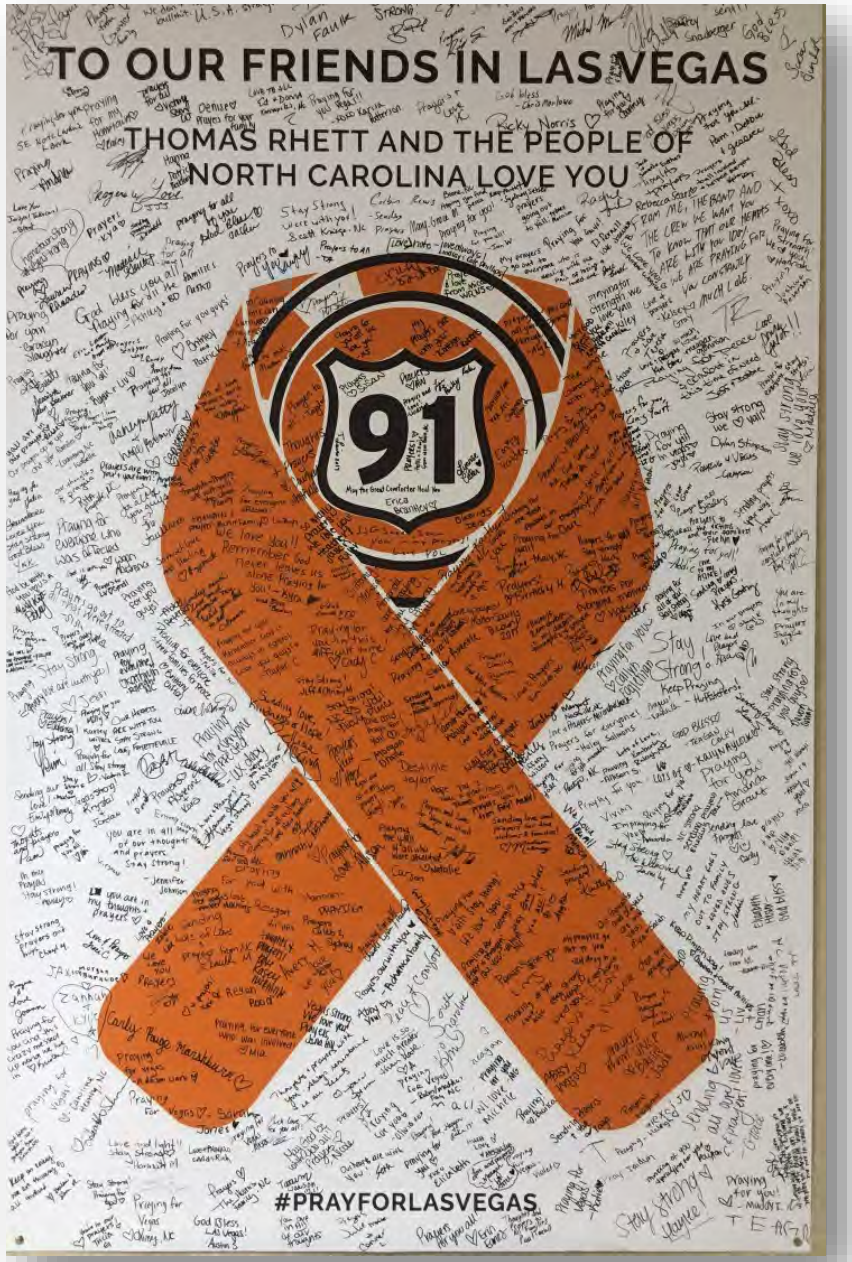
Primum Non Nocere, But What Happens Next?



Disclosure:

Nicholas F Fiore, MD, FACS

Stephanie Davidson, DO, FASA

- We do not have any relevant financial relationship(s) with any commercial interest that pertains to the content of our presentation.

Objectives

- Understand the signs, symptoms of second victim syndrome
- Recognize the need for further evaluation and potentially treatment
- Outline the treatment of second victim syndrome, including some exercises to facilitate healing
- Understand and apply the pillars of wellness

