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# Building Responder Resilience:

*Welcome to Anticipate, Plan and Deter*

## LA County EMS Anticipate Plan and Deter Training Curricula 2014 Revision

Developed by  
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# 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

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# Objectives of Anticipate, Plan and Deter Responder Resilience System

- Enhance the resilience of the Los Angeles County Emergency Healthcare workforce
  - Hospitals
  - Community clinics
- Become familiar with the Anticipate, Plan and Deter for Healthcare Workers



# State of the Art: Mental Health Risk in Disasters: Population Level Effects

50-90%= Transitory  
Distress Response

(ex: Insomnia,  
Fears of recurrence)

Resilience ?

**30-40% =  
New Incidence Disorder:  
Ex: PTSD, Depression**

Responders: 10-20%

=Triage to care

Based on IoM, 2003

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# Plan for the Range of “Real” Effects on Responders

## Psychological consequences of disasters



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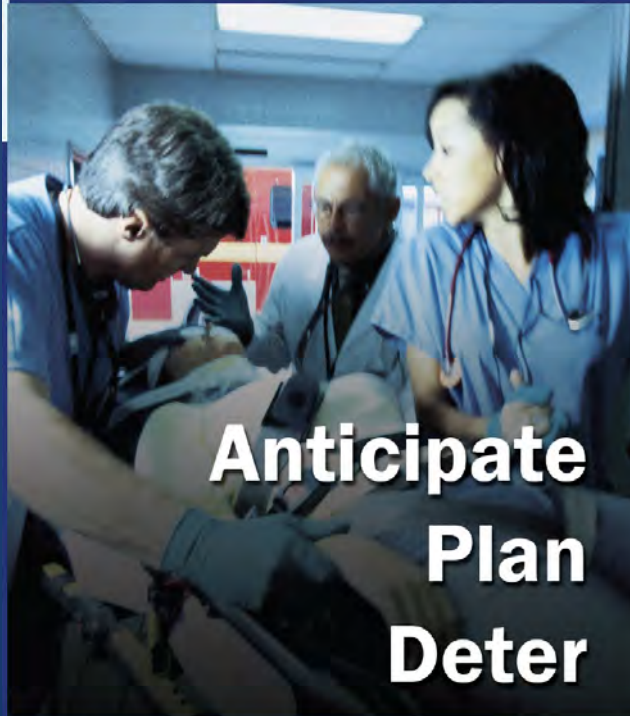


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# Building Your Responder Personal Resilience Plan™



**Anticipate  
Plan  
Deter**

*Maximizing Resilience For  
Healthcare Workers*



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This project was completed with funds from the Hospital Preparedness Program, Office of the Assistant Secretary for Preparedness and Response, Office of Preparedness and Emergency Operations, Division of National Healthcare Preparedness Programs  
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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 stress
- Feedback from PsySTART advisory group indicated the need for training and tools to enhance healthcare workers resilience in disasters

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# Responder Families

- First responder children as “at risk” population
- Planning for responders means planning for the families and their school age children in particular
  - Targeted component for DMH CONOPS plans developed by UCI CDMS

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*“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*

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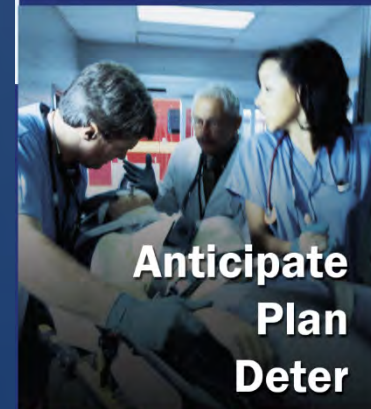
# Building Resilience For Healthcare Workers in Disaster

*“Anticipate, Plan, Deter”*

How to use this tool:

- Pre-event
- Response
- Post-disaster

Building Your  
Responder Personal  
Resilience Plan™



*Maximizing Resilience For  
Healthcare Workers*



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Step 1:  
Anticipate!

# 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.)

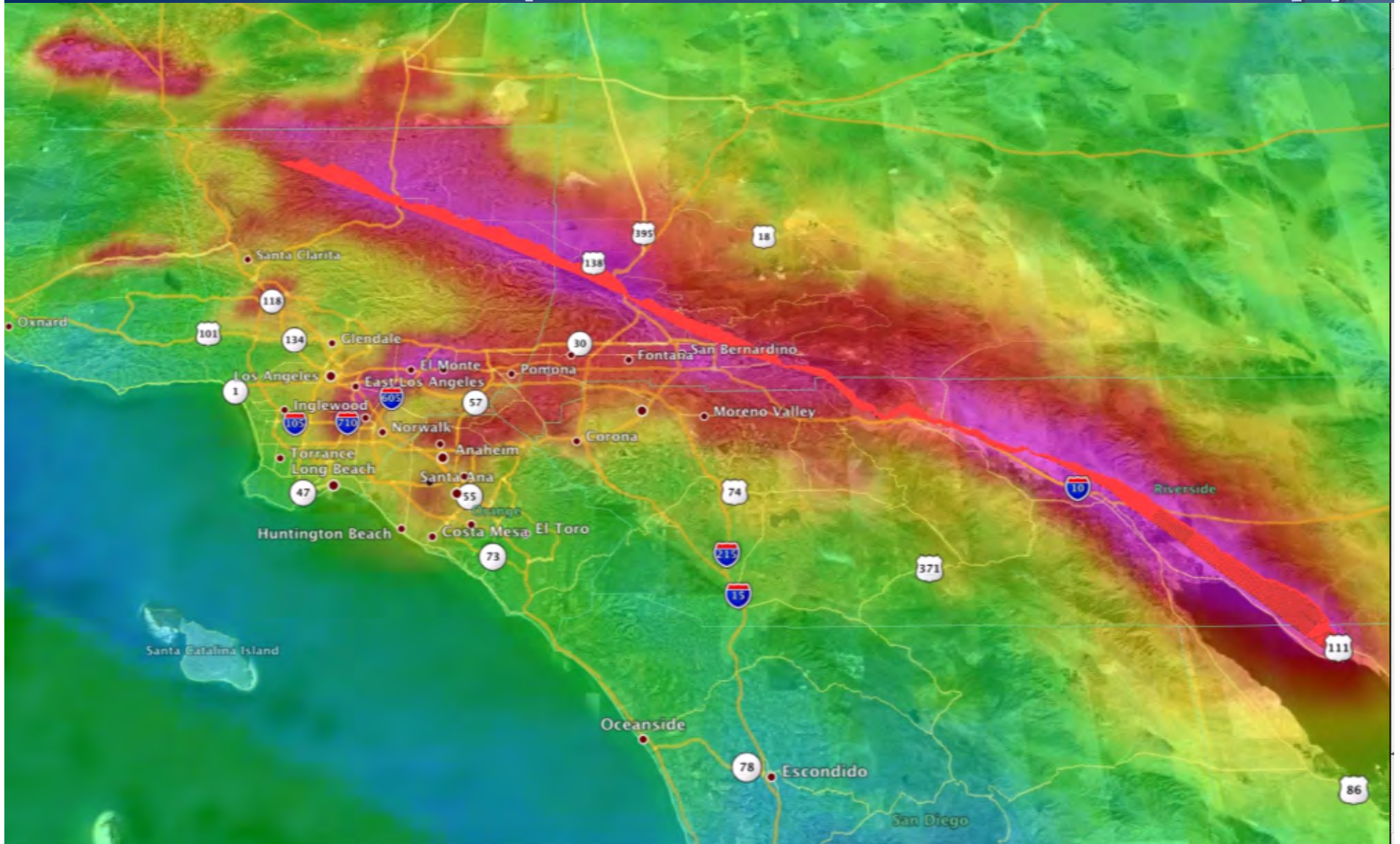
These current stressors may also be “Trauma Triggers” that activate memories of past experiences or losses.

