

Emergency Spiritual Care

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No one wants to believe that a pediatric mass casualty incident will occur where they live and work, but, unfortunately, the recent events in Boston have shown that this is a very real possibility. In the event an incident occurs, preparation, response, and management of all of the victims, including the children, are critical and will define the future for each of the victims. The author reviews the basics for preparation and steps to recognize, prepare, and maximize the possibility of a good outcome in the event of a pediatric disaster.
— Ann M. Dietrich, MD, Editor





Disaster Planning

1. Planning

- *incl risk assessments for hospital and community*

2. Preparation and practice

- *training, testing, amassing materials etc*

3. Disaster response

- *employ pre-existing procedures and plans, modify as required, be embedded in trust and community response*

4. Recovery

- *helping community return to normal, ongoing support for survivors and staff*

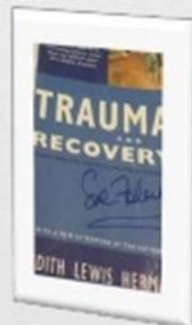
5. Review

- *lessons learned*

Three Stages of Trauma Recovery

Adapted from Herman 1992

- Stage 1: Safety and Stabilization: Overcoming Dysregulation.
- Stage 2: Coming to terms with traumatic memories and past or current events.
- Stage 3: Integration and Moving On.



