

GUIDELINES FOR FIRST RESPONDERS

Self-protection for first responders and health professionals

In maxi emergency situations, when a serious critical event affects a whole population like now, there is a highly emotional impact on the individual, the community and first responders and medical staff. It is the critical event itself that prompts emotional reactions also in first responders, which are so intense that can sometimes interfere with their capacity of functioning both during the exposure to the scenario and afterwards, for a length of time that varies individually.

During the working hours you can experience some of these reactions:

- Disorientation in front of the chaos of the scenarios.
- Stress due to over-exposure to requests (victims' calls for help, needs to be addressed...).
- Helplessness or inadequacy.
- Omnipotence and lack of the perception of own's limits.
- Identification with victims and/or relatives.
- Frustration and rage for not being recognised and/or for the institutional disorganisation.

At the end of the shift and/or at home you can feel a wide range of emotions like sadness, guilt, rage, fear, confusion and anxiety. Sometimes, on the other hand, you do not feel any emotion, apparently. You might also develop somatic reactions with physical symptoms (headache, gastrointestinal disorders, etc.), difficulty in calming down and relaxing. There are significant differences in the manifestation, duration and intensity of these reactions. Since the processing process is subjective, it is possible to experience only one of these reactions or many them at the same time, for one day or for a longer period.

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

- 1) **ALARM**: it starts when you find out about how critical the situation regarding the Coronavirus was. It can be considered the first impact with the critical event.
Reactions:
 - 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) **MOBILITATION**: it is the phase when first responders and medical staff start moving on the scene. Here, the previous phase's experiences and reactions are present at a minor level. In association with these, there are factors re-establishing the balance, like the passing of time, the start of a focused and

coordinated action and the interaction. In this situation this phase is lasting a lot, with long working hours under excessive pressure.

- 3) **ACTION**: it is the moment when the first responder starts his/her work for helping the victims. The emotions here can be multiple and contrasting.

Reactions:

- 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**: it is the moment at the end of the intervention, when everyone comes back to their work and social routine.

The characteristics of this phase are:

- Emotional burden, which was repressed during action and it comes back once back to normality.
- Group of experiences represented by the separation from the colleagues and the return to everyday life with all related expectations.

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 are:

- **Intrusive images/thoughts.** Recurring images of the scene and disturbing thoughts associated with the event that appear against your will.
- **Feeling of excessive anxiety/fear.** Increased sense of agitation, fears that were not there before.
- **Avoidance.** Procrastination, lack of interest in going to the scenario, thoughts about leaving the job, etc.
- **Excessive reactions to ordinary stress.** Inability of moderating reactions to external requests, loss of temper on a more frequent basis.
- **Increase in irritability.** Presence of unmotivated rage.
- **Sense of isolation.** Feeling of abandonment and loneliness, need of being by yourself and unwillingness of talking 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

- 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.
- **Do not deny your feelings but remember that it is normal for everyone to have emotional reactions because of such tragic events.**
- Be able to monitor your physical and emotional reactions, recognising your own activation systems.
- Plan some time off to recover your physical and mental energy.
- Remember that you are not alone, but you are part of a system and an organisation that can support and help first responders themselves.
- Look at your emotional state without judging yourself.
- Talk about the critical events that happened while on duty, helping to release emotional tension.
- Respect others' emotional reactions, even when they are completely different and difficult to understand from our point of view.
- Protect your emotional balance, accessing the supporting services offered to first responders. Talking to an expert that has specific information about post-traumatic reactions can facilitate and accelerate the resolution of the reactions themselves.
- 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 THE POPULATION IN THE BEST POSSIBLE WAY

If the reactions persist and you do not see any improvement, it is useful to address the problem with trained professionals, who, with a short series of individual or group sessions, can help you dealing with distress in the best way.

Mental health professionals working in the emergency field can provide help and emotional support to the people involved like medical staff or relatives of patients that died. It is fundamental that first responders are able to learn how to recognise and manage their own reactions in different emergency situations. In this case, it is impossible not feeling overwhelmed by the sensation of impotence and lack of control. Therefore, it is essential asking for a specific support during and after the end of their activity.



EMDR

EMDR (Eye Movement Desensitization and Reprocessing) represents today one of the main tools for treating Post-Traumatic Stress Disorder according to the WHO guidelines. EMDR Therapy is used in the prevention of the development of possible psychological issues that can arise after a critical or potentially traumatic event. Therefore, it is useful for managing and giving relief from the peri-traumatic reactions both in the affected population and in the first responders that intervene in this Pandemic under very stressful circumstances. EMDR was developed and defined by Francine Shapiro in 1987. EMDR theoretical model is the Adaptive Information Processing (AIP). The aim of EMDR Therapy is to re-activate the brain's self-healing process and to desensitise the most disturbing moments connected with the critical event or period that was experienced. During the years, different standard protocols have been developed and validated, and scientific research has demonstrated their efficacy in the management of peri-traumatic and post-traumatic reactions. The main protocols used during EMDR interventions in the aftermath of a traumatic event are the EMDR protocol for recent traumatic events (Shapiro & Laub, 2008) and the EMDR group treatment protocol (Jarero & Artigas, 2009). 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 and for personal development.