Pilot training

The aim of the pilot training was to present and discuss some formats that we plan to use in the handbook, namely PowerPoint input, exercises based on case examples and a framework for developing checklists for emergencies.

For the pilot training the following input has been developed.

1. A PowerPoint presentation on specific reactions and needs of people with mental disabilities
2. A case example to be used for exercise and case discussion
3. A preliminary checklist to be used as a framework for a discussion on how to develop a checklist based on a case example

The training took place at the University of Innsbruck on January 20, 2017**.**

Participants came from caregiver and emergency organisations, they had at least ten years of experience.

Terms of reference

- Input on reactions and needs based on expert interview results
- Case example used for group discussion
- Checklist draft discussion based on case examples

In the following you can see the results of the discussions and exercises (case discussions).

Discussion of input: results

Discussing PowerPoint input, we saw that more focus must be put on the differentiation between three groups of disabled people: persons with minor and medium level mental disability, people with autism spectrum disorders, and people with dementia. These seem to be the biggest groups in the facilities and therefore the primary target groups.

The general contents needed were trauma grief and dissociation, information on the above mentioned groups as well as a part on reactions and needs as well as coping of people with mental disabilities in general and specific information on the three groups.

Reactions
• Focus on the individuality of reactions of persons with mental disabilities • Add contents to three types of mental disability: autism spectrum disturbances, dementia and intellectual impairment   ○ For example ASS: danger to focus too much on the emotional level (participating in rituals and talking about event/dead person, remembering and mourning – for people with ASS this may be much too emotional and endanger their relationship to the world (example person with ASS going to grave: focused on order at grave, if order was ok, leaving grave without further wish of contact). • Differentiate well between trauma, grief, dissociation especially dissociation may be difficult to distinguish from disability dependent lack of emotionality (ASS) → Focus on needs of individual client dependent on their type and degree of cognitive impairment using case examples.

Pilot training results: Discussion on input

Discussion of case example (emergency in home for people with mental disabilities): results

The case example was about a person with ASS who had an accident in the housing facility leading to a bleeding head wound. The emergency doctor in this case treated the patient in the facility and did not take him to hospital (which goes against regulations).

In the discussion of the case example the need for an exchange between caregivers and emergency personnel became clear. Either group did not know enough about the procedures and needs of the other group. They found it very informative to exchange their views. Joint trainings and exercises seem to be of utmost importance.

Discussion on case example		
General focus	***Caregiver focus***	***Emergency personnel (ambulance)***
• Include problems of Emergency shelter either in input or in checklists • Often very intense lack of resources: persons with disability are brought into hospitals • In bigger events mayors have power to make a decision for further sheltering, but often persons are separated from their caregivers and relatives. • Include Information management into checklists	• Caregivers have a strong need for the safety of their clients in emergency situations • High need for training and exercises • Caregivers want to be taken seriously by emergency personnel and want to give information (whereas ambulance personnel often has to take a look at patient first and then listen to caregiver)	• The doctor in this example does something that is not allowed (he does not take the patient to the hospital but treats him at the site) • Paramedics, EMTs have to bring patients into hospital for further diagnose and treatment • Often many EMTs are at the site in smaller emergencies this may overwhelm the patient

• Relevance of caregivers → they can give crucial information to ambulance personnel for example what can the patient eat, medication, toilet, habits etc. these information should become part of emergency sheets • Emergency personnel often has no basic information about patient and therefore cannot decide if a behavior is normal for this patient or due to neurological damage (by the acute accident or illness) • Basic information about the client is often locked into office because of data protection and therefore not available in case of emergency →emergency sheets must be available at all times	→ Need for intense exchange with emergency personnel (for example is the interaction behavior of the client normal and part of his routine behavior or not) • Special needs and habits of clients should be part of emergency sheets • Caregivers should think beforehand about what information may be crucial for emergency personnel • In the case example the doctor listened to the caregivers and took them seriously: good example • Be aware of the strong emotional bond between caregiver and client → Stress reactions of caregivers influence client´s → Clients often do not understand the situation and procedures and therefore do not comply • Caregivers should be given information about procedures and needs of emergency personnel (exchange and exercises) • Caregivers need to know about legal situation (who can take medical decisions for the client?)	• Emergency personnel often has to see the patient and the general situation first before being able to listen to caregivers → This behavior may seem arrogant or dangerous for caregivers and patients. Especially when emergency personnel comes into room fast and goes to patient too directly → But it is crucial that emergency personnel can build a good contact to caregivers in order to get information about the patient and the event • Differentiation between injury dependent and normal behavior is crucial • In order to reach compliance of patients and in order to not traumatize the patient further by going into the hospital against his or her will, caregivers and emergency personnel must work closely together (often caregivers cannot go with client, other caregiver can meet client in hospital, something that gives safety can be given to client – doll, teddy bear...) • If client does not go into ambulance of his/her own will, police has to be called/very traumatic situation that has to be avoided • Dependent on who can make medical decisions for patient, this person has to be informed

		immediately (information in emergency sheets?) • Define procedures!

Pilot training results: discussion on case example

Checklists: discussion results

Discussion of checklist materials clearly showed that it is not possible to develop one set of checklists for all types of events and organisations. Each organisation has to develop their own checklists based on their chosen event types and based on their organisation type.

We can provide a framework for checklist construction that supports facilities in developing checklists. Using case examples these checklists may be developed in a workshop setting.

Discussion results on checklists	
Caregivers	***Emergency personnel***
• Only big organizations need crisis teams • Caregivers often take over tasks that are not their responsibility → When is an emergency big enough to involve the next level? → Where are limits to one's own responsibility? What can caregiver do on his/her level of responsibility? Caregiver need checklists that are specified for different types of emergency and types of organizations • Caregivers need tips for what to do until emergency personnel arrives • Caregivers need framework checklists that tell them who to contact in which case • Often coordinators or leading personnel is not easy to reach → Decision which types of emergencies are relevant for which type of organization has to be taken before developing checklists → For developing checklists the organisations have to discuss: which resources do we have in	• Crisis situations vary a lot, in type and complexity • Checklists have to be specified according to type of emergency and complexity • If infrastructure is endangered prevention is crucial (define critical infrastructure for each facility) • Framework checklists are better than checklists that try to specify everything into the last detail • Responsibilities have to be clearly defined as well as communication plan • In case of emergency resources may be reduced: define which task have to be fulfilled (prioritize) • Be prepared also for smaller events with big effects (for example: food provider cannot deliver, computer crash-see critical infrastructure) • Focus on prevention and preparedness!

which type of emergency? For example which infrastructure are we depending on?	