3 stages of trauma recovery

Stages of Recovery

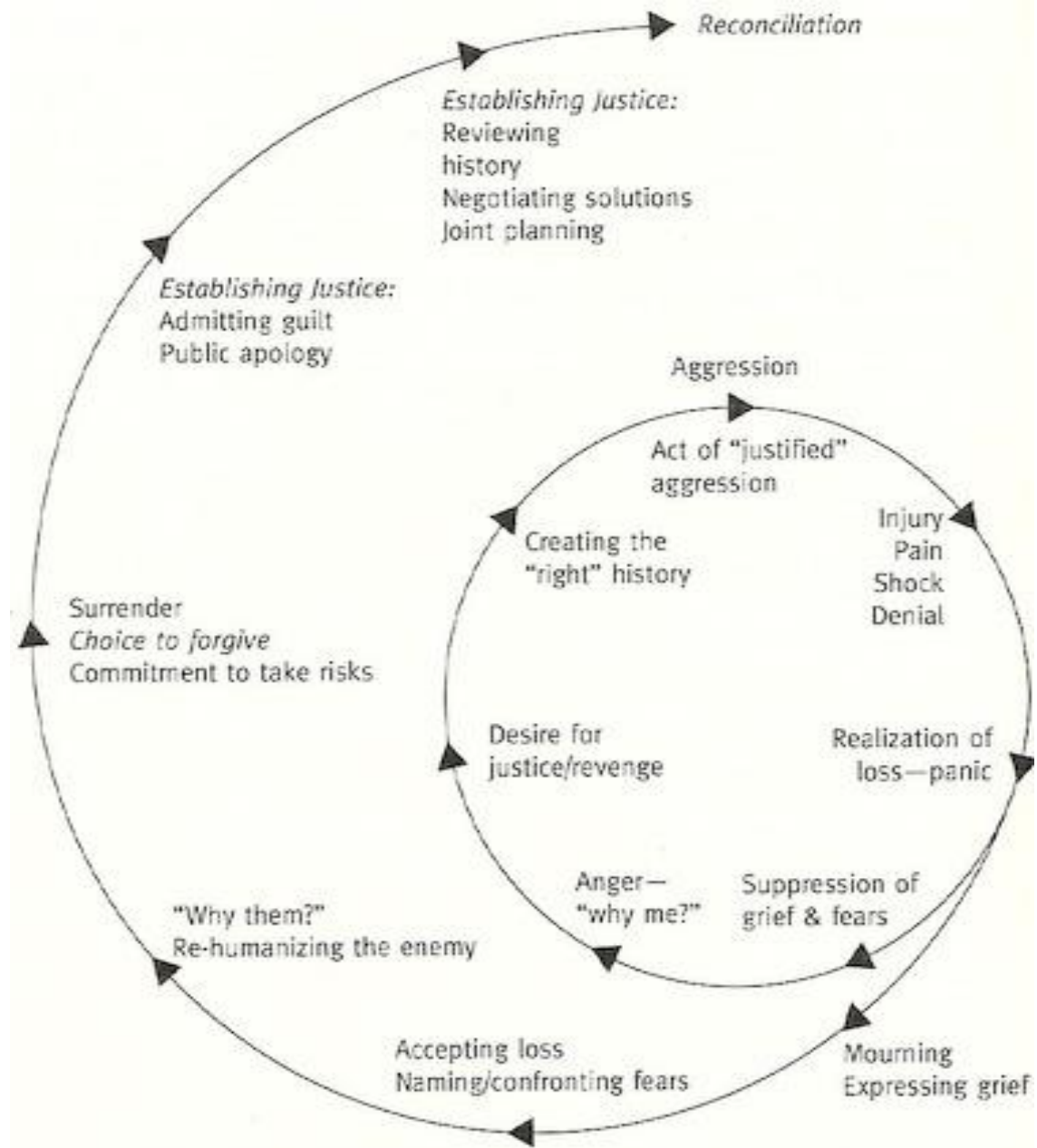
Treatment Aims

- Stage One: ESTABLISHING SAFETY
 - Securing safety
 - Stabilizing symptoms
 - Fostering self-care
- Stage Two: REMEMBRANCE & MOURNING
 - Reconstructing the trauma
 - Transforming traumatic memory
- Stage Three: RECONNECTION
 - Reconciliation with self
 - Reconnection with others
 - Resolving the trauma