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



# Or this: (ShakeOut Scenario Map)





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# *Anticipate....*

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

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# 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 ANOTHER DAY AT THE HOSPITAL !**

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May 22, 2011 – An EF-5 tornado struck the town of Joplin, MO at 5:17pm with direct impact on Mercy / St. John's Medical Center, which held 183 patients at the time. Major structural damage occurred and all critical systems were lost. Gas and water leaks, falling debris, and other hazards were pervasive. Within minutes, patients were presenting to the Emergency Department for care even though the structure was unsafe. Inpatient units rapidly evacuated patients to pre-designated areas and private vehicles (with some EMS assistance) were used to shuttle them to other area hospitals.

In the emergency room, usual supplies and medications could not be accessed due to electronic controls on pharmaceuticals and damage to supplies, but life-saving procedures continued to be performed in the dark, with limited equipment. These included intubations, chest tubes, and hemorrhage control. The emergency physicians on duty balanced the hazards in the department with the life threats and made decisions about what interventions could not wait until patients could get to a safer area.

Communications were difficult to non-existent, and each unit had to rely on its personnel and their level of training and comfort with taking action to move patients to safety and provide life-saving interventions. The hospital was successfully evacuated in 90 minutes, a tremendous credit to the personnel and their training and adaptation. Emergency services were transitioned to a nearby hospital and an alternate care site was established and supplied with staff and materials as better communications and situational awareness was obtained.

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# 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

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# Anticipate MH Hazards: Understanding Exposure

Traumatic  
stress:

- 1 WITNESSED SEVERE BURN, DISMEMBERMENT, OR MUTILATION?  
\_\_\_\_\_
- 2 EXPOSURE TO PATIENTS SCREAMING IN PAIN/FEAR?  
\_\_\_\_\_
- 3 WITNESSED PEDIATRIC DEATH(S) OR SEVERE INJURIES?  
\_\_\_\_\_
- 4 DID YOU WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS?  
\_\_\_\_\_
- 5 FORCED TO ABANDON PATIENT(S)?  
\_\_\_\_\_
- 6 UNABLE TO MEET PATIENT NEEDS?  
\_\_\_\_\_
- 7 RESPONSIBLE FOR EXPECTANT TRIAGE DECISIONS?  
\_\_\_\_\_
- 8 DIRECT CONTACT WITH GRIEVING FAMILY MEMBERS?  
\_\_\_\_\_
- 9 ASKED TO PERFORM DUTIES OUTSIDE OF CURRENT SKILLS?  
\_\_\_\_\_
- 10 DID YOU EXPERIENCE HAZARDOUS WORKING CONDITIONS (such as extreme shift length, compromised site safety/security, or other issues)?  
\_\_\_\_\_
- 15 HEALTH CONCERNS FOR SELF DUE TO AGENT/TOXIC EXPOSURE (Infectious Disease, Chemical, Radiological, Nuclear, etc.)?  
\_\_\_\_\_
- 16 AT WORK, WERE YOU INJURED OR BECAME ILL AND TREATED?  
\_\_\_\_\_
- 17 DIRECTLY IMPACTED BY INCIDENT AT WORK OR AT HOME?  
If yes, advise your employee health and well-being unit leader.  
\_\_\_\_\_
- 18 FELT AS IF YOUR LIFE WAS IN DANGER?  
\_\_\_\_\_

# Anticipate: Secondary Exposure: what is it ?

8 DIRECT CONTACT WITH GRIEVING FAMILY MEMBERS?



- Repeated exposure to accounts of the gruesome or terrifying experiences of others may cause secondary or vicarious traumatization
- Reports by patients and family members of catastrophic death and damage

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# Cumulative Response Stress: “Progressive Burden of Exposure”

## Cumulative Response Stress includes:

- 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
- Experience of hazardous working conditions (such as extreme shift length, compromised site/safety or security or lack of PPE)

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# Response stress cont'd:

- 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.)

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# 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

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# 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

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# Anticipate: Home concerns

- Anticipate family 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
    - [Child version](#)
    - [http://www.ready.gov/sites/default/files/documents/files/PFA\\_Parents.pdf](http://www.ready.gov/sites/default/files/documents/files/PFA_Parents.pdf)
    - [Adult:](#)
    - [http://www.ready.gov/sites/default/files/documents/files/LPC\\_Booklet.pdf](http://www.ready.gov/sites/default/files/documents/files/LPC_Booklet.pdf)

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# Review: **Anticipate** to *Manage* 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

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# 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

1	WITNESSED SEVERE BURN, DISMEMBERMENT, OR MUTILATION?
2	EXPOSURE TO PATIENTS SCREAMING IN PAIN/FEAR?
3	WITNESSED PEDIATRIC DEATH(S) OR SEVERE INJURIES?
4	DID YOU WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS?
5	FORCED TO ABANDON PATIENT(S)?
6	UNABLE TO MEET PATIENT NEEDS?
7	RESPONSIBLE FOR EXPECTANT TRIAGE DECISIONS?
8	DIRECT CONTACT WITH GRIEVING FAMILY MEMBERS?
9	ASKED TO PERFORM DUTIES OUTSIDE OF CURRENT SKILLS?
10	DID YOU EXPERIENCE HAZARDOUS WORKING CONDITIONS (such as extreme shift length, compromised site safety/security, or other issues)?
11	INJURY, DEATH, OR SERIOUS ILLNESS OF COWORKERS?

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# Sights and sounds

- \* Disturbing exercise and real graphics to follow

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Vladikavkaz, Ossezia del Nord.  
Le vittime di Beslan raccolte nell'obitorio



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# Step 1: Conclusion

- Mass casualty= high risk for healthcare responders
- Perhaps not another day at the office !

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**Step 2:**  
**“Plan”**  
**(Create your Coping Plan)**

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# Create your Coping Plan

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

## 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.

### Your Expected Response Challenges

List what you think the most stressful aspects of working on a disaster will be for you. (If you are unsure what you might find stressful, review situations typically experienced by healthcare workers shown on the PsySTART Staff Self Triage System in this brochure).

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



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# Create your coping plan

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

## Step 2 - Plan

### Plan for your response challenges

Considering the stressors that you anticipate, how do you expect you will react?

