

The Critical Incident Tool*

Paramedic Cards Side 1	Side 2
<p>You are at higher risk if you are already tired or stressed and at the end of shift.</p> <p>Remain aware of how your work affects you so that you can remain resilient.</p> <p><i>At the time of the incident</i></p> <p>RED FLAGS</p> <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 <p><i>Symptoms at the time of the incident:</i></p> <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	<p>WHAT TO DO</p> <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 that you must➔ Ask for downtime – from 30 minutes to a day <p><i>After the incident</i></p> <p>RED FLAGS</p> <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 1 day of downtime <p>WHAT TO DO</p> <ul style="list-style-type: none">✓ Seek or accept the support of someone you find helpful✓ Consider peer support or speak to a professional

Figure 1

*<https://www.emsworld.com/article/1223369/take-my-card-tool-prevent-emotional-harm-ems>

Halpern J, Maunder RG, Schwartz B.

Corresponding author Dr. Janice Halpern janice.halpern@utoronto.ca

Supervisor Cards Side 1	Side 2
<p>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”.</p> <p>Consider the following:</p> <ul style="list-style-type: none"> ➤ 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. <p>🚩 If the call has been critical for this paramedic, offer downtime.</p>	<p>WHAT TO LISTEN FOR: Keep in mind that the individual's unique experience of the incident is what makes it critical. <u>You can't know that experience without asking and listening.</u></p> <p>The following all contribute to critical incidents. The more that are present, the more concerned you should be. (This is not a checklist – it is a guide to help with careful listening)</p> <ul style="list-style-type: none"> ➔ 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. ➔ The 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. <p>Following up 2 days after the incident:</p> <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 1 day of downtime <p>WHAT TO DO</p> <ul style="list-style-type: none"> ➔ Offer support ➔ Offer referral to a professional or peer support team <p style="text-align: right;">RED FLAGS</p>

Figure 2

*<https://www.emsworld.com/article/1223369/take-my-card-tool-prevent-emotional-harm-ems>

Halpern J, Maunder RG, Schwartz B.

Corresponding author Dr. Janice Halpern janice.halpern@utoronto.ca