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ENGINE
CLARK COUNTY
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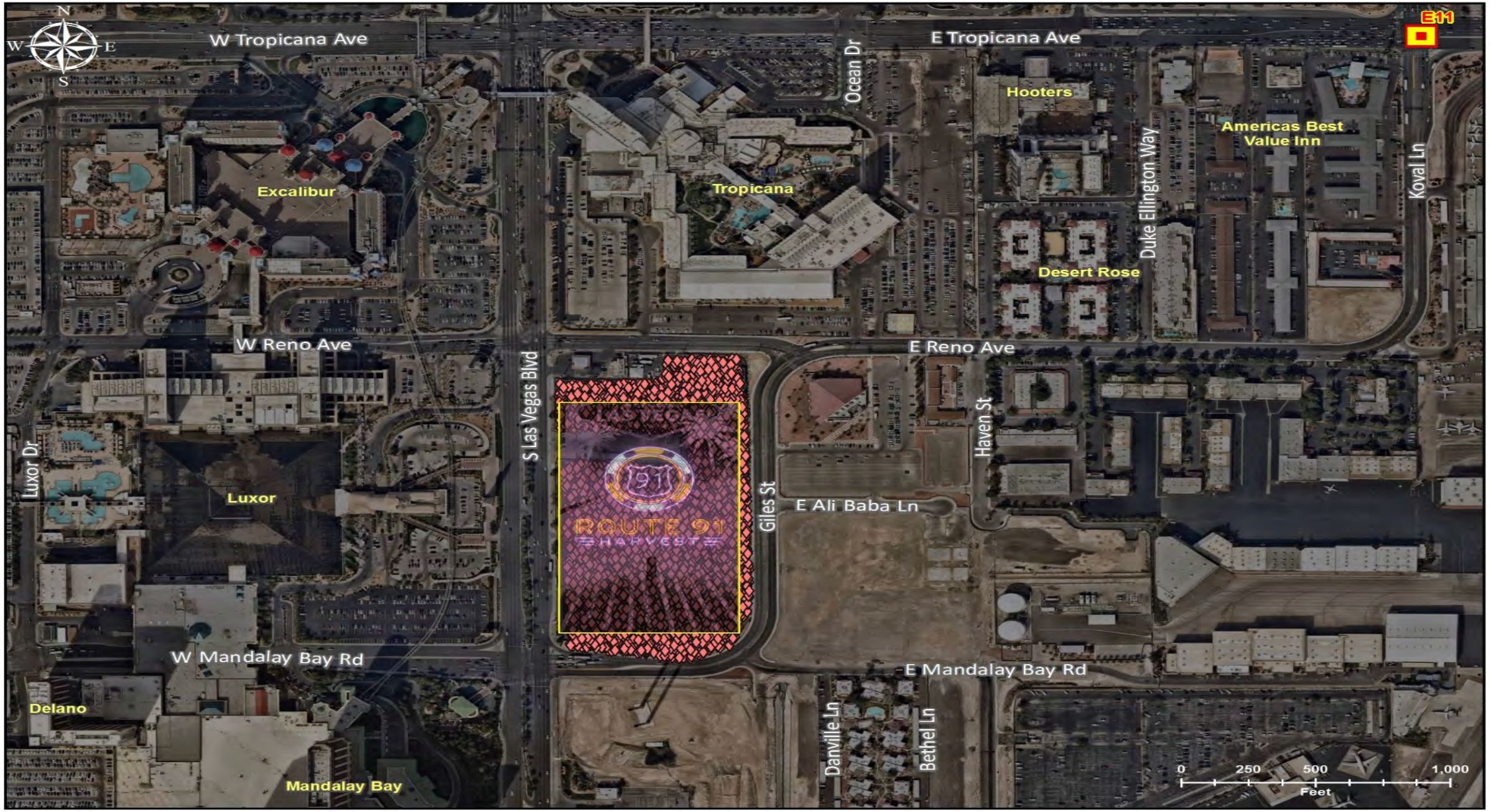
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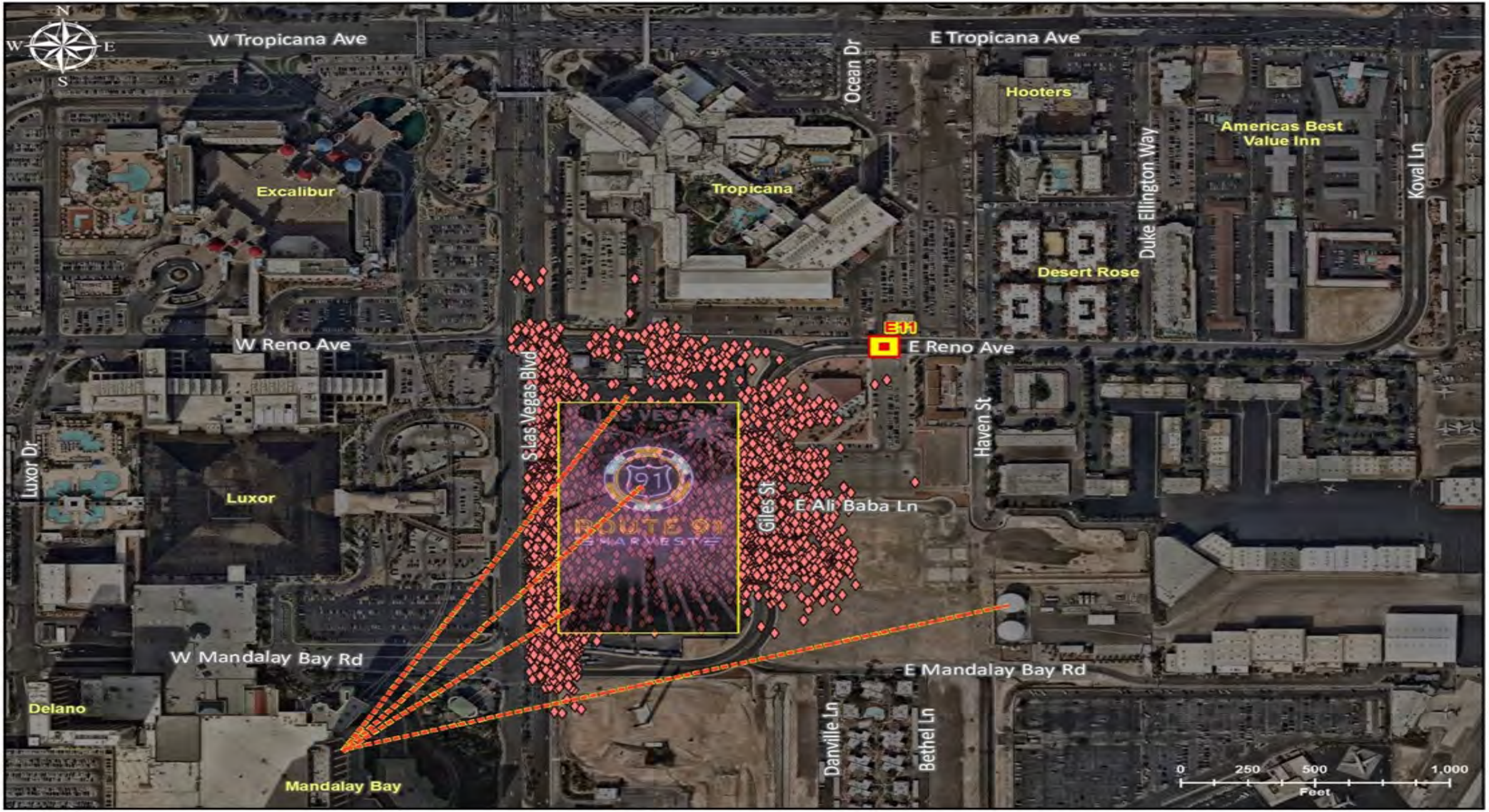
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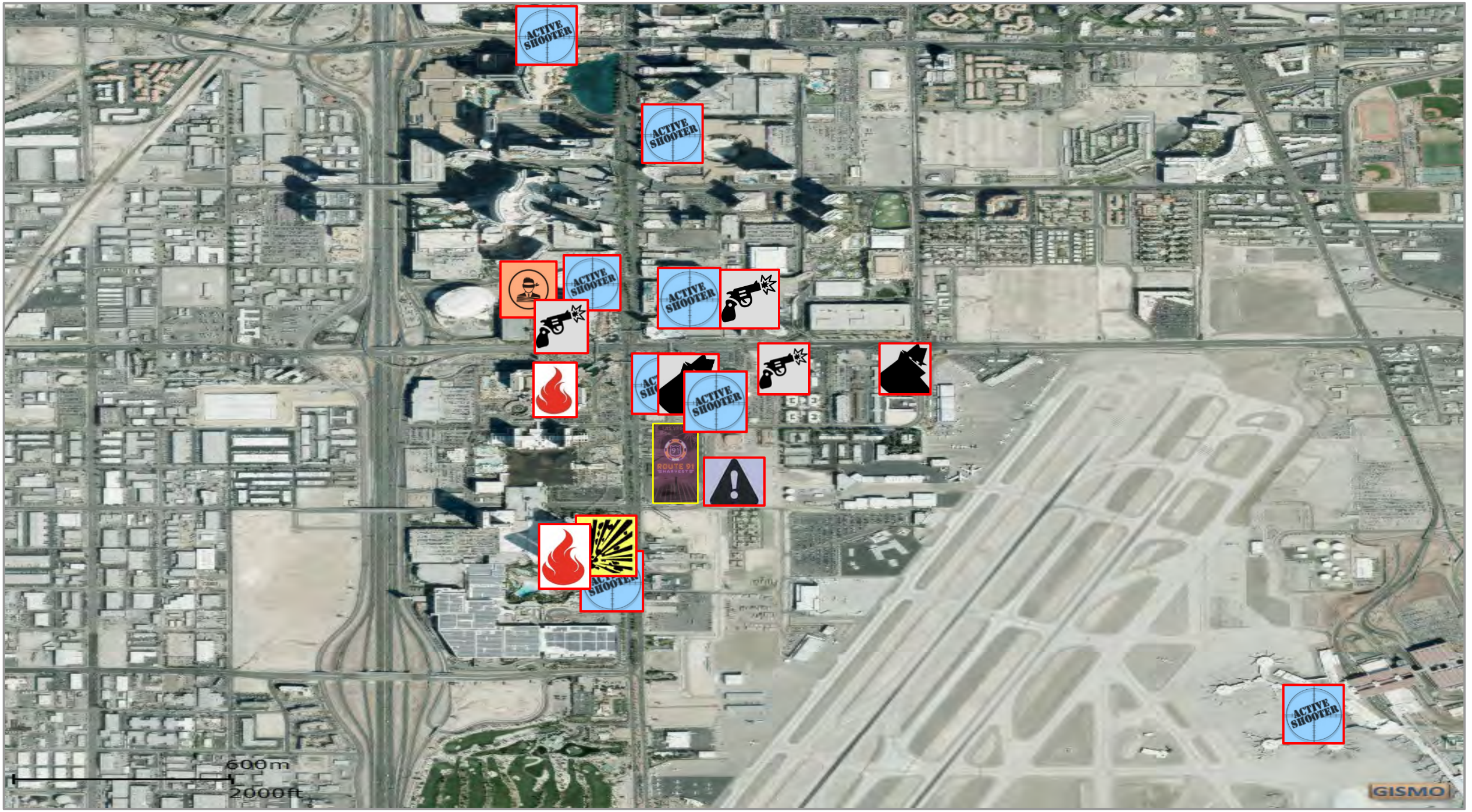
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ROUTE 91
600m
2000ft
GISMO

Las Vegas Mass Casualty

22:05

MCI near Mandalay Bay

Sunday 10:20 PM

CLASS 1 50M AUTOPED ETA 10

MASS CAUSALITY MULITPLE GSW

CLASS 1 51 YR MALE GSW ABD

CLASS 1 55 YR FEMALE GSW TO HEAD

Preliminary Event Timeline

22:05
MCI near Mandalay Bay

22:25
First POV patients arrive

22:29
First ambulance arrives

22:45
On call administrator arrives

23:00
First patient triaged to ICU

23:31
Code Triage Called

23:59
Five surgeries completed

01:12
100+ physician respond

02:00
200+ nurses respond

02:47
ER census: 228 patients

04:51
167 discharges from hospital

05:45
Clark County Coroner arrives

11:00
ER operations return to normal

18:00
Code Triage Cleared

00:00
56 surgeries completed

Stop The Bleed Works

Las Vegas Hospital Response Total

- 16 Hospitals
- 639 patients treated
- Only 3 Trauma Centers
- 14 deaths in entire Valley for patients that arrived alive to hospitals

SUNRISE HOSPITAL & MEDICAL CENTER | SUNRISE CHILDREN'S HOSPITAL

A Sunrise Health System Hospital

124 GSW patients (224 GSWs total)
58 surgeries in first 24 hours

5 Thoracic
15 Abdominal
5 Cranial and Cervical
17 Orthopedic
2 Vascular
9 Multi system

516 BLOOD Products

222 units of PRBC
100 units of Cyroprecipitate
119 units of FFP
42 units of single donor platelets
Waste
5 single donor platelets
21 units of PRBC
7 units of FFP

