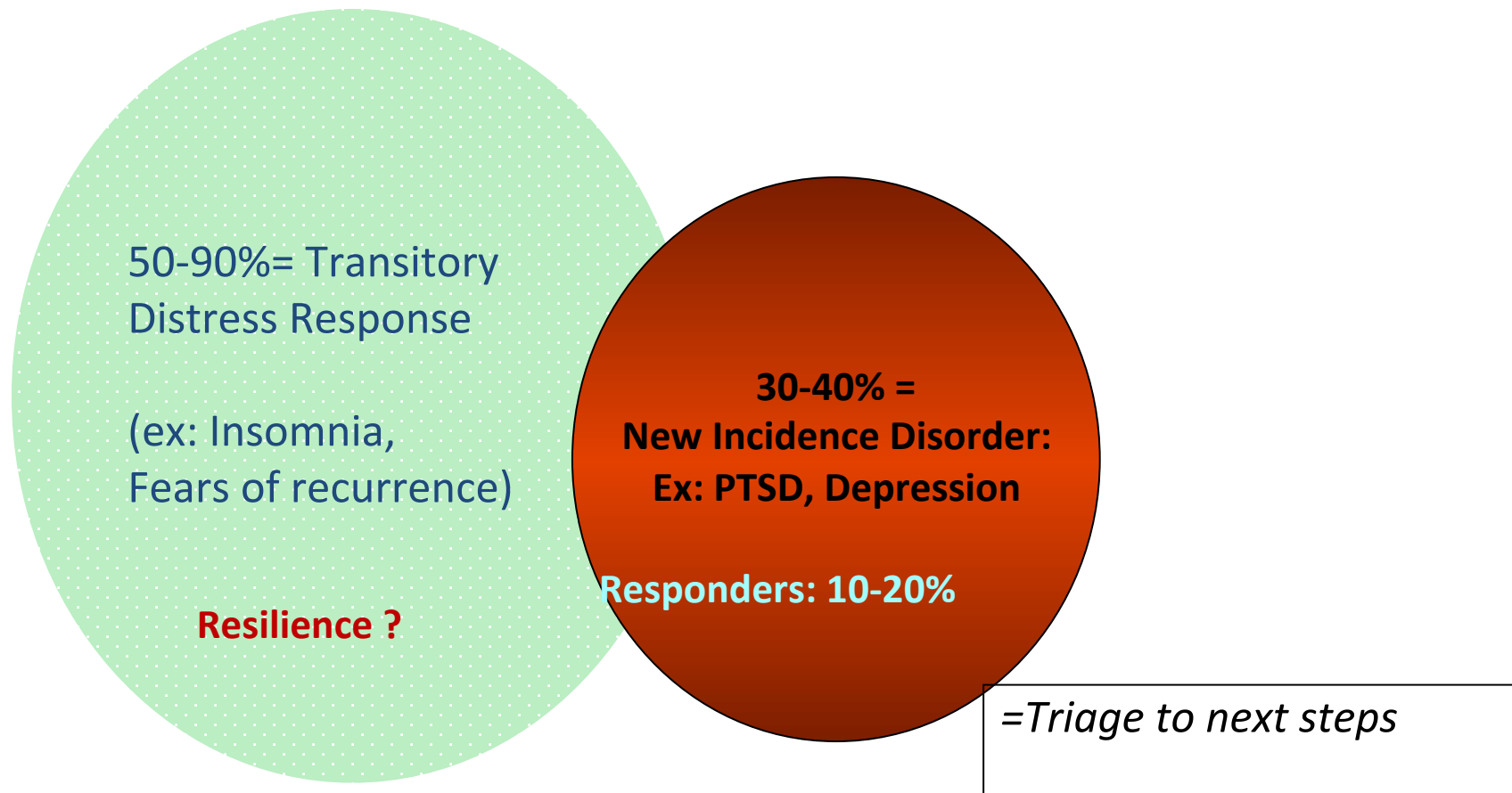
Training Outline

- Understand psychological risk for healthcare workers in mass casualty disasters
- Build personal and health system resilience using the “Anticipate, Plan and Deter” healthcare worker resilience system:
 - Anticipate stress you and your family will face as a health care worker in a disaster
 - Plan in advance how you will handle expectable stress
 - Deter expectable stress during a disaster
 - Learn how to use confidential PsySTART Responder Self Triage

OBJECTIVES OF ANTICIPATE, PLAN AND DETER RESPONDER RESILIENCE SYSTEM

- Enhance the individual and system level resilience of the LAC EMS Disaster Response System and workforce
 - Hospitals
 - Community Clinics
 - Pre-hospital EMS

STATE OF THE ART: MENTAL HEALTH RISK IN DISASTERS: POPULATION LEVEL EFFECTS



PLAN FOR THE RANGE OF “REAL” EFFECTS ON RESPONDERS



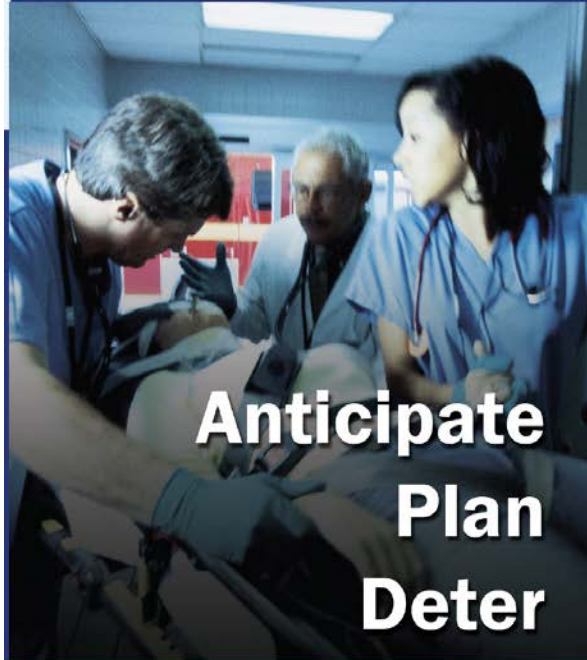




*“Know your enemy (**stress**) and know yourself
and you can fight a hundred battles without
disaster.”*

- Sun Tzu

Building Your Responder Personal Resilience Plan™



**Anticipate
Plan
Deter**

*Maximizing Resilience For
Healthcare Workers*



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SERVICES AGENCY**
LOS ANGELES COUNTY

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WHY FOCUS ON DISASTER MEDICAL RESPONDERS?

- Disaster health care workers are a known “at risk” group
- In order to preserve patient care, healthcare workers need to manage their own stress, coping and resilience

FOCUS ON RESPONDER FAMILIES

- First responder children as “at risk” population
- Planning for responders means planning for the families and their school age children in particular

“Most stress among humanitarian aid workers is the result of the ongoing, every day pressures of their work (e.g., separation from family, physically difficult living and working conditions, long and irregular hours, repeated exposure to danger, intra-team conflict)....It is the presence of the expectable stressful experiences rather than worker complaints that should trigger agency scrutiny of stress responses in its employees.”

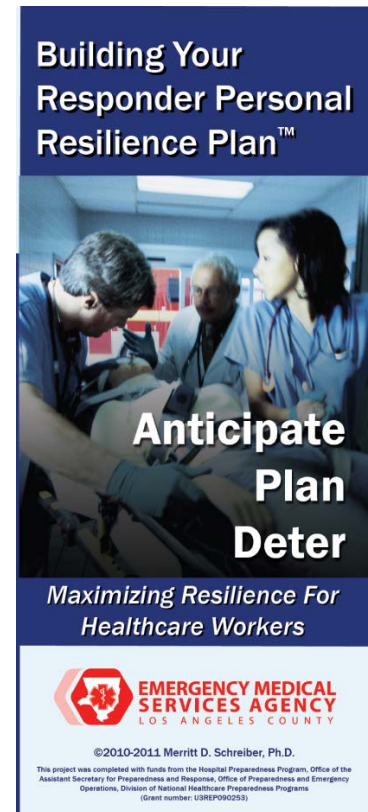
Anatares foundation, 2004

Building Resilience For Healthcare Workers in Disaster

“Anticipate, Plan, Deter”

How to use this tool:

- Pre-event
- Response
- Post-disaster





Step 1 - Anticipate

Understand Your Stress Reactions

There are two main kinds of responder stressors you can expect. Planning your response to these stressors will maximize your resilience during disasters.

“Traumatic Response Stress” can include exposure and loss factors such as:

- Witnessed severe burns, dismemberment or mutilation
- Witnessed pediatric death(s) or severe injuries
- Witnessed an unusually high number of deaths
- Responsible for expectant triage decisions
- Injury, death or serious illness of coworkers
- At work, you were treated for injury or illness
- Felt as if your life was in danger

These current stressors may also be “Trauma Triggers”, activating memories of other past experiences or losses. “Cumulative Response Stress” can include factors such as:

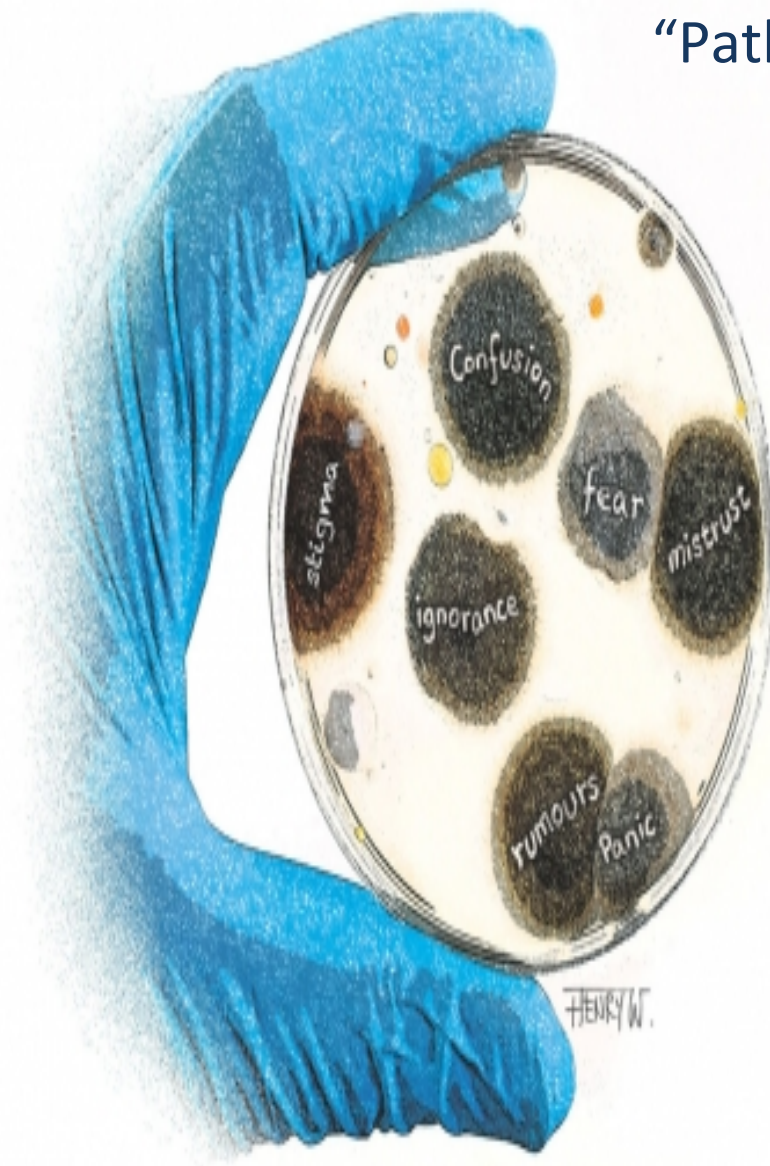
- Exposure to patients screaming in pain/fear
- Forced to abandon patient(s)
- Unable to meet patient needs (such as patient surge, crisis standards of care)
- Direct contact with grieving family members
- Asked to perform duties outside of current skills
- Hazardous working conditions (such as extreme shift length, compromised site/safety or security or lack of PPE)
- Unable to return home
- Worried about safety of family members, significant others or pets
- Unable to communicate with family members or significant others
- Health concerns for self due to agent/toxic exposure (infectious disease, chemical, radiological nuclear, etc.)