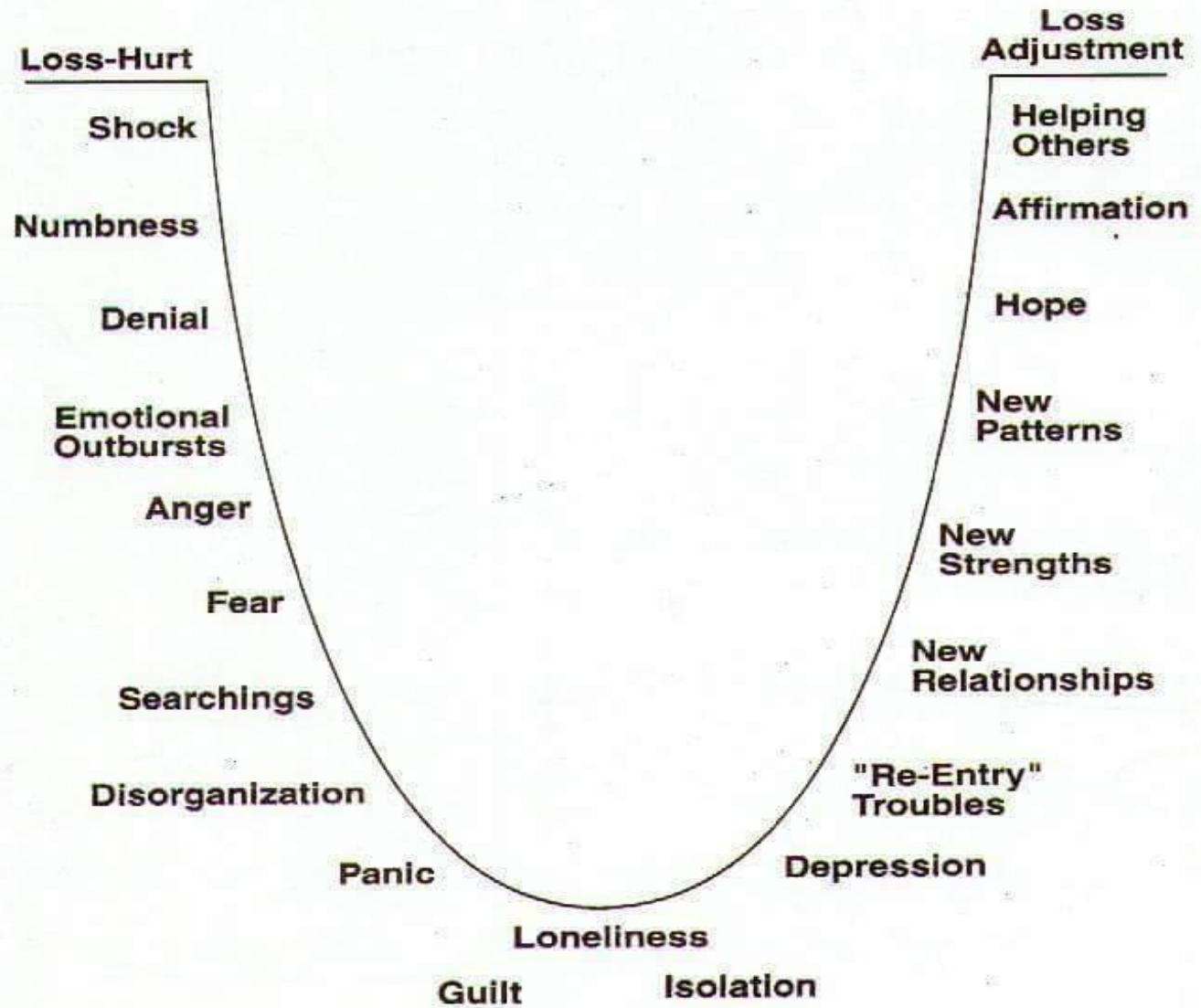
Judith L. Herman, 1992

Journey-
through-
grief.com

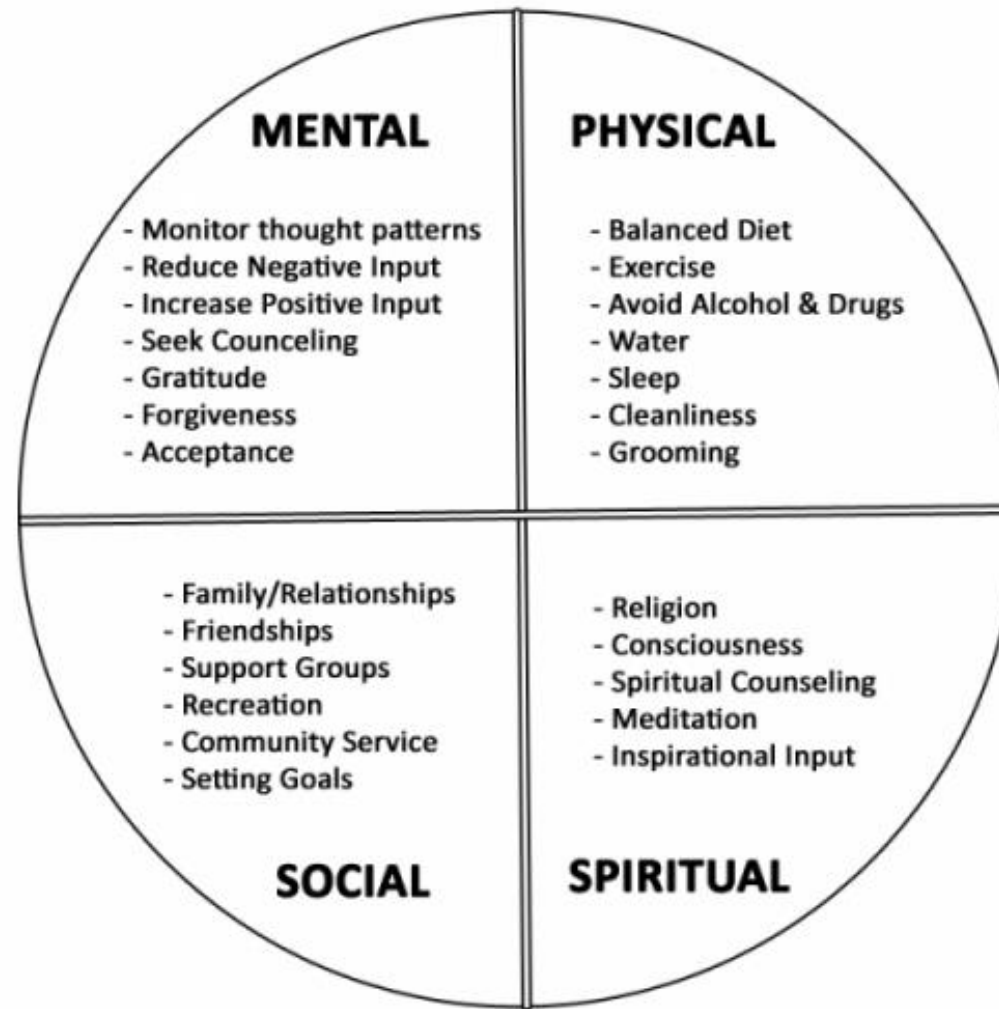
[accessed 14.11.17]