Sunrise Hospital & Medical Center

212 patients treated (identified)
92 patients arrived with no identification
64 admissions – 31 to ICUs
≈ 100 physicians & over 200 nurses responded to assist
83 surgeries performed
516 blood products administered
50 crash carts deployed in 1 hour

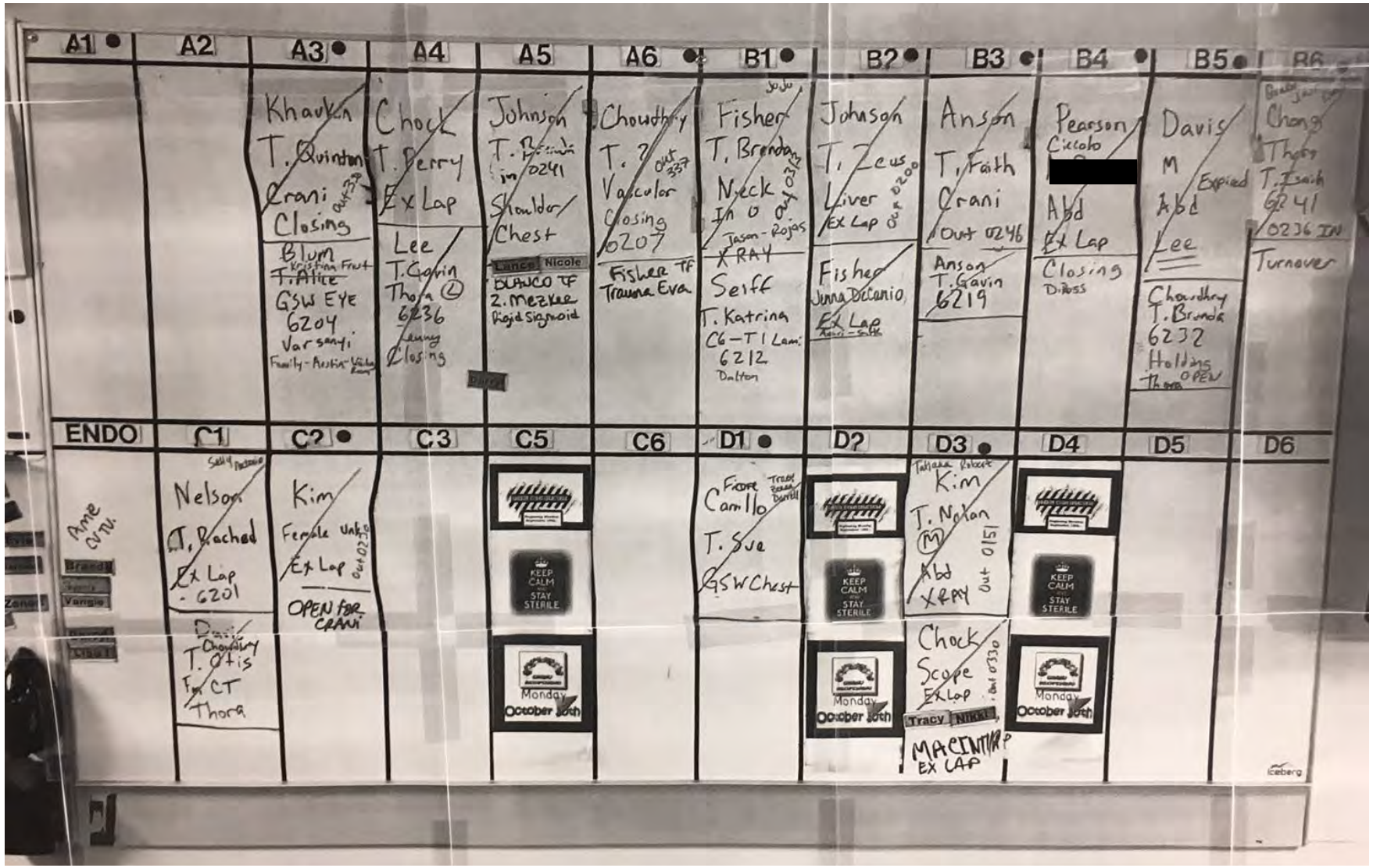
83 total surgeries within 2 weeks

7 additional Cranial and Cervical
15 additional Abdominal
6 additional Orthopedic
2 additional Multi system

16 Mortalities

10 DOA
4 Unsalvageable
1 Intra-Operative
1 Withdrawal of care (Brain Death)

OR Board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Kim
T. Nolan
Abd
XRAY
Out 0151
Chock
Scope
Ex Lap
Tracy
Nikki
MACINTYRE
EX LAP
KEEP CALM AND STAY STERILE
Monday
October 30th

Bay 3

The Aftermath… picking up the pieces

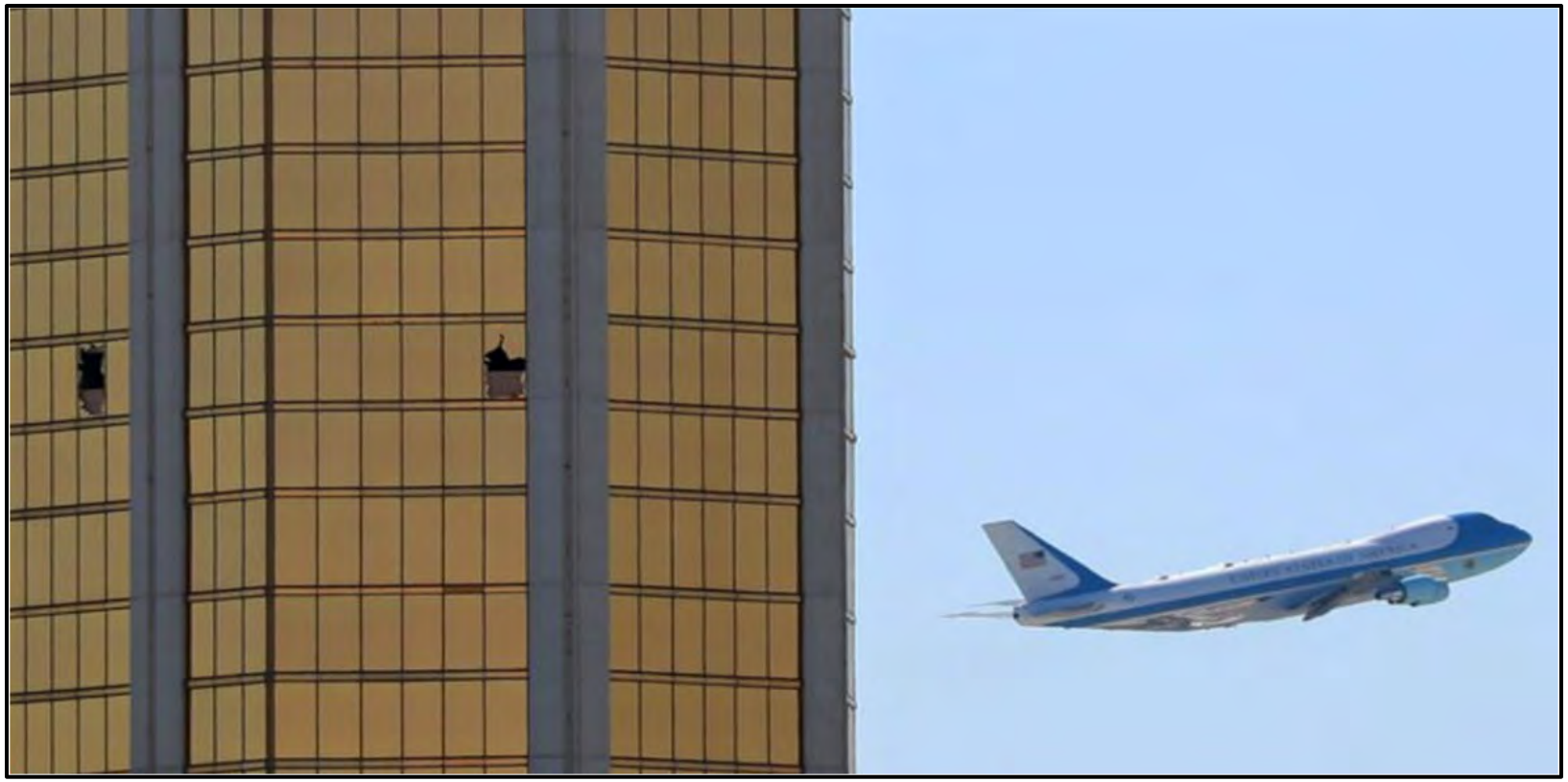
"This is like war. This is serious trauma. No one, no matter how much training you've had, can prepare yourself for these kind of horrific experiences."