These current stressors may also be “Trauma Triggers” that activate memories of past experiences or losses.

So, what's a "disaster" mean to you ?



“Pathogens of concern”



OR IS IT THIS: SOCAL SHAKEOUT SCENARIO















ANTICIPATE MH HAZARDS: UNDERSTANDING EXPOSURE

Traumatic Response Stress includes exposure and loss factors such as:

Severe burns, dismemberment or mutilation

Witnessed pediatric death (s) or severe injuries

Witnessed an unusually high number of deaths

Responsible for expectant triage decisions

Injury, death or serious illness of coworkers

At work, you were treated for injury or illness

Felt as if your life was in danger

WHAT PSYSTART RESPONDER MEASURES

What does PsySTART measure?

NOT Symptoms

Impact of severe/extreme stressors

“What happened” **not** symptoms, based on objective exposure features):

- Patient care risk factors
- Crisis standards of care
- Direct life threat
- Family impact
- Co-worker impact
- Social Support
- Outside your head not inside
~30days post

PsySTART™ Responder System	
WITNESSED SEVERE BURN, DISEMBERMENT, OR MUTILATION?	
EXPOSURE TO PATIENTS SCREAMING IN PAIN/FEAR?	
WITNESSED PEDIATRIC DEATH(S) OR SEVERE INJURIES?	
DID YOU WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS?	
FORCED TO ABANDON PATIENT(S)?	
UNABLE TO MEET PATIENT NEEDS?	
RESPONSIBLE FOR EXPECTANT TRIAGE DECISIONS?	
DIRECT CONTACT WITH GRIEVING FAMILY MEMBERS?	
ASKED TO PERFORM DUTIES OUTSIDE OF CURRENT SKILLS?	
DID YOU EXPERIENCE HAZARDOUS WORKING CONDITIONS (such as extreme shift length, compromised site safety/security, or other issues)?	
INJURY, DEATH, OR SERIOUS ILLNESS OF COWORKERS?	
UNABLE TO RETURN HOME?	
WORRIED ABOUT THE SAFETY OF YOUR FAMILY MEMBERS/ SIGNIFICANT OTHERS/PETS?	
UNABLE TO COMMUNICATE WITH FAMILY MEMBERS/SIGNIFI- CANT OTHERS?	
HEALTH CONCERNS FOR SELF DUE TO AGENT/TOXIC EXPO- SURE (Infectious Disease, Chemical, Radiological, Nuclear, etc.)?	
AT WORK, WERE YOU INJURED OR BECAME ILL AND TREATED?	
DIRECTLY IMPACTED BY INCIDENT AT WORK OR AT HOME? If yes, advise your employee health and well-being unit leader.	
FELT AS IF YOUR LIFE WAS IN DANGER?	
I AM NOT RECEIVING SUFFICIENT SUPPORT FORM OTHERS	
NO TRIAGE FACTORS IDENTIFIED?	

UNDERSTANDING EXPOSURE: Anticipate and Tracking Your Psychological Hazards

Research found that
*any 6 OR THESE 3
PREDICT PTSD RISK*



WITNESSED SEVERE BURN, DISMEMBERMENT, OR MUTILATION?	Purple
EXPOSURE TO PATIENTS SCREAMING IN PAIN/FEAR?	Red with checkmark
WITNESSED PEDIATRIC DEATH(S) OR SEVERE INJURIES?	Red
DID YOU WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS?	Red
FORCED TO ABANDON PATIENT(S)?	Red
UNABLE TO MEET PATIENT NEEDS?	Red
RESPONSIBLE FOR EXPECTANT TRIAGE DECISIONS?	Red
DIRECT CONTACT WITH GRIEVING FAMILY MEMBERS?	Red
ASKED TO PERFORM DUTIES OUTSIDE OF CURRENT SKILLS?	Red
DID YOU EXPERIENCE HAZARDOUS WORKING CONDITIONS (such as extreme shift length, compromised site safety/security, or other issues)?	Red
INJURY, DEATH, OR SERIOUS ILLNESS OF COWORKERS?	Red
UNABLE TO RETURN HOME?	Red
WORRIED ABOUT THE SAFETY OF YOUR FAMILY MEMBERS/SIGNIFICANT OTHERS/PETS?	Red
UNABLE TO COMMUNICATE WITH FAMILY MEMBERS/SIGNIFICANT OTHERS?	Yellow
HEALTH CONCERNS FOR SELF DUE TO AGENT/TOXIC EXPOSURE (Infectious Disease, Chemical, Radiological, Nuclear, etc.)?	Yellow
AT WORK, WERE YOU INJURED OR BECAME ILL AND TREATED?	Yellow
DIRECTLY IMPACTED BY INCIDENT AT WORK OR AT HOME? If yes, advise your employee health and well-being unit leader.	Yellow
FELT AS IF YOUR LIFE WAS IN DANGER?	Yellow
I AM NOT RECEIVING SUFFICIENT SUPPORT FROM OTHERS	Yellow
NO TRIAGE FACTORS IDENTIFIED?	Green



CUMULATIVE DEPLOYMENT STRESS: “PROGRESSIVE BURDEN OF EXPOSURE”

On-going role stressors:

- working outside usual role (comfort zone)
- access to usual equipment, lab and/or support services
- change/conflicting situational information or directives
- working long hours
- temperature extremes
- difficult sleeping
- food arrangements
- Uncertainty (e.g., event, response, role)
- Disease is novel or does not behave according to expectation

ANTICIPATE: HOME CONCERNS

Anticipate your family/home concerns

- Complete basic disaster preparedness at home
- Include a family/significant other communications plan
- Identify other supports for your family (including health needs)
- For those with children, learn how to do ***“Listen, Protect and Connect”*** Psychological First Aid For Children and adult family members
 - <https://www.fema.gov/media-library/assets/documents/132712>

ANTICIPATE: aspects of mass casualty response role

Mass casualty events pose unique healthcare worker risk

- Catastrophic events

Crisis standards of care

Higher levels of death and acuity than used to
CBRNE potential

Responder families may also be impacted by the event

Uncommonly gruesome scenes of death and destruction

WARNING: The Following Slides depict graphic mass casualty penetrating trauma and scenes from Ebola Field Response







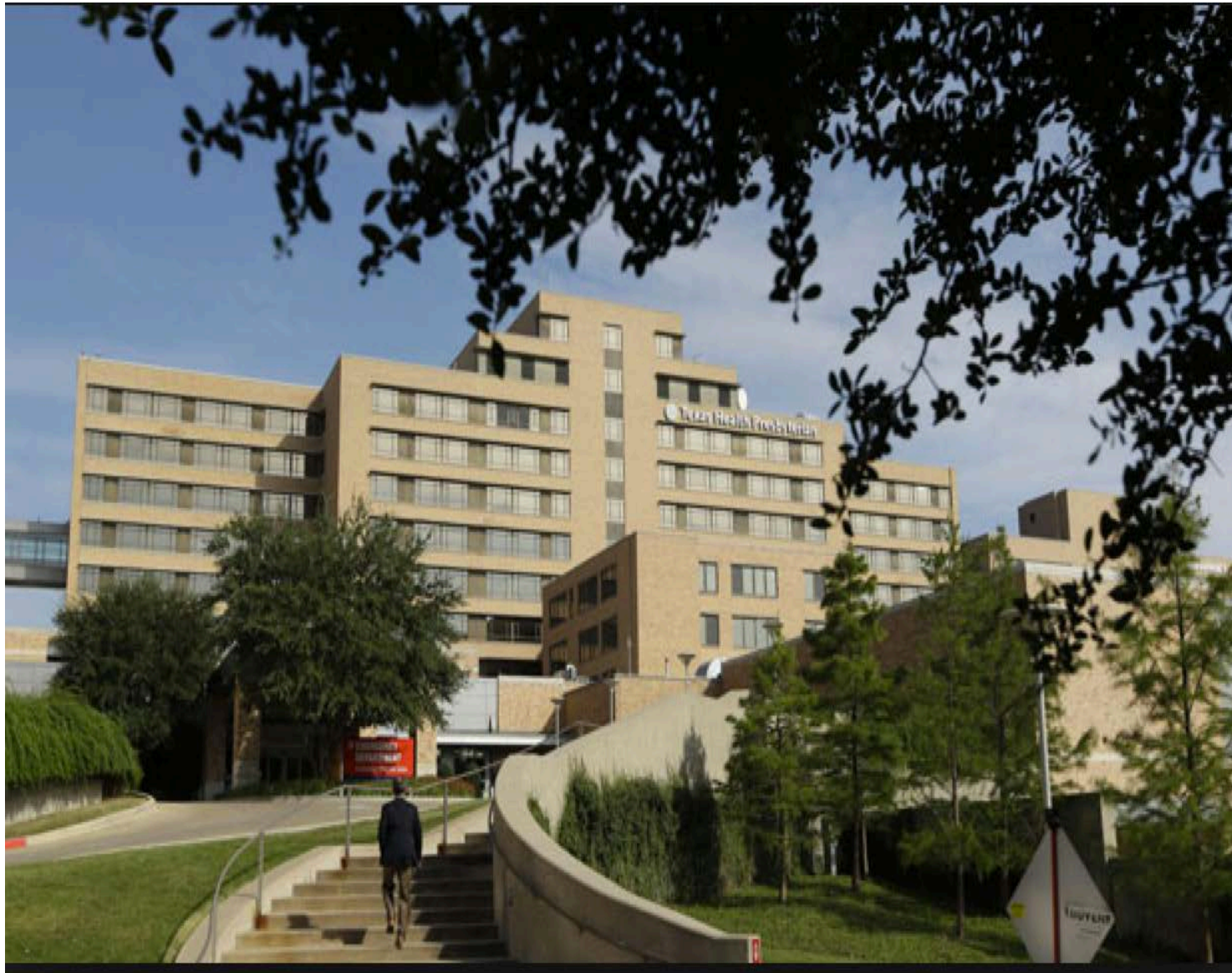






entral/















**YOU LIVE IN DALLAS AND
YOU'RE WORRIED ABOUT THE EBOLA OUTBREAK?**



**GO TO COWBOYS STADIUM.
NOBODY EVER CATCHES ANYTHING THERE**









SO, ANTICIPATE WHAT YOU MIGHT EXPERIENCE.

