Managing the Behavioral Challenges of Covid-19 Vaccine POD Operations

About the Presentation

- Much is yet to be learned about what a very diverse US public knows, believes, feels, cares about, hopes, and fears now in relation to future SARS-CoV-2 (COVID-19) vaccines;

- Although often considered as a biotechnology and logistics challenge, COVID-19 vaccination is equally complex in terms of human factors.

- This program considers human factors in relation to the provision of COVID-19 vaccines, drawing on insights from public health, the social behavioral, and communication sciences.

About the Presenter

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- **Responder**

  - '93 & 9/11 WTC attacks
  - Anthrax Screening Center
  - TWA Flight 800
  - Unabomber case, international kidnappings

- **Consultant/Trainer**

  - U.S. Department of Justice
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  - U.S. Intelligence Community
  - U.N.-Operational Support Team
  - U.S. Military Organizations
  - Major City Police Departments

Certified Threat Manager
Member, Association of
Threat Assessment Professionals

Certified Homeland
Protection Professional,
National Sheriff's Association

Member, National Tactical
Officers Association

Our Approach

We will be employing an approach known as *"Operational Psychology."*

- The use of clinical, cognitive and social psychological concepts for their tactical value.

- Improving an emergency responder's ability to rapidly form accurate behavioral assumptions can give them a critical strategic and tactical advantage in managing a variety of operational risks.

"In order to react successfully to a disaster, you must understand human behavior better than anyone else in your community." (McEntire, 2006)

Our Goal

- Ensure safe and effective Point of Dispensing (POD) operations in the provision of COVID-19 vaccines by anticipating and addressing the likely behavioral challenges associated in public health emergencies.
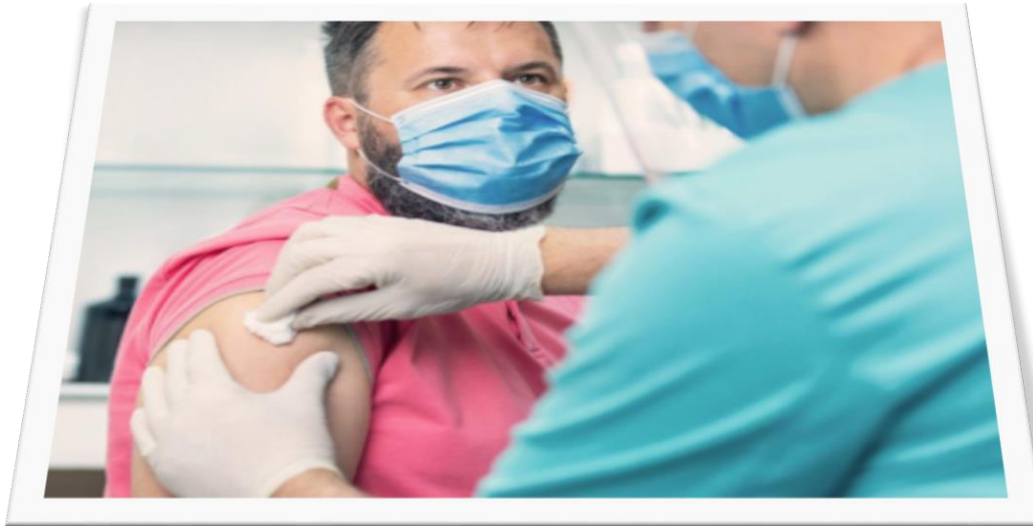
Our Objectives

- Explore likely behavioral reactions of the public and POD staff.

- Introduce behavioral countermeasures to minimize disruption of POD operations.

- Identify thresholds for involvement mental health, security/law enforcement, and other resources.

Housekeeping

To ensure a positive virtual training experience, please:

- Keep cameras and microphones on mute

- Use the **Chat** feature to communicate technology issues or other urgent messages

- Use the **Q &A** feature to share questions that will be addressed at the end of the program

- In case of any loss of Internet connectivity, please stand by while the connection is re-established

Notes:

- This program will likely run 1 hours and 40 minutes

- The program is being recorded

- A PDF of the slides will be made available to help limit your note-taking

Program Overview

Section One | Behavior in Vaccine Distribution

Section Two | Emotional & Behavioral Crises

Section Three | Verbal De-escalation

Section Four | Managing the Impact on POD Staff

Section Five | Crowd Safety & Security

Where to Employ These Concepts

Local sites will be activated to dispense COVID-19 vaccine. Those local sites may use one or more of the following models:

- **Point of Dispensing (POD)** – A temporary facility to provide vaccine to a large number of people n a short period of time.

- **Mass Clinics** – A temporary facility to provide vaccine to large numbers of people over a longer period of time.

- **Health Care Facility** – Existing facilities that can provide vaccine to their usual clientele.

- **Closed POD** – A private location where vaccine is dispensed to a pre-identified population.

- **Drive-through POD** – designated sites where vaccine is provided to persons in their vehicles.

- **Other models** depending on circumstances Each of the above models may vary in configuration and resource needs.

Section One
Behavior in Vaccine Distribution

Understanding Human Behavior
Lewin's Equation

$$B = f\,(P, E)$$

Behavior is a **F**unction
of **P**erson and **E**nvironment

A Very Unique Environment

Critical Behavioral Influences

B IAS	Systematic biases color human decision-making
E GO	People think in terms of themselves
H ABITS	Much of human behavior runs on automatic
A PPEAL	Framing and design matter
V ISCERAL	Emotional "gut" decision-making is fast and intuitive
I NCENTIVES	Humans are sensitive to reward and punishment
O THERS	We're social animals who respond to norms and signaling
R EMINDERS	A little nudge can go a long way

The Problem [1]

The protracted COVID-19 pandemic has placed multiple stresses on the US public, including:

- the threat of illness and death

- the isolating effects of physical distancing measures

- the uncertainties and hardships associated with disrupted economic activities

- An erosion of public trust in government, public health, and vaccine science

People's resilience is being sorely tested. (Schoch-Spana, M. *et al,* 2020)

In addition, emphasis on the unprecedented speed with which vaccines are being developed has inadvertently prompted safety concerns.

The Problem [2]

- Baseline vaccine hesitancy and uneven access to care, coupled with current opposition to mask-wearing and physical distancing despite the seriousness of the COVID-19 disease, suggest that public health authorities need to be keenly attuned to the emotional and behavioral challenges associated with vaccine distribution.

Complicating Variables

A profusion of information and misinformation now circulates about the COVID-19 pandemic. This has been a volatile and uncertain pandemic environment, including:

- Perception of social and economic inequalities
- Racially biased health systems
- Politicized pandemic environment
- Concerns about fairness in relation to vaccine allocation.
- Polarization over vaccine safety (general)
- COVID-19 vax in specific
- Disagreement by public officials
- Disagreement by public health experts
- Media environment
- Concerns of foreign influence of media/social media

The Public's Concerns

Some Americans—including those most at risk of COVID-19 impacts—may miss out on, or opt out of, this life-preserving public health measure. Some may worry about:

- safety concerns about a rushed product or compromised safety guards in accelerated vaccine production.

- whether COVID-19 vaccines are safe or if they work at all.

- mistrustful of vaccine manufacturers, the agencies that regulate the industry, and/or the public health authorities recommending the products.

- if a COVID-19 vaccine be affordable, easy to get to without losing wages or taking public transportation and risking infection, and/or provided in a place that feels safe?

Vaccine Hesitancy

- Vaccine hesitancy was declared a top 10 global health threat by the World Health Organization (WHO) in 2019.

- Traditions, culture, attitudes and the stigma often prevent people from receiving the proper care.

- Successful delivery of public health services requires understanding and overcoming behavioral barriers including priority setting, resource allocation, organizational culture, and stigma.
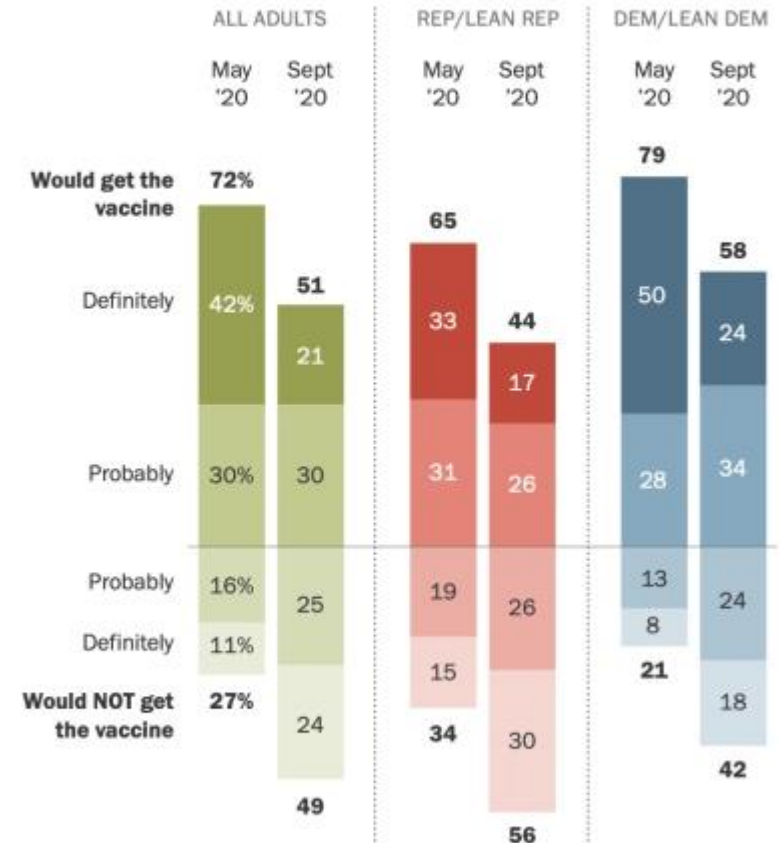
Will People Vaccinate?