— Barbara Van Dahlen

It's Not Over When it Ends

- "There are so many psychological casualties after an event like this. I cried a lot of bitter tears yesterday. I just felt so helpless and so filled with despair."

— Dr. Kathy Platoni



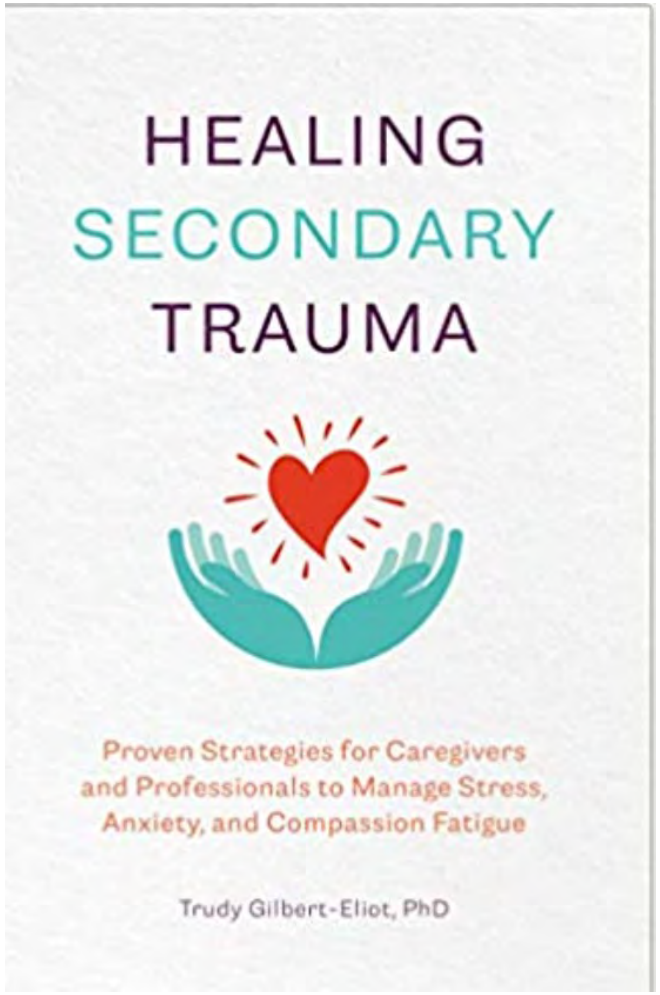
Second Victim Syndrome

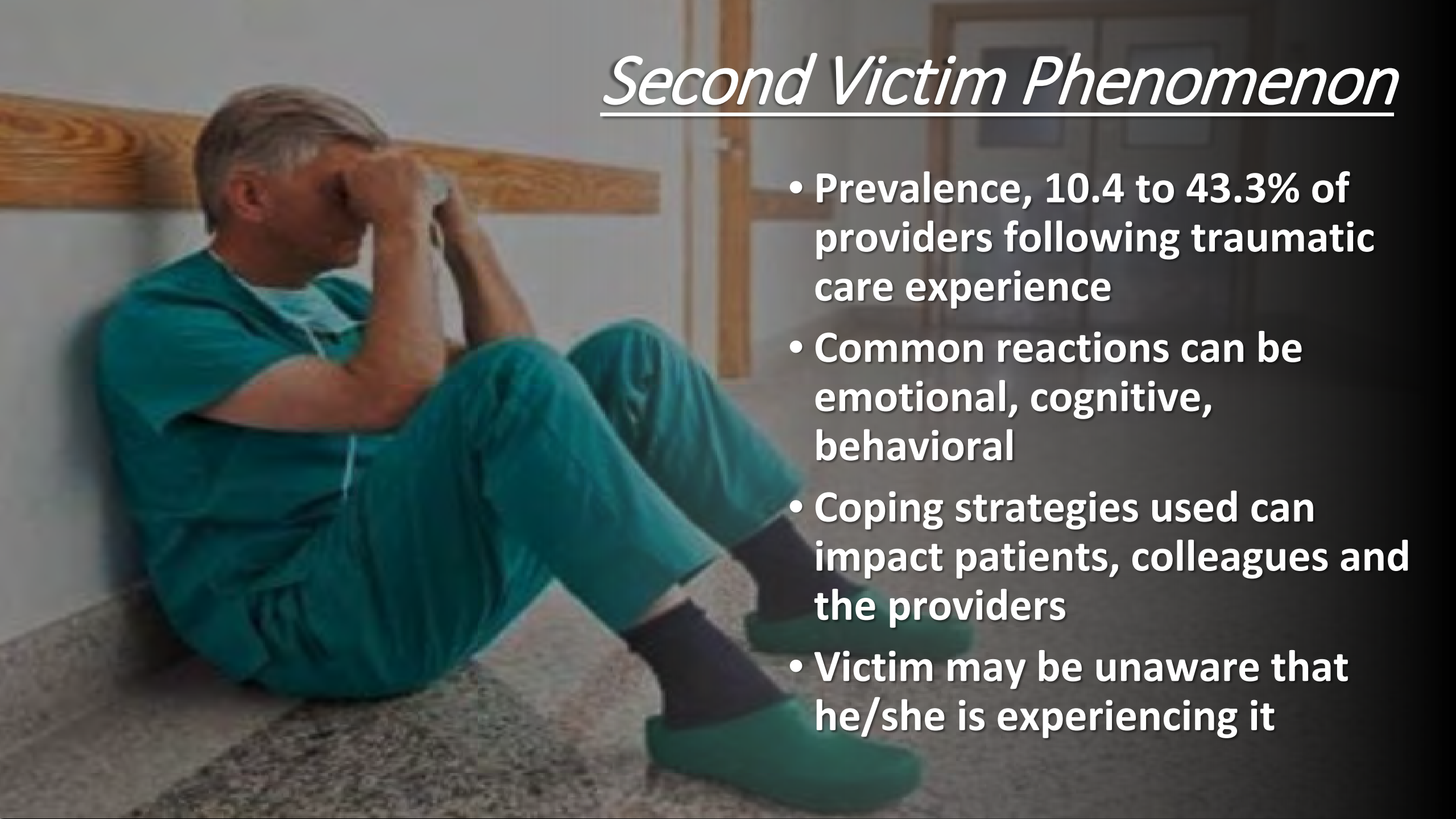
- First described by Wu in 2000
- Detailed definition provided by Scott et al. in 2009

Second victims are healthcare providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event. Frequently, these individuals feel personally responsible for the patient outcome. Many feel as though they have failed the patient, second guessing their clinical skills and knowledge base.