- Two types of responder stress:
 - Traumatic exposure and/or
 - Cumulative response stress
- Reactions
- Triggers
- Stress expectable, manageable and not necessarily pathological
- Severity and frequency BOTH important
- Challenge is to *manage stress*

Anticipate: Aspects of Mass Casualty Response Role

- Mass casualty events pose unique healthcare worker risk
 - Catastrophic events
- Crisis standards of care
- CBRNE potential
- Families may also be impacted by the event

HEALTH CONCERNS FOR SELF DUE TO AGENT/TOXIC EXPOSURE (Infectious Disease, Chemical, Radiological, Nuclear, etc.)?

WORRIED ABOUT THE SAFETY OF YOUR FAMILY MEMBERS/
SIGNIFICANT OTHERS/PETS?

The “double whammy”

- In disasters, staff may not be able to get home or stay in contact with family
- Outside factors rival response role stress
- Can have response stress and direct victim stress
- Concerns about family pivotal
- NOT JUST ANOTHER DAY AT THE OFFICE !

Anticipate : Possible Reactions to Disaster Stress

- **Emotional:** irritability, anger, sadness, guilt, worry, fear, apathy, grief
- **Cognitive:** confusion, memory problems, difficulty focusing or attending to details
- **Physical:** sleep difficulties, exhaustion
- **Behavioral:** expressed anger/irritability, substance misuse, withdrawal from others, overwork, abandonment of self care

Anticipate: “Triggers”

- Triggers are reminders of previous traumatic stress set off by current response via sights, sounds, smells, thoughts...
- Event triggers can produce intense feelings seemingly “out of the blue”
- Learning to identify and anticipate event triggers can *mitigate but not eliminate* their impact
- Example: interacting with pediatric patient triggers images or thoughts of your own children

Review: Anticipate how will I manage my stress?

- **Anticipate:**
 - When you begin to anticipate stressors and then think through a menu of coping responses **you are building personal resilience:**
 - Focus of concerns: Friends, Family and self : are they safe, am I safe ?
 - Self-care is *primary, “mission critical”* and not secondary
 - Traumatic and cumulative response stressors both count
- **Triggers**

STEP 1: Conclusion

- Mass casualty= high risk for healthcare responders
- Special pathogen or other unusual events

=

not another typical day at the office !

Step 2: Create your personal coping plan

Creating your resilience plan

- What stressors do you anticipate will be the easiest and hardest for you to deal with ?
- These are *your* response “challenges”
- How will you react?
- What are your “resilience” factors ?
- New short term coping skills package
- Add it all up: what’s your coping plan?
- Then, Practice your plan
 - Practice your coping skills before the “big one” hits

Plan : Building Your Resilience Plan

- Consider what might help you cope in advance
 - Build on your successful coping in everyday life
- How do you typically handle stress ?
 - What works for you ?
- Understand the importance of your response role
- *“Prepare for the possible, focus on the probable”*
- *Short term stress management skills package*
- Understand your disaster role(s)
- Build cohesion with co-workers

CREATE YOUR COPING PLAN

Step 2 - Plan

Plan for Your Response Challenges

Your Expected Stress Reactions

List your stress reactions. These may include thoughts, feelings, behaviors, and physical symptoms.

- 1.
- 2.
- 3.
- 4.
- 5.

- What are your expected stress *reactions* following a disaster?
- Please list them now in the box provided

CREATE YOUR COPING PLAN

- What are your expected disaster *response* challenges?
- Take a few moments to list the most stressful aspects of a disaster response for you ?

Your Expected Response Challenges

List what you think the most stressful aspects will be for you during your response. Things like missing your kids or caring for severely injured children may be on your list.

- 1.
- 2.
- 3.
- 4.
- 5.

CREATE YOUR COPING PLAN: BUILDING SOCIAL SUPPORT


Steps to build social support:

- Identify your social support system?
 - Please list them now
- Plan for how to reach them during a disaster
- Plan regular times to access support while at work
- Prepare to provide and receive support
 - Use Listen, Protect and Connect Psychological First Aid available at:

Your Social Support Plan

Who is in your social support system? List people who can support you and who you can provide support to during and after a disaster:

1.	
2.	
3.	
4.	

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BUILDING *YOUR* POSITIVE COPING PLAN

WHAT WORKS FOR YOU?:

- Everyone has different ways in which they cope with stress
 - ACTIVE COPING IDEA
- Please list some of these strategies now
 - COPING MENU
- Consider limiting your exposure to media reports, focusing beyond the short term, taking frequent short breaks whenever possible and practicing “Listen, Protect and Connect” Psychological first aid with patients and co-workers

Your Social Support Plan

Who is in your social support system? List people who can support you and who you can provide support to during and after a disaster:

- 1.
- 2.
- 3.
- 4.

Your Positive Coping Plan

Everyone has different ways of coping with stress. What positive ways of managing stress works best for you every day? What positive ways of managing stress do you think will work for you following a disaster? Strategies you might consider include limiting your exposure to media reports, focusing beyond the short term, taking frequent short breaks. List your healthy coping plan here:

- 1.
- 2.
- 3.
- 4.

Your Resilience Factors

People often find that there are some positive things about working on a disaster. For example, people might feel good about being able to “make a difference” when their community needs them most. Positive resilience factors help you as a healthcare worker to cope better with the stressors associated with responding to a disaster in your facility or community. Below please list positive factors that might give you a sense of mission or purpose following a disaster:

- 1.
- 2.
- 3.
- 4.



BUILDING *YOUR* POSITIVE COPING PLAN *GENERAL AND SPECIFIC* STRATEGIES FOR STRESSORS YOU ANTICIPATE

- Its preferable to have a “goto” list of specific and general coping ideas ready when you need them
- Develop possible coping ideas for each of your prioritized stressors
- Think about what might help you if it occurs
- Can be specific things you will do or say to yourself(thought strategies, distraction)
- AND/OR general coping strategies, talking with someone, reading, positive imagery, breathing or any combo

Your Social Support Plan

Who is in your social support system? List people who can support you and who you can provide support to during and after a disaster:

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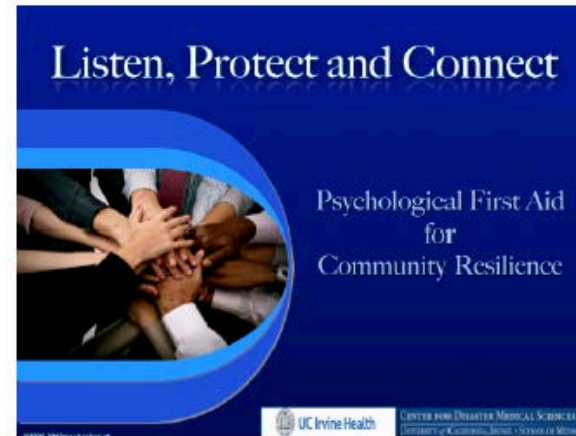
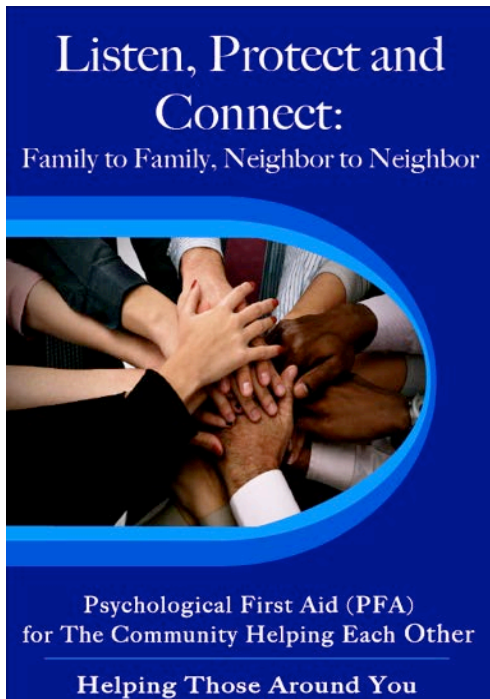
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Listen.Protect.Connect: Psychological First Aid You Can Do



Listen, Protect and Connect:
Family to Family, Neighbor to Neighbor
Psychological First Aid for the Community Helping Each Other

Trainer Notes and Resources
For use with Listen, Protect and Connect:
Family to Family, Neighbor to Neighbor
Slide presentation
2013 Version for use LPC web training components

Developed for
The Los Angeles County Department of Public Health
Emergency Preparedness and Response Program
Los Angeles County Community Disaster Resilience Project

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Listen, Protect, and Connect

PSYCHOLOGICAL
FIRST AID FOR
CHILDREN AND PARENTS



Helping you and your child
in times of disaster.



YOUR COPING PLAN: RESILIENCE FACTORS

Identify positive experiences including those that give a sense of mission or purpose:

- “making a difference”
- “being there for those that need us”
- ‘saving lives, reducing suffering”

Your Social Support Plan

Who is in your social support system? List people who can support you and who you can provide support to during and after a disaster:

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- 4.

