

PAEDIATRIC CHAPLAINCY

Principles, Practices and Skills

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Chapter 15 Major Incidents

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PRACTICE EXAMPLE 15.1: HURRICANE SANDY

Healthcare chaplains in the New York City area closely watched weather reports of the impending Hurricane Sandy in late October 2012. Hospitals began their preparedness process by encouraging their staffs to develop Personal Preparedness Plans to ensure both their wellbeing and their availability to work through the storm. Hospitals canceled non-urgent surgeries. Many families of pediatric patients flocked to the hospital so that the entire family would be together throughout the storm. With unexpected and unprecedented flooding, major disruption to transportation including to emergency vehicles, and a gasoline shortage in the area, some hospitals evacuated before or during the storm. They discharged the patients they could and transferred the others to hospitals that were still functional. The staff at these facilities experienced a surge of patients from the transfers and in their emergency departments. Chaplains joined as general members of the interdisciplinary team and as spiritual care specialists at every step of preparation, throughout the duration of the storm, and in recovery afterwards.

Hospital chaplains play a critical role in the care team when their hospitals respond to major incidents. These incidents, though rare, require a specialized response from the institution as a whole and from all disciplines, including chaplaincy. This chapter addresses the experience, roles and skills of chaplains during the extenuating situations when the regular hospital system is disrupted and the regular procedures are overridden. Terminology varies by region and institution, with terms such as 'emergency', 'disaster', 'major incidents' and 'code reds'. For the sake of simplicity, this chapter uses the term 'major incidents'.

What to expect in the system?

Despite the rarity of events that would precipitate a major incident such as natural disaster, mass trauma and mass violence against children, the experience of being a healthcare provider often has a profound impact on the caregiver's professional and sometimes personal life. Sometimes the chaplain him- or herself is part of the directly affected population (such as chaplains whose personal lives were disrupted by Hurricane Sandy). Sometimes the chaplain is exposed to disturbing images, sounds and smells, or the chaplain might suffer from feelings of uselessness and helplessness.

During a major incident, the hospital setting can feel chaotic. The needs of the situation extend beyond the normal functioning of the healthcare system, leading it to implement its disaster plan (which may be known by different names in different institutions). After the September 11, 2001 terrorist attack, it has become commonplace for US organizations to have disaster plans that describe chains of command, roles and responsibilities. In the major incident mode, the hospital leadership establishes a command center or major incident control room. The hospital may need to make arrangements for staff to sleep over and eat if travel is impeded, such as through inclement weather or a lockdown. Hospitals in New York City provided accommodations for hundreds of staff during Hurricane Sandy in 2012. During the Boston Marathon bombing, the entire city was put on lockdown and hospital chaplains were among those whose travel was impeded.

With mass victims, multiple hospitals may be involved. The hospital prepares not only to receive an influx of trauma patients, but also for the arrival of irregular and sometimes surprising members to the team and the hospital community. The care team expands and can include law enforcement, firefighters, the FBI, community clergy and staff (including chaplains) from other institutions. Public figures and politicians may become involved and offer words of comfort and condolences, such as mayors, governors, state representatives and even heads of state and major celebrities. The hospital may experience a surge of worried relatives and friends descending on the hospital as they anxiously await information. Critical incidents also become news items. Hospitals are likely to have protocols regarding communication with the press and posting on social media; chaplains should know these guidelines and review them with staff, students and volunteers in anticipation of any critical incident.

PRACTICE EXAMPLE 15.2: EVACUATING PATIENTS

The Revd David Fleenor, a chaplain at NYU Langone Medical Center, helped nurses process their experience of evacuating patients during Hurricane Sandy after the hospital lost power and then its generator and back-up generator were flooded. He recalled that:

A pediatric intensive care unit nurse had to put two babies in the pockets of her scrubs in order to continue 'bagging' them [keeping the babies well-aerated and oxygenated] while scurrying down nine flights of stairs in the dark. The Registered Nurse (RN) who told me this said all the nurses were creative and heroic during that harrowing time and are now, understandably, traumatized.