AKA, Secondary Trauma

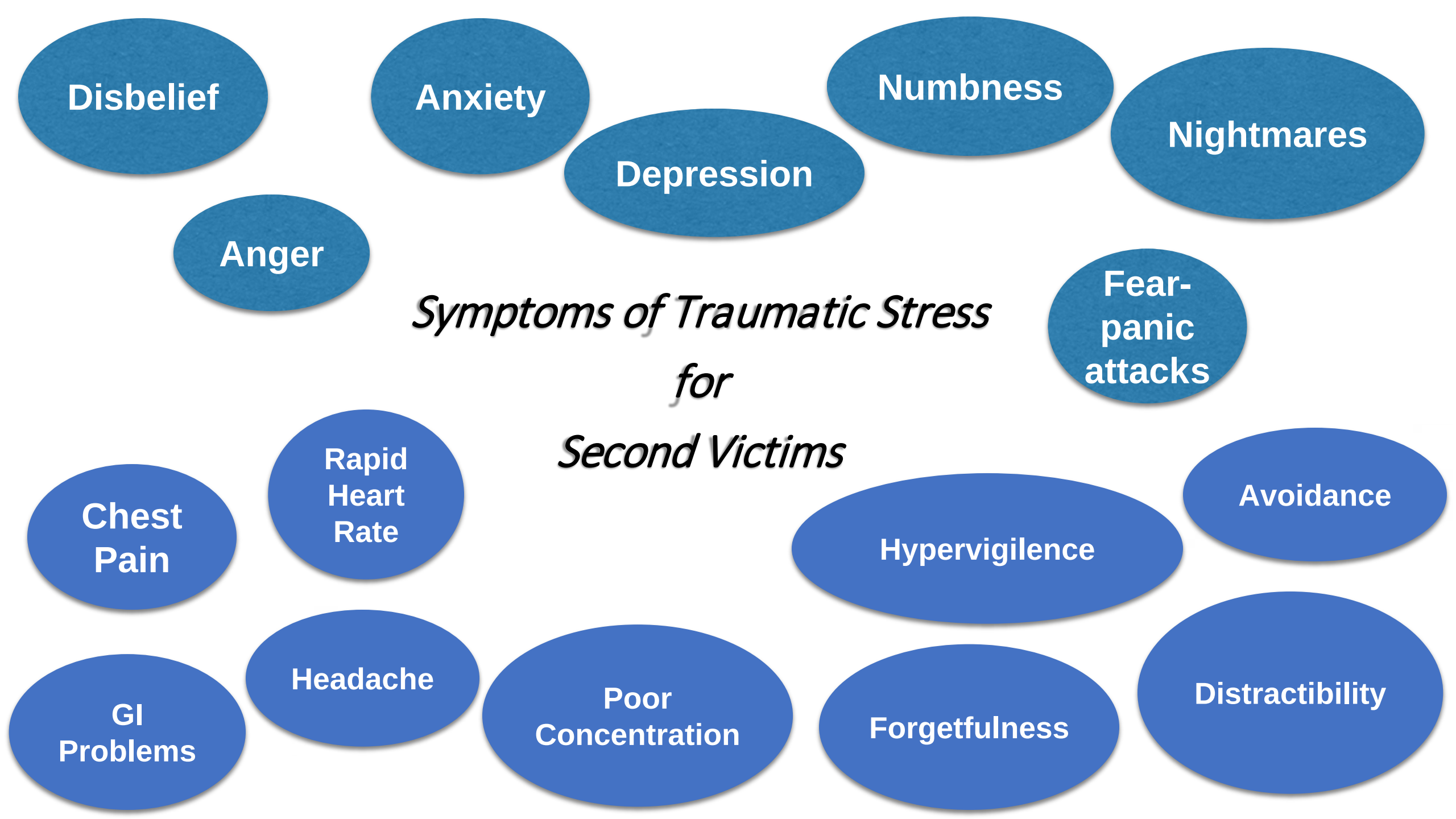
- At risk: law enforcement, firefighters and medics, mental health therapists, child welfare workers, spouses/ family members of trauma prone, caregivers of person with serious medical issue





Second Victim Phenomenon

- Prevalence, 10.4 to 43.3% of providers following traumatic care experience
- Common reactions can be emotional, cognitive, behavioral
- Coping strategies used can impact patients, colleagues and the providers
- Victim may be unaware that he/she is experiencing it


Disbelief
Anxiety
Numbness
Nightmares
Depression
Anger
Symptoms of Traumatic Stress
for
Second Victims
Fear-
panic
attacks
Rapid
Heart
Rate
Chest
Pain
Avoidance
Hypervigilence
Headache
GI
Problems
Poor
Concentration
Forgetfulness
Distractibility

Common Reactions

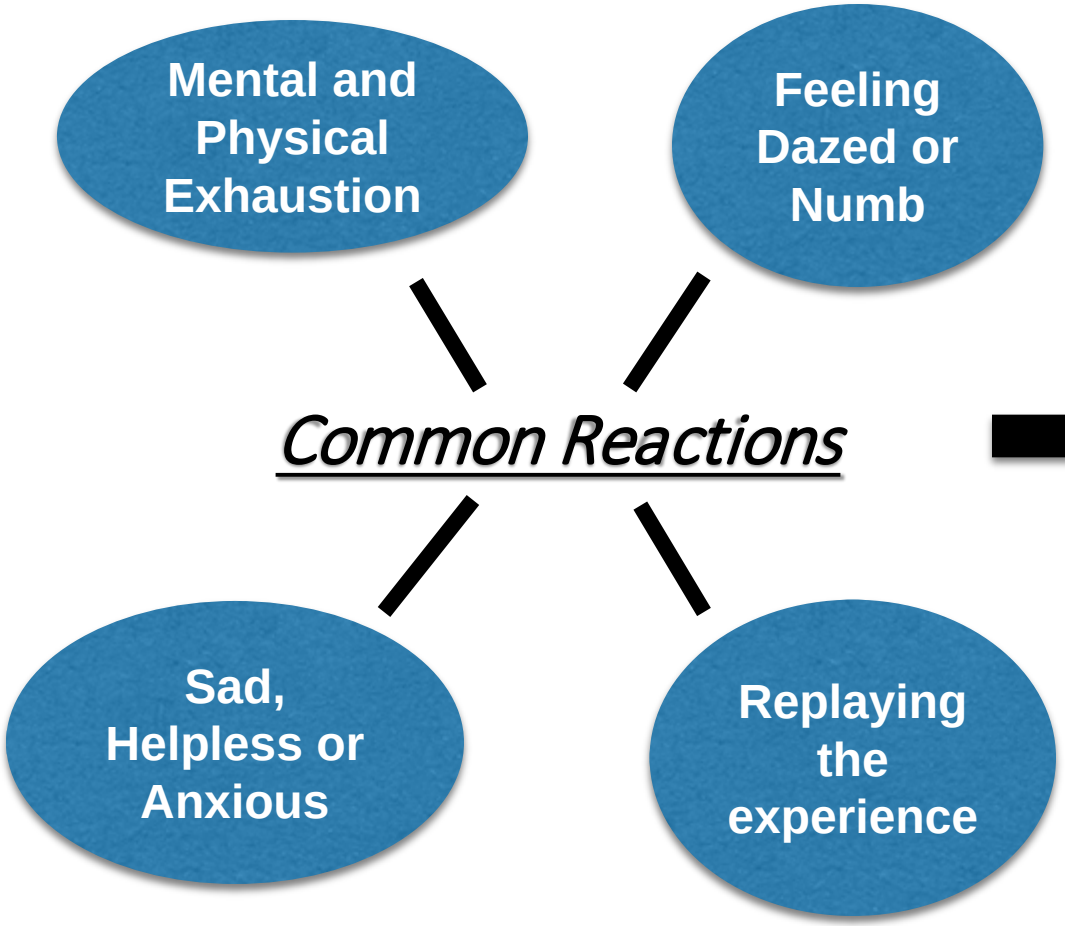
- Intrusion symptoms- triggering of upsetting memories of event; dreams, flashbacks, physical symptoms
- Avoidance activities- avoid triggering circumstances. Shrinks your world
- Negative changes in thinking and mood.
- Recounting story filled with negatives rather than constructing a healthy narrative
- Altered arousal- lingering sleep disturbances, aggressive behavior to others, taking undue risks

Ask someone you trust for honest feedback

Self-evaluation: compare feelings with how you felt before the event when you were in a good state of mind

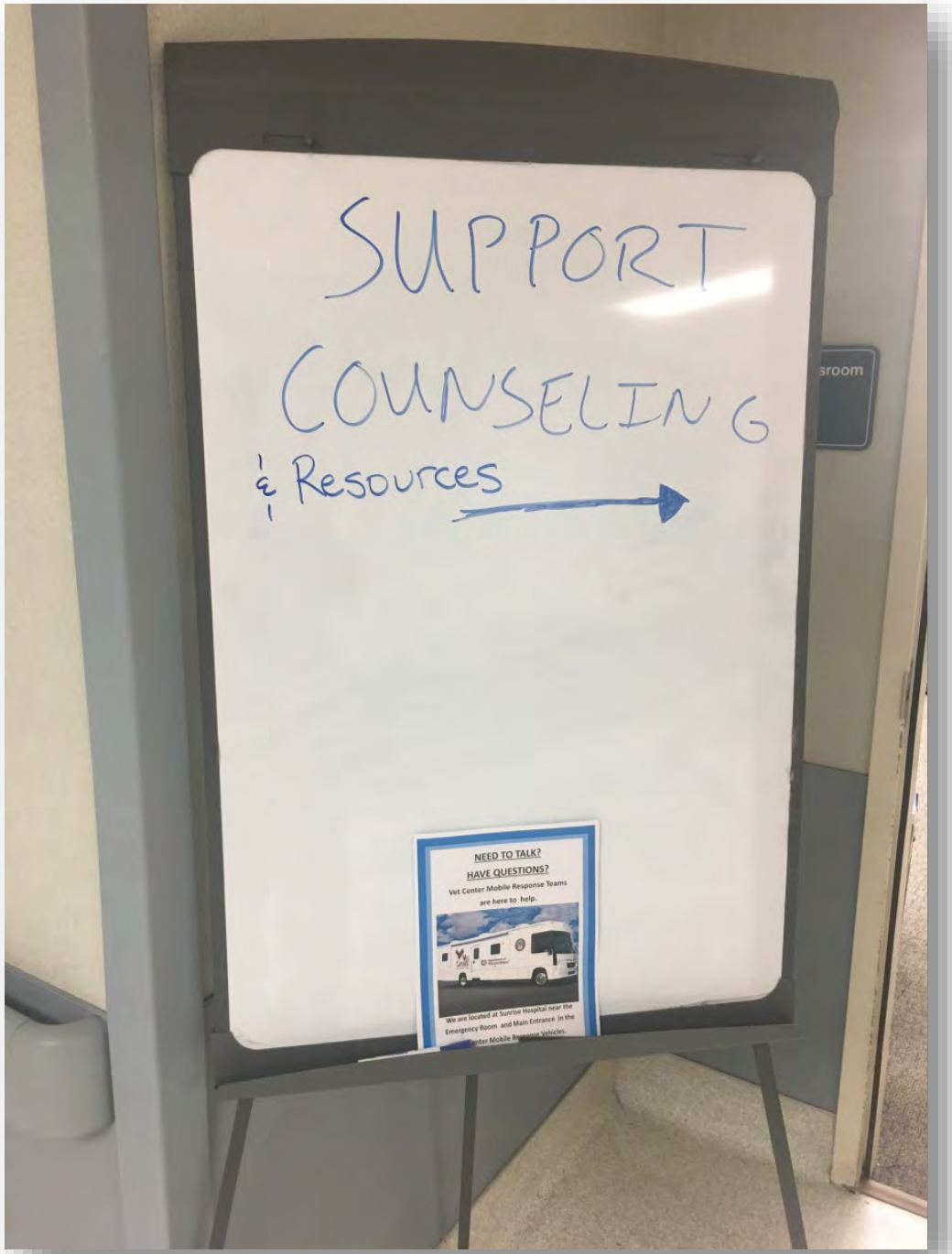
- More memories that are unpleasant to recall
- Avoidance of certain activities
- Experience a restricted range of emotions
- Take less pleasure in activities you used to enjoy
- Feels less connected to the people in your lives
- More frequent negative thoughts
- Sleep less well or deeply
- More irritable or grumpy days
- Ask someone you trust for honest feedback