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Your Resilience Factors

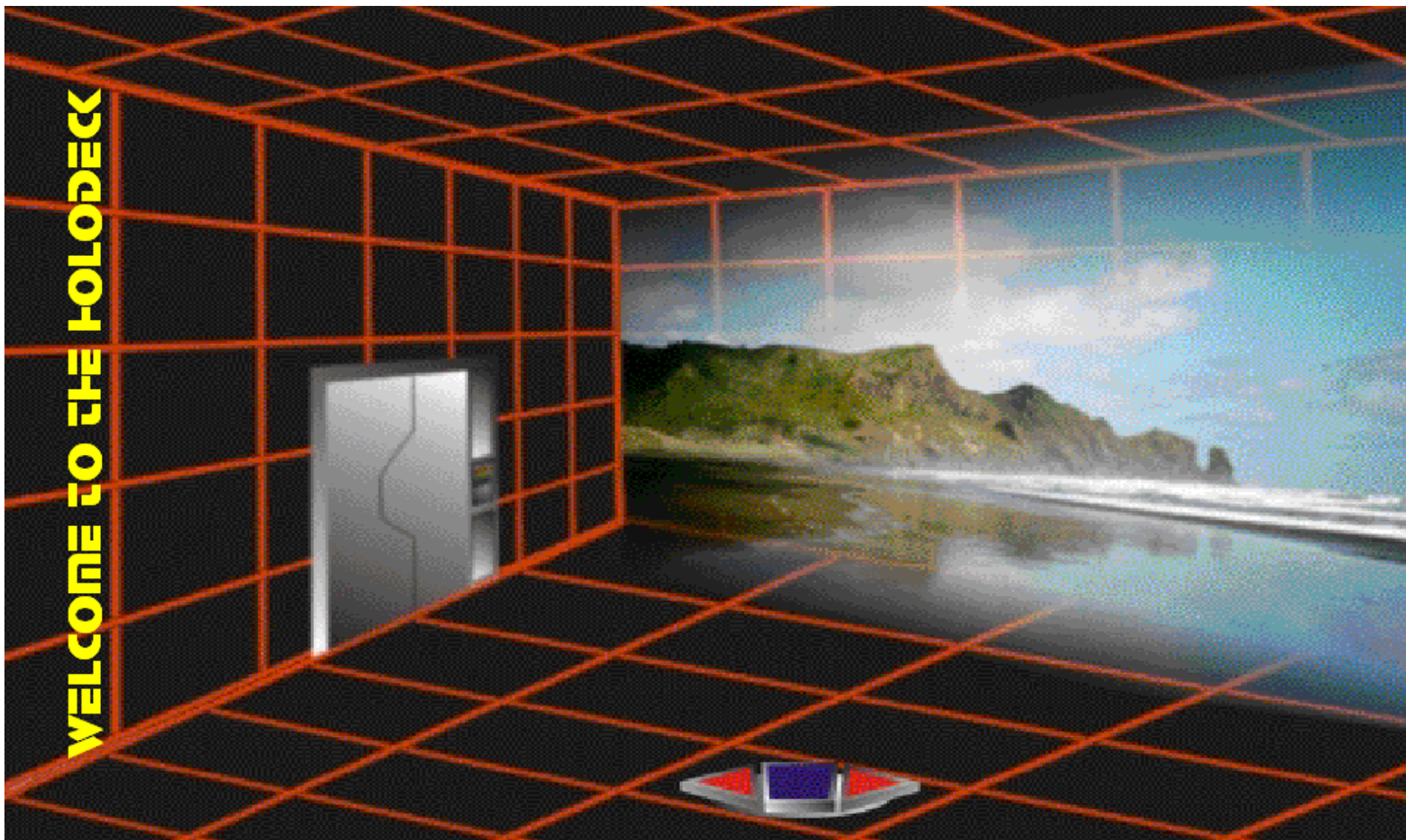
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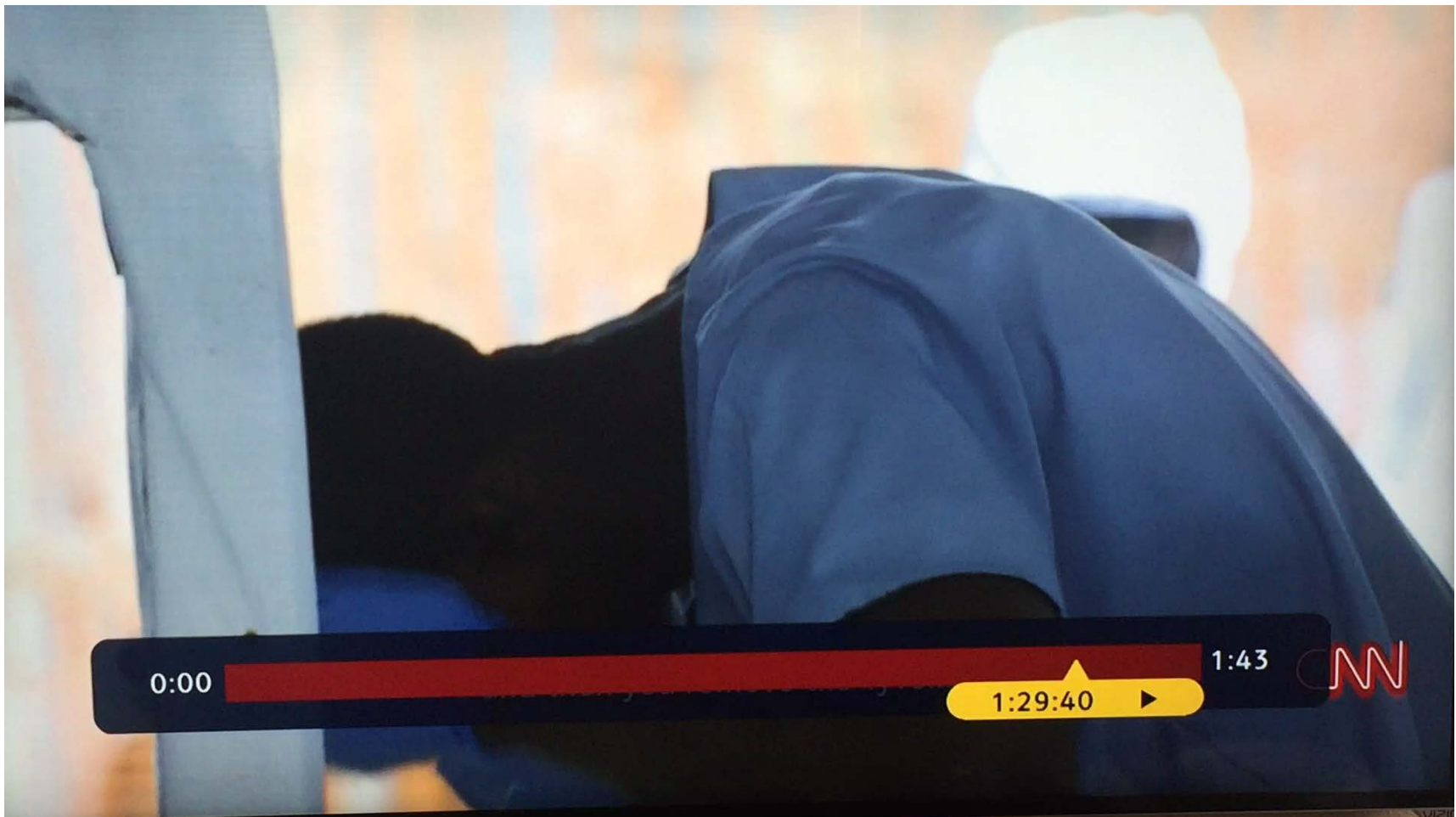
“WHAT WORKS FOR YOU?”: HERE’S MY LIST, WHAT’S YOURS?

- ✓ Create your own “Holodeck”: the combination of :
 - ✓ Mindfulness
 - ✓ Guided imagery/ distraction / relaxation breathing
- Can be added to PsySTART “next steps” tab









PLAN: MORE COPING TOOLS TO CONSIDER FOR YOUR PLAN

- ✓ Paced breathing (app store free)
- ✓ Breathe to Relax (portable stress management tool)
- ✓ Mindfulness Coach
 - ✓ All free at :www.t2health.dcoe.mil/apps
- ✓ PTSD Coach (assist people experiencing symptoms of PTSD): free at:
 - ✓ www.ptsd.va.gov/apps/ptsdcoachonline/default.htm

PTSD Coach

- Evidence based from VA/NCPTSD
- Relaxation breathing
- PTS monitoring(30+ days for PTSD)
- Help with sleep
- <https://www.ptsd.va.gov/apps/ptsdcoachonline/>

STEP 3: APD

“DETER”

PsySTART Triggers for Triage informed coping :

So, if X happens...

Here's my plan:

a.

b.

c. PTSD coach ?

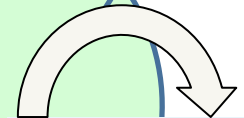
Then Re-evaluate:

Good to go or
time for "Plan B" ?

AT&T 4G 1:07 25%

DID YOU WITNESS ANY SEVERE BURNS, DISMEMBERMENT, OR MUTILATIONS? (FOR EXAMPLE: CHILD WITH BURN TO MOST OF HIS/HER BODY SURFACE)	<input type="checkbox"/>
WERE YOU EXPOSED TO PATIENTS WITH PROLONGED SCREAMING DUE TO PAIN OR FEAR?	<input checked="" type="checkbox"/>
DID YOU WITNESS ANY PATIENT DEATH OR OTHER SEVERE INJURIES? (FOR EXAMPLE: AMPUTATION, EVISCERATION, OR DEATH OF PATIENTS WHO WERE UNDER YOUR CARE OR UNDER THE CARE OF YOUR TEAM)	<input type="checkbox"/>
WERE YOU ASKED TO PERFORM DUTIES OUTSIDE OF YOUR CURRENT SKILLS? (FOR EXAMPLE: TREATING ADULTS ALTHOUGH YOU ARE A PEDIATRICIAN OR DOING A MAJOR SURGICAL PROCEDURE ALTHOUGH YOU ARE NOT A SURGEON)	<input checked="" type="checkbox"/>

Navigation icons: back, forward, home, app drawer, 8



Your Social Support Plan

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“DETER” (STEP 3)

ACTIVATE “PERSONAL RESILIENCE PLAN”

- This means activating your coping plan
 - donning your mental PPE
- Monitor your stress exposure using the PsySTART self triage tag – consider it your confidential stress dosimeter
- Use your personal resilience plan strategies
 - PTSD Coach
- Reach out for support from your social support system
- Engage work based coping resources

PSYSTART STAFF SELF TRIAGE AS YOUR PERSONAL “STRESS” DOSIMETER



=

PsySTART™ Responder System	
WITNESSED SEVERE BURN, DISEMBERMENT, OR MUTILATION?	
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What does PsySTART measure?

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- Risk is measured “outside your head not inside (~30days post)

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LAC EMS PsySTART R Responder System

- Go to <https://psystart.net/lares>
- Create an account from laptop/desktop
- Select your site from the dropdown list
- Use 777777 for registration code
 - Do not share this code with others
- Works on any smart phone, tablet or laptop
- Log on via your phone to site
 - Select “save to home screen” to create direct PsySTART app link on your phone
 - Select remember my username”
 - Fast direct self triage encounter without logging on
- Remember: NO INDIVIDUAL INFO VISIBLE -except to you

Drill down on PsySTART Responder

- Individual triage only available to person that entered
- Incident commander access level can view aggregated, de-identified encounters only
- Incident commander can not view individual encounters ever
- Can use in everyday and emergencies at your discretion
- Frequency is up to you but we recommend every 24 hrs in emergency response and once every 10 days in non emergency mode
- Observe your own trending
- Have your plan ready



Home

Login

Login

New here ? [Join Us](#)

What is PsySTART?

- ✓ (Psychological Simple Triage and Rapid Treatment)
- ✓ Part of a comprehensive solution: PsySTART Rapid Mental Health Triage Systems





Register

Name	<input type="text"/>
E-Mail Address	<input type="text"/>
Gender	Male ▾
Date of Birth	<input type="text"/>
Discipline	CHAPLIN/CLERGY ▾
Sponsoring Agency	<input type="text"/>
Primary Location	Adventist Health - Glendale ▾
Registration Code	<input type="text"/>
Password	<input type="password"/>
Confirm Password	<input type="password"/>

[Register](#)

Secure | https://psystart.net/lares/login





Home

Login -

Login

E-Mail Address

mds@ucl.edu

Password

.....

