

NOVEMBER 10 2021-12PM-3.30PM ADST

**PANDEMIC
TRAUMA**

PERSON
PLACE
ENVIRONMENT

CISM/ Peer Support Programs for Healthcare During a Pandemic

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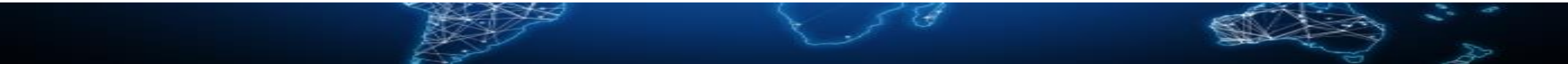
SASKATCHEWAN HEALTH AUTHORITY CISM/ PEER SUPPORT CO-LEAD

Learning Objectives

- * Events that highlighted the need for Peer Support Program in our province
- * The ICISF Critical Incident Stress Management Program as the standard of care
- * Training the teams, providing supports and building the program in a pandemic
- * Lessons of the pandemic and staff support during COVID19

Healthcare in Saskatchewan

- 76 Hospitals – 10 large facilities/ remainder small rural
- Long Term Care Facilities
- 105 Ambulance Services – Volunteer First Responders/ Primary and Advanced Care Paramedics
- STARS – Helicopter Transport
- Fixed Wing Medivac Transport



Health Care Workers

- Approximately 50,000 provincially
- Approximately 2,500 physicians and surgeons
- Provincial CISM/ Peer Support Program would provide resources for
all of these workers

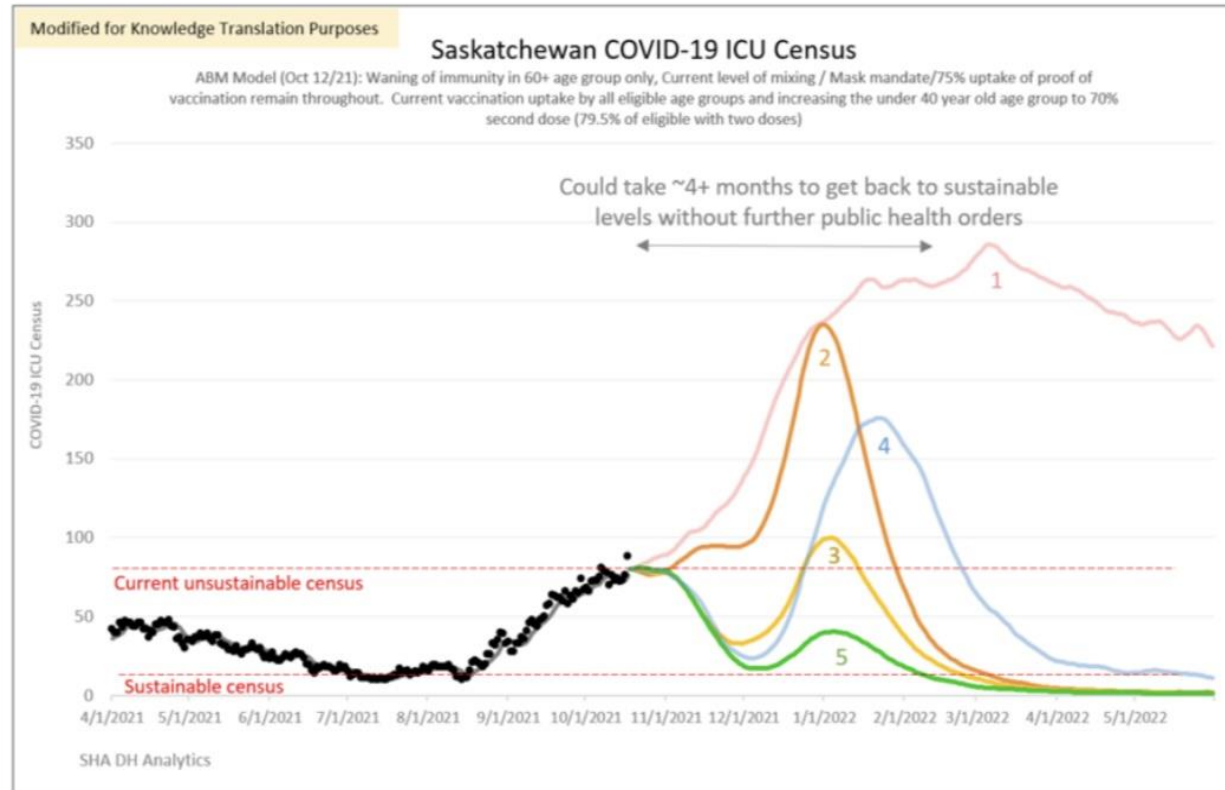


Events highlighting the need for a Peer Support Program

- January 22, 2016: School Shootings at La Loche Dene High School
 - 2 students and 2 teachers dead/ 7 students and teachers injured
 - Remote area: Small local hospital and few services
 - All injured transported to Royal University Hospital, Saskatoon
- April 6, 2018: Humboldt Broncos Bus Crash
 - 16 dead and 13 injured
 - 4 rural EMS/ Medivac Life Flight/ STARS/ 2 small rural hospitals
 - All survivors transported Royal University Hospital, Saskatoon
- All other traumatic events continued as well



Modelling Scenarios – Saskatchewan



- Scenarios
1. Current behaviour, no boosters (Oct 5 modelling results)
 2. Current behaviour, boosters to 60+ age group (6 months after 2nd dose)
 3. 14 day mixing reduction, boosters to 60+ age group (6 months after 2nd dose)
 4. 28 day mixing reduction, then "normal" mixing after, boosters to 60+ age group (6 months after 2nd dose)
 5. 28 day mixing reduction, boosters to 60+ age group (6 months after 2nd dose)
- Actual daily COVID ICU Census with 7 day rolling average line



March 17, 2020 – First lockdown and initial contact with healthcare facilities

- Identify your strengths and your challenges
 - Existing CISM Teams
 - Other champions who would like to help
 - Understand the concerns and address them up front – initial Mental Health resistance
- Build support for the Peer Support program
 - Identify champions within departments
 - Provide information and training to leadership in order to smooth the way for the CISM/Peer Program
 - Provide information to mental health and addictions departments within the healthcare setting. They will be your resources for in-house support for CISM responses.