- About half of U.S. adults (51%) now say they would definitely or probably get a vaccine to prevent COVID-19 if it were available today; **nearly as many (49%) say they definitely or probably would not get vaccinated at this time.** Intent to get a COVID-19 vaccine has fallen from 72% in May, a 21 percentage point drop.

- The share who would definitely get a coronavirus vaccine now stands at just 21% – half the share that said this four months ago.

Drop in share of Americans who say they would get a COVID-19 vaccine if it were available to them today

% of U.S. adults who say if a vaccine to prevent COVID-19 were available today, they ...

	ALL ADULTS		REP/LEAN REP		DEM/LEAN DEM	
	May '20	Sept '20	May '20	Sept '20	May '20	Sept '20
Would get the vaccine	72%	51	65	44	79	58
Definitely	42%	21	33	17	50	24
Probably	30%	30	31	26	28	34
Probably	16%	25	19	26	13	24
Definitely	11%		15		8	
Would NOT get the vaccine	27%	24		30	21	18
		49	34	56		42

Note: Respondents who did not give an answer are not shown.
Source: Survey conducted Sept. 8-13, 2020.
"U.S. Public Now Divided Over Whether To Get COVID-19 Vaccine"

PEW RESEARCH CENTER

Assumptions

- Receiving treatment at a point of dispensing (POD) will be an anxiety producing event for many people.

- Physical site conditions such as long lines, crowded areas, increased noise, perceived lack of personal safety, and limited access to necessities such as restrooms or seating can increase distress.

- If large numbers of the public are involved, a small but significant percentage of individuals will have pre-existing behavioral health issues that make it difficult to remain calm.

- Active attention to the psychological and behavioral impact of the event and calm, consistent communication with persons to be treated will reduce individual and group anxiety.

What to Do [1]

- Assign staff to monitor the waiting area or line to actively communicate with persons to receive services to:

  - Provide a reassuring presence and convey that everyone will be cared for throughout the entire process;

  - Provide basic and accurate information about what to expect when they receive treatment (simple handouts, if available, are helpful);

  - Identify and intervene with persons experiencing severe psychological distress.

- Keep families or groups together and do not separate service animals from their handlers.

What to Say

- Speak calmly, convey empathy, and provide basic factual information on what to expect; avoid jargon or complex language.

- Pre-scripted messaging can promote consistency, mitigate anxiety, and increase compliance. Messaging depends on the event, but may include the following:
  - Everyone will be treated; the process we are using to treat people is_____ (explain process and any reasons for treating certain people before others).
  - We are making every effort to move you all through this process quickly and efficiently. From this point in line your wait time should be_____.
  - Let me explain how the medications will be administered.
  - It's normal to feel anxious right now, but everyone will be treated. We need to help each other stay calm.
  - We will keep families and groups together.
  - The medication we are giving you is generally well tolerated, but you may experience the following side-effects...

What to Do [2]

- Identify and provide special support to individuals deemed at higher behavioral health risk (e.g., persons with disabilities, children, older adults, pregnant women, and persons who are not able to communicate in English).

- If possible, establish *"quieter"* areas with seating to direct individuals experiencing extreme distress so that they do not raise overall anxiety in the environment.

- If available, direct individuals to basic necessities (e.g., water, restrooms, seating, or blankets).

- Maintain order in the waiting area or line; if persons need to leave the line for a short time, assist to save their place.

An Important Distinction

- **<u>Behavioral Emergencies</u>** are powerful reactions to extreme or shocking life events. They are a response to a real or perceived threat that can be overwhelming or disabling.

- **<u>Mental Health Emergencies</u>** are psychiatric crises in which the individual has or is developing a diagnosable mental illness which is in an acute phase, overwhelming or disabling the individual.

- In this program, we will introduce key concepts and action steps for both.

> Behavioral and Mental Health Emergencies are not mutually exclusive. Someone can have a mental illness and also experience a sudden, shocking life event. It is important to understand both scenarios and the possibility of both simultaneously influencing a persons reaction.

Pandemics are…

slow moving

Refrigerator trucks as makeshift morgues

Mass graves for unclaimed bodies

mass fatality incidents

Major Influences on Traumatic Stress

- Intensity of the Event
- Duration of the Event

Pandemics are very intense, very long emergencies.

Critical Concepts [1]

The "Bookends" Effect

Events which have clear *"bookends"* (i.e.-it is clear when they begin and end; who is in the affected area, who is not) tend to produce acute stress reactions and PTSD-like symptoms

- Most natural disasters
- Many technological disasters
- Conventional terrorism: Bombing, shooting and kidnapping incidents

Events which lack *"bookends"* and have the element of invisibility (cannot see, smell, hear or taste threatening substances, etc.) result in chronic stress reactions and long-term behavioral consequences

- Unconventional terrorism: CBRN/WMD
- Disease outbreaks

Critical Concepts [2]

General Behavioral Response Types

Type I   Neighbor-helps-neighbor

Type II   Neighbor-fears-neighbor

Type III   Neighbor-competes-with-neighbor

About Panic

- <u>Panic is unlikely in most disaster scenarios</u>, but more likely in health emergencies.

- Panic is related to the <u>perception</u> that there is a limited opportunity for escape, a high-risk of being injured or killed, or that help will only be available to the very first people who seek it.

Critical Concepts [3]

The Dread Factor

Uncontrollability

+   Unfamiliarity

+   Unimaginability

+   Suffering

+   Scale of loss

+   Unfairness

_____

Dread

Ripley, A. 2008. "Unthinkable: Who Survives Disaster When Disaster Strikes and Why"

Section Two

Emotional & Behavioral Crises

The Implications of COVID-19 for Mental Health and Substance Use

Sept. 6, 2020:
Kaiser Family Foundation

- **A growing number of U.S. adults are struggling with mental health issues linked to worry and stress over the novel coronavirus increasing from 32 percent in March to 53 percent in July.**

- Those experiencing symptoms of anxiety or depression, for example, reached 40 percent this summer, up from 11 percent a year ago.

- In addition, a similar assessment from the Centers for Disease Control and Prevention found that 13 percent of adults had started or increased alcohol consumption or drug use to help cope with pandemic-related woes.

- 11 percent had seriously considered suicide in the past month — a number that reached 25 percent among those ages 18 to 24.

Behavioral Health Integration

- Coordinate with the local behavioral health system to initiate and maintain event and post-event behavioral health support for POD ops.

- Monitor and maintain staff wellness and morale.

- Monitor staff for fatigue and stress.

- Provide staff with behavioral health support and aftercare

Mental Health Support Roles in POD Operations

- Monitor individuals exhibiting extreme signs of distress, including staff

- Make appropriate referrals if needed

- Assist with intoxicated/disruptive/traumatized individuals

- Provides assistance with support services

- Assist with client flow if needed

- Provide staff support if needed

Mental Illness & Other Special Needs

- Individuals with special needs may have:

  - Mental disorders
  - Intellectual or Developmental Disorders
  - Emotional distress/agitation
  - Alcohol or drug addiction/withdrawal
    - *or combinations of any of the above*

- This program will not address the full range of Functional and Access Needs such as:

  - Sensory or mobility disabilities
  - Limited speech or language abilities

Common, But Misunderstood

- Mental illnesses are common in the United States. Nearly one in five U.S. adults lives with a mental illness; that was about 46.6 million in 2017. (SAMHSA, 2018)

- Mental illnesses do not discriminate; They affect people of every age, race, gender and culture in every part of the world.

- By 2020, mental health and substance abuse disorders will surpass all physical diseases as a cause of disability worldwide. (SAMHSA, 2014)

Four Types of Behavioral Crises

- Loss of Reality (LOR)
- Loss of Hope (LOH)
- Loss of Control (LOC)
- Loss of Perspective (LOP)

Each of these can be caused by mental illness, substance abuse, and/or an *"organic"* process, that is medical or physiological in nature.

