## Critical Incidents

- are incidents that cause emergency services personnel to experience unusually strong reactions
- often overwhelm one’s coping strategies
- have the potential to significantly disrupt one’s life

It is common for firefighters to experience reactions to traumatic events or critical incidents. This reaction is referred to as **critical incident stress**, and

- is characterized by signals that may be physical, emotional, cognitive (thinking), behavioural, and spiritual in nature;
- often occurs in mild forms and resolves within a few days or weeks; or
- may be prolonged and severe, and require professional intervention. This does not imply weakness or mental illness, but simply that the particular event was too powerful for individuals to manage by themselves.

## Common Critical Incident Stress Reactions

### Physical

Nausea, vomiting, tremors, increased heart rate and blood pressure, hyperventilation, chest pains, headaches, muscle soreness and twitches, loss of coordination, weakness.

### Emotional

Anxiety, guilt, fear, depression, anger, resentment, scapegoating, emotional numbing, shock, withdrawal, helplessness, loss, grief, abandonment.

### Cognitive

Confusion, short attention span, poor memory, poor concentration, impaired thinking and decision-making, intrusive images, flashbacks.

### Behavioural

Pacing, restlessness, erratic movements, changes in activity and speech pattern, emotional outbursts, increased alcohol consumption, change in social activity.

### Spiritual

Questioning the meaning of life or reasons for being on the job; questioning basic beliefs &/or withdrawal from beliefs, faith practices and rituals; anger at clergy.

## Helpful Hints for Responding to Critical Incident Stress

- Expect the incident to bother you and remind yourself that post-incident reactions are normal;
- Remind yourself that you are normal, and that you are experiencing normal reactions – don’t think you are crazy!
- Within the first 24-48 hours, periods of exercise alternated with relaxation will help with the physical symptoms;
- Watch what you put into your body – maintain proper nutrition (well-balanced and regular meals even when you don’t feel like eating), and beware of overdose of alcohol or drugs to ‘numb’ the reactions;
- Talk about your reactions to supportive network (peers or family)
- Take time for yourself, but also spend time with family & friends;
- Build in time for leisure and “fun” activities;
- Get plenty of rest, but expect that your sleep may be disrupted for a few days;
- Recurring thoughts, daydreams, nightmares or flashbacks are normal; try not to fight them – they will decrease over time and become less distressing;
- Get extra help, if necessary
FAMILY & FRIENDS:
RESPONDING TO CRITICAL INCIDENT STRESS IN A LOVED ONE

- Encourage your loved one to talk about their reactions to the incident;
- Listen. Be willing to say nothing; just being there is often the best help;
- Don’t reassure them that everything is okay;
- Don’t tell them you know how they feel — you don’t!
- Don’t attempt to impose on them your explanation of why this has happened;
- Don’t be afraid to ask how they’re doing — they’ll tell you as much or as little as needed; however don’t pry for details about the incident, or about their reactions
- Remind them that their feelings are normal;
- Remember that someone who loves someone experiencing critical incident stress can also feel stressed;
- Suggest counselling if symptoms are extreme or don’t settle down.

If the described symptoms increase, or do not decrease within 7–10 days, or for more information about critical incident stress, the following resources may be able to help:

- A peer support person in your department
- Your Employee & Family Assistance Program (EFAP) if your department has one
- your physician
- your clergy member
- Crisis Line (24 hours) _____________
- Mental Health Services ______________
- Other: ________________________________

CRITICAL INCIDENT STRESS

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