FIELD OPERATIONS MANUAL

PsySTART
Responder

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STEP 1: SITE REGISTRATION

Registration is the first step for an interested site. Register by sending an email to psystart@dhsoha.state.or.us. This will inform the staff of potential new sites and technical assistance (TA) access.

This will also begin the process of designating a Site-Supervisor and access trainings.

STEP 2: CREATE A LOGIN

#1 Find your system using the link below.

- Oregon state (https://psystart.net/ORPsyStartres/)

#2 Locate the Login button in the top right-hand corner. If you are a new user, hover over the button and select Join Us.
#3 Fill in the appropriate registration information. If you cannot find your Primary Location in the dropdown list, please email psystart@dhsoha.state.or.us.

The registration code for all systems is 777777. Please remember to store your password in a safe location. If you forget your password at any point, you may reset it using the Login tab on the homepage.
After your account has been created, you may directly enter the login page. You will need to agree to the terms of service before entering the secure environment. Copies of the service agreement are available upon request.
#1 Preparation - Creating a Self-Care Plan

The PsySTART self-triage system was developed to help responders assess their behavioral health following a disaster. It can help individuals take steps to implement personal coping strategies or seek follow up behavioral health care. Responders who create a PsySTART account have access to materials to help develop a personalized resilience plan based on two programs: The Anticipate, Plan and Deter program and The Listen, Protect and Connect program.

In preparation for an incident and self-triangling, please develop a self-care plan. Guides for this self-guided plan can be found under the tab “My resilience Plan”.

**Anticipate, Plan and Deter (APD) – Self-Triage**

The goal of APD is to foster resilience in responders who operate in high stress environments, such as EDs, firefighting and law enforcement, including those serving survivors of an event. The program follows an all hazards approach, where it is designed to build resilience and help individuals prepare for a wide range of stressful and potentially hazardous working conditions. Preferable prior to an incident, responders should create a self-plan that identifies the following:

- **Anticipate**: Understand personal stress reactions
  - There are two main kinds of responder stressors that can be expected: traumatic response stress and trauma triggers.

- **Plan**: Develop a personal resilience plan
  - List personal stress reactions, including thoughts, feelings, behaviors and physical symptoms
  - List personal response challenges (i.e. what you might find stressful)
  - List personal social support system
  - List personal positive coping plan
  - List personal resilience factors

- **Deter**: Activate personal resilience plan

**Listen, Protect and Connect (LPC)® - Helping those you care about**

The LPC is designed for families, neighbors, co-workers and first responders. The Listen, Protect and Connect program suggests ways to support each other’s resilience and coping before, during and after emergencies. LPC psychological first aid builds on strengths and practices that families and communities already use. It offers additional ideas and tools to call upon in times of public health emergencies, disasters or terrorism.
#2 Take an inventory

Following the steps in the next section, use the PsySTART tool to take an inventory of your experience while responding to an event or within the course of a prolonged extreme stress conditions. Depending on your situation you may take this once, several times or regularly as appropriate and recommended by your site, or site supervisor. For example, an individual might complete an inventory after every shift while fighting a fire or twice week while serving in an ED or specialized unit.

#3 Assess

After taking the inventory, assess the experience you have had from this event, day or over time. Check in with yourself. Ask: How am I doing? What self-care do I need? Do I need some additional support right now?

#4 Implement your self-care plan

Implement the self-care plan you created. If you feel this plan is not able to meet your needs or just doesn’t feel like enough you can adjust the plan. Consider reaching out to family, friends, coworkers, supervisor, your PsySTART site-supervisor or use any of the resources provided under the “Next Steps” tab.

#5 Next Steps - Reach Out! Behavioral Health Supports and Resources

The PsySTART Responder System provides immediate links to behavioral health resources after the completion of the triage tool. The behavioral health resources can be found under the “Next Steps” tab. Please use these as much as is needed. You may also reach out to your company’s Employee Assistance Program as available.

Additional support

We realize that technical difficulties and other sources of confusion may arise while using PsySTART. If this happens to you, please email PsySTART@dhsoha.state.or.us. If we cannot help you immediately, we will follow up with you via email regarding additional support options. We want to make sure to support you such that you feel comfortable and empowered in using PsySTART in your practice.
USING THE TRIAGE TOOL

As you begin to triage yourself, you may be using paper copies of the form or directly entering information electronically, depending on your situation. If using paper copies, regularly enter your triage information into the PsySTART online system and discard/store paper copies securely as appropriate.

