Well-being first aid support for students at the scene of a critical incident

What is a Critical Incident?

“Any event that is out of the range of normal experience, one that is sudden and unexpected, makes one lose control, involves the perception of a threat to life and can include elements of physical or emotional loss” (World Health Organization).

Critical incidents can often be sufficiently disturbing to overwhelm, or threaten to overwhelm, a person’s coping capacity. Such events can involve loss of life, injuries, and/or damage to property/livelihoods.

Impact of a Critical Incident

Students affected by a critical incident may experience a range of early reactions (physical, psychological, emotional) as the sudden, disruptive nature of the critical incident means an exposure to uncertainty and stress. These reactions are usually normal and understandable given people’s experiences in a critical incident situation. However they may be beyond what one or others might expect or are prepared for. These reactions can happen (or not) regardless of the strength or other qualities of the person (s) involved. They are a combination of experiencing the shock at what has happened and the necessary processing of the event in order to adjust and return to a normal state. In addition, old responses to earlier incidents may be triggered.

Critical incident impact can interfere with the person’s usual ability to cope and this is where compassionate and caring well being first aid support along with the support of family and friends can be of help.
Common reactions following a traumatic event
During the critical incident

At the time of the incident you may:

- Find yourself acting automatically
- Feel nothing
- Feel frozen and unable to act
- Feel your heart pounding
- Feel fear
- Feel a sense of shock and disbelief
- Experience time slowing down

Immediately after a critical incident

Soon after a critical incident you may experience:

- Confusion
- Agitated behavior
- Tension, nausea, crying
- Sense of collapse (weak knees, fatigue)
- Chills
- Dizziness
- Numbness
- Lack of concentration
- Uncontrollable trembling / shaking
- Anger
- Feeling drained
- Feeling high and full of nervous energy
- Jumpiness, including sensitivity to loud noises or sudden movements, particularly if they remind you of the incident itself

Remember these are normal human reactions based on the body’s fight or flight response and are not related to any personal strengths or weaknesses.
Later after a critical incident

With the initial shock fading, emotions/reactions may now include:

- Sadness
- Helplessness and shame at not being able to control the situation better
- Irritability
- Anxiety about one's safety and/or the safety of others
- Anxiety around the place or similar places where the incident happened or in similar scenarios
- Hyper-vigilant for potential dangers
- Sleep difficulties (difficulty in getting to sleep, early morning waking, vivid dreams)
- Less interest in normal activities
- Increase in alcohol / drug use
- Racing thoughts
- Fatigue and/or taking longer to do everyday tasks
- Anger at what has happened, and/or at whatever caused it or allowed it to happen
- Guilt, questioning oneself
- Self blame (e.g. “if only I’d been five minutes earlier.” “if only I had reacted more quickly”)
- Headaches
- Withdrawal (a desire to isolate yourself and avoid talking to other people)
- Over eating or loss of appetite
- Under or hyper activity
- Loss of motivation
- Mood changes
- Flashbacks of the incident which can be triggered by noise(s), smell(s) or visual image(s)
- Sensitive to reminders of the incident / avoiding media coverage
- Fear of returning to the area where the traumatic event took place
- Low mood and/or a loss of interest in things you previously enjoyed doing
- Depression
Longer term

The after effects of a critical incident usually begin to fade after a few weeks. However it is also normal for feelings to re-emerge afterwards. In addition high stress, insecurity or previous traumas can exacerbate the effects of a critical incident. A minor event may trigger emotions associated with a critical event or previous other trauma.

Referring to specialized support services

How students respond and cope depends on a variety of factors, including their experience of the critical incident, their health, their personal history and their available supports. However some people may be at more risk of negative consequences. These may include students who:

- have had previous traumatic experiences
- were exposed to events where the horror element was high
- experienced traumatic bereavement
- have underlying mental health issues
- thought they were going to die

There will also be some situations where students have an immediate need for more care than can be provided by well being first aid support staff. These students need to be referred to specialized support. This includes students who are:

- Seriously injured and needing emergency medical care
- So distressed that they are unable to perform
- Threatening harm to themselves or others.

It is important to also remember that not everyone who experiences a critical incident will have emotional distress or problems during or after the crisis.
What is well being first aid support?

Well being first aid support is an approach to helping people affected by an emergency, disaster or traumatic event. It includes basic principles of support to promote natural recovery. This involves helping people to feel safe, connected to others, calm and hopeful, to access physical, emotional and social support, and feel able to help themselves. It aims to reduce initial distress, meet immediate needs, promote flexible coping and encourage adjustment. Well being first aid support is useful as the first thing that you might do with individuals following a critical incident. It is based on an understanding that people affected by such events will experience a range of early reactions (physical, psychological, emotional) with most people recovering well with the support of compassionate and caring critical incident workers, family and friends.