Loss of Reality (LOR)

- Withdrawn

- False Beliefs

- Disorganized thinking

- Hearing/Seeing things

- Odd behaviors or mannerisms

- Suspicious/paranoia/fearful

- Highly distractible/disoriented

Loss of Hope (LOH)

- Sad/Anguish
- Overwhelmed
- Emotional Pain
- Fatigue/helpless
- Suicidal talk/gestures
- Crying/deep despair

Loss of Control (LOC)

- Manipulation

- Impulsiveness

- Destructiveness

- Irritability/Hostility

- Anger/Argumentative

- Anti-social/oppositional

Loss of Perspective (LOP)

- Euphoric/Energetic

- Physical discomfort

- Restlessness/Pacing

- Verbal/Rapid speech

- Apprehension/Dread

- Grandiose/Ambitious

- Anxiety/Nervous/Panic

Behavioral Clues

- Appearing restless, pacing.

- Expressing hopelessness or fear.

- Expressing feelings of power or invincibility.

Familiarity with behavioral clues related to certain disorders will help you quickly asses the level of risk and de-escalate or provide a higher level of intervention.

Response Guidelines [1]

<u>Someone with a mental disorder might…</u>

- Have poor judgment
- Be preoccupied
- Be withdrawn
- Have changing emotions
- Have changing plans
- Have little empathy for you
- Believe delusions
- Have low self-esteem/motivation

<u>So the worker may need to…</u>

- Not expect rational decisions
- Get attention first
- Initiate conversation
- Disregard
- Keep to one plan
- Recognize as a symptom
- Ignore, don't argue
- Stay positive

Response Guidelines [2]

<u>Someone with a mental disorder might…</u>

- Have trouble with reality

- Be fearful

- Be insecure

- Have trouble concentrating

- Be over-stimulated

- Easily become agitated

<u>So the worker may need to…</u>

- Be simple, truthful

- Stay calm

- Be accepting

- Be brief, repeat

- Limit input

- Recognize agitation

If Possible, Engage the Family
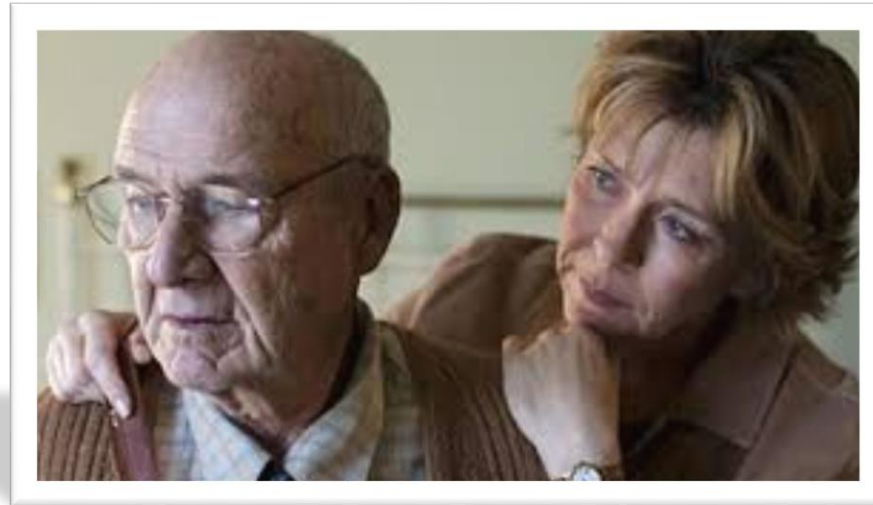
Remember: Families have useful information-gather it away from the person in crisis if possible, then use it appropriately:

- *Example: "In understand that you are really worried right now…"*

- Families may be upset, too. Give simple, concrete directives. Be patient: repeat questions if needed.

Anxiety Disorders

- **Anxiety disorders are the most commonly diagnosed mental disorders.**

- Some anxiety is productive; it helps keep us alert and out of danger.

- Constant, uncontrollable worry, fear or dread, that is not based in rational facts can cause someone to withdraw from activities or change behaviors, may be an anxiety disorder.

Anxiety Disorders:
Signs and Symptoms

Disorders	Signs	Symptoms
• Anxiety Disorders:	• Preoccupied, distracted, agitated	• Overwhelming feelings of fear or panic
• Separation anxiety disorder	• Jumpy, nervous	• Uncontrollable obsessive thoughts
• Selective mutism	• Physical complaints:	• Painful, intrusive memories
• Specific phobias	• GI discomfort	• Recurring nightmares
• Social phobia	• Breathing problems	• Jumpy, jittery, tense
• Panic disorder	• Heart palpitations	• Social isolation
• Agoraphobia	• Impulsive behaviors	• Increased substance abuse
• Generalized anxiety disorder	• Suicide/Self-harm risk	
• Posttraumatic stress disorder		

Panic Attacks

Physical Symptoms of Anxiety Disorder

Dizziness, decreased sex drive, irritability

Increased muscle tension

Sweating

Rapid breathing & breathlessness

Heart palpitations

Chest pain

Increased blood pressure

Nausea or diarrhea

- Numbness
- Tremors
- Chills / hot flashes
- Weakness

- The signs and symptoms of anxiety disorders can mimic medical emergencies.

- Panic attacks can present with similar symptoms as heart attacks.

De-Escalation Tips:
Anxiety Disorders

In addition to the general guidelines and techniques for crisis response that were listed earlier, here are some specific guidelines:

- ☑ Stay calm and don't be influenced by the individual's level of excitement

- ☑ Don't touch the person if not necessary

- ☑ Be aware of indicators of possibly serious anxiety episodes

- ☑ Try to help the person calm down a bit

- ☑ Be aware of medication needs

- ☑ Be aware of possible emergency situations

Section Three
Verbal De-escalation

It is Important to…

- Be able to implement de-escalation steps to facilitate safe interactions.

- Read and respond to people in a dynamic interaction.

- Know when to utilize specific communication techniques to create stability, and a sense of comfort and trust.

- Know behaviors to avoid that could potentially escalate an interaction to the point of being out of control, dangerous or deadly.

The Brain's Response to Stress & Fear

In response to crises and traumatic events, we tend to experience greater activation of our limbic system, also known as the *"emotional brain."*

This can influence:

- Problem solving
- Decision making
- Judgment
- Logic
- Reasoning
- Impulse control
- **Verbal processing**

All critical functions to resolve a crisis
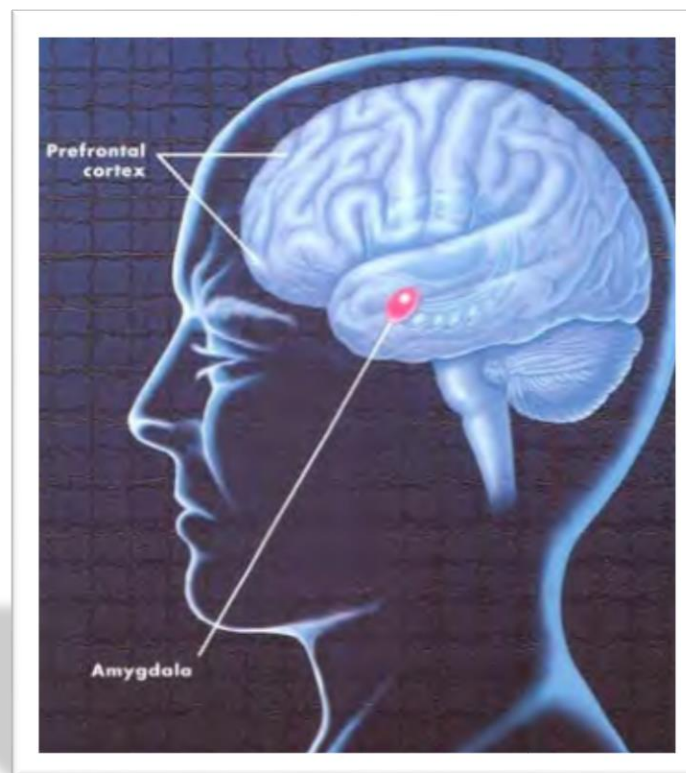
A Key Concept

- **Your task is not to control the Subject; it is to influence the Subject to control themselves by how you control yourself.**

- First, make sure you're as calm as possible. An assured and calm demeanor on your part may help you interact effectively with a Subject.

- De-escalation involves establishing a connection that puts the person in crisis at ease and shows him or her that you're in a protective role.

Managing Your Response

Model these non-verbal behaviors:

- Control your breathing
- Control your voice
- Control your body language
- Control your vocabulary

Entrainment is using our natural tendencies to synchronize our behavior with those around us.

Anger, fear and stress are contagious, but so is calmness.