#### Your Expected Stress Reactions

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

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

#### 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.



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# 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 ?
- Add it all up: what’s your coping plan?
- PRACTICE YOUR PLAN
  - Practice your coping skills NOW

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# 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:  
[www.emergencymedicine.uci.edu/pfa](http://www.emergencymedicine.uci.edu/pfa)

### 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.



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## “What works for you?”: here’s my list, what’s yours?

- Distraction using positive images and thoughts
- Combined with relaxation breathing
- For me: fun times ahead, trips, the idea of “being there when needed”

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# Plan : Building *Your* Coping 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 possibles, focus on the probables”*
- Understand your disaster role(s)
- Build cohesion with co-workers

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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.

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# 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:

- 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.



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# Step 3:

# “Deter”

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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 staff tag – your stress dosimeter
- Reach out for support from your social support system
- Engage work based coping resources
- Use Bounce Back Now™ internet based coping intervention

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## Step 3 - Deter

Monitor your stress reactions and activate your Coping Plan (see step 2) early to maximize your resilience during a disaster response. Fill out and review the PsySTART Staff Self Triage form at the end of the disaster (for a one day disaster response) or at the end of your shift each day (for a disaster response that occurs over a number of days). If you have any of the PsySTART stress factors present:

Review your Personal Resilience Plan, including activating your positive coping plan. If you have not already done so, consider your co-workers as part of your Social Support Plan. Know who to call in your facility if you find that you are dealing with a particular stressor(s) or your reactions to the stressors are intense, disruptive, or lasts longer than a few days or weeks.

Consider visiting Bounce Back Now<sup>tm</sup> a confidential internet self-help tool as an additional resource for your post disaster coping at: <http://cent.musc.edu/>

Monitor your stress during the disaster response and activate your responder resilience plan early. Review and revise your plan to maximize your resilience.

### PsySTART Staff Self Triage System

Please check if you've experienced any of the following more than usual at your worksite, due to the incident.

1	WITNESSED SEVERE BURN, DISMEMBERMENT, OR MUTILATION?	<input type="checkbox"/>
2	EXPOSURE TO PATIENTS SCREAMING IN PAIN/FEAR?	<input type="checkbox"/>
3	WITNESSED PEDIATRIC DEATH(S) OR SEVERE INJURIES?	<input type="checkbox"/>
4	WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS?	<input type="checkbox"/>
5	FORCED TO ABANDON PATIENT(S)?	<input type="checkbox"/>
6	UNABLE TO MEET PATIENT NEEDS? (such as patient surge, crisis standards of care and lack of resources.)	<input type="checkbox"/>
7	RESPONSIBLE FOR EXPECTANT TRIAGE DECISIONS?	<input type="checkbox"/>
8	DIRECT CONTACT WITH GRIEVING FAMILY MEMBERS?	<input type="checkbox"/>
9	ASKED TO PERFORM DUTIES OUTSIDE OF CURRENT SKILLS?	<input type="checkbox"/>
10	EXPERIENCE HAZARDOUS WORKING CONDITIONS? (such as extreme shift length, compromised site safety/security, lack of appropriate PPE or other issues)	<input type="checkbox"/>
11	INJURY, DEATH, OR SERIOUS ILLNESS OF COWORKERS?	<input type="checkbox"/>
12	UNABLE TO RETURN HOME?	<input type="checkbox"/>
13	WORRIED ABOUT THE SAFETY OF YOUR FAMILY MEMBERS/ SIGNIFICANT OTHERS/PETS?	<input type="checkbox"/>
14	UNABLE TO COMMUNICATE WITH FAMILY MEMBERS/SIGNIFICANT OTHERS?	<input type="checkbox"/>
15	HEALTH CONCERNS FOR SELF DUE TO AGENT/TOXIC EXPOSURE? (Infectious Disease, Chemical, Radiological, Nuclear, etc.)	<input type="checkbox"/>
16	AT WORK, WERE YOU INJURED OR BECAME ILL AND TREATED?	<input type="checkbox"/>
17	DIRECTLY IMPACTED BY INCIDENT AT WORK OR AT HOME? If yes, advise your employee health and well-being unit leader.	<input type="checkbox"/>
18	FELT AS IF YOUR LIFE WAS IN DANGER?	<input type="checkbox"/>
19	OTHER CONCERNS (list):	<input type="checkbox"/>

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**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

**MEDICAL SCIENCES**  
RVINE • SCHOOL OF MEDICINE

# PsySTART Staff Self Triage as Personal “Stress” Dosimeter



## PsySTART Staff Self Triage System



Reporting Period: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_  
 Name: \_\_\_\_\_ (OPTIONAL)  
 Job Role: \_\_\_\_\_ (MANDATORY)  
 Department: \_\_\_\_\_ (MANDATORY)

Please check if you've experienced any of the following more than usual at your worksite, due to the incident.

1	WITNESSED SEVERE BURN, DISMEMBERMENT, OR MUTILATION?	<input type="checkbox"/>
2	EXPOSURE TO PATIENTS SCREAMING IN PAIN/FEAR?	<input type="checkbox"/>
3	WITNESSED PEDIATRIC DEATH(S) OR SEVERE INJURIES?	<input type="checkbox"/>
4	DID YOU WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS?	<input type="checkbox"/>
5	FORCED TO ABANDON PATIENT(S)?	<input type="checkbox"/>
6	UNABLE TO MEET PATIENT NEEDS? <small>(such as patient surge, crisis standards of care and lack of resources.)</small>	<input type="checkbox"/>
7	RESPONSIBLE FOR EXPECTANT TRIAGE DECISIONS?	<input type="checkbox"/>
8	DIRECT CONTACT WITH GRIEVING FAMILY MEMBERS?	<input type="checkbox"/>
9	ASKED TO PERFORM DUTIES OUTSIDE OF CURRENT SKILLS?	<input type="checkbox"/>
10	DID YOU EXPERIENCE HAZARDOUS WORKING CONDITIONS? <small>(such as extreme shift length, compromised site safety/security, lack of appropriate PPE or other issues)</small>	<input type="checkbox"/>
11	INJURY, DEATH, OR SERIOUS ILLNESS OF COWORKERS?	<input type="checkbox"/>
12	UNABLE TO RETURN HOME?	<input type="checkbox"/>
13	WORRIED ABOUT THE SAFETY OF YOUR FAMILY MEMBERS/ SIGNIFICANT OTHERS/PETS?	<input type="checkbox"/>
14	UNABLE TO COMMUNICATE WITH FAMILY MEMBERS/SIGNIFICANT OTHERS?	<input type="checkbox"/>
15	HEALTH CONCERNS FOR SELF DUE TO AGENT/TOXIC EXPOSURE? <small>(Infectious Disease, Chemical, Radiological, Nuclear, etc.)</small>	<input type="checkbox"/>
16	AT WORK, WERE YOU INJURED OR BECAME ILL AND TREATED?	<input type="checkbox"/>
17	DIRECTLY IMPACTED BY INCIDENT AT WORK OR AT HOME? <small>If yes, advise your employee health and well-being unit leader.</small>	<input type="checkbox"/>
18	FELT AS IF YOUR LIFE WAS IN DANGER?	<input type="checkbox"/>
19	OTHER CONCERNS (list):	<input type="checkbox"/>

**Monitor stress during the response and activate your coping plan early and revise accordingly to maximize your resilience. Review 30 days post-incident, if not sooner.**

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For use with the PsySTART Incident Management System

2011-09-25 OneDay Tag 001.indd 1

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## Deter: Self monitor

# PsySTART Staff Triage System

- Measures single day response stress and on-going stress with multi-day version
- Guides coping plan and need for more assistance
- Review at end of shift or before transitioning home

### PsySTART Staff Self Triage System



Reporting Period: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Name: \_\_\_\_\_ (OPTIONAL)  
 Job Role: \_\_\_\_\_ (MANDATORY)  
 Department: \_\_\_\_\_ (MANDATORY)

Please check if you've experienced any of the following more than usual at your worksite, due to the incident.