#1 Once logged in, select the Input triage information button on your PsySTART dashboard.

#2 Begin by entering the date. After the date entry, select the appropriate incident and confirm the site. The site, date of birth and gender should be prepopulated.
#3 Scroll down to view the triage risk factors.

- Slide the buttons to the right for only the risk factors present.
- If there are no risk factors present, you will slide the button for *No triage factors identified*.
- When you have selected all the risk factors present or *No triage factors identified*, hit the *Submit* button.

If the response is "Yes" to any of the statements below, click the button next to it. When the button slides to the right and vibrant color is visible, the statement has been selected.

- Exposed to patients with prolonged suffering? (for example: respiratory distress or gasping for air)
- Witness any patient death or other severely affected patients? (for example: needing intubation, on ventilators, having end of life discussion, or death of patients who were under your care or under the care of your team)
- Asked to perform duties outside of your current skills? (for example: work in another department or unit that you typically do not work in or asked to perform tasks you do not normally perform such as intubation/ventilator management, treating age groups you typically don’t)
- Experience any hazardous working conditions? (for example: extreme shift length, higher patient loads, treating patients with infectious diseases without proper safety mechanisms or lack of appropriate ppe)
- Did any serious injury, illness, or death occur among your coworkers?
- Unable to communicate regularly with your own family or significant others?
- Felt as if your own life was in danger in your provider role?
- Forced to abandon care for a patient or did you face another moral dilemma regarding patient care?
- Directly impacted by the incident at work or at home (for example: family member ill or hospitalized or died from covid19)?
- Responsible for making expectant triage or triage to palliative care? (for example: being forced to pick which patients to intubate or resuscitate or determining that under existing care/surge circumstances that no emergent/definitive care was able to be offered)
#4 This is an example of what a completed individual triage encounter looks like after you hit submit. If you wish to make a PDF version of the individual triage information, click the red PDF button. This will automatically download a PDF of your triage information to your device. You may then save this encounter on your device, print it or share it with others.

#5 The downloaded PDF will be color coded to indicate to you which risk factors are put you at higher risk and may indicate the need for your self-care plan, and/or additional support services.
<table>
<thead>
<tr>
<th>Incident Name: Default incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Exposed to patients with prolonged suffering? (for example: respiratory distress or gasping for air)</td>
</tr>
<tr>
<td>Witness any patient death or other severely affected patients? (for example: needing intubation, on ventilators, having end of life discussion, or death of patients who were under your care or under the care of your team)</td>
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<tr>
<td>Forced to abandon care for a patient or did you face another moral dilemma regarding patient care?</td>
</tr>
<tr>
<td>Directly impacted by the incident at work or at home (for example: family member ill or hospitalized or died from COVID19)?</td>
</tr>
<tr>
<td>Responsible for making expectant triage or triage to palliative care? (for example: being forced to pick which patients to intubate or resuscitate or determining that under existing care/surge circumstances that no emergent/definitive care was able to be offered)</td>
</tr>
<tr>
<td>Unable to meet your patients critical needs at times? (for example: lack of resources such as multiple critical patients, available rooms, testing, ventilators, medications, laboratory, imaging, or crisis standard of care conditions)</td>
</tr>
<tr>
<td>Direct contact with many grieving family members or were you the only support person for a dying patient?</td>
</tr>
<tr>
<td>Do(did) you have concerns about the safety or well-being of your own family members, significant others, or pets while you were working? (for example: fear of infecting others)</td>
</tr>
<tr>
<td>Serious injury or illnesses as a result of your work?</td>
</tr>
<tr>
<td>Witnessed pediatric or young adult deaths or severe illnesses?</td>
</tr>
<tr>
<td>Witness an unusually high number of deaths? (for example: more than you would typically experience in your work environment in short period of time)</td>
</tr>
<tr>
<td>Unable to return home following your shift?</td>
</tr>
<tr>
<td>Health concerns for yourself due to biological, chemical, radiological/nuclear exposure?</td>
</tr>
<tr>
<td>Missing critical information to perform your job? (for example: lack of knowledge or proper training, how to treat particular COVID19 patients, or manage severe respiratory distress)</td>
</tr>
<tr>
<td>I am not receiving sufficient social support for myself or my family or I am experiencing stigma from others related to my medical provider role.</td>
</tr>
<tr>
<td>None of the above apply to me.</td>
</tr>
</tbody>
</table>

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Confidential Information
After registering for your PsySTART account, you can access it as a mobile-optimized website on your iPhone, Android or tablet. You may access it using the same links available on page 2.