The mirror neuron system plays a key role in how we empathize with another person's joy and pain. There is a neuroscience explanation for how we connect with and influence each other.

Indicators of Escalation

Indicators include:

- Raised voice

- High-pitched voice

- Rapid speech

- Excessive gesturing

- Balled fists

- Fidgeting

- Pacing

- Shaking

- Erratic movements

- Aggressive postures

- Odd or dangerous behavior

- Self-destructive behavior

Where to Start:
Make the First Minutes Matter [1]

- Introduce yourself-clarify your purpose.

- Ask for and use the individual's name.

- Establish positive eye contact if possible.

- Minimize background distractions.

- Use non-verbal cues.

- Allow venting; deflect personal insults, etc.

- Get them to think; time to decide.

Where to Start:
Make the First Minutes Matter [2]

- Sound concerned, caring, interested.

- Adjust personal space.

- Give more *"start"* requests than *"stop"* requests.

- Make non-emotional requests instead of emotional requests.

- Don't worry about making mistakes.

- Stay optimistic about a positive outcome.

Avoid

- Arguing
- Moralizing
- Diagnosing

Where to Start:
Make the First Minutes Matter [3]

- Understand that you may need to repeat what you say.

- Be honest about what will occur.

- Maintain an appearance of calm, even it you don't feel it.

- Maintain eye contact, but don't over do it.

- Keep you posture relaxed, but alert.

- Make sure you're standing straight with your weight evenly balanced.

The L.E.A.P.S. Model

- Listen

- Empathize

- Ask

- Paraphrase

- Summarize

Helpful Statements

Use positive and helpful statements such as:

- *"I want to help you!"*

- *"Please tell me more so I better understand how to help you."*

- <u>De-escalate, lower intensity</u>: *" You've really been going through a lot..." "You're trying your best to help." "It's not your fault..."*

- <u>Collect information:</u>

    - Ask them to talk about what's <u>happing right now.</u>
    - Ask them what has <u>worked in the past</u>.

Tactical Empathy

- **Tactical empathy** is defined as the deliberate influencing of the Subject's emotions for the ultimate purpose of building trust-based influence and securing a safe resolution to the crisis

- The ways you employ your voice, labels, mirrors, and dynamic silence all contribute to **tactical empathy**.

- Tactical empathy makes the other person feel heard.

Emotions are the means to a resolution, not the obstacles.

Non-Verbal Communication
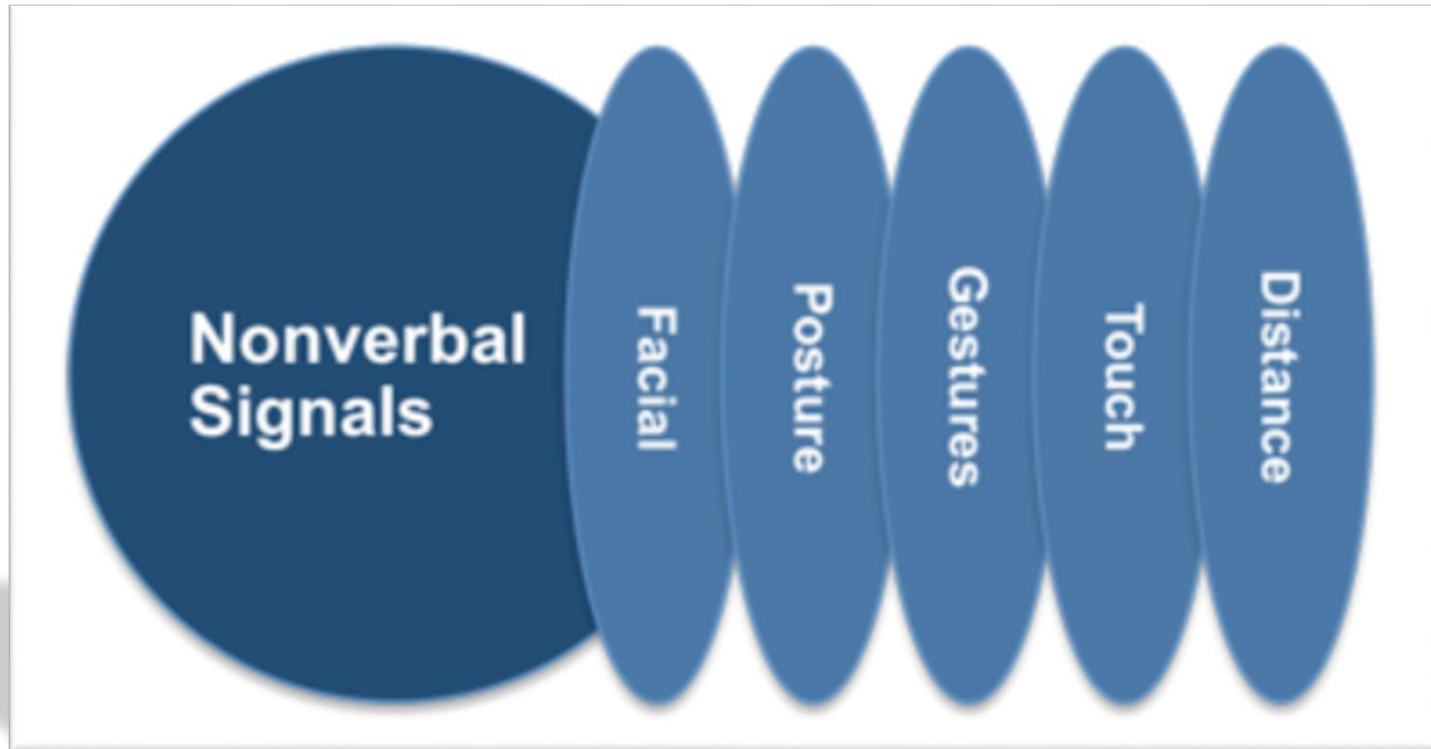
Non-Verbal Communication

As a general rule, the more agitated an individual becomes:

- The less able they are to process verbal information effectively.
- The more reliant they become on non-verbal communication.
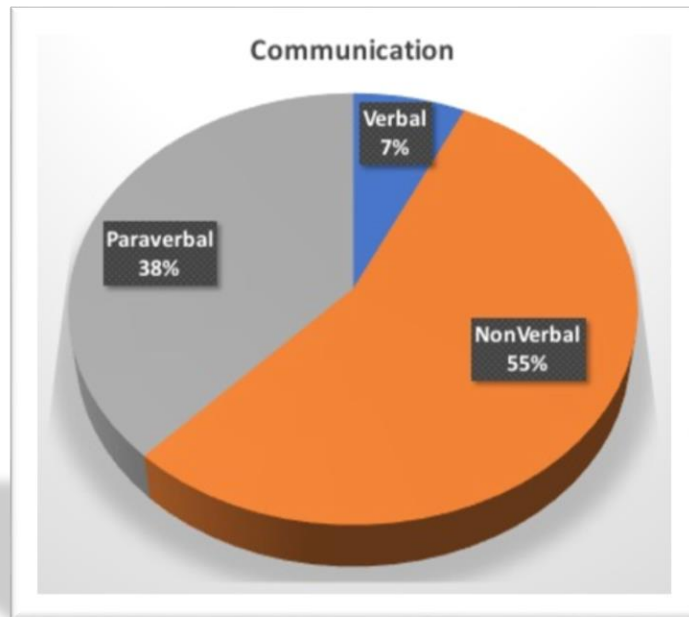
Even in non-hostile, non-stressful situations, non-verbal communication plays a critical role.

Note: There can be significant cultural variations in non-verbal communications.

Personal Space & Movement

Invasion of personal space tends to heighten or escalate anxiety. Invading an individual's *"personal space"* can increase the chances of escalating the situation. In our culture, personal space is usually an arm and a half length.
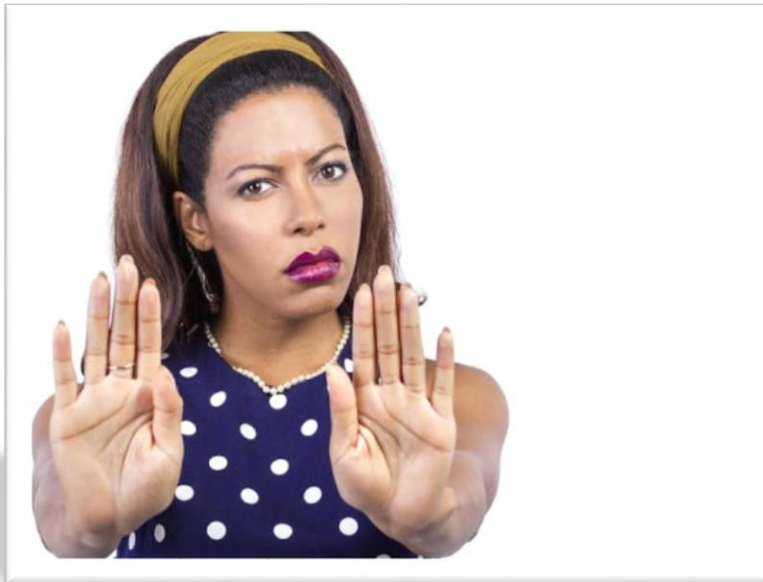
- Keep your own body movements to a minimum.