Second Victim Syndrome



Long-term problems

- Post-traumatic stress disorder
- Depression
- Suicidal thoughts
- Alcohol or other drug abuse



Second Victim Phenomenon

Per Scott, those with w/ physical sxs are more likely to develop chronic illness

Important to Offer Support!

VETERANS AFFAIRS MENTAL HEALTH TEAM FOR STAFF

Family and Staff Support

- Assigned Chaplain and Social Worker Resources to manage concerned families
- Created Dedicated Family Space allowing treatment space to not be disturbed
  - On Ward family brought to bedside
  - Staff to managed visits in the operative and trauma areas
- Regular communications to update on status
- Dedicated Nutrition Teams to keep staff hydrated and fed
- Immediate Deployment of Crisis Counselors from HCA, Department of Veterans Affairs and Local Teams

Resiliency

- Ability to bend without breaking

- Ability to cope influenced by:
  - Current circumstances
  - Past experiences
  - Core values and beliefs
  - Relationship with loved ones
  - Self-care

- Fewer assets = more vulnerable to stress

Coping Mechanisms

- Rebuild physical strength and health
- Restore daily activities
- Provide comfort to family members
- Process your emotions and understand your experiences
- Receive practical and emotional help
- Know when to seek professional help
  - Dreams/thoughts of the experience evoke painful emotions
  - Dramatic changes in behavior
  - Thoughts of hurting yourself or others

How to Help Yourself

- Acknowledge your fear
  - Helps to move through those dark emotions (fear, guilt, anger, shame)
- Turn to friends and family
  - Do not isolate yourself
- Educate yourself
- Practice self-care
  - Exercise, sleep, social time, work
- Seek professional help
  - Trouble sleeping, irritability, unexplained stomach pain/headaches, withdrawal from activities you used to enjoy

Pillars of Healing and Wellness

- Your Emotions
- Your Thoughts
- Your Body
- Your Relationships
- Maintenance

Media Exposure

Dealing with Emotional Consequences-

- **Inability to turn off body's protective "fight or flight" mechanism**
- **4 ways to deal with it**

  Escalate it

  Avoid it- clutters psyche, delays action

  Convert it- ie helplessness to anger

  Manage it- only healthy method

Emotions: Acknowledge Triggers

- Sensory- Sounds, smells, visuals, tastes, physical environment
- Feeling triggers- rage, anger, hopelessness, powerlessness, sadness
- Evolution of feelings- into betrayal, disappointment, vulnerability, confusion
- Take a “time out”

Emotions: Acceptance and Commitment Therapy

- Accepting feeling of anger, sadness, hopelessness frees up emotional energy that might otherwise hold you in a rut.
- Learn self-compassion and acknowledgment of our own humanity

Thoughts: Secondary Trauma changes how you think

False explanations (often negative) replace lost memories

Results in negative beliefs about yourself and others

Exaggerated blame against yourself or others develops

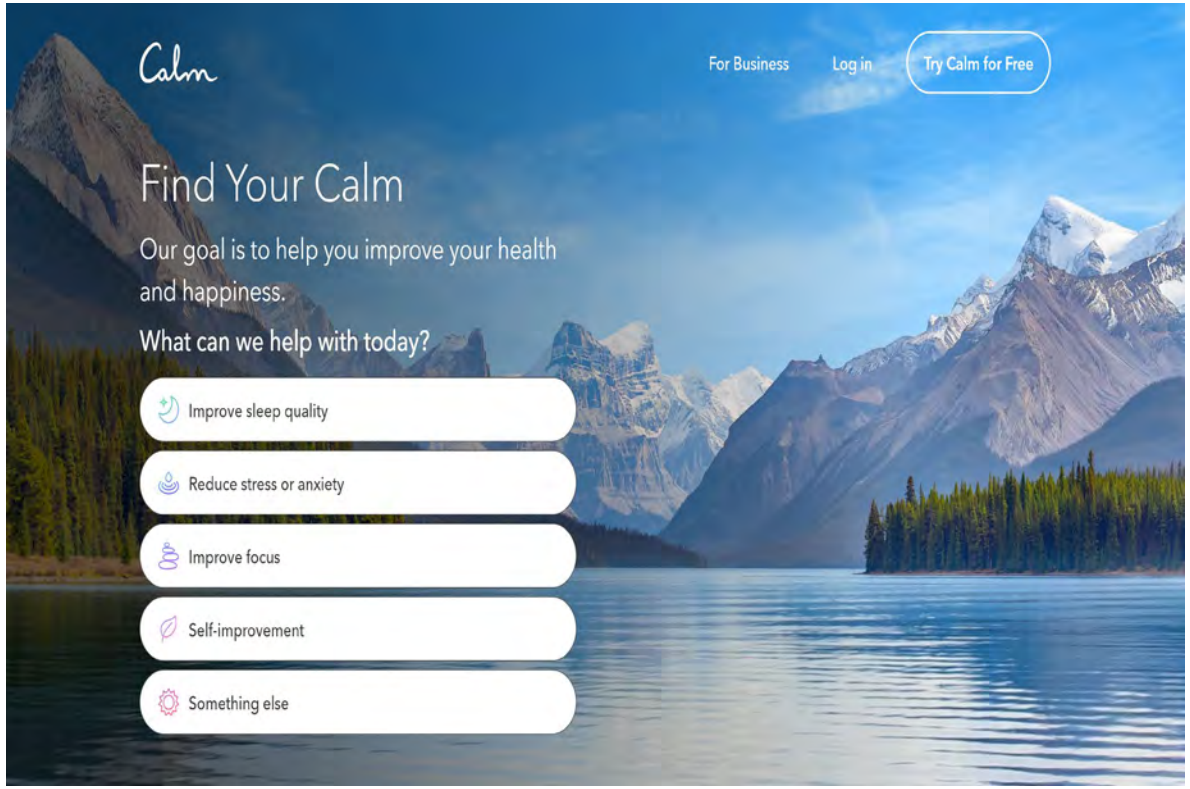
Mute your inner critic and turn off negative self-talk

Thought, feeling, action continuium

- Thoughts produce feelings which produce an urge to act
- Goal is to interrupt or uncouple negative thoughts and feelings and prevent subsequent action
- Time out technique
- Cognitive defusion- questioning the correctness of your own thoughts which are distorted– overly black and white, overly negative and disqualify the positive, fortune-telling, mind-reading, taking everything personally, belief you control things not under your control, create sweeping labeling generalizations, assume everyone has the same rules to abide by
- Socrates preaches learning to intervene with your thoughts which are damaging or inaccurate. Gather evidence to prove or disprove thoughts and don't act until gathering evidence is complete
- Once you can distance yourself from your thoughts, you can reframe them is a positive light