1	WITNESSED SEVERE BURN, DISMEMBERMENT, OR MUTILATION?	<input type="checkbox"/>
2	EXPOSURE TO PATIENTS SCREAMING IN PAIN/FEAR?	<input type="checkbox"/>
3	WITNESSED PEDIATRIC DEATH(S) OR SEVERE INJURIES?	<input type="checkbox"/>
4	DID YOU WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS?	<input type="checkbox"/>
5	FORCED TO ABANDON PATIENT(S)?	<input type="checkbox"/>
6	UNABLE TO MEET PATIENT NEEDS? <small>(such as patient surge, cross-department of care and lack of resources.)</small>	<input type="checkbox"/>
7	RESPONSIBLE FOR EXPECTANT TRIAGE DECISIONS?	<input type="checkbox"/>
8	DIRECT CONTACT WITH GRIEVING FAMILY MEMBERS?	<input type="checkbox"/>
9	ASKED TO PERFORM DUTIES OUTSIDE OF CURRENT SKILLS?	<input type="checkbox"/>
10	DID YOU EXPERIENCE HAZARDOUS WORKING CONDITIONS? <small>(such as extreme shift length, compromised site safety/security, lack of appropriate PPE or other issues)</small>	<input type="checkbox"/>
11	INJURY, DEATH, OR SERIOUS ILLNESS OF COWORKERS?	<input type="checkbox"/>
12	UNABLE TO RETURN HOME?	<input type="checkbox"/>
13	WORRIED ABOUT THE SAFETY OF YOUR FAMILY MEMBERS/ SIGNIFICANT OTHERS/PETS?	<input type="checkbox"/>
14	UNABLE TO COMMUNICATE WITH FAMILY MEMBERS SIGNIFICANT OTHERS?	<input type="checkbox"/>
15	HEALTH CONCERNS FOR SELF DUE TO AGENT/TOXIC EXPOSURE? <small>(Infectious Disease, Chemical, Radiological, Nuclear, etc.)</small>	<input type="checkbox"/>
16	AT WORK, WERE YOU INJURED OR BECAME ILL AND TREATED?	<input type="checkbox"/>
17	DIRECTLY IMPACTED BY INCIDENT AT WORK OR AT HOME? <small>If yes, advise your employee health and well-being unit leader.</small>	<input type="checkbox"/>
18	FELT AS IF YOUR LIFE WAS IN DANGER?	<input type="checkbox"/>
19	OTHER CONCERNS (list)	<input type="checkbox"/>

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 2011-08-25 OneDay Tap #10444 1 9:25 AM 12/18/23 PM

Single Day Version

### PsySTART Staff Self Triage System

Reporting period (dates): \_\_\_\_\_



Name (optional): \_\_\_\_\_ Job title: \_\_\_\_\_

Please check if you've experienced any of the following more than usual at your worksite.

	Shift 1	Shift 2	Shift 3	Shift 4	Shift 5	Shift 6	Shift 7	Shift 8	Shift 9	Shift 10	Shift 11	Shift 12	Shift 13	Shift 14	Shift 15
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Monitor stress during the response and activate your coping plan early and revise accordingly to maximize your resilience. Review 30 days post-incident, if not sooner.

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Multi day version  
 Contributor: 20102



# What is the PsySTART Staff Self-Assessment System?

- The PsySTART Staff Self-Assessment System is comprised of three components:
  1. The PsySTART Staff Self-Assessment Tag and Instructions
  2. The PsySTART Staff Self-Assessment Leader Tag and Instructions
  3. The HICS Employee Health and Well-Being Unit Leader

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# Goal of the PsySTART Staff Self-Assessment System

- The PsySTART Staff Triage System is designed to quickly help staff members identify their own risk from disaster response.
- Given their triage information, staff members can take proactive steps to manage stress.
- Facilities can use aggregated information to gauge the impact of events on workforce.
- Facilities can use this aggregated information to plan for the needs of their employees, including crisis intervention, psychological first aid, and referral for secondary assessment.

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# PsySTART

## Staff Self Triage System



Reporting Period: \_\_\_ / \_\_\_ / \_\_\_\_\_ to \_\_\_ / \_\_\_ / \_\_\_\_\_  
 Name: \_\_\_\_\_ (OPTIONAL)  
 Job Role: \_\_\_\_\_ (MANDATORY)  
 Department: \_\_\_\_\_ (MANDATORY)

Please check if you've experienced any of the following more than usual at your worksite, due to the incident.

1	WITNESSED SEVERE BURN, DISMEMBERMENT, OR MUTILATION?	<input type="checkbox"/>
2	EXPOSURE TO PATIENTS SCREAMING IN PAIN/FEAR?	<input type="checkbox"/>
3	WITNESSED PEDIATRIC DEATH(S) OR SEVERE INJURIES?	<input type="checkbox"/>
4	DID YOU WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS?	<input type="checkbox"/>
5	FORCED TO ABANDON PATIENT(S)?	<input type="checkbox"/>
6	UNABLE TO MEET PATIENT NEEDS? (such as patient surge, crisis standards of care and lack of resources.)	<input type="checkbox"/>
7	RESPONSIBLE FOR EXPECTANT TRIAGE DECISIONS?	<input type="checkbox"/>
8	DIRECT CONTACT WITH GRIEVING FAMILY MEMBERS?	<input type="checkbox"/>
9	ASKED TO PERFORM DUTIES OUTSIDE OF CURRENT SKILLS?	<input type="checkbox"/>
10	DID YOU EXPERIENCE HAZARDOUS WORKING CONDITIONS? (such as extreme shift length, compromised site safety/security, lack of appropriate PPE or other issues)	<input type="checkbox"/>
11	INJURY, DEATH, OR SERIOUS ILLNESS OF COWORKERS?	<input type="checkbox"/>
12	UNABLE TO RETURN HOME?	<input type="checkbox"/>
13	WORRIED ABOUT THE SAFETY OF YOUR FAMILY MEMBERS/ SIGNIFICANT OTHERS/PETS?	<input type="checkbox"/>
14	UNABLE TO COMMUNICATE WITH FAMILY MEMBERS/SIGNIFICANT OTHERS?	<input type="checkbox"/>
15	HEALTH CONCERNS FOR SELF DUE TO AGENT/TOXIC EXPOSURE? (Infectious Disease, Chemical, Radiological, Nuclear, etc.)	<input type="checkbox"/>
16	AT WORK, WERE YOU INJURED OR BECAME ILL AND TREATED?	<input type="checkbox"/>
17	DIRECTLY IMPACTED BY INCIDENT AT WORK OR AT HOME? If yes, advise your employee health and well-being unit leader.	<input type="checkbox"/>
18	FELT AS IF YOUR LIFE WAS IN DANGER?	<input type="checkbox"/>
19	OTHER CONCERNS (list):	<input type="checkbox"/>