- Move slowly and deliberately.

- Stay at the same eye level as the individual if possible.

- If possible, tell the person what you are going to do before you do it, particularly if this related to their personal space.

- Answer questions factually, even if they were asked rudely.

Be Aware of Your Non-Verbal Messages [1]

- **Be Mindful:** Be conscious of your posture and position.

- **Be Open:** Use an open, yet defensible posture (Safety Stance).

- **Move Slowly**: Use slow and deliberate movements.

- **Don't Point**: Never point at the person-It communicates accusations.

- **Don't Shrug**: Shrugging your shoulders communicates that you are uncaring or unknowing.

- **Relax Yourself:** Don't display a rigid posture, cross your arms, or puff out your chest. This shows you as defensive or aggressive.

Be Aware of Your Non-Verbal Messages [2]

Be aware of your facial expression:

- **Relax Your Face**: Don't furrow your brow or frown.

- **Smile:** Start friendly with a natural smile. If the situation escalates it's okay to relax into a neutral expression. Nothing is more aggravating than a fake smile.

- **Eye Contact:** keep and maintain natural eye contact. Never close your eyes or look away. Don't stare. The person may interpret this as a challenge.

- **Be Calm, but Firm.**

Para-verbal Communication

Not what you say, but how you say it

How we deliver out words or verbal intervention:

1) Speed (Rate)
2) Pitch
3) Level (Volume)
4) Emphasis (Inflection)
5) Tone
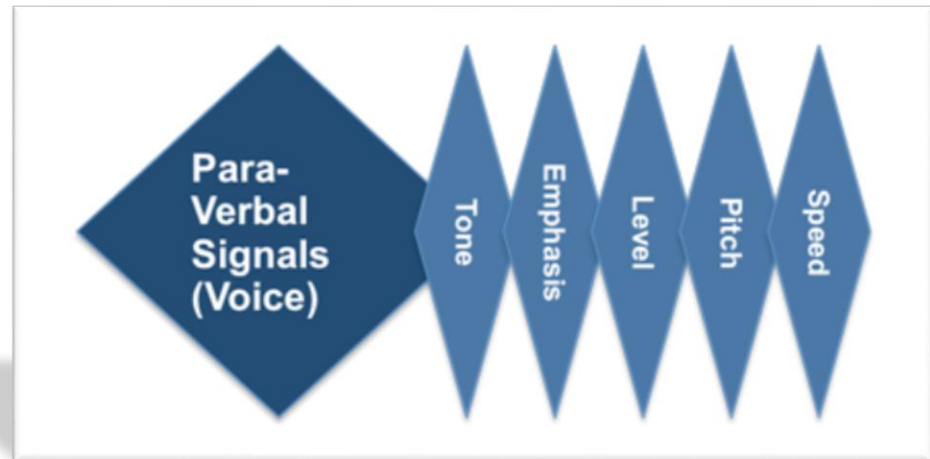
Remember: The focus is NOT on controlling the other,
It is on influencing the other to control themselves by how we control ourselves.

Emphasis (Inflection)

Six Words-Four Meanings:

"I didn't say you were stupid."

- "<u>I</u> didn't say you were stupid.
  - *(My friend said it!)*

- "I didn't <u>say</u> you were stupid.
  - *(But I did write it on the bulletin board!)*

- "I didn't say <u>you</u> were stupid.
  - *(I said your brother was stupid)*

- I didn't say you were *<u>stupid</u>*.
  - *(I said you were a complete idiot.)*
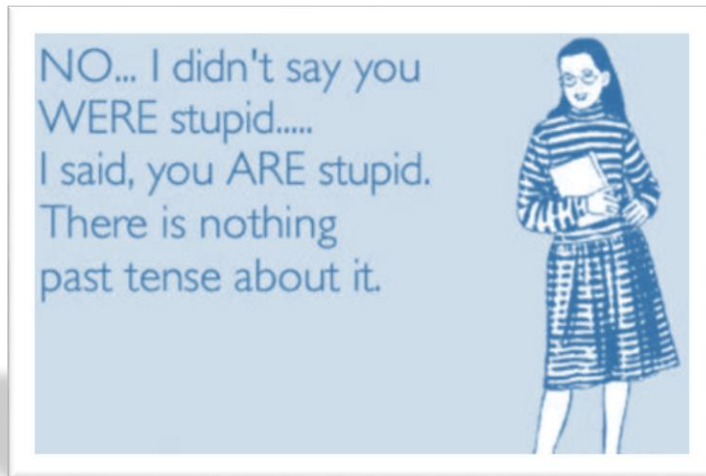
Body Language

Body posture and movement. Face to face, eye to eye, toe to toe is a "challenge" position and tends to escalate an individual in a crisis situation.*

Subject to cultural variation.

Congruence

Matching words and actions

- Denotes trustworthiness.
- Shows others that we care .
- Shows we are in control.

Incongruence

- Interpreted as being untrustworthy or inauthentic.

Worker Actions

- Avoid deception: Don't lie; don't make promises.

- Don't' agree or side with the Subject as a bonding strategy.

- Don't use guilt as a de-escalation strategy.

- Try NOT to intervene too quickly or try too hard to control the interaction by interrupting or talking louder than the individual.

- Do not ask a lot of questions from the outset of your interaction. It is more effective to encourage the individual to keep talking to begin a real conversation.

In Summary

SLOW The process **DOWN**

Positive **TONE** Assertive

Be **CALM** Your actions are contagious

C.P.R.

Charisma
Ability to have a positive influence & have subject reappraise situation. Need rapport first.

Professionalism
Be confident & prepared. Know your skills & how to properly use them.