Who benefits from well being first aid support?

The sudden, disruptive nature of emergencies means that students will be exposed to uncertainty and stress. Students will experience different degrees of distress. Any student in distress should have access to well being first aid support where possible.

The goals of well being first aid support are to:

— Calm students
— Reduce distress
— Make students feel safe and secure
— Identify and assist with current needs
— Establish human connection
— Facilitate student’s social support
— Help students understand the critical incident and its context
— Foster belief in student’s ability to cope
— Promote adaptive functioning
— Get students through the first period of high intensity and uncertainty
— Set students up to be able to recover naturally from an event
— Assist with early identification of students who may need further or specialized help
— Reduce the risk factors of mental health issues as a result of the event, such as post traumatic stress.

Five elements of well being first aid support

There are five basic elements to well being first aid support that are drawn from research on risk and resilience, field experience and expert agreement.

These five elements are:
— Safety
— Calm
— Connectedness
— Self-efficacy and group efficacy
— Hope

What well being first aid support is not?

It is important to clarify what well being first aid is NOT to differentiate it from other forms of post-disaster support, most notably critical-incident stress debriefing.
It is not useful to directly encourage students immediately following a critical incident to talk about what happened to them if they do not want to. If a student does want to discuss their experiences, it is however useful to provide them with support to do so. This should only be in a way that does not push them to discuss more than they want.

Post-emergency settings are not clinical environments and it is inappropriate to conduct a clinical or psychological assessment within the setting. Therefore it is important to limit contact at this point to simple support.

People who display marked signs of risk should be referred to formal mental health services (The Counselling and Personal Development Service DCU, or The Health Service DCU).

**Well being first aid support is:**

- Not debriefing
- Not obtaining details of traumatic experiences and losses
- Not treating
- Not labelling or diagnosing
- Not counselling
- Not something that only professionals can do
- Not something that everybody who has been affected by an emergency will need.

**Well being first aid action principles**

The World Health Organization (WHO) has developed a framework consisting of three action principles to assist in the delivery of well being first aid support.
These principles provide guidance for how to view and safely enter an emergency situation (LOOK) in order to understand the needs of affected people (LISTEN) and link them with the information and practical support they need (LINK).

**Look**

**Check for safety**

— What dangers can you observe, e.g. damaged road, unstable buildings, fire, flooding etc?
— Ask if you can be there safely without harming yourself or others
— If you are not certain that the area is safe, then Do Not Go!

**Check for people with obvious urgent basic needs**

— Does anyone need emergency first aid?
— Do people need urgent protection (e.g. clothing)?
— Are there any people who might need special attention?
— Know your role and try to obtain help for students who need special assistance or who have obvious urgent basic needs

**Check for people with serious distress reactions**

— Are there people who are extremely upset, immobile, not responding to others, disturbing others, or in shock?
— Where and who are the most distressed students?
— Consider who may benefit from well being first aid and how you can best help
Listen

Approach people who may need support

— Approach people respectfully and according to cultural norms
— Introduce yourself by name and organisation
— Ask if you can provide help
— If possible, find a quiet and safe place to talk
— Help the student feel comfortable
— Ask about the people’s needs and concerns
— Address any obvious needs. For example, if a person’s clothing is torn or they need a blanket
— Always ask for people’s needs and concerns
— Do not assume you know
— Find out what is most important to them at this moment
— Help them work out what their priorities are
— Listen to people and help them to feel calm
— Stay close to the person
— Do not pressure the person to talk
— Listen in case they want to talk about what happened
— If they are very distressed help them to feel calm and try to make sure they are not alone

Link

— Help people address basic needs and access services
— For example, food, water, shelter, material needs
— Learn what specific needs people have and try to link them to available assistance
— Do not make promises you cannot keep
Help people cope with problems

— Help identify their most urgent practical needs and assist with prioritising
— Help the person identify support people
— Give practical suggestions for people to meet their own needs

Give information

— Find out where to get information and updates
— Try to get as much information as you can before approaching people with support
— Keep updated
— Only say what you know

Connect people with loved ones and social support

— Keep families together and children with their parents
— Help people to contact friends or relatives.
— If prayer or religious practice is important people may benefit from being linked with their spiritual base

Well being first aid support guidelines at the scene of a critical incident

— Decide who on the team takes on the role of well being first aid supporter(s) for this critical incident

— Check for students with serious distress reactions, who are very upset, immobile, not responding to others, in shock, disturbing others

— Calm and ground yourself, as this will help calm and ground the student in distress
— Approach the person from the front or side so that you can be seen and the person is not startled

— Ensure that a safe distance is maintained (some persons will need a larger area of personal space than others)

— Introduce yourself by name and role

— Use an even and calm tone of voice

— Secure emergency medical attention if/when required

— Acknowledge what has happened

— Sit with a person who is seated; walk with a person who is pacing. Mirroring body language signals shows that you understand what the person is going through (empathy) and ensures that you appear neither threatening by standing over the person nor vulnerable by being seated while he or she stand.

