




Critical Incident Toolkit EMS Organizations

Visit www.firstrespondersfirst.ca for more information on PTSD Prevention

CRITICAL INCIDENT TOOLKIT FOR PARAMEDICS

You are at higher risk if you are already **tired** or **stressed** and at the **end of shift**. Remain aware of how your work affects you so that you can remain resilient. Use this checklist to do a check and seek or accept support of someone you find helpful.

	AT THE TIME OF THE INCIDENT	AFTER THE INCIDENT
 RED FLAGS	<ul style="list-style-type: none"> ▪ Difficult calls that feel surprising, dangerous, overwhelming or beyond your control ▪ Calls that make you feel ineffective, unappreciated, sad, angry or evoke other distressing feelings. 	<ul style="list-style-type: none"> ▪ Insomnia for more than one night ▪ Irritability or withdrawing from usual social activities for more than one day ▪ Needing to take more than one day of downtime
SYMPTOMS AT THE TIME OF THE INCIDENT	<ul style="list-style-type: none"> ▪ Panic: palpitations, sweating, shaking, trouble breathing ▪ Dissociation: things seem unreal, or in slow-motion, feeling spaced out or out of your body 	
WHAT TO DO	<ul style="list-style-type: none"> ▪ Seek or accept the support of someone you find helpful ▪ Talk about it if it helps, but don't feel you must ▪ Ask for downtime - from 30 minutes to a day 	<ul style="list-style-type: none"> ▪ Seek or accept the support of someone you find helpful ▪ Consider peer support or speak to a professional

CRITICAL INCIDENT TOOLKIT FOR PARAMEDIC SUPERVISORS

It is helpful to check in with a paramedic after an especially stressful call. It is best to have a conversation that feels natural to you and to the paramedic, **NOT** a diagnostic interview.

Consider the following:

- An incident that is critical for one paramedic may not be for another. Try to listen carefully without making assumptions
- A paramedic wants to know that you are concerned about his/her welfare; that you acknowledge that the incident was critical; and that his/her work is valuable
- Begin by offering practical help (e.g. helping to load the stretcher in the ambulance)
- If a paramedic doesn't want to talk, try offering again later, or arrange for the contact information for the peer support team to be sent to him/her
- **If the call has been critical for this paramedic offer downtime.**

WHAT TO LISTEN FOR

Keep in mind that the individual's unique experience of the incident is what makes it critical. **You can't know that experience without asking and listening.** The following all contribute to critical incidents. The more that are present the more concerned you should be. Note: this is not a checklist, it is a guide to help with careful listening.

- State of mind before the incident: already feeling stressed, fatigued, at end of shift
- During the incident the paramedic felt surprised, unsafe, overwhelmed or like things were beyond his/her control
- Paramedic feels regret ("I should have done more"), disappointment, sadness, anger, or feels that he/she is not appreciated
- At the time of the incident the paramedic experienced palpitations, sweating, shaking, trouble breathing or dissociation (the sensation that things seem unreal, or in slow-motion, spaced-out or out-of-body)
- There may be other unusual or intense feelings and experiences

FOLLOWING UP 2 DAYS AFTER THE INCIDENT

RED FLAGS

- Insomnia for more than one night
- Irritability or withdrawing from usual social activities for more than one day
- Needing to take more than 1 day of downtime

WHAT TO DO

- Offer support
- Offer referral to staff psychologist or peer support team