Rapport
Use active listening, be attentive, possess empathy. Positive, non-judging, respect.
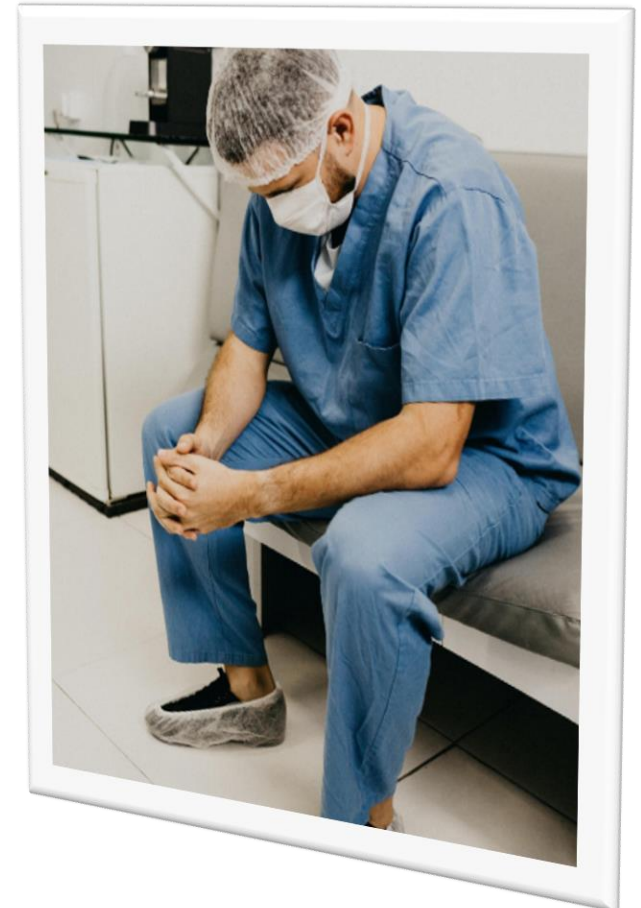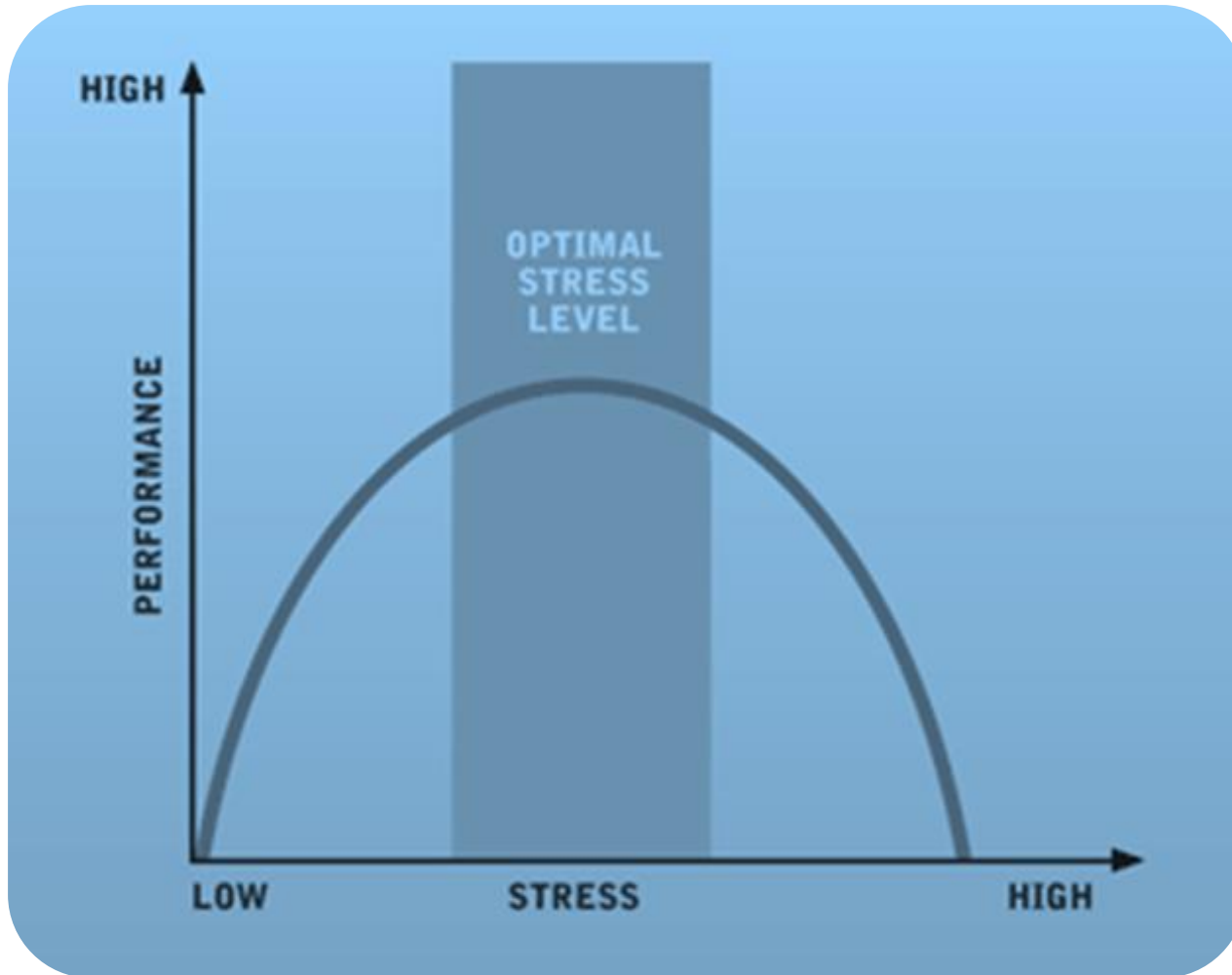
Section Four

Managing the Impact on Staff

Potential Impact on POD Staff

Stress and Fatigue-Be aware of these signs in yourself and in POD staff:

- Lack of concentration

- Increasing number of non-critical errors

- Critical errors

- Irritability

- Worry

- Feeling ill

The Stress-Performance Link

Task Saturation

- *"Task Saturation"* is too much to do with not enough time, not enough tools, and not enough resources. It can be real or imagined, but in the end it can do the same thing.

- When the sum of these tasks exceeds the worker's capability to deal with them effectively, he or she becomes task saturated and unable to perform any one of the tasks proficiently.

- *As task saturation increases, performance decreases;*
  as task saturation increases, executional errors increase.

Helmet Fire

- Helmet fire is a mental state characterized by unnaturally high stress, task-saturation and loss of situational awareness.

Task Saturated Responders Are Not Heroes, They are Dangerous

- During deployments or activation, overworking and ignoring functional needs (e.g., sleep, meals, etc.) can sometimes be promoted as a badge of honor.

- Don't take pride in overworking. Overworked/Task Saturated people are dangerous to themselves and others, as well as to the mission.

This Policeman Worked Countless Hours Helping Victims Of Hurricane Harvey Until He Passed Out From Exhaustion

Signs of Task Saturation

- **Shutting Down** is when you simply stop performing.

- **Cognitive Lock In** is sticking with your first decision, no matter what.

- **Compartmentalizing/Target Fixation** is an intense focus on one thing to the exclusion of all else.

- **Channelizing** is when you act busy, but all your doing is organizing and reorganizing lists and doing things sequentially, but not actually producing effective results.

"Cognitive Lock-In"

Sticking with your first decision, no matter what
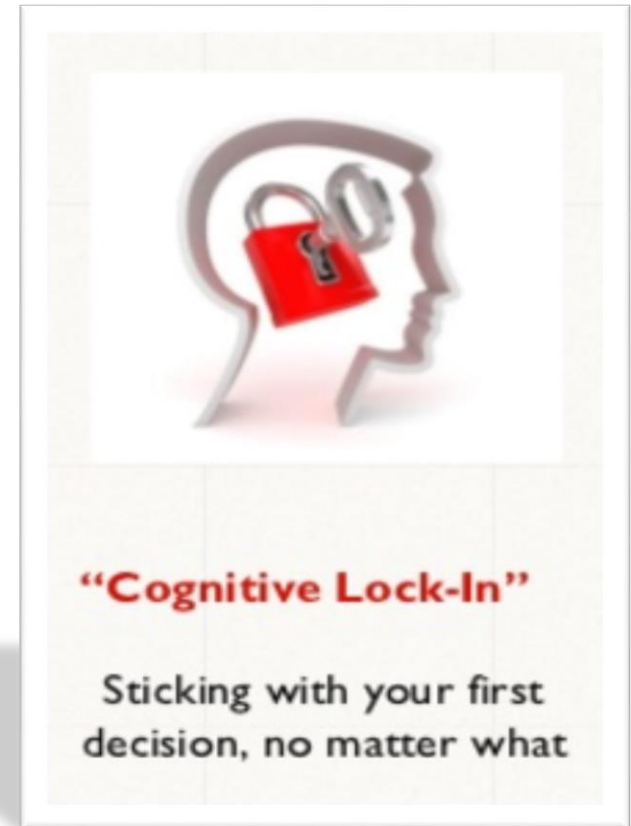
Operational Stress Continuum

READY	REACTING	INJURED	ILL

READY
- Good to go
- Well trained
- Prepared
- Cohesive, collaborative teams
- Ready homes/families

REACTING
- Distress or impairment
- Mild and temporary
- Anxious, irritable or sad
- Physical and/or behavioral changes

INJURED
- More severe or persistent distress or impairment
- May leave lasting memories or reactions

ILL
- Stress injuries that don't heal without help
- Symptoms persist, get worse or initially get better then return worse.

Two Interrelated Approaches

<u>Tactical Psychological First Aid (TPFA)</u>

- <u>Recognizing and managing the impact of traumatic stress</u> on those exposed directly or indirectly to violent or threatening events.

- Used during and immediately following extreme stress and traumatic exposure.

- Focused on reducing impact of traumatic events.

<u>Operational Stress Control (OSC)</u>

- <u>Recognizing and managing the effects of stress on performance</u> under pressure.

- Applied in the pre-crisis, crisis and post-crisis phase.

- Intended to be used proactively across the entire life cycle of operations.

A Working Definition

"Psychological first aid (PFA) refers to a set of skills identified to limit the distress and negative behaviors that can increase fear and arousal."

(National Academy of Sciences, 2003)

An Important Distinction:

Psychological First Aid vs. Mental Health First Aid

PFA is intended for anyone experiencing an overwhelming emotional response to a disaster or emergency, with or without a pre-existing mental health condition.

Both are *"every person"* skills sets. Just as you don't have to be a doctor, nurse or EMT to use basic medical first aid, you don't have to be a mental health professional to use PFA.

MHFA is intended primarily for individuals with a pre-existing psychiatric conditions experiencing a psychiatric emergency.

The Goals of T-PFA

Goals:

1. Stabilization

2. Reaction reduction

3. Return to adaptive functioning, or

4. Facilitation of access to continued care

Three Core Actions of Tactical-Psychological First Aid (T-PFA)

Calm

Connect

Competence

Calm

- Reduce the level of physical activation, such as heart rate.

- Reduce intensity of negative emotions, such as fear or anger.

- Regain mental focus and control.