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2011-09-25 OneDay Tag 001.indd 1



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MEDICAL SCIENCES  
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# PsySTART LAC EMSA Staff Self-Assessment Tag

Reporting Period: \_\_\_ / \_\_\_ / \_\_\_\_ to \_\_\_ / \_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ (OPTIONAL)

Job Role: \_\_\_\_\_ (MANDATORY)

Department: \_\_\_\_\_ (MANDATORY)

## PsySTART Staff Self Triage System

**Please check if you've experienced any of the following more than usual at your worksite, due to the incident.**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
1 WITNESSED SEVERE BURN, DISMEMBERMENT, OR MUTILATION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 EXPOSURE TO PATIENTS SCREAMING IN PAIN/FEAR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 WITNESSED PEDIATRIC DEATH(S) OR SEVERE INJURIES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 DID YOU WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 FORCED TO ABANDON PATIENT(S)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 UNABLE TO MEET PATIENT NEEDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 RESPONSIBLE FOR EXPECTANT TRIAGE DECISIONS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 DIRECT CONTACT WITH GRIEVING FAMILY MEMBERS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 ASKED TO PERFORM DUTIES OUTSIDE OF CURRENT SKILLS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 DID YOU EXPERIENCE HAZARDOUS WORKING CONDITIONS (such as extreme shift length, compromised site safety/security, or other issues)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 INJURY, DEATH, OR SERIOUS ILLNESS OF COWORKERS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 UNABLE TO RETURN HOME?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 WORRIED ABOUT THE SAFETY OF YOUR FAMILY MEMBERS/SIGNIFICANT OTHERS/PETS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 UNABLE TO COMMUNICATE WITH FAMILY MEMBERS/SIGNIFICANT OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 HEALTH CONCERNS FOR SELF DUE TO AGENT/TOXIC EXPOSURE (Infectious Disease, Chemical, Radiological, Nuclear, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 AT WORK, WERE YOU INJURED OR BECAME ILL AND TREATED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 DIRECTLY IMPACTED BY INCIDENT AT WORK OR AT HOME? <i>If yes, advise your employee health and well-being unit leader.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 FELT AS IF YOUR LIFE WAS IN DANGER?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 OTHER CONCERNS: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Monitor stress during the response and activate your coping plan early and revise accordingly to maximize your resilience.  
Review 30 days post-incident, if not sooner.**



# PsySTART Staff Self-Assessment Tag Instructions

## PsySTART Staff Self Triage System Instructions (form on opposite side)

Complete the information in the top left box, including the reporting period, your job role and department. *This form is voluntary and your name is optional.*

### At the end of your shift each day:

- **Check the box for each experience that has occurred.** If you have other concerns, feel free to write them in the space provided in question 19.
- **Review stress management strategies** and your own personal coping strategies. Even if you only checked one experience or you checked several items, it is important to monitor your stress early and continue doing so throughout the incident response.
- **Share your responses.** If you feel comfortable, consider sharing your responses with mental health, spiritual care, social services, or other staff providing employee assistance for further coping ideas, support, and assistance.
- **If you answer yes to #17,** please follow-up with your employee health and well-being unit leader and/or the appropriate staff in charge of employee well being during the incident as soon as possible.

### At the end of your incident response:

- **Review your totals.** Tally your responses for each day and write them down in the daily total box.
- **Share your responses.** For any checked items or other concerns, consider sharing your self-observation information with employee health or other appropriate staff in charge of employee well being during the incident. Remember to monitor your stress during the response and activate your coping plan early. You can revise your coping plan accordingly to maximize your resilience. Review your plan 30 days post-incident, if not sooner.

*The PsySTART Staff Self Triage System was developed to help staff members assess themselves following a disaster. This system can help you take steps to implement personal coping strategies or seek follow-up with mental health/spiritual care or other resources. Completing this form can also help your facility determine areas of need for staff and offer resources for prioritization.*

*This self triage system measures potentially stressful experiences during an incident. It does not measure overall mental health status or mental health symptoms and it does not provide any mental health diagnosis. This tool helps you monitor certain stressful experiences that may occur in incidents that are associated with risk for extended distress and/or stress symptoms. Checking a box only indicates that you've experienced the item that day, but you can use this tool to monitor experiences across multiple days of an incident. The total number of checked items may indicate a cumulative "dose" of stressful experiences and you can use this information to facilitate your own stress management strategies. You can also share your responses with your employee health and well-being unit leader, mental health, spiritual care, or social services staff member, or another colleague for more coping ideas.*

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# PsySTART Tag for Direct Impact

- If outside of your work setting, you also had other stressors, please talk with your Employee Health and Well-being Unit Leader about completing the “standard” PsySTART form to complete your coping plan

PsySTART™ Disaster Mental Health Triage System

LAST NAME		FIRST NAME		MEDICAL RECORD NUMBER	
AGE		GENDER MALE    FEMALE		HOME ZIP CODE	

INDICATE "YES" ANSWERS BELOW

EXPRESSED THOUGHT OR INTENT TO HARM SELF/OTHERS?	<input type="checkbox"/>	
FELT OR EXPRESSED EXTREME PANIC?	<input type="checkbox"/>	
FELT DIRECT THREAT TO LIFE OF SELF OR FAMILY MEMBER?	<input type="checkbox"/>	
SAW / HEARD DEATH OR SERIOUS INJURY OF OTHER?	<input type="checkbox"/>	
MULTIPLE DEATHS OF FAMILY, FRIENDS OR PEERS?	<input type="checkbox"/>	
DEATH OF IMMEDIATE FAMILY MEMBER?	<input type="checkbox"/>	
DEATH OF FRIEND OR PEER?	<input type="checkbox"/>	
DEATH OF PET?	<input type="checkbox"/>	
SIGNIFICANT DISASTER RELATED ILLNESS OR PHYSICAL INJURY OF SELF OR FAMILY MEMBER?	<input type="checkbox"/>	
TRAPPED OR DELAYED EVACUATION?	<input type="checkbox"/>	
HOME NOT LIVABLE DUE TO DISASTER?	<input type="checkbox"/>	
FAMILY MEMBER CURRENTLY MISSING OR UNACCOUNTED FOR?	<input type="checkbox"/>	
CHILD CURRENTLY SEPARATED FROM ALL CARETAKERS?	<input type="checkbox"/>	
FAMILY MEMBERS SEPARATED AND UNAWARE OF THEIR LOCATION/STATUS DURING DISASTER?	<input type="checkbox"/>	
PRIOR HISTORY OF MENTAL HEALTH CARE?	<input type="checkbox"/>	
CONFIRMED EXPOSURE/CONTAMINATION TO AGENT?	<input type="checkbox"/>	
DE-CONTAMINATED?	<input type="checkbox"/>	
RECEIVED MEDICAL TREATMENT FOR EXPOSURE/CONTAMINATION?	<input type="checkbox"/>	
HEALTH CONCERNS TIED TO EXPOSURE?	<input type="checkbox"/>	
NO TRIAGE FACTORS IDENTIFIED?	<input type="checkbox"/>	