☐ Remember Me


Warning: You are accessing a secure Information system, which includes this computer, this computer network, and all devices and/or storage media attached to this network or to a computer on this network. This information system is provided solely for official PsySTART, LA-EMS-authorized use only. Federal and State Law prohibit unauthorized use of this portal and unauthorized or improper use of this system may result in disciplinary action, civil and/or criminal penalties and all violations will be reported to the State. By using this information system, you understand and consent to the following: You have no reasonable expectation of privacy regarding any communications transmitted through or data stored on this information system. Registration, log on sessions and all activities are monitored. Any protected health information accessed via this site is subject to existing HIPAA policies. Any communications transmitted through or data stored on this information system may be disclosed or used for any authorized purpose. For further information contact: webmaster@psystartresponder.net

☐ Agree

Login

Forgot Your Password?

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Home

Input triage information

My PsySTART

My Resilience Plan

Next Steps

Incident Report

Setting

merritt schreiber

Site Los Angeles County - Harbor-UCLA	Date <input type="text"/>
DOB 2017-12-31	Gender male
Incident Default incident	

If the response is "Yes" to any of the statements below, click the button next to it. When the button slides to the right and vibrant color is visible, the statement has been selected.

Did you witness any severe burns, dismemberment, or mutilations? (for example: child with burn to most of his/her body surface)	<input type="checkbox"/>
Were you exposed to patients with prolonged screaming due to pain or fear?	<input type="checkbox"/>
Did you witness any patient death or other severe injuries? (for example: amputation, evisceration, or death of patients who were under your care or under the care of your team)	<input type="checkbox"/>
Were you asked to perform duties outside of your current skills? (for example: treating adults although you are a pediatrician or doing a major surgical procedure although you are not a surgeon)	<input type="checkbox"/>
Did you experienced any hazardous working conditions? (for example: extreme shift length, compromised site safety/security)	<input type="checkbox"/>

If the response is 'Yes' to any of the statements below, click the button next to it. When the button slides to the right and vibrant color is visible, the statement has been selected.



Did you witness any severe burns, dismemberment, or mutilations? (for example: child with burn to most of his/her body surface)



Were you exposed to patients with prolonged screaming due to pain or fear?



Did you witness any patient death or other severe injuries? (for example: amputation, evisceration, or death of patients who were under your care or under the care of your team)



Were you asked to perform duties outside of your current skills? (for example: treating adults although you are a pediatrician or doing a major surgical procedure although you are not a surgeon)



Did you experienced any hazardous working conditions? (for example: extreme shift length, compromised site safety/security, or other issues)



Did any serious injury, illness, or death occur among your coworkers?



Were you unable to communicate regularly with your own family or significant others?



Did you feel your life was in danger?



Were you forced to abandon a patient? (for example: leaving a living patient because of unsafe situation or other factors)



Were you directly impacted by the incident at work or at home?



Were you responsible for making expectant triage (triage as black and left to die) decisions? (for example: determining that under existing care/surge circumstances that no emergent care was offered)



Were you unable to meet your patients' critical needs at times? (for example: lack of resources such as a drugs, laboratory, imaging, patient surge, or crisis standard of care conditions)



Did you have direct contact with many



Site
Los Angeles County - Har

Date
|

DOB
2017-12-31

Incident
Default incident

03-10-2017
26-10-2018
05-02-2018
12-03-2018
05-07-2018
07-03-2019

If the response is "Yes" to any of the questions, the button next to it. When the button is selected, the color is visible, the statement has been

he
ant

Did you witness any severe burns, dismemberment, or mutilations? (for example: child with burn to most of his/her body surface)

Were you exposed to patients with prolonged screaming due to pain or fear?

Did you witness any patient death or other severe injuries? (for example: amputation, evisceration, or death of patients who were under your care or under the care of your team)

Were you asked to perform duties outside of your current skills? (for example: treating adults although you are a pediatrician or doing a major surgical procedure although you are not a surgeon)

Did you experienced any hazardous working conditions? (for example: extreme shift length, compromised site safety/security, or other issues)

Did any serious injury, illness, or death occur among your coworkers?

Were you unable to communicate regularly with your own family or significant others?

Did you feel your life was in danger?

Were you forced to abandon a patient? (for example: leaving a living patient because of unsafe situation or other factors)

Were you directly impacted by the incident at work or at home?



Were you responsible for making expectant triage (triage as black and left to die) decisions? (for example: determining that under existing care/surge circumstances that no emergent care was offered)



Were you unable to meet your patients' critical needs at times? (for example: lack of resources such as a drugs, laboratory, imaging, patient surge, or crisis standard of care conditions)



Did you have direct contact with many grieving family members?



Did you have concerns about the safety or well-being of your own family members, significant others, or pets while you were deployed?



Did you experience any serious injury or illnesses as a result of your deployment ?



Did you witness pediatric deaths or severe injuries?



Did you witness an unusually high number of deaths?



Were you unable to return home following your shift?



Do(did) you have health concerns for self due to possible agent/toxic exposure(biological, chemical, radiological/nuclear)?



I am not receiving sufficient support from others



No triage factors



Submit

Did you experienced any hazardous working conditions? (for example: extreme shift length, compromised site safety/security, or other issues)	<input type="checkbox"/>
Did any serious injury, illness, or death occur among your coworkers?	<input checked="" type="checkbox"/>
Were you unable to communicate regularly with your own family or significant others?	<input type="checkbox"/>
Did you feel your life was in danger?	<input type="checkbox"/>
Were you forced to abandon a patient? (for example: leaving a living patient because of unsafe situation or other factors)	<input type="checkbox"/>
Were you directly impacted by the incident at work or at home?	<input type="checkbox"/>
Were you responsible for making expectant triage (triage as black and left to die) decisions? (for example: determining that under existing care/surge circumstances that no emergent care was offered)	<input type="checkbox"/>
Were you unable to meet your patients' critical needs at times? (for example: lack of resources such as a drugs, laboratory, imaging, patient surge, or crisis standard of care conditions)	<input type="checkbox"/>
Did you have direct contact with many grieving family members?	<input type="checkbox"/>
Did you have concerns about the safety or well-being of your own family members, significant others, or pets while you were deployed?	<input type="checkbox"/>
Did you experience any serious injury or illnesses as a result of your deployment ?	<input checked="" type="checkbox"/>
Did you witness pediatric deaths or severe injuries?	<input type="checkbox"/>
Did you witness an unusually high number of deaths?	<input type="checkbox"/>
Were you unable to return home following your shift?	<input type="checkbox"/>
Do(did) you have health concerns for self due to possible agent/toxic exposure(biological, chemical, radiological/nuclear)?	<input type="checkbox"/>
I am not receiving sufficient support from others	<input type="checkbox"/>
No triage factors	<input checked="" type="checkbox"/>

Back

PDF



Incident Name: Default incident

Date: 2019-04-03	Case ID: 825
DOB: 2017-12-31	Gender: male
DID YOU WITNESS ANY SEVERE BURNS, DISMEMBERMENT, OR MUTILATIONS? (FOR EXAMPLE: CHILD WITH BURN TO MOST OF HIS/HER BODY SURFACE)	<input checked="" type="checkbox"/>
WERE YOU EXPOSED TO PATIENTS WITH PROLONGED SCREAMING DUE TO PAIN OR FEAR?	<input type="checkbox"/>
DID YOU WITNESS ANY PATIENT DEATH OR OTHER SEVERE INJURIES? (FOR EXAMPLE: AMPUTATION, EVISCERATION, OR DEATH OF PATIENTS WHO WERE UNDER YOUR CARE OR UNDER THE CARE OF YOUR TEAM)	<input type="checkbox"/>
WERE YOU ASKED TO PERFORM DUTIES OUTSIDE OF YOUR CURRENT SKILLS? (FOR EXAMPLE: TREATING ADULTS ALTHOUGH YOU ARE A PEDIATRICIAN OR DOING A MAJOR SURGICAL PROCEDURE ALTHOUGH YOU ARE NOT A SURGEON)	<input type="checkbox"/>
DID YOU EXPERIENCE ANY HAZARDOUS WORKING CONDITIONS? (FOR EXAMPLE: EXTREME SHIFT LENGTH, COMPROMISED SITE SAFETY/SECURITY, OR OTHER ISSUES)	<input type="checkbox"/>
DID ANY SERIOUS INJURY, ILLNESS, OR DEATH OCCUR AMONG YOUR COWORKERS?	<input type="checkbox"/>
WERE YOU UNABLE TO COMMUNICATE REGULARLY WITH YOUR OWN FAMILY OR SIGNIFICANT OTHERS?	<input type="checkbox"/>
DID YOU FEEL YOUR LIFE WAS IN DANGER?	<input type="checkbox"/>
WERE YOU FORCED TO ABANDON A PATIENT? (FOR EXAMPLE: LEAVING A LIVING PATIENT BECAUSE OF UNSAFE SITUATION OR OTHER FACTORS)	<input type="checkbox"/>
WERE YOU DIRECTLY IMPACTED BY THE INCIDENT AT WORK OR AT HOME?	<input type="checkbox"/>
WERE YOU RESPONSIBLE FOR MAKING EXPECTANT TRIAGE (TRIAE AS BLACK AND LEFT TO DIE) DECISIONS? (FOR EXAMPLE: DETERMINING THAT UNDER EXISTING CARE/SURGE CIRCUMSTANCES THAT NO EMERGENT CARE WAS OFFERED)	<input type="checkbox"/>
WERE YOU UNABLE TO MEET YOUR PATIENTS' CRITICAL NEEDS AT TIMES? (FOR EXAMPLE: LACK OF RESOURCES SUCH AS A DRUGS, LABORATORY, IMAGING, PATIENT SURGE, OR CRISIS STANDARD OF CARE CONDITIONS)	<input type="checkbox"/>
DID YOU HAVE DIRECT CONTACT WITH MANY GRIEVING FAMILY MEMBERS?	<input type="checkbox"/>
DID YOU HAVE CONCERNS ABOUT THE SAFETY OR WELL-BEING OF YOUR OWN FAMILY MEMBERS, SIGNIFICANT OTHERS, OR PETS WHILE YOU WERE DEPLOYED?	<input type="checkbox"/>
DID YOU EXPERIENCE ANY SERIOUS INJURY OR ILLNESSES AS A RESULT OF YOUR DEPLOYMENT ?	<input type="checkbox"/>
DID YOU WITNESS PEDIATRIC DEATHS OR SEVERE INJURIES?	<input type="checkbox"/>
DID YOU WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS?	<input type="checkbox"/>
WERE YOU UNABLE TO RETURN HOME FOLLOWING YOUR SHIFT?	<input type="checkbox"/>
DO(DID) YOU HAVE HEALTH CONCERNS FOR SELF DUE TO POSSIBLE AGENT/TOXIC EXPOSURE(BIOLOGICAL, CHEMICAL, RADIOLOGICAL/NUCLEAR)?	<input type="checkbox"/>
I AM NOT RECEIVING SUFFICIENT SUPPORT FROM OTHERS	<input type="checkbox"/>
NO TRIAGE FACTORS	<input type="checkbox"/>

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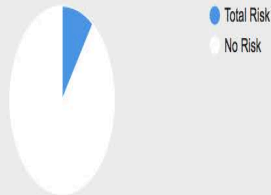
Confidential Information

