

LOS ANGELES COUNTY HARBOR-UCLA MEDICAL CENTER

Subject: Management of Psychological Consequences
59

Policy No. EPP

POLICY:

The medical center shall proactively manage the psychological consequences – emotional, behavioral and/or cognitive effects -- resulting from a large-scale emergency, such as a terrorist incident, public-health emergency, or other Code Triage incident that results in multiple casualties

I. TRIAGING MENTAL HEALTH NEEDS

Use the following steps to determine who needs urgent or non-urgent psychological assessment.

1. Medically triage patients into one of two groups:
 - a. Individuals who are so ill that they need emergency and/or inpatient medical treatment. Such patients probably are too ill for mental health care to be a priority. However, their family members are potential candidates for mental health or spiritual care.
 - b. Individuals who are mildly ill or not at all ill and need little or no treatment except perhaps outpatient follow-up or observation. These patients will need further psychological triage. They may have event-related concerns, but they are not ill and may never have been exposed to a harmful (chemical, biological, radiological) agent.
2. Assess the mildly ill/not ill individuals for the following:
 - Traumatic loss of a loved one.
 - Proximity/level of exposure to the incident.
Note: The threshold for significant positive response to this will depend on the incident's nature/severity, and the surge for mental health care that the facility is experiencing
 - Extreme psychological responses that are not improving with attention.
 - Intent to harm themselves or others.

An individual with any of the above characteristics should be sent to a mental health specialist for urgent assessment and intervention.

3. Continue to screen for non-urgent assessment those patients who do not meet the criteria for urgent assessment. Pay particular attention to the following:
 - Young children.
 - Anyone who suffered a secondary loss (loss of job or home, forced relocation/evacuation, etc.).
 - Persons without social supports.
 - Individuals who have suffered from an injury or illness due to the incident (e.g., a mild incident-related injury).

Any individual who meets any of the above criteria should be sent for non-urgent assessment.

4. Provide remaining patients psychological first aid by appropriately trained mental health staff, and relevant written materials and/or referrals.

Date Issued: 1/08

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Date Revised:

Approved by: _____

Julie Rees

Emergency Preparedness Coordinator

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II. WHERE PEOPLE MIGHT REACT

General Location	Specific Location
A. Where people enter and exit the hospital	<ul style="list-style-type: none"> • Public entrances • Triage and discharge areas
B. Where survivors are treated	<ul style="list-style-type: none"> • Emergency Department • Decontamination or isolation areas • Medication dispensing sites
C. Where people congregate	<ul style="list-style-type: none"> • Emergency Department • Decontamination • Cafeteria • Waiting room • Parking lot • Patient Information Center

III. HOW PEOPLE MIGHT REACT -- TRIGGERS OF PSYCHOLOGICAL EFFECTS

A. General Triggers

The following triggers are common to all emergencies:

- Emotional distress, such as fear, anxiety, sadness, anger, guilt, numbness, hopelessness, helplessness.
- Behaviors such as care-seeking, avoidance, self-medicating, non-compliance with instruction, and anti-social behavior. Children may become clingy and/or revert to past behaviors such as thumb sucking.
- Cognitive changes, such as difficulty thinking, loss of concentration or difficulty making decisions.

Note: These cognitive changes combined with emotional distress can also lead to somatic symptoms, including nausea heart palpitations, etc.