Two Primary Skills

Tactical Breathing

Grounding

Approach & Tone

General behaviors (depending on culture) to increase trust and confidence:

- Get to the same level as the affected person (e.g.: standing, sitting, etc.)
- Display an open posture
- Keep an appropriate distance
- Frequent positive eye contact
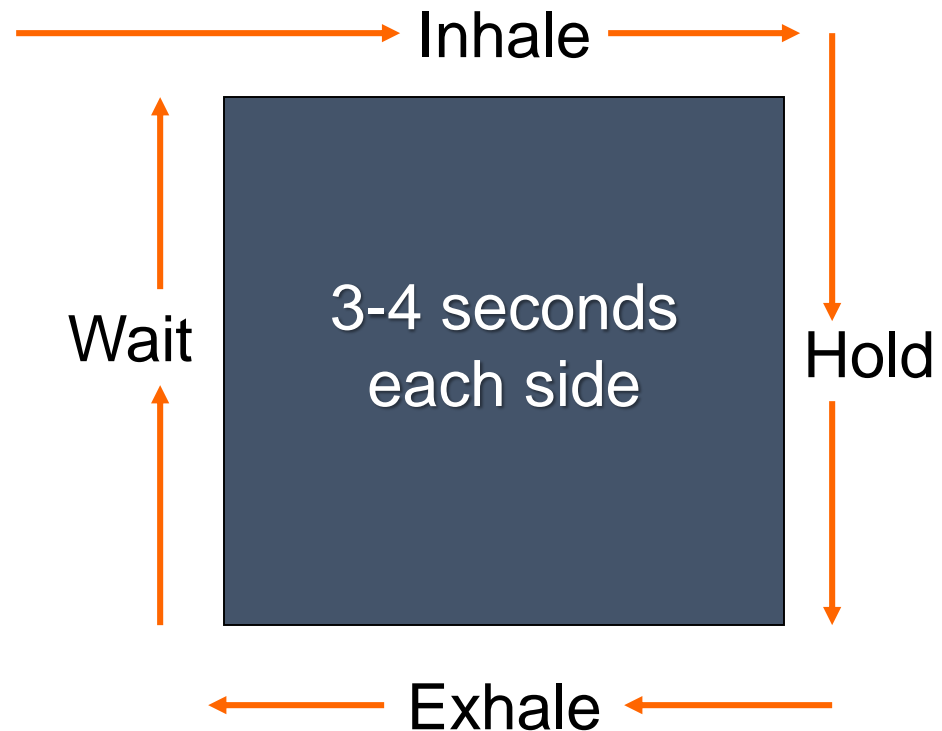- Project a calm and relaxed presence
- Use the person's name

Tactical Breathing

Box breathing is an autogenic technique to calm physiological arousal.

The Tactical Breather app is available at no cost for iPhone and Android devices.

Begin

Inhale

Wait

3-4 seconds each side

Hold

Exhale

Grounding

- **The goal of this action is to calm and orient emotionally overwhelmed individuals.**

- Most individuals affected by extreme stress will **NOT** require stabilization.

- You should be concerned about reactions that are intense, persistent and interfere with the individual's ability to function.

Watch for these Signs

- Looking glassy eyed, vacant or lost.

- Unresponsive to verbal questions or commands.

- Disoriented (aimless, confused behavior).

- Uncontrollable crying, hyperventilating, rocking or regressive behavior.

- Uncontrollable physical reactions (shaking, trembling).

- Frantic searching behaviors.

- Feeling incapacitated by worry, anxiety.

- Engaging in risky or dangerous behavior.

Beginning the Grounding Technique

Begin the grounding technique by:

- Asking the person to listen to you and look at you.

- Finding out if the person knows who they are, where they are and what is happening around them (are the "oriented").

- **Asking him/her to describe the surroundings, and say where you both are.**

- This initial step may be enough to help *"ground"* and re-orient the individual.

Grounding Instructions [1]

1. Stand or sit with the arms and legs uncrossed.

2. Have them breathe in and out slowly and deeply.

3. Ask the individual, *"Look around you and name different objects that you can see."* For example, they could say, *"I see the floor, I see a shoe, I see a table, I see a chair, I see a person."*

4. Have them breathe in and out again slowly and deeply again.

Grounding Instructions [2]

5. Next, name sounds that they can hear. For example, they might say, "*I hear a woman talking, I hear myself breathing, I hear someone typing, I hear a door closing, I hear a cell phone ringing.*"

6. Have them breathe slowly and deeply.

7. Next name things that they can feel (tactile). For example, *they might say, "I can feel the wooden armrest of this chair, I can feel my toes inside my shoes, I can feel my back pressing against my chair, I can feel the phone I am holding, I can feel my lips pressing together."*

8. Have the finish by breathing in slowly and deeply.

Connect

- Don't allow stress-injured individuals to withdraw from others.

- Promote positive peer support.

- Restore mutual trust and respect.

Competence

- Restore mental capabilities.

- Restore physical capabilities.

- Restore trust and confidence in those capabilities.

Key Concept:
Action Binds
Anxiety

When to Seek Professional Help

- Disorientation

- Suicidal or homicidal thoughts or plans

- Unrelenting anxiety

- Acute psychiatric symptoms (e.g., psychotic symptoms)

- Inability to care for self

- Problematic use of drugs and/or alcohol (inc. Rx meds)

- Impulsive, reckless and/or uncharacteristic behavior
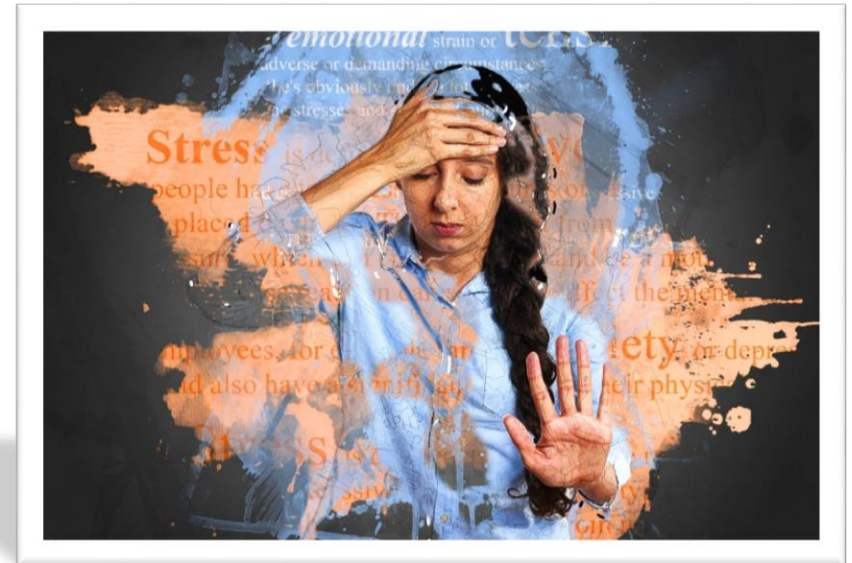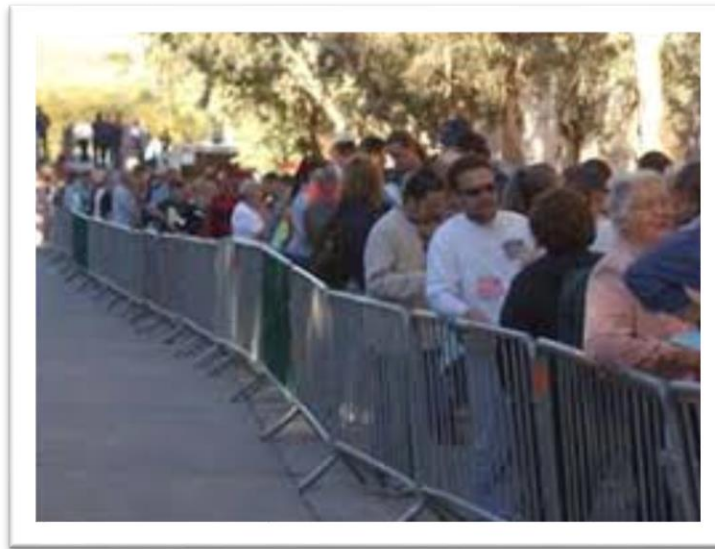
Section Five
Crowd Safety & Security
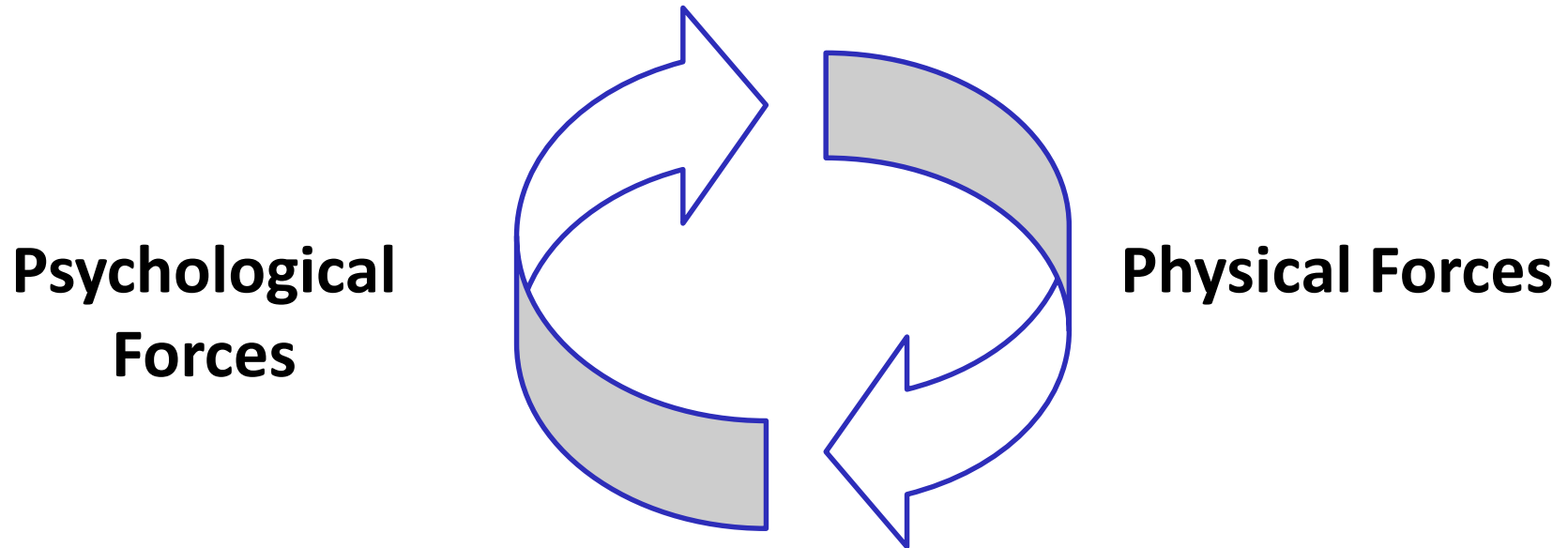
Anticipate Protests