Understanding your cumulative exposure



Date 31-March 2019

Risk Distribution

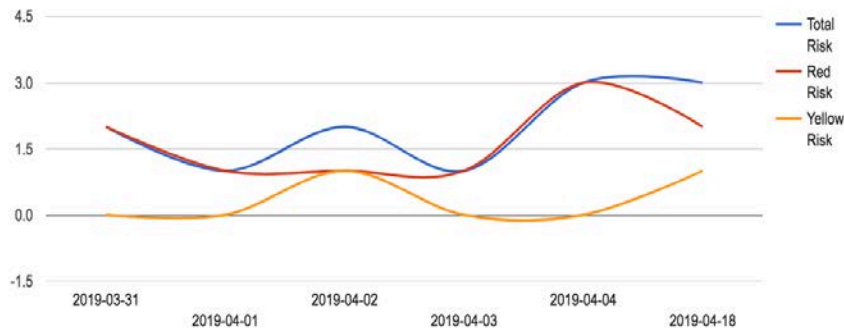


Date 01-April 2019

Risk Distribution



Risk Trend

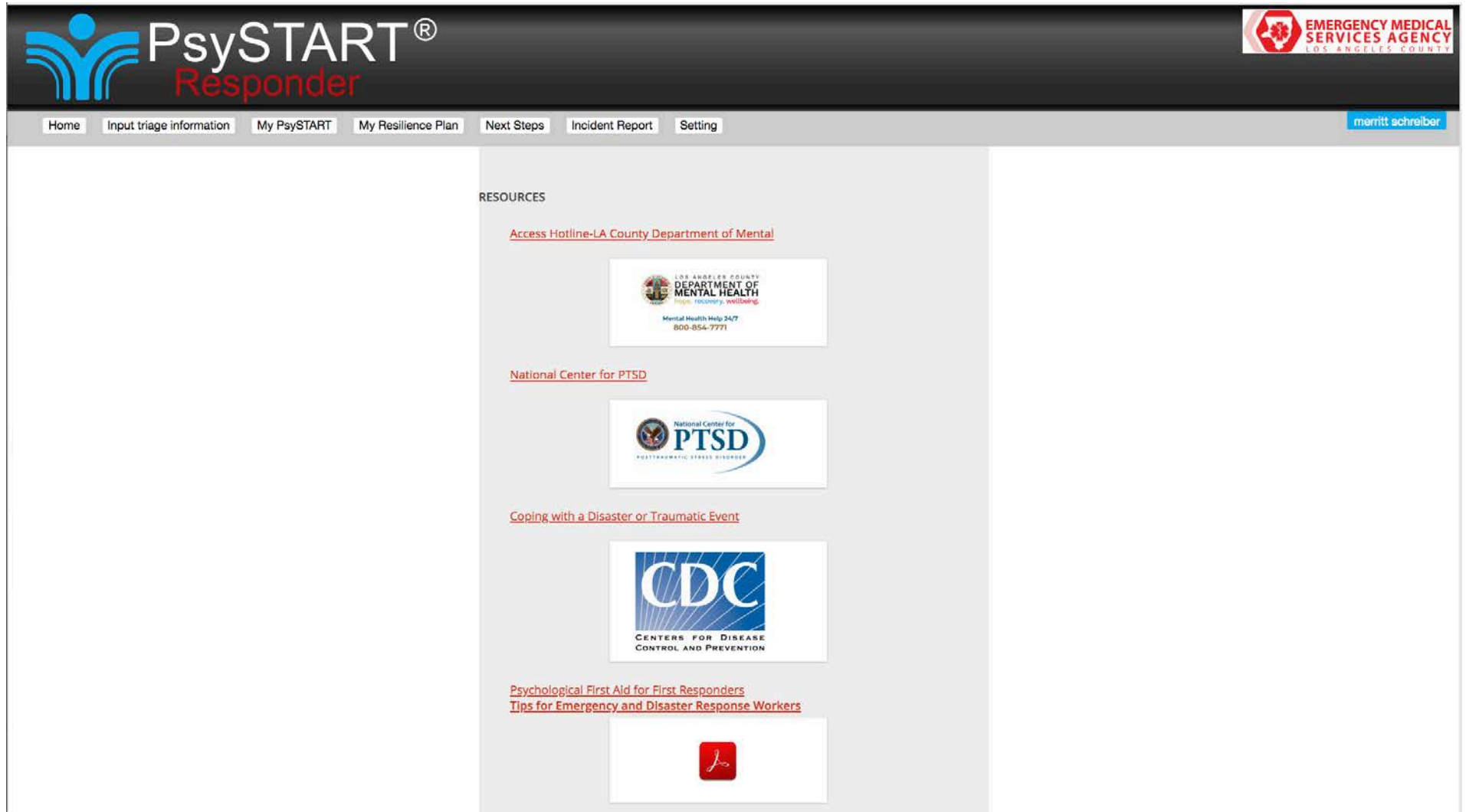


Using the MyPsySTART Tab:
This is your cumulative self-triage trending view:

This provides two views: 1) The pie charts your risk for that date. You can also click the pdf button at the far right and create a PDF. 2) The graph at the bottom also shows your risk trending over time: to guide your APD “deter” plan.

**This information and view are only ever available to you

Using the “Next Steps” Tab



The screenshot displays the PsySTART Responder web application. The header features the PsySTART Responder logo on the left and the Emergency Medical Services Agency Los Angeles County logo on the right. Below the header is a navigation bar with tabs: Home, Input triage information, My PsySTART, My Resilience Plan, Next Steps (selected), Incident Report, and Setting. The user name 'merritt schreiber' is visible in the top right corner of the navigation bar.

The main content area is titled 'RESOURCES' and contains four links, each with a corresponding logo:

- [Access Hotline-LA County Department of Mental Health](#)
Logo: Los Angeles County Department of Mental Health (Mental Health Help 24/7, 800-854-7771)
- [National Center for PTSD](#)
Logo: National Center for PTSD (Posttraumatic Stress Disorder)
- [Coping with a Disaster or Traumatic Event](#)
Logo: CDC (Centers for Disease Control and Prevention)
- [Psychological First Aid for First Responders
Tips for Emergency and Disaster Response Workers](#)
Logo: Adobe PDF icon

How to Use PsySTART R to Monitor Your PTSD Risk:

- Monitor risk factors using the PsySTART R system on a regular basis
- When risk factors occur:
 - Deploy “personal resilience plan” as first line of defense
 - Select positive coping options
 - Use your social support system
 - Consult work setting mental health resources for further problem solving ideas
 - Use PTSD Coach” web intervention
- Expect stress but also resilience and growth over time
- *Try using on a regular basis before disaster occurs at less frequent interval(once every 2 weeks or once a month)*

DETER: WHEN YOU WANT FURTHER ASSISTANCE

- Consider resources in your work setting:
 - Please list those now
- Certain evidence based interventions are recommended when risk factors high and stress does not dissipate
- So what works? :
 - Trauma Focused Interventions
 - Identify concerns and further develop coping tools and strategies
 - PTSD Coach” for distress (not for PTSD) see app resources above)



Know whom to call for additional support such as mental health, spiritual care or Employee Assistance Program resources. In the space below, write the contact information for the person or program in your facility that is responsible for providing mental health support for healthcare workers following disasters:

- 1.
- 2.
- 3.
- 4.

Listen, Protect, and Connect

Below are the three steps of “Psychological First Aid” that you can use to provide emotional support to those around you following a disaster. For more information on how to provide Psychological First Aid: download the LPC PFA guide at <http://www.emergencymed.uci.edu/PDF/PFA.pdf>

1. Listen

- Let those you care about know you are willing to listen and talk about what happened.
- Make the first move.
- Take time to talk.
- Understand silence is OK.
- Share reactions.
- Check back often.

2. Protect

- Help people locate the basics such as shelter, food, community resources.
- Answer questions about what happened.
- Support their actions towards recovery.
- Limit exposure to upsetting sights and noises wherever possible.
- Encourage healthy behaviors.
- Develop a safety plan.

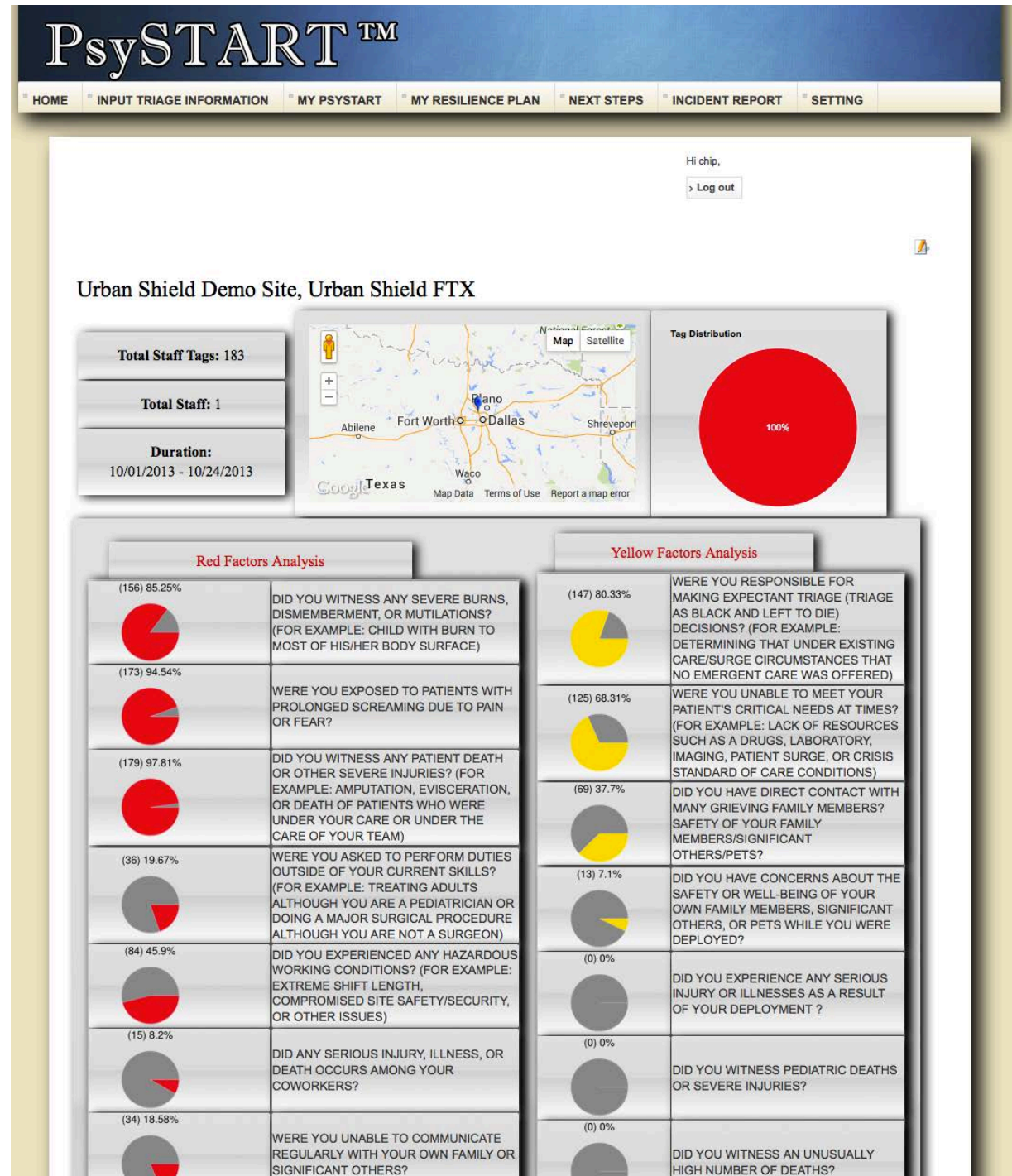
3. Connect

- Providing a sense of support and connection to others is perhaps the most important thing anyone can do after a disaster.
- Reaching out to family, friends, co-workers and neighbors can help you and those around you “bounce back” from a disaster.
- Offer support to those in need.