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# “Leader” Version of the PsySTART Staff Self-Assessment Tag

## PsySTART Staff Self Triage System

## Team Leader Summary Form

Reporting Period: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Team Leader Name: \_\_\_\_\_  
 Department: \_\_\_\_\_

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Total of each risk factor at end of reporting period
1 WITNESSED SEVERE BURN, DISMEMBERMENT, OR MUTILATION?															
2 EXPOSURE TO PATIENTS SCREAMING IN PAIN/FEAR?															
3 WITNESSED PEDIATRIC DEATH(S) OR SEVERE INJURIES?															
4 DID YOU WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS?															
5 FORCED TO ABANDON PATIENT(S)?															
6 UNABLE TO MEET PATIENT NEEDS?															
7 RESPONSIBLE FOR EXPECTANT TRIAGE DECISIONS?															
8 DIRECT CONTACT WITH GRIEVING FAMILY MEMBERS?															
9 ASKED TO PERFORM DUTIES OUTSIDE OF CURRENT SKILL?															
10 DID YOU EXPERIENCE HAZARDOUS WORKING CONDITIONS (such as extreme shift length, compromised site safety/security or other issues)?															
11 INJURY, DEATH, OR SERIOUS ILLNESS OF COWORKERS?															
12 UNABLE TO RETURN HOME?															
13 WORRIED ABOUT THE SAFETY OF YOUR FAMILY MEMBERS/SIGNIFICANT OTHERS/PETS?															
14 UNABLE TO COMMUNICATE WITH FAMILY MEMBERS/SIGNIFICANT OTHERS?															
15 HEALTH CONCERNS FOR SELF DUE TO AGENT/TOXIC EXPOSURE (Infectious Disease, Chemical, Radiological, Nuclear, etc.)?															
16 AT WORK, WERE YOU INJURED OR BECAME ILL AND TREATED?															
17 DIRECTLY IMPACTED BY INCIDENT AT WORK OR AT HOME? <i>If yes, advise your employee health and well-being unit leader.</i>															
18 FELT AS IF YOUR LIFE WAS IN DANGER?															
19 OTHER CONCERNS?															
<b>Total affirmative answers on this day?</b>															
<b>Number of employees surveyed on this day?</b>															



# PsySTART Staff Self-Assessment Leader Tag Instructions

## **PsySTART Staff Self Triage System Team Leader Summary Form Instructions (form on opposite side)**

Complete the information in the top left box, including the reporting period, your name, and department.

At the end of each reporting period:

- **Determine method for recording of employee self triage information.**
- **Fill in staff totals.** For each day, write down the total number of responses received for each experience.
- **Tally affirmative responses.** For each day, write the total number of responses in the box at the bottom of that day's column.
- **Tally number of employees.** For each day, write in the total number of employees that responded in the box at the bottom of that day's column.
- **Tally number of risk factors.** For each risk factor, write in the total number of affirmative answers for that risk factor during the incident in the box at the end of the row.
- **Review information to determine individual and collective risk/stress patterns.** Refer to Employee Health and Well Being Job Action Sheet to:
  - Provide assistance for individual employees who may desire further assistance.
  - Identify common risk/stress trends affecting all employees for next steps to mitigate risk/stress.

*The PsySTART Staff Self Triage System was developed to help staff members assess themselves following a disaster. The Team Leader Summary Form provides awareness for employee health and well-being unit leaders on the total level of risk exposure for members of their team and an estimate of the aggregated risk experience for the total team. This information can help leaders proactively respond to the acute needs for individuals and also at the total team level.*

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# PsySTART Staff Self-Assessment Leader Tag

- The “Leader” version of the PsySTART Self-Assessment tag provides awareness for team leaders on the total level of risk exposure for members of their team.
- The risk items are exactly the same as the individual form.
- The total number of team members individually reporting each item is recorded in the boxes.
- When completed, the leader form provides an estimate of the aggregated risk experience for the total team.
- This information can help leaders proactively respond to the acute needs for individuals and at the total team level.

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# Pre-scripted Response Mission (PSRM): HICS example

## EMPLOYEE HEALTH & WELL-BEING UNIT LEADER With PsySTART Staff Triage Component

**Mission:** Ensure the availability of medical care for injured or ill staff. Ensure rapid mental health triage and availability of behavioral and psychological support services to meet staff needs during and following an incident. Coordinate mass prophylaxis /vaccination/immunization of staff, if required. Coordinate medical surveillance program for employees.

Date: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Position Assigned to: \_\_\_\_\_ Initial: \_\_\_\_\_

Position Reports to: **Support Branch Director** Signature: \_\_\_\_\_

Hospital Command Center (HCC) Location: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Other Contact Info: \_\_\_\_\_ Radio Title: \_\_\_\_\_

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Support Branch Director. Obtain packet containing the Unit's Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Employee Health and Well-Being Unit team members and in collaboration with the Support Branch Director, complete the Branch Assignment List (HICS Form 204).		
Brief Unit team members on current situation, incident objectives and strategy; outline Unit action plan; designate time for next briefing and use of PsySTART leader triage form		
Assess current capability to provide medical care and mental health support to staff members. Project immediate and prolonged capacities to provide services based on current information and situation including aggregated PsySTART Staff triage information.		
Ensure staff are using recommended PPE and following other safety recommendations.		
Implement staff prophylaxis plan if indicated. Steps to include: <ul style="list-style-type: none"> <li>• Determine medication, dosage and quantity</li> <li>• Prioritization of staff to receive medication or immunization</li> <li>• Point of Distribution (POD) location preparation</li> <li>• Acquire/distribute medication</li> <li>• Documentation</li> <li>• Educational materials for distribution</li> <li>• Track side effects and efficacy</li> <li>• Augmentation of Unit staffing to provide services</li> </ul>		
Prepare for the possibility that a staff member or their family member may be a victim (including use of PsySTART staff triage information) and anticipate a need for secondary assessment and/ or psychological support).		
Ensure prioritization of problems when multiple issues are presented(use PsySTART		

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# How to Implement PsySTART Staff Self-Assessment Successfully

- Facilities need to address three key critical success factors:
  1. How will staff use self triage/assessment?
  2. How will triage information be used to support staff level by the facility?
  3. How will referrals for follow-up be completed?