In addition to potential crowds at the POD for vaccine, there are likely to be protests outside of vaccine sites. Plan accordingly.

Three Key Concepts

Disasters can create crowds Crowds can create disasters

Not all crowds are violent,
but all crowds are potentially dangerous.

Sources of Danger

Psychological Forces

Physical Forces

- There are well documented psychological and physical forces at work in large crowds that raise risks of harm.

- Some crowds or mobs set out specifically to cause harm.

Crowd Crush

- People need at least 1 square yard of space each to control their movements.

- As crowds become more dense, the compression increases exponentially.

- The compounded force of 5 people crushing in can kill a person.

- Humans lose consciousness after being compressed for just 30 seconds, they can be brain dead within 6 minutes.

- Most people who die in crowds die from asphyxiation while standing upright, not from trampling.

- Most die without ever falling down.

Suggestions for Teams

1. Have a practiced plan
2. Possess shared skills with partners
3. Don't intervene until you are ready
4. Don't act out of emotion
5. Coordinate actions
6. Act decisively, but with restraint

Adapted from, SWAT Officer Dan Marcou, Police One.com News. 12/08/11

Other Considerations

- Maintain viable routes of ingress and egress.

- Utilized separate entrances and exits for staff and first responders.

- Identify methods of communication between team members/leadership, etc.

- Discuss thresholds for law enforcement engagement.

- Establish plans for staff reunification.

- Consider preservation of evidence.

Training

Those expected to work in potential group or crowd environments require pre-deployment training and situation updates:

- Crowd safety concepts and survival techniques
- Site maps/routes of escape
- Escalation ladder and POC for problem resolution
- Communications tools and protocols
- ICS/Supervisory structure for support

Initial Incident Briefing

Briefings received and given should include:

- Situation assessment

- Specific job responsibilities

- Coworkers

- Work area

- Instructions for obtaining additional supplies, services, and personnel

- Operational periods/work shifts

- Required safety procedures and PPE

What Everyone Should Know [1]

- Carry a cell phone, ID and small flashlight.

- Wear comfortable shoes with little or no heel; double tie laces to avoid tripping.

- Try to stay outside of the crowd; walk around crowds, not through them.

- Avoid wearing clothing and accessories that may prove dangerous, such as long jewelry or neck ties that can become tangled or pulled.
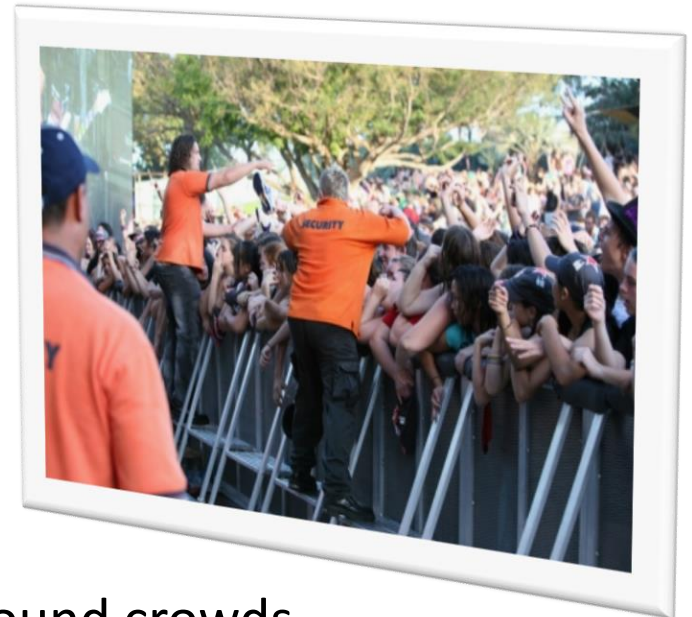
What Everyone Should Know [2]

- If the crowd taunts or insults you, don't respond, just move on; Don't engage or take the bait.

- Don't stop or stand near temporary structures which could collapse under the weight of a crowd.

- Don't stand near or against immovable objects, such as walls, doors or barricades, which would limit your options for escape or increase the risk of being crushed.

What Everyone Should Know [3]

- Hands on hips, elbows out to the sides to keep space between you and others.

- If you are caught up in the middle of a crowd, **DON'T STAND STILL OR SIT DOWN!** Keep moving in the direction of the crowd.

- If you have dropped an item, unless it is critical, don't try to pick it up. Bending or getting your fingers stepped on or trapped will increase your risk of being pushed to the ground.

What Everyone Should Know [4]

- If you are being pulled or pushed along by a moving crowd, don't try to push against the flow or simply let the crowd take you.

- Just like breaking free from a rip tide in the ocean, move diagonally across the crowd, not with it, not against it.

- The force will begin to weaken as you reach the perimeter of the crowd and you will be better able to break free.

What Everyone Should Know [5]

- If you fall or are pushed down, try to get back to your feet as quickly as possible; If someone is willing and able, extend an arm and ask for help getting back to your feet as quickly as possible.

- If you can't get up, keep moving! Crawl in the direction of the crowd until you can get back up.

- If you cannot get up at all, curl up in a ball to create an air pocket and cover your head. Keep your back facing up, protecting your head and face with your hands and arms.

- Crowds tend to surge and pulse. Wait for a lull in the pressure or flow to try to get back to your feet.

# Section Six
Final Notes

Closing Thoughts

- The current environment around a health crisis is unlike any we have seen before.

- Attitudes, opinions and beliefs are extremely polarized and powerful-they will influence behavior around vaccination.

- It will be important to anticipate and **proactively** address the behavioral challenges of POD operations, as they apply to the public and staff.

  - **Take care of yourself-take care of your team!**

For More Information
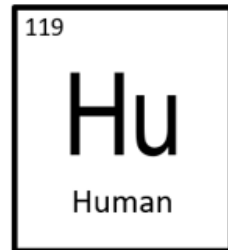
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About Behavioral Science Applications LLC

- Behavioral Science Applications (BSA) is a privately held research, training and consulting firm dedicated to facilitating evidence-informed decision making in the areas of homeland and private security, crisis intervention, violence prevention, and emergency management. BSA integrates the methods and doctrines of the behavioral sciences into planning, testing, response, and recovery from crisis situations of all types. BSA serves numerous multinational corporations, governmental and non-governmental organizations (NGOs).

- Accurate behavioral assumptions integrated with structured crisis intervention practices are essential to developing effective and defensible emergency-related policies, plans, procedures, and exercises. Combining decades of experience from the Board Room to the frontlines in crisis response, BSA helps organizations align their violence prevention and emergency management posture with the realities of human behavior to ensure the success of an organization's safety, security and emergency management programs.

- BSA brings together seasoned mental health, law enforcement, legal and medical professionals to help client organizations understand, prepare for, and respond to all types of violence, whether perpetrated by an angry employee, an enraged spouse or partner, or a terrorist targeting the organization and its people. BSA helps clients effectively integrate violence prevention and response programs into the organization's broader risk management strategy.

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