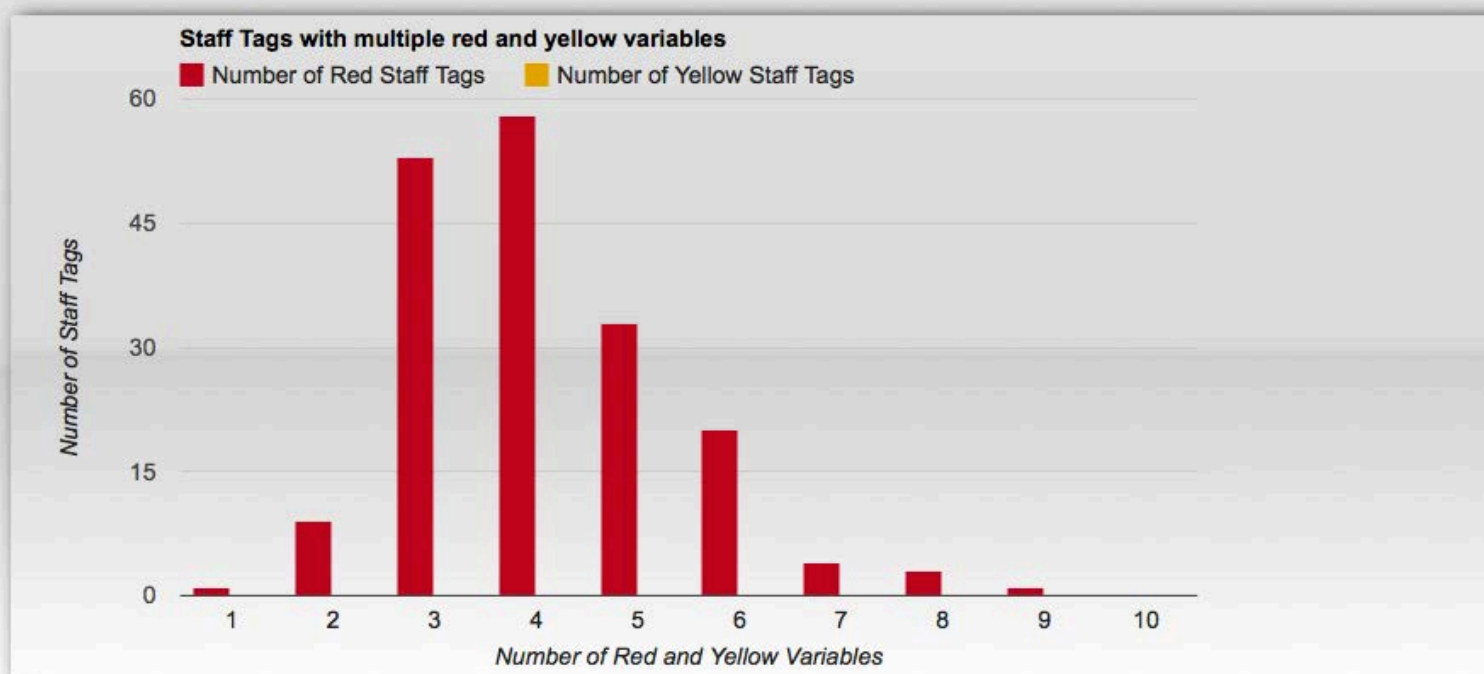
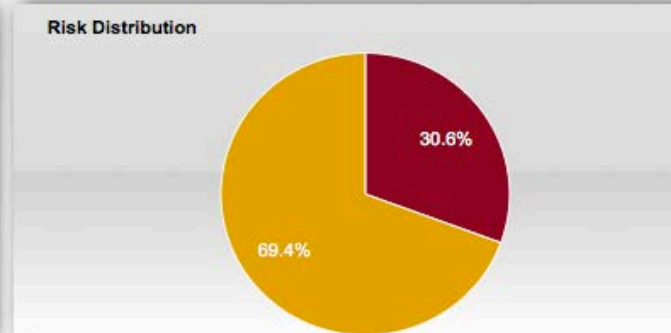
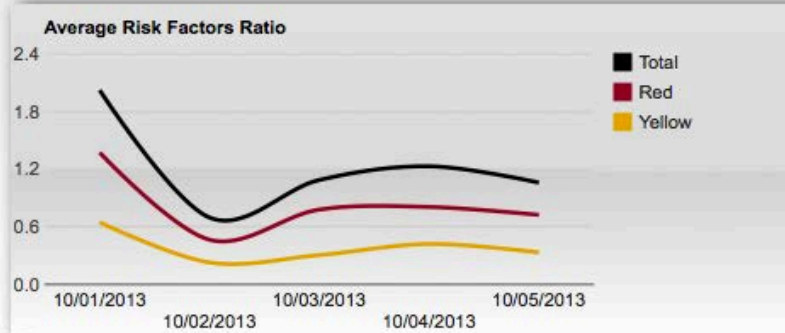
BH Team Lead View

SAMPLE Scenario
from Urban Shield
2013:
N=183 EMT,RN

Oakland and Dallas
Large FTX:
3 MCI scenario

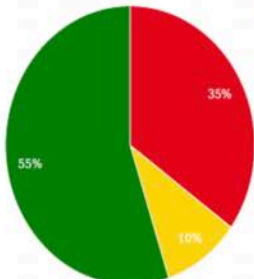
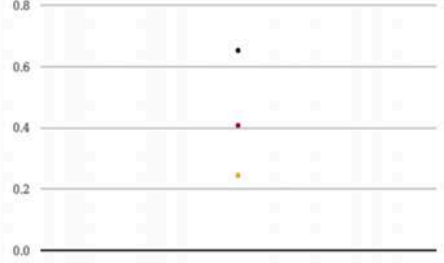


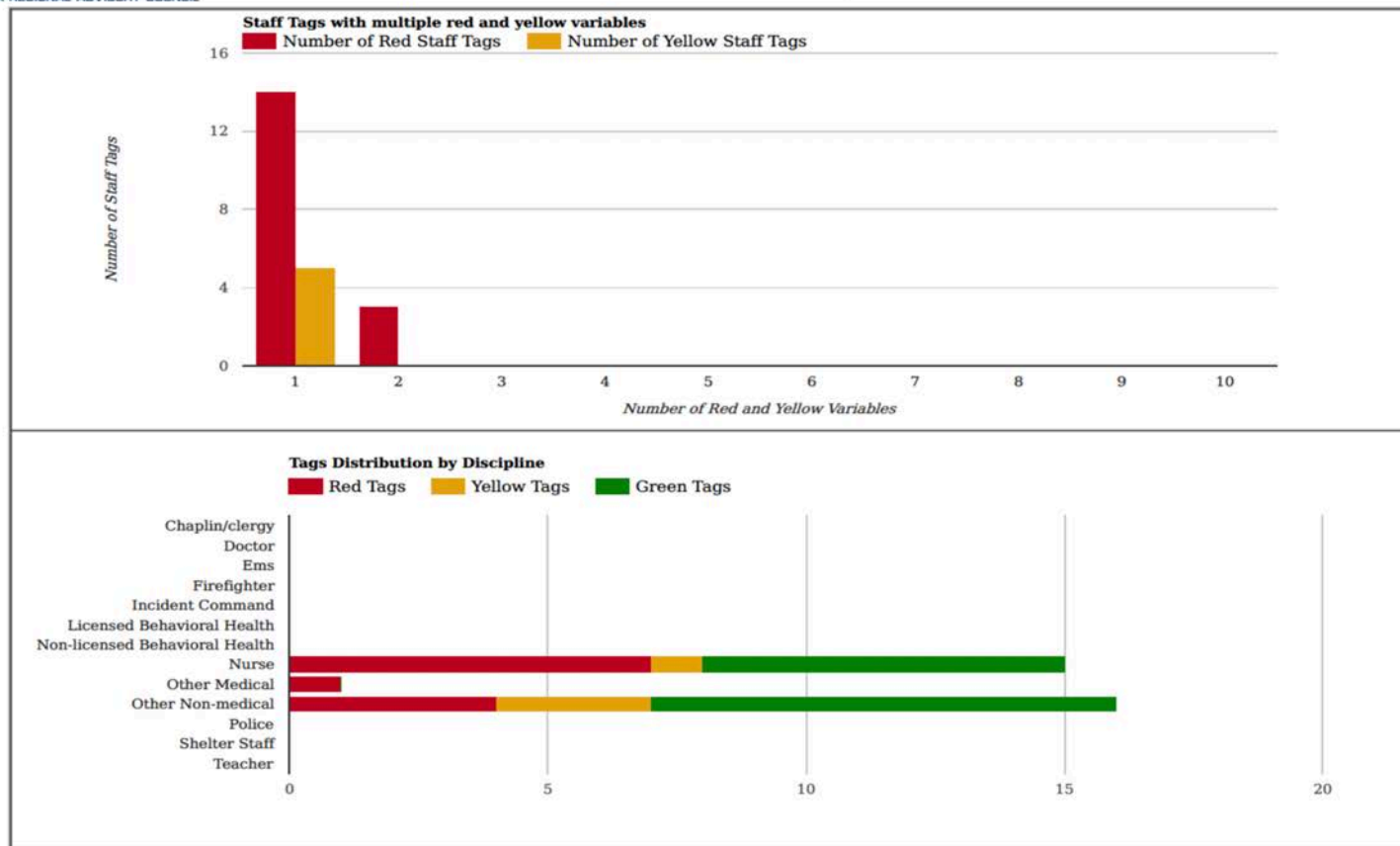
Health and Wellbeing Unit or Safety View



[Compare with other site](#)