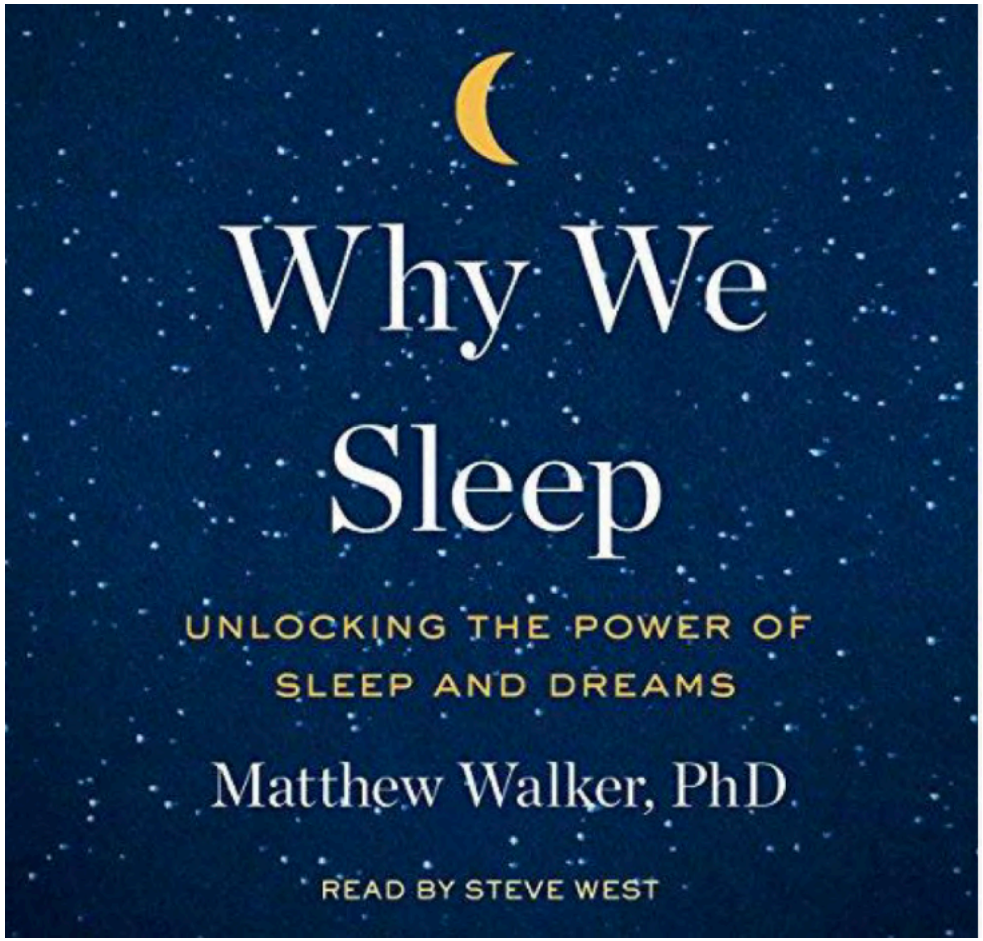
Your Body

- Sleep
- Diet
- Exercise
- Yogic Breathing
- Toe to head relaxation meditation



Blueprint for Better Sleep

- Keep bedroom dark
- Avoid eating before bed
- Avoid vigorous exercise, alcohol, caffeine before bed
- Avoid napping
- Stick to a consistent bedtime
- Cool the room
- Consider a new pillow or sheets
- Develop a bedtime ritual



Blueprint for Better Diet

- Choose at least ½ of plate with fruits and vegetables. Colorful plate
- Eat whole grains –whole-wheat bread, brown rice, bulgar, oatmeal quinoa
- Choose lean protein foods- labels 90% or higher lean beef, turkey, chicken. Include beans, peas, eggs, nuts as protein source.
- Limit sodium and sugary drink intake
- Include seafood in diet
- Limit solids fats-deserts, fatty meats, ice cream

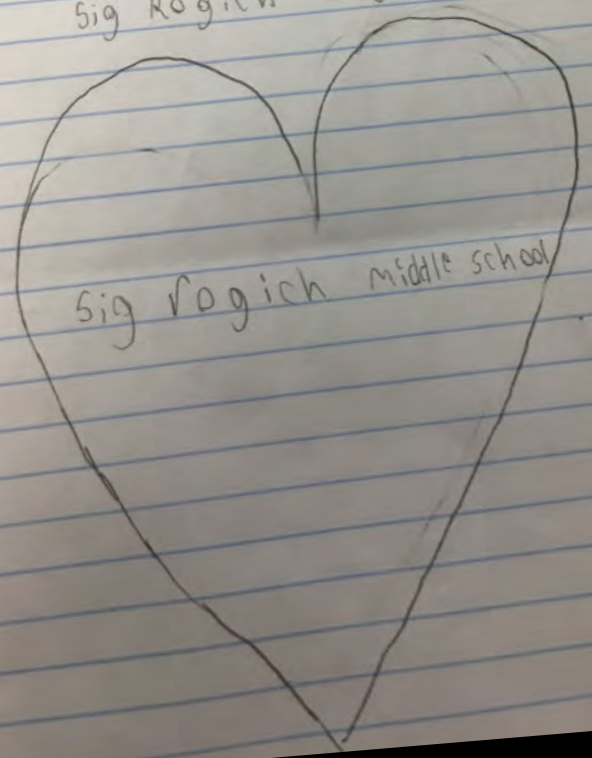
Your Relationships

- Tendency to isolation
- May result in self-alienation
- Antidote to isolation is connection
- Work on spending time with others
- Take time to observe kindness and surround yourself with kind people
- Pay special attention to work life balance and avoid mistake of turning what you do into your identity.

I'm so sorry

For anyone who lost someone in the shooting on Sunday night I am so sorry for you. I just want you to know that every one is on your side. If there is something that you are still sad about I understand I would have done anything to save one of my loved ones. I hope that no one has to go through this again. Rogich middle school is doing all we can for the victems, and I know you do not feel relife of justice but trust me it will come.

-Andrew Slezak
Sig Rogich middle school



Cortny
Sig Rogich MS

October 4, 2017

Dear families of victims,

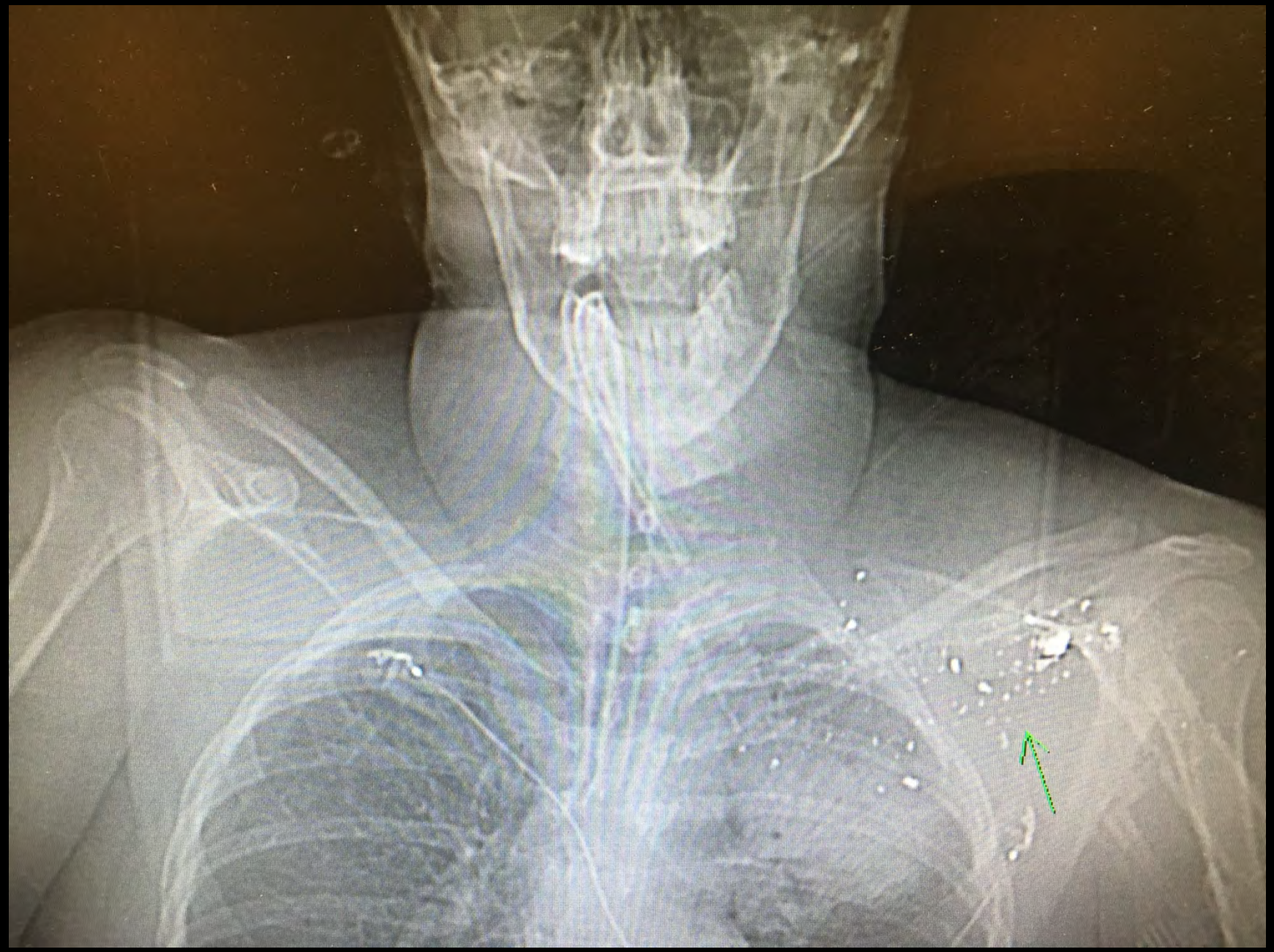
my condolences to the loss or injured you love. Just know God is here for you. There is always hope and faith. I don't know how someone could be so selfish and hurt that they would do such a thing. I know it hurts. I know what it feels like. When an incident happened to a couple of my family members I was scared and hurt. Noone talked to me about it to see if I was okay. It gets better though, I promise. I wish someone was there for me to talk about it but no. Everyone was so hurt they just kept it to themselves and didn't want to talk to anyone. Let it out, crying is easier than trying to hold it in. It makes me calm down and I feel like crying just makes me feel better. Just pray, it will get better, I promise. Stay faithful. ♡