#1 Launch your PsySTART link in the browser on your mobile: https://www2.psystart.net/ORPsyStart/.

APPLE EXAMPLE

If the individual responds "Yes" to any of the statements below, click the button next to it. When the button slides to the right and vibrant color is visible, the statement has been selected.
#2 You can save the PsySTART Triage System link on your iPhone or Android by selecting the *Add to home screen* button.

**ANDROID EXAMPLE**
This is how the link will look on your home screen.

https://www2.psystart.net...
FREQUENTLY ASKED QUESTIONS

I’m registered now what

1. Once my site is registered, does every user have to create a unique login?

   Everyone using PsySTART to self-triage should create their own login.

PSYSTART Basics

2. How is PsySTART activated?

   PsySTART can be flexibly activated based on your site and county needs. For example, you can elect to activate PsySTART-R at your site when you there is an incident or an emergency.

3. Are there any suggestions or restrictions on who can or should use PsySTART?

   This tool can be used by any individual who responds to an incident, emergency, natural disaster, etc. through a site.

4. How far past an event is it effective to use PsySTART?

   PsySTART is designed to be used acutely following a response or through the duration of an event for responders to self-triage. PsySTART has been shown to effectively predict clinical PTSD in children even two and a half years after a traumatic event.

5. Is the PsySTART available now for official use?

   Yes, the tool is now live 24/7! There is no PHI, so the tool can be used for everyday use, larger scale events, pilots and exercises.

6. How is the PsySTART access level changed such that some users are site supervisors and others are self-triaging only?

   There are two levels of access for sites/counties. The site supervisor has access to reports and site aggregated data where those self-triaging may only enter and adjust their own data. If a new site supervisor has been identified or there is a change in staffing email psySTART@dhsoha.state.or.us to request access level changes.
7. What data is available to sites?

The site supervisor can access site aggregate data. PsySTART summarize data for sites without using any patient (i.e. responders) identifying information that was collected. The only information used in the aggregate data is age at time of event, gender, location and PsySTART factors.

Aggregate data can help user groups develop specific strategies for large scale interventions and plan for longer term consequences that may present later. These analyses may also demonstrate trends that will help inform future response planning, support requests for staff and financial resources, and reveal potential areas for further analysis.

PSYSTART Applicability

8. Can PsySTART be used routinely without a multiple casualty incident (MCI) or disaster?

Yes. You can elect to use PsySTART on smaller scale incidents and trauma activations in a disaster or routinely. This option is a local site decision.

9. How should PsySTART be used in an emergency? Should everyone responding to an event self-triage, or just those with extended exposure or related conditions?

We suggest everyone self-triage after an emergency. If everyone is triaged, it will help you establish a base rate, see trends over time, and focus resources or secondary assessments on “hot spot” areas. If only certain responders are screened, your data may be skewed. This also allowed for individual responders to access additional behavioral health resources and implement their self-care plan, as needed.

10. How does PsySTART indicate risk, and inform behavioral health triage and access to care, if needed?

PsySTART indicates relative risk for PTSD or depression based on the presence of the PsySTART risk factors in acute traumatic events.

When an individual’s self-triage shows as PsySTART “red”, this score can indicate an increased risk for PTSD and/or depression beyond transitory distress. When two or more PsySTART red risk factors are present, we recommend the individual reach out for help and receive secondary assessment/screening with a behavioral health provider to determine the need for crisis behavioral health intervention and/or definitive acute treatment.
11. Is there a way to “create your own disaster” simulation to explore the system more and look at the data?

You can create a training incident in the PsySTART system and play with the data. Please email psySTART@dhsoha.state.or.us to be connected with a member of the team who could assist with creating and managing the simulation.

Triaging

12. What is the age range that can be assessed using PsySTART?

The responder module is meant for those age 18 years and older. It may be appropriate for some teens on a case by case basis.

13. Is perception as important as reality when considering risk factors (e.g. an individual believing they were severely injured when they were not)?

This depends on how long the perception exists. Studies show that a standardized score of injury severity as done by a medical provider is not a great predictor of PTSD, and thus perception becomes more important, especially during the initial stages of care.

Site-specific references

- What is your facility’s age range?
- How does your facility access emergency behavioral health services or psychiatric/psychological consultation for employees/responders?
- Review your facility’s safety plan (DTS/DTO) and evacuation plan.
- What is your plan to address the behavioral health needs of staff and providers who are caring for seriously injured individuals or individuals that expire in their care?