



The psychological impact

of major incidents

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Presented by Matt Dinnery, a qualified teacher with PGCE, completed MIMMS provider training in 2015 & 2019, followed by SMART D-Net CPD in 2020. Clinically awarded FREC4 in 2020, having also obtained a BSc (Hons) Biomedical Sciences in 2012.

Matt has worked in events, including crowd safety, security, event safety & medical, since 2006.

He has produced various event, crowd & medical operational/safety plans for events from 50-280,000 guests.

Training courses



- Visit www.promed999.co.uk/training for full details & dates
- QA Level 3 Certificate in First Response Emergency Care (RQF) + QA Level 3 Award in Administering Medical Gases (QCF) - £390.00
- QA Level 4 Certificate in First Response Emergency Care (RQF) - £475.00
- QA Level 4 Award in Immediate Life Support (RQF) - £150.00
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No quibble refund if the course is cancelled

No refund will be provided for cancellations made less than 24 hours in advance, or in case of no-show. A cancellation fee of £30 per person applies for cancellations made less than 7 days in advance. No cancellation fee applies for cancellations made 7 or more days in advance.

All courses near Aylesbury – can also run courses for 4+ people anywhere in the UK

FREC3: 24th October (3 weekends / 5 days) – includes copy of Ambulance Care Essentials

FREC4: 28th November (3 weekends / 5 days) – includes copy of Ambulance Care Practice

ILS: 15th November (1 day) – includes copy of Resus Council (UK) Immediate Life Support

SALM: 21st November (2 days) – includes JRCALC pocket book

Recruitment



- ProMed is a Living Wage employer
 - We pay £11.75/hr outside London
 - We pay £13.50/hr inside London
- ProMed is a signatory to the Prompt Payment Code
 - We pay all suppliers within 30 days
- Roles
 - First responder (FREC3 or higher)
 - Emergency medical technician (FREC4 or higher)
- apply@promed999.co.uk

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Psychological impact of major incidents



- Everyone attending a ProMed training event has the right to expect a space free from bullying, intimidation and harassment.
- Everyone has the right to be treated with dignity, respect and courtesy and not to be discriminated against.
- Please read the full code of conduct at:
<https://www.promed999.co.uk/training/continuous-professional-development-cpd/code-of-conduct/>
- If you need to report inappropriate behaviour, please privately message ProMed Admin Team during the webinar, or email webinars@promed999.co.uk following the meeting

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ProMed will not tolerate any form of harassment or discrimination. Anybody attending a ProMed event are responsible for their own behaviour and must ensure they behave appropriately showing respect to others during ProMed events and social activities.

Reports of inappropriate behaviour, including behaviour which brings injury or discredit to Professional Medical Ambulance Services Limited, will be treated seriously and acted upon promptly. Any such behaviour may ultimately result in attendees being asked to leave and/or legal action being taken.

The event coordinator has complete discretion to ask individuals to leave the event.

Any persons breaching this code of conduct will be reported to ProMed's leadership team, and may be prevented from attending future opportunities.

Psychological impact of major incidents



- Zero responders
- First responders & emergency services personnel
- Casualties
- Uninjured survivors
- Children & young people
- Hot & cold debriefs
- TRiM – Trauma Risk Management

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Zero responders



- Exposed to things possibly untrained for
- Feel like they should have done more
- Hard to account for & follow up

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First responders & emergency services personnel



- Organisations collate lists of people involved
- Feel overwhelmed / overloaded
- Feel like they didn't do enough / could do more
- Rostering – monitoring work/life balance
- Control room staff
- Don't forget those not involved – the 'business as usual' team

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This is particularly relevant to intensive care staff as they will have to interact regularly with the sickest survivors and their families.

Casualties



- Care of casualties is more than just physical injuries
- Witnesses to a traumatic event
- Recovery from (life-changing) injuries
- May know survivors – why me?
- May know fatalities – why them?

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Uninjured survivors



- Survivor's guilt
- Helplessness

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Children & young people



- Developmental needs differ to adults
- Anxiety
- Stress
- Social media triggers
- Child & Adolescent Mental Health Services (CAMHS)
- Family support

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Remember to include in training scenarios

These are typical reactions after a traumatic event:

- Nightmares
- Memories or pictures of the event unexpectedly popping into their mind
- Feeling as if it is actually happening again
- Playing or drawing about the event time and time again
- Not wanting to think or talk about the event
- Avoiding anything that might remind them of the event
- Getting angry or upset more easily
- Not being able to concentrate
- Not being able to sleep
- Being more jumpy and being on the lookout for danger
- Becoming more clingy with parents or carers
- Physical complaints such as stomach aches or headaches
- Temporarily losing abilities (e.g. feeding and toileting)
- Problems at school

Hot & cold debriefs



- Hot debrief
 - At the scene
 - Before going home
- Cold debrief
 - After, and away from, the incident

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TRiM – Trauma Risk Management



- Trauma focused – ideal for major incidents
- Peer support
- Interview within 72 hours following event
 - Looks for risk factors (scoring matrix)
- Additional support from colleague & line managers
- Interview 1 month later
 - Looks for ongoing needs
 - Referral to professional services

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- 1 The person perceives that they were out of control during the event
- 2 The person perceives that their life was threatened during the event
- 3 The person blames others for what happened
- 4 The person reports shame/guilt about their behaviour during the event
- 5 The person experienced acute stress following the event
- 6 The person has been exposed to substantial stress since the event
- 7 The person has had problems with day-to-day activities since the event
- 8 The person has been involved in previous traumatic events
- 9 The person has poor social support (family, friends, unit support)
- 10 The person has been drinking alcohol excessively to cope with distress

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- Tonight's webinar has been provided free-of-charge
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Questions?

Please type in the chat box, or raise your hand & unmute yourself when invited!

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References



- Johnson C., Cosgrove, J.F. Hospital response to a major incident: Initial considerations and longer term effects. BJA Education 2016; 16(10): 329-333
- <https://www.rcpch.ac.uk/news-events/news/what-about-emotional-wellbeing-staff-patients-planning-major-incidents>

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