— Monitor eye contact — not too much (may appear threatening) or too little (may imply indifference or untrustworthiness)

— Knowing and accepting the reactions to traumatic events can help you not become too alarmed by a student’s reactions, knowing they are normal and will pass
— If needed, offer practical help to meet relevant basic needs (for example water, a hot drink, a blanket, something to eat, move out of the site to a safe place)

— Be accepting of the student’s feelings and confusion and normalize student’s reactions

— Don’t take their anger or other possible feelings personally

— Let the feelings happen (for example: cry, tremble, shake). There is no right or wrong way to feel. Don’t try to talk them out of their feelings or make them hush up. Reassure that such feelings are normal in the circumstances of a critical incident

— Listen if the student wishes to talk without of course forcing them to do so

— Remove from stressful situation or exposure to critical incident site. For example take the person to a dedicated, ‘quiet room’ or ‘safe room’ if available. Such a room promotes calm and allows the person’s immediate needs to be met

— Don’t tell them they are lucky it wasn’t worse; people in this situation are not consoled by such statements. Instead tell them you are sorry such an event has occurred and you are here to assist them

— Provide refreshments: tea/coffee/water (no alcohol)
— Offer accurate information about the critical incident and what actions are been taken to provide clarity and reassurance that the situation is being effectively managed

— Engage and support students to put in place what they need

— If a student continues to cry over an extended period of time which seems exhausting to him/her, you may invite the student to change their body position (for example if bent over ask them to slowly sit up, to straighten their back and to use the back of the chair as support and to place both feet uncrossed on the floor). Give them time to do this. Then ask the student to bring their attention to their breath and to breathe slowly in through their nose counting 1, 2, 3, 4, 5, into their lungs and then to breathe slowly out through the month counting 1, 2, 3, 4, 5, 6, 7. Invite the student to take a few breaths like this

— Help students to establish contact with family, friends, loved ones and/or transport home

— Respect cultural norms regarding family structure, age, gender and religion

— Provide information on ‘coping and managing your reactions following a critical incident’ as provided by the Counselling and Personal Development Service DCU.
— Enable students to come up with their own solutions to immediate issues. Research indicates that encouraging people to take an active role helps them to feel more in control of the situation. It promotes self efficacy which is the belief that one’s actions are likely to lead to positive outcomes and feeling able to help oneself.

— Secure the student(s) contact details (name, mobile number, e-mail address) including programme course and year.

— Inform student(s) that he/she will be contacted soon (next day, within 24hrs) to link back in with them to ask how they are doing. In addition let students know they will be provided with details (time and location) of a support and information group meeting for students directly involved in the critical incident. Clarify that attendance to such a support and information updating meeting is entirely voluntary.

**Self care for well being first aid supporters**

The delivery of well being first aid support following a critical incident can be rewarding for people involved in the emergency response. However, it can also be challenging and stressful and it is not uncommon for people to feel stressed, tired, overwhelmed, troubled, or frustrated in the aftermath.

Steps to stress reduction following a critical incident for well being fist aid supporters:

— Work with fellow well being first aid supporter and find ways of supporting each other
— Brief your line manager before leaving your work place/before going off duty
— If you feel drained or exhausted consider not driving
— Take time to rest and eat
— Talk with trusted family, friends, loved ones or other people you trust for support
— Minimise your intake of alcohol, caffeine or nicotine and avoid nonprescription drugs
— Remember you are not responsible for solving all of the issues / difficulties that people present with in a critical incident
— Avail of follow up critical incident support

**Useful contact details**

The Counselling & Personal Development Service  
Tel: 01-7005165  
Email: counselling@dcu.ie

Health Service  
Tel: 01-7005143  
Email: healthservices@dcu.ie

Interfaith Centre  
Tel: 01-7005491  
Email: interfaithcentre@dcu.ie

Student Advisory Service  
Tel: 01-7007165  
Email: student.support@dcu.ie

DCU
Oliscol Chathair Bhaile Átha Cliath
Dublin City University
Acknowledgments

— Psychological First Aid
— An Australian guide to supporting people affected by disaster
— Australian Psychological Society 2013

— When trauma affects someone close to you
— Information Leaflet
— HSE Health Service Executive

— Stress and Stress Management
— Information Flyer
— Critical Incident Stress Management Network Ireland