Introduction

First responders are an occupational group at high risk for experiencing potentially traumatic events (PTES) also known as critical incidents (CIs) in the course of their work. 

This study began in response to findings that Critical Incident Stress Debriefing (CISD), the main method of debriefing PTES in the workplace of CIs, was ineffective. There was a lack of provider agreement as to the best methods of primary and secondary early intervention to prevent long-term emotional sequelae. Given that critical incidents are a major concern for first responders and other high risk occupations, such as the military, it is surprising that little research has been done in this area.

Our research team set out to answer some of the questions that might help in developing a more beneficial response to critical incidents, using protocols as an example of critical incidents. The research protocols, which consisted of focus groups, followed by a comprehensive survey package, resulted in the publication of a critical incident stress debriefing protocol. We then approached the Toronto EMS (a sub-site of the overall series) and asked them if they were interested in participating. They made an initial commitment to do the research. We approached the Toronto EMS (a sub-site of the overall series) and asked them if they were interested in participating. They made an initial commitment to do the research. We then carried out two focus groups and then a survey of 635 paramedics. The focus groups and surveys were designed to assess the needs of paramedics and how best to meet those needs. The surveys were used to identify the importance of the paramedic’s role in providing critical incident debriefing.

Background

Our qualitative studies:

Focus groups and individual interviews on 60 self-selected incidents, including frontal and supervisory paramedics, gave us insight into whether paramedics produce an emotional support after a critical incident. The literature extensively advises workplace organizational support to prevent emotional sequelae in their employees. However, the research was also conducted among supervisors and paramedics. We report on the role of paramedics and supervisors, especially among their own and other responders. We also conducted preliminary qualitative studies. The results of these studies are reported in this paper.

Duration of recovery and subsequent PTSD symptoms

The study identified that paramedics were likely to cause later sequelae, and the literature on community samples indicates that paramedics often experience long-term emotional sequelae. The results of these studies are reported in this paper.

Study #3: Does downtime help prevent long-term emotional sequelae?

"Downtime after Critical Incidents in Emergency Medical Technicians/Paramedics."

Study #2: Does characteristics of the incident predict later distress?

Study #1: Does the early response to the index CI predict current symptoms?

Analysis:

The authors acknowledge the generous support of the Toronto Counsel on Aging. This work was supported in part by a grant from the Toronto EMS and the Canadian Institutes of Health Research (CIHR). We thank the following individuals for their input and support: the Toronto EMS, for providing us with access to their database and for their support in recruiting participants; the Canadian Institutes of Health Research (CIHR), for providing grants to support this research; and the Toronto Council on Aging, for providing funding to support this research. We also thank the Toronto EMS for their support in recruiting participants for this study.

Knowledge translation:

Development of a program for paramedics and their supervisors after a critical incident

Goals:

1. To help paramedics identify a Critical Incident that is likely to be prolonged emotional sequelae.
2. To provide guidance for supervisors to respond to in a helpful manner.

Methods:

When studying the results of focus groups and individual interviews from our sample, we found that PTSD/PTES were prevalent and often experienced by healthcare providers. Therefore, we felt that it was important to develop a tool for paramedics and supervisors that could help them in their work.

Participants:

On a survey conducted in the service of Toronto EMS, 635 paramedics, nurses, and technicians were asked to respond to a questionnaire on their experience of critical incidents. The survey was distributed in a hard copy of a questionnaire, which then followed by e-mail reminders and follow-up phone calls. The survey was distributed to all healthcare providers in the emergency medical service (EMS) system and at the time of recruitment, an estimated 600 of the 635 participants had completed the survey.

Study #2: Does characteristics of the incident predict later distress?

Analysis:

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