STAGES OF GRIEF



Reinforce support
systems
stop-anxiety-panic-
attacks.com 2011,
[14.11.17]





PCAID Spiritual First Aid

P Presence

C Connect

A Assessment

I Intervention

D Development plan of care

How are you feeling?



Happy



Joyful



Content



Silly



Sad



Angry



Scared



Worried



Confused



Surprised



Hurt



Embarrassed

<https://en.paperblog.com/helping-kids-identify-their-hot-feelings-156373/>

Risks to children

- Physically, as shorter, greater risks from gases
- More likely to absorb through skin
- Thinner skin means more at risk to thermal and chemical burns
- Higher risk of ingesting stuff on ground (putting things in mouth)
- Less developed abdomens – higher risk of damage after blunt force trauma
- Even a small dose of eg toxin may be more dangerous
- Children may have difficulty regulating body temperature
- Paediatric shock might not be recognised
- Emotional distress to children, parents and caregivers may be greater than adult patients

In a disaster, children need:

- **To be kept with or reunited with their family or caregivers**
- **To receive appropriate and timely medical care**
- **To be kept safe from further harm**
- **To be kept warm, fed, and clean**
- **To return to normal as soon as possible**

MASS CASUALTY / DISASTER PEDIATRIC RESOURCES

Unaccompanied Child Information Tracking Document:

Tracking band # _____

Apply sticker here

Source of information: (if more than 1 source please number, then use to document below)

- | | | |
|---|---|---|
| <input type="checkbox"/> child | <input type="checkbox"/> friend | <input type="checkbox"/> medical record |
| <input type="checkbox"/> school personnel | <input type="checkbox"/> daycare/babysitter | <input type="checkbox"/> school records |
| <input type="checkbox"/> EMS | <input type="checkbox"/> parent | <input type="checkbox"/> daycare records |
| <input type="checkbox"/> bystander | <input type="checkbox"/> guardian | <input type="checkbox"/> state immunization |
| <input type="checkbox"/> sibling | | |

(give as much information as possible, please document source by including number of source as given above)

Child's name: _____
(if child does not know full name, give as much as possible)

Parent(s) name(s): _____

Child's home address: _____
(or description) _____

Child's location prior to transport to ED: _____

Name of person(s) who brought child to ED:

Child's age / DOB: _____

Other identifying information:

Siblings (name/age): _____

School attended: _____

Daycare attended: _____

Name of pet: _____

Family names/locations (ie grandparents, aunts, uncles):

Common reactions of children and young people to traumatic events

- BIRTH – 2. Don't have words but may retain memories of sights, smells, sounds. May become more irritable, tearful, wanting to be cuddled. Biggest influence – how parents cope. May act out what happened in years to come
- 3-6. May feel helpless or powerless, unable to protect themselves or others, can experience intense fear away from parents. Unlikely to grasp permanent loss. May play what happened.
- 7-10. Understands permanence (probably). May talk a lot about what happened, academic performance may decline, wide range of reactions eg fear, anxiety, guilt, fantasies
- 11-18. More similar to adults, may start risk taking behaviours, fearful of leaving home/food problems etc. World can seem dangerous. May feel more comfortable with peer support

New York Disaster Interfaith Services & National Disaster Interfaith Network

- http://www.ndin.org/ndin_resources/tipsheets_v1208/10_NDIN_TS_DisasterSpiritualCare.pdf
- http://www.ndin.org/ndin_resources/tipsheets_v1208/01_NDIN_TS_DisasterBasics.pdf
- http://www.ndin.org/ndin_resources/tipsheets_v1208/24_NDIN_TS_Children.pdf

Questions for chaplaincy teams?

