

GUIDELINES FOR FIRST RESPONDERS

Self-protection for First Responders and Health Professionals

When a serious critical event -like the Coronavirus pandemic- affects the whole world, the emotional impact on individuals, first responders, medical staff and communities is profound. When the first responders are also victims of the same incident, their emotional reactions can be so intense that they can interfere with their functioning during and after the crisis.

These are some of the types of normal reactions that occur:

During Work Hours. During working hours, you can experience some of these reactions:

- Disorientation from the chaos in front of you.
- Stress due to over-exposure to requests such as victims' calls for help, and so many needs to be addressed at once, etc.
- Helplessness or inadequacy.
- Omnipotence and inability to perceive your own limits.
- Identification with victims and/or relatives.
- Frustration and rage for not being recognized and/or for the institutional disorganisation.

After Work and/At Home. At the end of your shift and/or at home you may experience the following:

- Emotions such as sadness, guilt, rage, fear, confusion and anxiety.
- No emotion/or feeling numb.
- Somatic reactions with physical symptoms such as headaches, gastrointestinal disorders, etc.
- Difficulty in calming down and relaxing.

Note: There are significant, individual differences in how these reactions show up and how long and intense they are. Some may have only one of these reactions while others have many them at the same time. The reactions can last for one day or for a longer period.

There are four different phases and each one of them is associated with specific reactions:

1. *Alarm*

Alarm is when you first feel the impact of the critical event, such as when you found out how catastrophic the Coronavirus really is.

These are the types of reactions that can occur:

- *Physical*: Accelerated heart rate, increased blood pressure, breathing problems.
- *Cognitive*: Disorientation, difficulty in understanding the information received and the seriousness of the event.
- *Emotional*: Anxiety, dizziness, shock, inhibition.
- *Behavioural*: Reduction in efficiency, increased activation level, communication problems.

2. Mobilization

In the Mobilization Phase, first responders and medical staff start moving onto the scene. The previous phase's experiences and reactions are present in a smaller way. However, these responders are now mobilizing to do their job which gives them purpose to plan a focused and coordinated action. This phase means long working hours under excessive pressure.

3. Action

The focus of the Action Phase is when the first responder starts his/her work helping the victims. During this time, emotions are high and sometimes confusing.

These are the types of reactions that can occur:

- *Physical*: Accelerated heart rate, increased blood pressure, rapid breathing, nausea, sweating and shaking.
- *Cognitive*: Memory problems, disorientation, confusion, loss of objectivity, difficulty in understanding.
- *Emotional*: Feeling of invulnerability, euphoria, anxiety, rage, sadness, numbness.
- *Behavioural*: Hyperactivity, increase in the use of alcohol, tobacco and drugs, tendency to argue, loss of efficiency and efficacy in the first aid actions.

4. Letting Go

The Letting Go Phase marks the end of the intervention and when everyone comes back to their work and social routine.

These reactions can occur in this phase:

- *Return of Unwanted Emotions*: Emotions that were forgotten or repressed during the heat of the action come back and need to be processed.
- *Missing the Team*: The intense connection of the team has ended and the team member may have many feelings about the loss of these connections.

In conclusion, according to the phase and the characteristics of each individual involved in the operation, there are many different physical, cognitive, emotional and behavioural reactions.

The most common reactions that can last for some days or weeks after the intervention are the following:

- ***Intrusive Images/Thoughts:*** Recurring images of the scene/aspects of the scene and disturbing thoughts associated with the event that intrude into your mind.
- ***Feeling of Excessive Anxiety/Fear:*** Increased sense of agitation, and fears that were not there before.
- ***Avoidance:*** Procrastination, lack of interest in going to the scene, thoughts about leaving the job, etc.
- ***Excessive Reactions to Ordinary Stress:*** Inability of modulating reactions to external requests, loss of temper on a more frequent basis.
- ***Increased Irritability:*** Presence of unmotivated rage.
- ***Sense of Isolation:*** Feeling of abandonment and loneliness, need to be by self, not wanting to talk to anyone, feeling of “being different”.
- ***Mental Confusion:*** Concentration problems and/or incapability of making decisions, alteration of normal capacity for judgement.
- ***Relational Problems:*** Difficulties in the relationship with colleagues, relatives and friends.

WHAT YOU CAN DO

- ***Identify your Emotions:*** Know how to recognise your own emotional reactions and the difficulties that you might have during the exposure and after it, so you can decompress as soon as possible from the effects of stress.
- ***Acknowledge Your Emotions: Do not deny your feelings but remember that it is normal for everyone to have emotional reactions because of such tragic events.***
- ***Monitor Physical and Emotional Reactions:*** Be able to monitor your physical and emotional reactions, recognising your own activation systems.
- ***Take Time-off:*** Plan some time off to recover your physical and mental energy.
- ***You Are Part of a Team:*** Remember that you are not alone, but you are part of a system and an organisation that can support and help first responders themselves.
- ***Be Compassionate:*** Look at your emotional state without judging yourself.
- ***Speak About What Happened:*** Talk about the critical events that happened while on duty, helping to release emotional tension.
- ***Respect Others’ Reactions:*** Respect others’ emotional reactions, even when they are completely different and difficult to understand from our point of view.

- **Use Supportive Services:** Protect your emotional health by accessing the supportive services offered to first responders. Talk to an expert that has specific information about post-traumatic reactions and who can facilitate and accelerate the resolution of the reactions themselves.
- **Debriefing:** Access, when and if possible, the decompression and defusing services offered to first responders' teams. There are specific tools for supporting and preventing post-traumatic stress reactions, which can be used effectively in the few hours right after the first responder's intervention.

PROTECTING YOURSELF ALLOWS YOU TO PROTECT YOUR POPULATION

Emergency-trained mental health professionals can provide help and emotional support to you. It is important for you to learn how to recognise and manage your own reactions in different emergency situations. However, sometimes you may feel overwhelmed by a feeling of impotence and lack of control or other issues that might get triggered. *If your reactions persist and you do not see any improvement, it can be useful to address the problem with trained professionals. In a short series of individual or group sessions, they can help you to deal with your reaction. EMDR therapy is a psychotherapy for recent event trauma that can be helpful as you deal with the Coronavirus pandemic and the stressful circumstances related to it.*

EMDR

According to the World Health Organization (WHO), EMDR (Eye Movement Desensitization and Reprocessing) is one of the main tools for treating Post-Traumatic Stress Disorder. EMDR Therapy is used to prevent the development of psychological issues that can arise after a critical or potentially traumatic event. In 1987, EMDR was developed by Francine Shapiro using the theoretical model, the Adaptive Information Processing (AIP) system. The aim of EMDR Therapy is to re-activate the brain's self-healing process and to reprocess the most disturbing moments connected with the critical event or period that was experienced. Over the years, several recent event protocols were developed. The main protocols used during EMDR interventions in the aftermath of a recent traumatic event are the following: the Protocol for Recent Traumatic Events (2018); The Recent Traumatic Episode Protocol (R-TEP) (Shapiro & Laub, 2008); The EMDR Protocol for Recent Critical Events (Jarero, Artigas & Luber, 2011), the EMDR Integrative Group Treatment Protocol (IGTP) (Jarero & Artigas, 2009) and the Group Traumatic Episode Protocol for EMDR (Shapiro, 2017). In conclusion, EMDR can represent a useful tool to turn a negative life event into a constructive event, which can be an opportunity for learning, for personal development and for psychological growth.