Existing ICISF trained CISM/ Peer Support programs within the province

- Strong existing CISM teams in all branches of Public Safety in the province
- Emergency Department CISM Teams at our two major trauma centres Regina and Saskatoon
- Provincial EMS had 40+ CISM trained team members
- Access to mental health support for all areas

Training during the pandemic was a challenge!

- FIRST ACTION (April – July 2020):
 - Offered single day training for “Peers Support for Colleagues”
 - Offer training to those who step forward in signs of critical and cumulative stress and basic individual communication skills
- CISM TEAM (September – December 2020):
 - Assist in identifying acute care/ high intensity wards and areas of the hospitals
 - Provide ONLINE Group Crisis Interventions and Assisting Individuals in Crisis Training
 - Develop Operational Guidelines and Work Standards for each CISM skill within the ICISF program
- CREATE INFRASTRUCTURE during low volume times
 - Ops Guidelines
 - Peer Support Tool Kit

Further along the Mental Health Continuum – More mental health needs

WELL	REACTING	INJURED	ILL/ IN CRISIS
<ul style="list-style-type: none"> ▪ Normal fluctuations in mood ▪ Normal sleep patterns ▪ Physically well, energetic ▪ Consistent performance ▪ Socially active and involved with those around you 	<ul style="list-style-type: none"> ▪ Nervousness, irritability, sadness ▪ Sleep difficulties ▪ Tired. Low energy, muscle tension, headaches ▪ Procrastination ▪ Decreased social activity ▪ Less engaged with surroundings 	<ul style="list-style-type: none"> ▪ Anxiety, anger, pervasive sadness, hopelessness ▪ Restless or disturbed sleep ▪ Fatigue, aches and pains ▪ Decreased performance, missing work ▪ Social avoidance or withdrawal 	<ul style="list-style-type: none"> ▪ Excessive anxiety, easily enraged, depressed mood ▪ Unable to fall or stay asleep ▪ Exhaustion, physical illness ▪ Unable to perform duties, absenteeism ▪ Isolation, avoiding social activities, friends and family



THINGS WE LEARNED & HOW WE RESPONDED

Designated
COVID Wards
taught us a lot

- Initially so much unknown led to fear but we learned along the way
- As we gained skills we gained confidence
- Staff were relocated to accommodate the needs in acute care settings
- As time passed, staff became overwhelmed and reported symptoms of fatigue and burnout

THINGS WE LEARNED...

DOING CISM UNDER HEALTHCARE RESTRICTIONS

*Focus on assessment:
We adapted to the staff
needs throughout the
surges*

- Continued to provide CISM support for the “day-to-day” traumatic events
- 1:1s were done online/ by phone and face to face when possible
- The Remarkable RITS – Rest Information Transition Services
- Individual follow ups were important
- Weekly support meetings for some groups
- Remind them about “Pacing themselves”

THINGS WE LEARNED...

HEALTHCARE
WORKERS AND THE
PEER SUPPORT
TEAMS ARE
EXHAUSTED NOW

- Video meetings that focus on how the teams are coping
- Opportunities to meet virtually to discuss they teams needs
- Individual Contact with people on the team, including Team Leaders to “Check-in”
- Further into the pandemic increased need for mental health supports
- Currently providing trained mental health staff a few hours a day to support staff working in the COVID wards

THINGS WE LEARNED...

BE INCLUSIVE IN
YOUR LANGUAGE
BUILDING “TEAM
THINKING” AGAIN

- PPE and special restrictions have created an environment where many people feel disconnected.
- “You have all been through some extraordinary times...”
- Applaud the effort...”This is really hard work, but you have found a way to continue through all of the challenges.”
- Remind them that even though these experiences are difficult, and at times they may feel overwhelmed or even angry, they still have power over how they approach the situation.
- Remind them that they are not alone and identify the strengths of the individuals and the group
- Praise and gratitude

THINGS WE LEARNED...


POSITIVITY

RESONANCE

- Keep it Simple
- Look around the room occasionally
- “CHEPS” (Patty’s acronym):
 - Compliments
 - Humour when appropriate
 - Empathy
 - Praise
 - Encouragement
 - Smile often



Good2GoCo

100% CANADIAN 



THINGS WE LEARNED...

BRIEF SELF CARE

STRATEGIES &

ACTIVITIES THAT CAN
BE OFFERED AS
REMINDERS AT
EVERY OPPORTUNITY

- The body knows before the brain does
- Acknowledging what they already know
- Breathing techniques
- Body Scans for recognition of how we carry stress in our cells
- Communication Tools
 - Supportive conversation at work
 - Appropriate conversation when coming home from a difficult shift
 - “This happened...I feel...I need”.

THINGS WE LEARNED...

PHYSICIANS REQUIRED SUPPORT SEPARATELY

- We Created a provincial Physician Peer Support Program
- They provide 1:1 support by phone/ online or face to face
- Help them through the difficult times so they can continue to lead their medical teams
- Provided 5-7 minute Wellness Boosts at the end of the bi-monthly Town Hall meetings
 - 6 second breathing
 - Qigong techniques for grounding and relaxation

"What is the bravest thing
you've ever said?" asked
the boy.



"Help," said the horse.