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# LAC EMS CONOPS

## PsySTART Mental Health Triage System

*Concept of Operations (CONOPS)  
Resource Toolkit  
For the Los Angeles County Emergency Medical  
Services Agency*

Final Draft 4.0



## Los Angeles County PsySTART Triage Systems

*Tabletop Exercise for Los Angeles County Hospitals  
Exercise Guidebook*

**Center for Disaster Medical Sciences  
University of California, Irvine School of Medicine**

Version 1  
February 1, 2013



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# Further Suggestions for Implementation

- Integrate a PsySTART component into the HICS Employee Health and Well Being Unit Leader Job Action Sheet.
- Train your staff on PsySTART and PsySTART Staff Self-Assessment strategies.
- Use both PsySTART strategies in annual exercises.
- Obtain the “Listen Protect Connect” Psychological First Aid Training for you facility

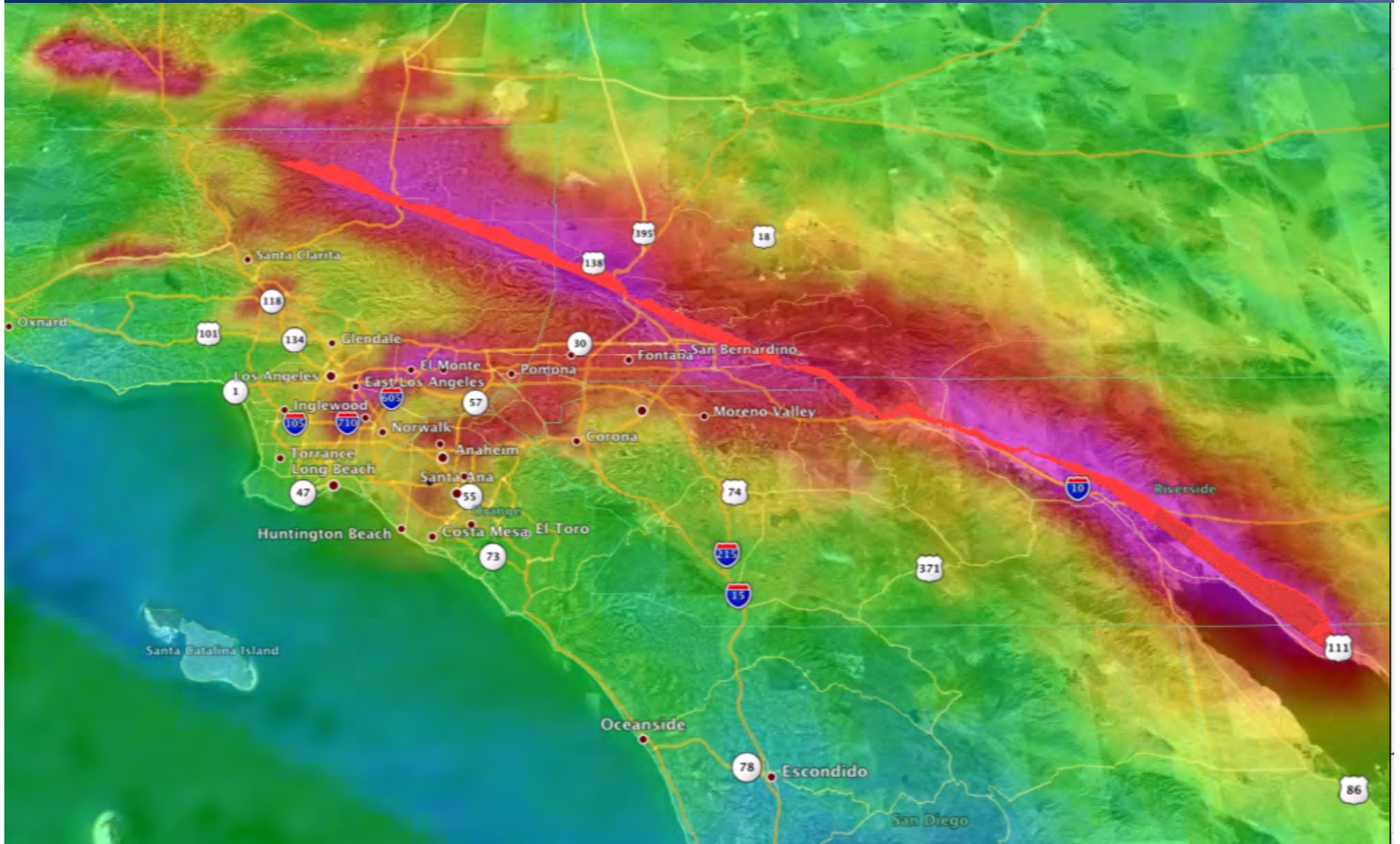
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# PsySTART Staff Self-Assessment Explosion

- In order to better understand how the PsySTART Staff Self-Assessment 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

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# ShakeOut Scenario Map



# Sample PsySTART Scenario

## Based on Southern California ShakeOut (7.8 Magnitude Earthquake)

- 1,060 deaths, 800 trauma/intensive care injuries, and 13,593 non-fatal, immediate injuries.
- 1,600 fires some of which spread hundreds of blocks
  - Injuries and deaths due to fires after the earthquake are also significant. In Los Angeles County alone there will be 647 fatalities, 292 in-patient (trauma/burn/ICU) and 398 ED patients due to fires.
- An estimated 110,000 LA residents will develop a new MH disorder (depression, anxiety, PTSD, etc.).
- There will be approx. 121,000 displaced households and approx. 12,000 people in shelters.
- 10 hospitals will completely close and 12 will need assistance in evacuation.
- The majority of the injuries will be in areas where the hospitals were closed or damaged (those listed as red/black on the next page).

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# 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.

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## 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.

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## 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

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## 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.”

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## Case 5

- 28 y/o firefighter presents with burns received while attempting to rescue patients in a nursing home.
  - Reports that he had to pass by “so many” injured people that were screaming for his help and “crispy critters” (burn victims).
  - Says he thought he might die during this time.
  - He can’t reach his pregnant wife or his dad who is on home hospice care and near the evacuated area.

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# PsySTART Staff Self-Assessment In Summary

- Staff responding to disasters maybe at risk for psychological consequences based on presence of certain risk factors.
- The PsySTART Staff Self-Assessment System is designed to assist staff keep tabs on their “dose” of risk over time.
- Staff are encouraged to share their self triage information to understand impact at the site level and obtain customized resources based on needs.
  - PsySTART Staff Self-Assessment is confidential for staff personal use of staff as part of their own “self care.”
  - Preferred strategy is voluntary, confidential choice of sharing of self triage information with site based employee support staff.

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# How to Self Monitor and Triage

- Monitor risk factors using the PsySTART staff tag
- 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 the “Bounce Back Now” internet coping system
- Expect stress but also **resilience and growth over time**

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# 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
- Available as an internet based intervention called “Bounce Back Now” using a free, secure and confidential website intervention:

[www.bouncebacknownyc.org](http://www.bouncebacknownyc.org)



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 to lend a hand to people around you who seem to need help the most.