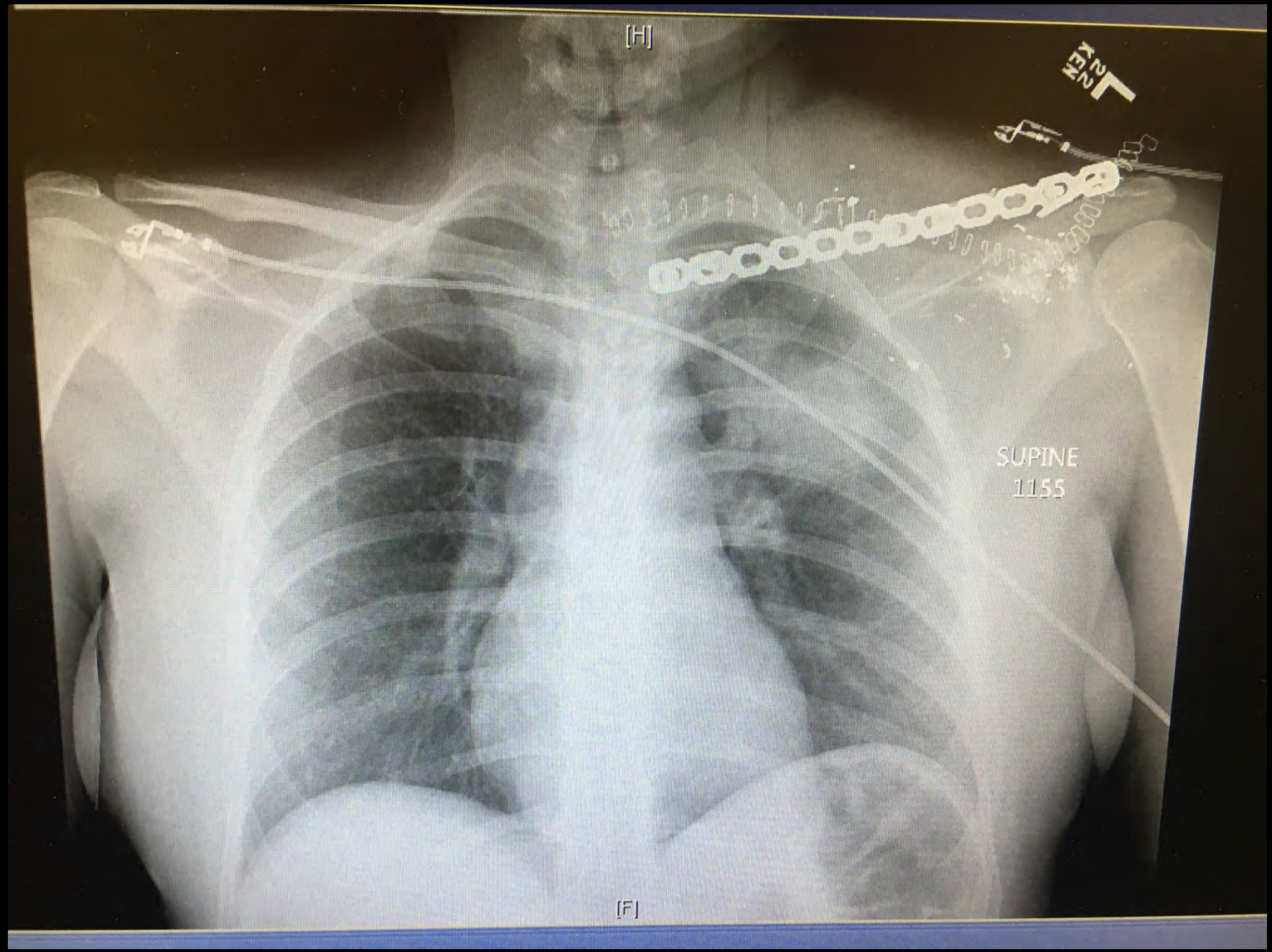
Sincerely,
Cortny.

We
Sunrise Hospital & Medical Center
Thank you
for your commitment to the care
and improvement of human life.
From your HCA family at
CENTRAL FLORIDA REGIONAL HOSPITAL, SANFORD, FLORIDA
Our hearts are with you.
ORLANDO HEALTH
Orlando Regional
Medical Center

Gunshot Wound to the Left Clavicle

- Shot in first volley of fire
- Transported via private vehicle
- Trauma Brenda
- Tagged Yellow
- Electively Intubated to Secure Airway

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SUNRISE
RN
NURSE
LEADER

Second Victim Syndrome

- Under-recognized and under-reported
- Does not apply exclusively to mass casualty events
- Begins as a natural response to a traumatic event
- Acknowledge
- Communicate care, confidence, commitment to action
- Transition by limiting exposure and seeking support

- *Become a more compassionate and complete caregiver and colleague*

Responder Wellness

Core Capabilities: Public Health, Healthcare, and Emergency Medical Services

Observation 70

The Police Employee Assistance Program (PEAP), a well-established resource for officer wellness, was made available to first responders following the incident.

Staffed by LVMPD commissioned and civilian employees, PEAP is a crisis intervention, counseling, and referral service set up to prevent and treat the personal and family casualties that are caused directly or indirectly by the stress of the law enforcement profession. This service is available to all LVMPD employees and their immediate family members. PEAP was available to provide immediate emotional support to those officers who responded during the incident. In addition, visiting chaplains, as a part of the Police Chaplain Program, worked in conjunction with PEAP to provide counsel and emotional support.

Resources

- "Recovering from Trauma" by Ellen McGrath. *Psychology Today*,
- www.psychologytoday.com/articles/200111/recovering-trauma

- HelpGuide.org
- www.helpguide.org/articles/ptsd-trauma/traumatic-stress.htm

- National Institutes of Health
- Coping with Traumatic Events
- www.nimh.nih.gov/health/topics/coping-with-traumatic-events/index.shtml

- *Psychology Today, www.psychologytoday.com/blog/crimes-and-misdemeanors/201302/critical-incidenct-stress-debriefing-traumatic-event*

- *Healing Secondary Trauma*
- *Trudy Gilbert-Eliot, PhD, Rockridge Press*

#VEGASSTRONG

TO OUR FRIENDS IN LAS VEGAS
91
#PRAYFORLASVEGAS
#VEGASSTRONG

SUNRISE
VEGAS STRONG

SPECIAL DELIVERY
VOLUNTEERS DELIVER FOOD TO SUNRISE HOSPITAL
13 ACTION NEWS

In Loving Memory of those whose lives were lost

Thank you

To the community, first responders, sister hospitals