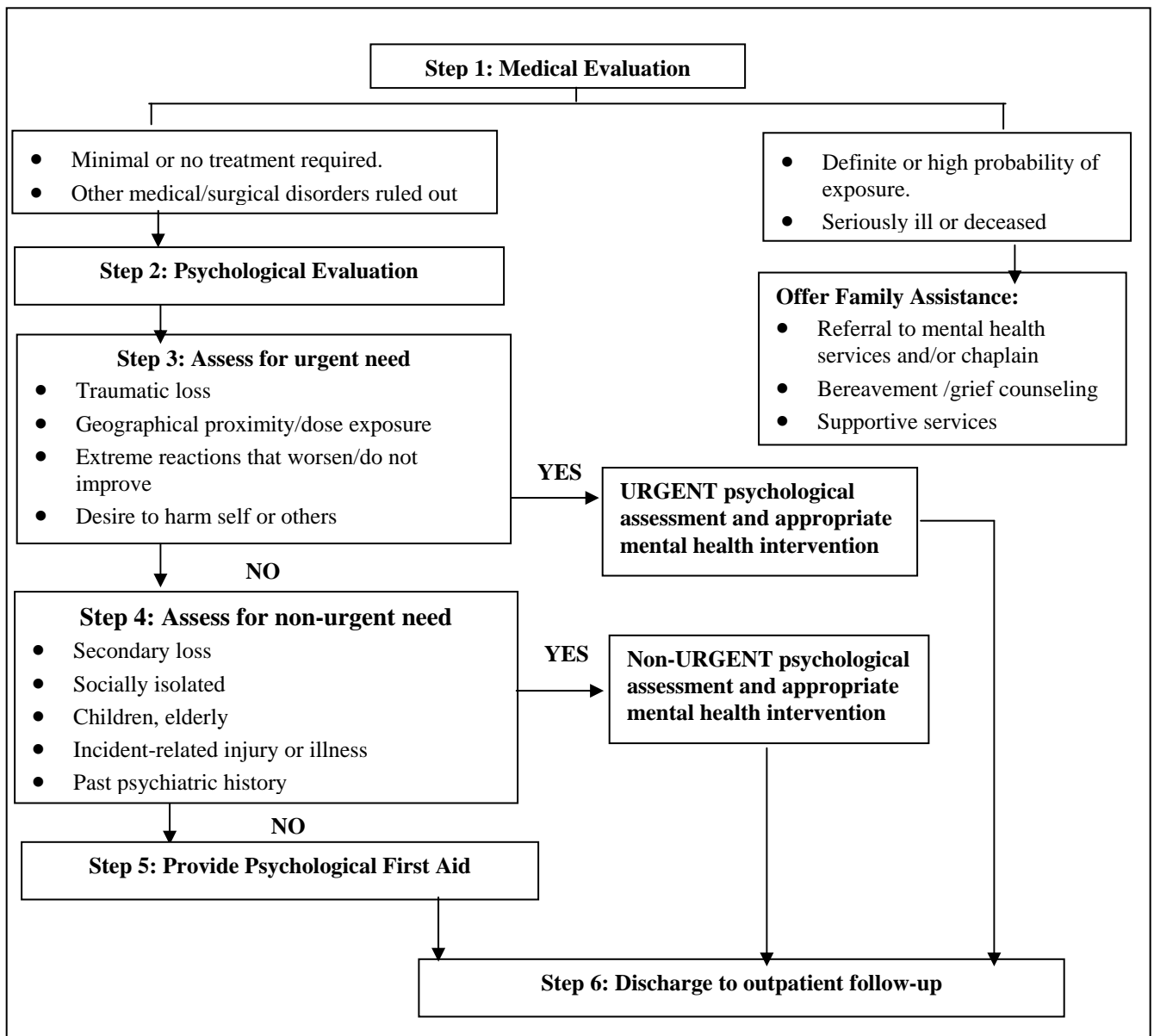
- Depending on their severity and clinical impairment, some of these reactions may meet the criteria for a psychiatric illness, including acute stress disorder, depression, or post-traumatic stress disorder (PTSD).

B. Incident-specific Triggers

Trigger	Definition	Potential Reactions
Restricted Movement	Limitations on movement or interactions with others due to: <ul style="list-style-type: none"> • Isolation • Shelter in place • Decontamination • Quarantine • Increased social distance • Evacuation 	<ul style="list-style-type: none"> • Loneliness • Anger and fear • Maladaptive behavior
Limited Resources	Access to resources is – or can be perceived as – restricted due to: <ul style="list-style-type: none"> • Clinics closed and supplies limited • Resource distribution is seen as inequitable 	<ul style="list-style-type: none"> • Anger • Feelings of being stigmatized • Agitation and hostility
Trauma exposure	Witnessing or being the survivor of a traumatic event, such as: <ul style="list-style-type: none"> • Gruesome images of the injured or ill, especially children 	<ul style="list-style-type: none"> • Grief • Anger • Worry • Burnout (psychological)

Trigger	Definition	Potential Reactions
Trauma exposure (continued)	<ul style="list-style-type: none"> Sever injury or death 	<ul style="list-style-type: none"> distress from adverse work conditions)
Limited Information	Actual or perceived lack of appropriate information bout risks, symptoms, and recommended actions, due to: <ul style="list-style-type: none"> Inefficient or insufficient communication Conflicting or lacking information 	<ul style="list-style-type: none"> Fear Anxiety Frustration Anger/hostility
Perceived Personal or Family Risk	Concern about personal or family safety, due to: <ul style="list-style-type: none"> Exposure to harmful agents Illness, injury, death 	<ul style="list-style-type: none"> Fear Inappropriate precautions Demand for medical care

IV. ALGORITHM FOR TRIAGING MENTAL HEALTH NEEDS



V. WHAT YOU CAN DO – PSYCHOLOGICAL FIRST AID

A. Psychological First Aid Techniques

Following are the 8 simple techniques of Psychological First Aid to help people immediately after a catastrophe:

General Technique	Specific Technique
1. Make Contact and Engage	<ul style="list-style-type: none"> • Introduce yourself and ask for permission to talk • Describe who you are and what you do. • Describe what you will do to help.
2. Ensure Safety and Comfort	<ul style="list-style-type: none"> • Ask about and help people meet their needs (food, water, glasses, hearing aids, medications). • Give information about how the situation is being made safer.
3. Stabilize (if necessary)	<ul style="list-style-type: none"> • Find out and address the main sources of distress • Remain calm and give people the opportunity to talk • Suggest a few calming breaths, or take a moment before deciding what to do next.
4. Gather Information on Current Needs and Concerns	<ul style="list-style-type: none"> • Identify individuals in need of immediate referral for mental health or other services • Identify needs for additional services.
5. Provide Practical Assistance	<ul style="list-style-type: none"> • Discuss a plan to resolve their concerns or meet their needs. • Take actions to address their needs.
6. Connect Individuals with Social Support	<ul style="list-style-type: none"> • Help people contact their friends and loved ones. • Keep families and children together. • Encourage use of available sources of support.
7. Facilitate Coping	<ul style="list-style-type: none"> • Give basic information on normal stress reactions • Provide practical suggestions on how to cope that guide people toward helping themselves. • Include information on when to seek additional mental health services.
8. Link with Collaborative Services	<ul style="list-style-type: none"> • Identify and direct people to government and non-government services available • Remember to address the needs of children, adolescents, and older adults.

B. Psychological First Aid Tips for Talking with Adults/Children After a Disaster

Technique	Script for Adults	Script for Children
1. Contact and Engagement	“My name is _____. I am a mental health (or _____) staff member here. I’m checking with people to see how they are feeling. Can we talk for a few minutes? May I ask you your name?”	“My name is _____. I am a to try to help you and your family. I am a mental health (or _____) worker here. I’m checking with people to see how they are feeling. May I ask you your name?”
2. Safety and Comfort	“Do you need anything to drink or eat? Is your family here with you? Do you have a place to stay? We are providing _____ services. Do you have any questions I can answer now?”	“Do you need anything to drink or eat? Is your family here with you? Do you have a place to stay? We are working hard to make you and your family safe. Do you have any questions about what we’re doing to keep you safe?”

Technique	Script for Adults	Script for Children
3. Stabilization (if needed)	“You have been through a lot. It might help to take a few deep breaths right now. It is normal during a disaster to feel like you don’t know what to do. Can I help you with deciding what to do next?”	“After bad things happen, your body may have strong feelings that come and go like waves in the ocean. Even grown-ups need help at times like this. Is there anyone who can help you feel better when you talk to them? Can I help you get in touch with them?”
4. Information Gathering	“Can you tell me where you were during the disaster? Were you injured? Do you have a place to live right now? Is your family safe? How are you (and your children) coping with what is happening? Is there anything else you’d like to talk about?”	“May I ask some questions about what you have been through? Can you tell me where you were during the disaster? Did you get hurt? Is your family safe? How scared were you? Is there anything else that you are worried about?”
5. Practical Assistance	“It seems like what you are most worried about right now is _____. Can I help you figure out how to deal with this?”	“It seems like what you are most worried about right now is _____. Can I help you figure out how to deal with this?”
6. Connection with Social Support	“Are there family members or friends who you can call right now who can help? Is there a community group (such as a church, etc.) that could help you? Have you contacted any of these sources of support to let them know what has happened?”	“You are doing a great job letting grown-ups know what you need. It is important to keep letting people know how they can help you. That way, you can make things better.”
7. Information on Coping	“After an experience like this, it’s common for you (and your kids) to feel (confused, afraid). You will probably start to feel better soon. If you like, I can tell you some ways to help you feel better. But if you don’t, there are places to get help. There are people available 24 hours every day at 800-845-7771 to help you. Staff there are understanding and can help you work your way through this difficult time.”	“It’s normal for kids to feel scare after bad things happen. You will probably start to feel better soon. If you like, I can tell you some ways to help you feel better. You can also call 800-854-7771 any time to talk to people who can help you.”
8. Linkages	<p>“Here are the names and contact information for others services.”</p> <p>Provide direct referrals to additional services, such as:</p> <ul style="list-style-type: none"> • County mental health services or those through private insurance. • Medical services. • Red Cross and FEMA, as appropriate <p>For older adults: primary care physician, local senior center, meals-on-wheels, senior</p>	<p>“May I help make some calls to people who can help you?”</p> <p>Provide direct referrals to additional services, such as:</p> <ul style="list-style-type: none"> • County mental health services or those through private insurance. • Medical services. • Red Cross and FEMA, as appropriate <p>Note: For children and adolescents,</p>

C. Referrals for Follow-up

Contact the Los Angeles County Department of Mental Health for referrals for follow up mental health services.