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## BOUNCE BACK NOW

*Self-help tools for healthy post-disaster coping*

### **Welcome!**

Thank you for taking the time to come to this website as part of the BounceBackNow Project. The website was developed based on information that was given to us by people who have experienced tragedies. In the same way, your participation will help us improve this website, which will improve the usefulness of the website for people who use this program in the future.

To get more specific, this program asks you several questions about your experiences with disasters and stressful life events.

We will ask you questions about the types of reactions you have experienced after a stressful life event, and will try to learn what you already know about healthy ways of coping. Your answers are very important to us.

We encourage you to complete this program if you can. The information we collect as a result of your participation will be very valuable for us as we continue to develop this program to be more helpful for people who suffer tragic and stressful life events.

Thank you!



### Overview about Depressed Mood

Depressed mood is experienced by many Americans at some point in their lives. In fact, in any 1-year period of time, nearly 20 million Americans (about 1 out of every 10 American adults or 9,5%) have experienced depressed mood for two weeks or longer.

**What causes depressed mood?** Depressed mood can be caused or worsened by a lot of different types of stressful events. This could include events such as:

- losing a loved one
- being physically or sexually assaulted
- having serious relationship problems or getting divorced
- running into serious financial problems or job difficulties

Next >

Completed:

# Take Home Review: Building Personal Resilience

## Step 1: Anticipate

- Understanding types of healthcare worker stress *in disasters*:
  - Traumatic
  - Cumulative
  - Role specific (mass casualty health care roles)

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## Step 2 :Your Coping Plan

- Accounting for your expected reactions and challenges
- Identifying positive ideas
- Building your social supports
- Your resilience strengths

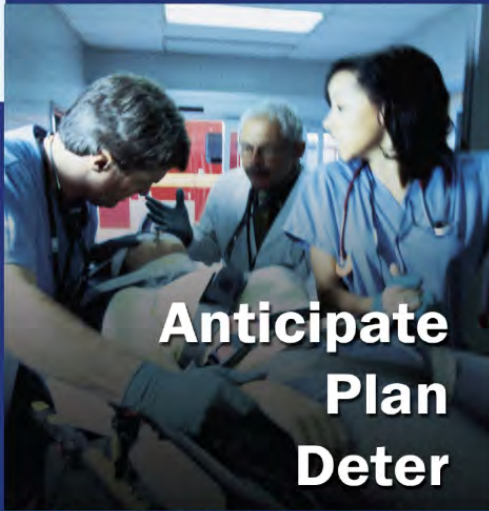
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## Step 3: Deter

- Self Monitor and triage using “staff tag”
- Know who to call at your facility for further assistance
- Use “Bounce Back Now” for confidential, web based enhanced coping tools and strategies

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# Building Your Responder Personal Resilience Plan™



**Anticipate  
Plan  
Deter**

*Maximizing Resilience For  
Healthcare Workers*



**EMERGENCY MEDICAL SERVICES AGENCY**  
LOS ANGELES COUNTY

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This project was completed with funds from the Hospital Preparedness Program, Office of the Assistant Secretary for Preparedness and Response, Office of Preparedness and Emergency Operations, Division of National Healthcare Preparedness Programs (Grant number: USREP090253)



## PsySTART Staff Self Triage System



Reporting Period: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_  
Name: \_\_\_\_\_ (OPTIONAL)  
Job Role: \_\_\_\_\_ (MANDATORY)  
Department: \_\_\_\_\_ (MANDATORY)

Please check if you've experienced any of the following more than usual at your worksite, due to the incident.

1	WITNESSED SEVERE BURN, DISMEMBERMENT, OR MUTILATION?	<input type="checkbox"/>
2	EXPOSURE TO PATIENTS SCREAMING IN PAIN/FEAR?	<input type="checkbox"/>
3	WITNESSED PEDIATRIC DEATH(S) OR SEVERE INJURIES?	<input type="checkbox"/>
4	DID YOU WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS?	<input type="checkbox"/>
5	FORCED TO ABANDON PATIENT(S)?	<input type="checkbox"/>
6	UNABLE TO MEET PATIENT NEEDS? <small>(such as patient surge, crisis standards of care and lack of resources.)</small>	<input type="checkbox"/>
7	RESPONSIBLE FOR EXPECTANT TRIAGE DECISIONS?	<input type="checkbox"/>
8	DIRECT CONTACT WITH GRIEVING FAMILY MEMBERS?	<input type="checkbox"/>
9	ASKED TO PERFORM DUTIES OUTSIDE OF CURRENT SKILLS?	<input type="checkbox"/>
10	DID YOU EXPERIENCE HAZARDOUS WORKING CONDITIONS? <small>(such as extreme shift length, compromised site safety/security, lack of appropriate PPE or other issues)</small>	<input type="checkbox"/>
11	INJURY, DEATH, OR SERIOUS ILLNESS OF COWORKERS?	<input type="checkbox"/>
12	UNABLE TO RETURN HOME?	<input type="checkbox"/>
13	WORRIED ABOUT THE SAFETY OF YOUR FAMILY MEMBERS/ SIGNIFICANT OTHERS/PETS?	<input type="checkbox"/>
14	UNABLE TO COMMUNICATE WITH FAMILY MEMBERS/SIGNIFICANT OTHERS?	<input type="checkbox"/>
15	HEALTH CONCERNS FOR SELF DUE TO AGENT/TOXIC EXPOSURE? <small>(Infectious Disease, Chemical, Radiological, Nuclear, etc.)</small>	<input type="checkbox"/>
16	AT WORK, WERE YOU INJURED OR BECAME ILL AND TREATED?	<input type="checkbox"/>
17	DIRECTLY IMPACTED BY INCIDENT AT WORK OR AT HOME? <small>If yes, advise your employee health and well-being unit leader.</small>	<input type="checkbox"/>
18	FELT AS IF YOUR LIFE WAS IN DANGER?	<input type="checkbox"/>
19	OTHER CONCERNS (list):	<input type="checkbox"/>

*Monitor stress during  
coping plan early and  
Review 30 days post*

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2011-09-25 OneDay Tag 001.indd 1

## Listen, Protect and Connect:

Family to Family, Neighbor to Neighbor



Psychological First Aid (PFA)  
for The Community Helping Each Other

Helping Those Around You  
in Times of Disaster

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## PsySTART Mental Health Triage System

*Concept of Operations (CONOPS)  
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Los Angeles County

PsySTART Triage Systems

Tabletop Exercise for Los Angeles County Hospitals  
*Exercise Guidebook*

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Version 1  
February 1, 2013



Center for Disaster Medical Sciences  
University of California, Irvine - School of Medicine

# THANK YOU!

Thank you for taking the training today. For more information about the course, to become a trainer of this course for your facility, or for help with implementing Anticipate, Plan and Deter and the PsySTART Staff Self-Triage System at you facility please contact:

Sandra Stark Shields, LMFT

Disaster Program Manager

LA County EMS Agency

[sanshields@dhs.lacounty.gov](mailto:sanshields@dhs.lacounty.gov)

(562) 347-1648

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