Save Report

Site: Torino, IT Operational Area		Incident: May MCI		Duration: 06/12/2017 - 06/12/2017			
<p>Total Staff Tags: 49</p> <p>Total Staff: 1</p> <p>Duration: 06/12/2017 - 06/12/2017</p>		<p>Tags Distribution</p>  <p>Red (17) Yellow (5) Green (27)</p>		<p>Average Risk Factors Ratio</p> 			
<p>DID YOU WITNESS ANY SEVERE BURNS, DISMEMBERMENT, OR MUTILATIONS? (FOR EXAMPLE: CHILD WITH BURN TO MOST OF HIS/HER BODY SURFACE) (0 %)</p> <p>WERE YOU EXPOSED TO PATIENTS WITH PROLONGED SCREAMING DUE TO PAIN OR FEAR? (2.04 %)</p> <p>DID YOU WITNESS ANY PATIENT DEATH OR OTHER SEVERE INJURIES? (FOR EXAMPLE: AMPUTATION, EVISCERATION, OR DEATH OF PATIENTS WHO WERE UNDER YOUR CARE OR UNDER THE CARE OF YOUR TEAM) (0 %)</p> <p>WERE YOU ASKED TO PERFORM DUTIES OUTSIDE OF YOUR CURRENT SKILLS? (FOR EXAMPLE: TREATING ADULTS ALTHOUGH YOU ARE A PEDIATRICIAN OR DOING A MAJOR SURGICAL PROCEDURE ALTHOUGH YOU ARE NOT A SURGEON) (2.04 %)</p> <p>DID YOU EXPERIENCE ANY HAZARDOUS WORKING CONDITIONS? (FOR EXAMPLE: EXTREME SHIFT LENGTH, COMPROMISED SITE SAFETY/SECURITY, OR OTHER ISSUES) (20.41 %)</p>		<p>DID ANY SERIOUS INJURY, ILLNESS, OR DEATH OCCURS AMONG YOUR COWORKERS? (0 %)</p> <p>WERE YOU UNABLE TO COMMUNICATE REGULARLY WITH YOUR OWN FAMILY OR SIGNIFICANT OTHERS? (14.29 %)</p> <p>DID YOU FEEL YOUR LIFE WAS IN DANGER? (0 %)</p> <p>WERE YOU FORCED TO ABANDON A PATIENT? (FOR EXAMPLE: LEAVING A LIVING PATIENT BECAUSE OF UNSAFE SITUATION OR OTHER FACTORS) (2.04 %)</p> <p>WERE YOU DIRECTLY IMPACTED BY THE INCIDENT AT WORK OR AT HOME? (0 %)</p>		<p>WERE YOU RESPONSIBLE FOR MAKING EXPECTANT TRIAGE (TRIAGE AS BLACK AND LEFT TO DIE) DECISIONS? (FOR EXAMPLE: DETERMINING THAT UNDER EXISTING CARE/SURGE CIRCUMSTANCES THAT NO EMERGENT CARE WAS OFFERED) (0 %)</p> <p>WERE YOU UNABLE TO MEET YOUR PATIENT'S CRITICAL NEEDS AT TIMES? (FOR EXAMPLE: LACK OF RESOURCES SUCH AS A DRUGS, LABORATORY, IMAGING, PATIENT SURGE, OR CRISIS STANDARD OF CARE CONDITIONS) (2.04 %)</p> <p>DID YOU HAVE DIRECT CONTACT WITH MANY GRIEVING FAMILY MEMBERS? (0 %)</p> <p>DID YOU HAVE CONCERNS ABOUT THE SAFETY OR WELL-BEING OF YOUR OWN FAMILY MEMBERS, SIGNIFICANT OTHERS, OR PETS WHILE YOU WERE DEPLOYED? (4.08 %)</p> <p>DID YOU EXPERIENCE ANY SERIOUS INJURY OR ILLNESSES AS A RESULT OF YOUR DEPLOYMENT ? (0 %)</p>		<p>DID YOU WITNESS PEDIATRIC DEATHS OR SEVERE INJURIES? (0 %)</p> <p>DID YOU WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS? (0 %)</p> <p>UNABLE TO RETURN HOME? (4.08 %)</p> <p>DO(DID) YOU HAVE HEALTH CONCERNS FOR SELF DUE TO POSSIBLE AGENT/TOXIC EXPOSURE(BIOLOGICAL,CHEMICAL, RADIOLOGICAL/NUCLEAR)? (8.16 %)</p> <p>I AM NOT RECEIVING SUFFICIENT SUPPORT FROM OTHERS (6.12 %)</p>	



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Ebola in Africa:

Q&A With a U.S. Public Health Service Commissioned Corps Officer

Commander Jamie Seligman, LMSW-C, BCD, Program Project Officer in SAMHSA's Center for Mental Health Services, talks about his experience and lessons learned in Liberia, Africa, during the ongoing Ebola crisis.

How did you prepare for this Ebola mission and where did you serve in Africa?

I served on the U.S. Public Health Service (USPHS) Commissioned Corps Ebola Response Mission at the Monrovia Medical Unit (MMU) in Margibi County, Liberia. We received 7 days of Ebola-specific preparation and training in Anniston, Alabama, and deployed to Liberia for 59 days. The MMU was a 25-bed Ebola Treatment Unit focused on providing care to Liberians and international health care workers and responders that may have been infected with Ebola. The MMU was staffed by USPHS officers (doctors, physician assistants, nurse practitioners, and nurses), infection control officers, pharmacists,

Liberian government and internal partners to build capacity for additional care.

What was your behavioral health team role?

As the Section Chief of the Behavioral Health Branch, I supervised three psychologists, one psychiatrist, and one social worker. Our behavioral health team provided force health protection, spiritual care, direct patient and family care, and collaboration with stakeholders such as the Liberian Ministry of Health and Social Welfare and the Carter Center staff. In our force health protection role, we conducted daily checks with officers who experienced challenges with the intensity of the work and high operation tempo, interpersonal relationship difficulties

The Behavioral Health Branch provided support with consultation regarding MMU staff retention, personnel conflicts, reintegration issues, and problem-solving strategies. In addition, SAMHSA Region 5 Administrator, Captain Jeff Coady, Psy.D., played a vital role as the lead of the Behavioral Health Operations Group (BHOG) for the entire mission, coordinating behavioral health activities for officers beginning during the pre-deployment process, training, operations, and up through reintegration. The BHOG was instrumental and ensured that vital information was flowing from Washington, DC, to Liberia and vice versa. (For more detail on BHOG's role, see "A Public Health Approach to Resilience.")

nch

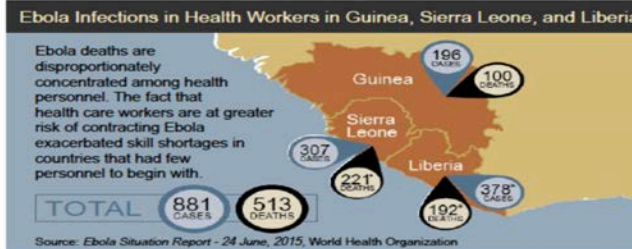
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A Quarterly Technical Assistance Journal on Disaster Behavioral Health
Produced by the SAMHSA Disaster Technical Assistance Center

the Dialogue

training, each responder developed an APD personal resilience plan that incorporated the training concepts for a personal strategy, taking into account anticipated stressors and individual coping and resilience resources.

In addition, as part of APD, the officer responders were trained in the PsySTART Responder Self Triage System. PsySTART Responder is a rapid mental health triage tool for disaster or humanitarian missions. PsySTART Responder allowed our officers to triage themselves daily. This empowered the officers to track the presence of their own risk markers and resilience daily and cumulatively across the extended course of the deployment. Over a period of days or weeks of deployment, officers tracked their own trending of risk factors over time. Armed with this information, the officers could elect to employ their "personal resilience plan" developed during our initial training session in Anniston, Alabama, or they could share their daily triage or cumulative triage with the embedded behavioral health providers for additional coping ideas or support. Officers were then empowered by awareness of their own self-triage risk to be proactive and engage their personal resilience plan or seek other support resources in a timely manner. The self-triage information was de-identified of personal information and aggregated automatically using the PsySTART Responder System. Rather than



waiting for risk to become distress and disorder, this approach allowed information to mitigate risk factors trending early, at both the individual and total team levels.

For example, one PsySTART risk factor is "I have a concern about possible chemical, biological, or radiological exposure(s) to myself." Within a 24-hour window, the behavioral health team observed a large spike on this risk factor that had been not present in the team-level (aggregated) daily situational report. The team initially hypothesized a biological exposure, since the officers were working in a high-risk environment with patients who were infected with Ebola. However, further investigation identified that the spike was actually because of concerns over possible chemical exposure from the chlorine used as part of the decontamination process. The behavioral health team shared this information with the command staff and the safety team. As a result, we identified a

health risk to officers that caused concern and stress. We decided to discontinue the use of powder mix, as the concentration levels were inconsistent, and start using a liquid mixing system. We provided health risk information about chlorine exposures and were available for any officers who wanted to talk about their concerns. Within 1 or 2 days, the team-level aggregated PsySTART reports found this risk factor quickly diminished. Using PsySTART for the first time to mitigate real-time risks proved to be effective. Officers could anonymously report a risk factor that could seemingly cause prolonged distress, and the behavioral health team investigated and mitigated the factor. It provided "actionable intelligence" in the form of a concrete risk factor and allowed the behavioral health team to tackle the issue at the "population" level. To our knowledge, the use of the PsySTART Responder System for real-time direct risk factor

Lets practice PsySTART R

PsySTART Responder

Explosive Device Incident

- In order to better understand how the PsySTART Responder Self-Triage System operates, the following scenario has been developed:
 - The “event” is an explosion in a chemical plant
 - There are numerous injured and dead
 - A number of first responders were injured and killed as well
 - There is concern about release of invisible toxic agents
 - PPE concerns by responders, families and HCF

Case Vignettes: Case 1

- A single mother brings in her 8 year old, only child, to the ED. He is unresponsive and has severe fragmentation and burn injuries.
 - Due to his condition and the high volume of cases in the ED, it is determined that resuscitation efforts would not be attempted.
 - Despite the mother's anguished pleas, the child is pronounced.

Case 2

- An 82 year grandmother of 5 is brought in by her family members. She is pale, cool, and diaphoretic and has multiple long bone fractures, an unstable pelvis and multiple abdominal bruises. Her blood pressure is 60 on palpation.
 - Due to her conditions and the high volume of patients in the ED, she is triaged to palliative care only. A staff member informs the accompanying family members of the triage decision.
 - After the administration of minimal pain medication, the patient's blood pressure drops to 50. Despite this, the patient continues to moan in pain loudly.

Case 3

- A staff member is at work when the explosion occurs. She learns it is where her significant other
 - There have been no survivors rescued.
 - Fire has broken out in the building and there are not sufficient fire resources to stop it.
 - She is unable to reach sig other by phone or text

Case 4

- A small community hospital has numerous trauma cases comprised of critically injured and unstable children and adults.
 - As a community hospital, the staff do not have the experience with either the number or severity of pediatric and trauma cases.
 - There are numerous aftershocks and ceiling tiles have fallen, one co-worker is injured.
 - There is a rumor of release of toxic materials from a nearby factory that is “upwind.”

Implementing PsySTART at your facility

- Determine how MH follow up will be managed at your facility(EAP, MH, Spiritual care, outside referral?)
- Schedule training for line staff and separately for designated psystart incident manager
- Consider integration into daily operations and workflow
- Integrate into exercises

Thanks for attending today!

- For further information on implementing Anticipate.Plan. Deter with PsySTART Responder contact:

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