What to expect: the chaplain's roles before and during an incident

Advance planning

Just as disaster plans are developed on larger national, state, city and institutional levels, it is incumbent on each department also to develop its own plan. Core components of a Pastoral Care Emergency Preparedness Plan are:

- **Setting attendance expectations:** A statement of work expectations for every role in the department (leadership, staff chaplains, administrative assistant, Clinical Pastoral Education students, volunteers, per diem chaplains, etc.). It will be important for team members to know if they are expected to work, if the department will seek to run with full or reduced staffing, and what the hospital compensation policy is if they are unable to work or if they come late.
- **Scheduling:** At the earliest point, chaplain leaders should write to their team and ask each member to check in regarding his/her ability to work and, if needed, to stay over at the hospital.
- **Coverage:** A critical incident may call for a revised form of chaplaincy coverage, such as deploying chaplains for continuous coverage in the emergency department as well as a rotation of chaplains to all areas of the hospital for 'check-ins'.
- **Debriefing the chaplains team:** Establish a structure of regular debriefing with your spiritual care team. A best practice in the

disaster chaplaincy field is that every team member debriefs with a supervisor or colleague at the conclusion of every shift.

- **Review policies:** Chaplains can also do advance preparation by regularly reviewing the hospital's procedures and pursuing specialized training (in areas including disaster chaplaincy and active shooter situations).

The chaplain's place on the multidisciplinary team

The paradigm of the generalist and specialist is especially helpful for chaplains and other hospital staff during a major incident. While chaplains are spiritual care specialists, they are also general members of the healthcare team who can contribute to the larger response effort in the following ways.

Report to the command centre and be present with hospital leadership:

- The designated leader of the chaplaincy team should report to the command center about the availability of chaplains for the incident. The chaplaincy leader should find out the schedule of leadership meetings and be present at them, serving as an important vehicle for communication between the chaplaincy team and the hospital leadership. As electronic communication may be limited during an incident, it is important to be physically present at these leadership check-ins.

As general members of the healthcare team, hospital chaplains may be called upon to:

- keep track of names and locations of patients and/or family members as they arrive
- provide emotional and spiritual care for the family members and the worried wounded as they arrive at the hospital and await further information
- help connect families or be present when patients and their family members are reunited
- perform administrative tasks (such as coordinating shifts for the labor pool, organizing supplies, distributing food, etc)
- communicate with the media: sometimes chaplains are tasked with speaking with the media in concert and coordination with

the hospital's media relations team and security (approval from the hospital's administration and/or media relations is necessary).

Strategically assess the situation, keeping an eye out specifically for the emotional needs of the patients and families:

- Review the hospital's plan and consider what scenarios might not yet be addressed and offer recommendations.
- Examine what spaces are required for the fulfillment of emotional needs, such as for waiting, receiving news from the medical team, reuniting children and family members, and viewing the deceased.
- Examine the patient and family/visitor flow issues that would affect the patient or family experience, such as providing patients and family members the opportunity to enter and exit the hospital with privacy and to avoid the media. Strategize travel in the case of a lockdown.
- Formulate caring and compassionate language and communication systems for engaging family members, such as finding a neutral way to ask family members to come forward when the medical team is ready to give them news.

Spiritual care during the incident

While hospital administration and the medical team will be primarily focused on the management and response to the immediate physical needs of the situation, hospital chaplains have the opportunity to provide spiritual and emotional care throughout the incident and proactively visit with patients, families and staff (a more intense variety of our usual spiritual care).

- Be present and provide in-the-moment emotional support.
- Invite people to tell their stories of the incident. When did they find out about the situation? How is this affecting them personally, their families, their homes and their pets?
- Tend to patients and staff who are not part of the incident. The hospital is still filled with patients, family members and staff addressing the ongoing needs of illness, hospitalization and possibly surgery. Not being part of the response to the critical incident can create feelings of guilt and helplessness for some.

- Provide mechanisms for coping with stress, such as coloring, meditation and prayer services.
- Lead staff in in-the-moment memorials if a patient dies after arrival to the hospital, such as through inviting staff to take a moment to remember the patient and the steps taken in their care. This serves to anchor us in our original calling to serve and in the ultimate value of each of our patients (Bartels 2014).
- Minister to the first responders who bring patients to the hospital if they do not have a chaplain assigned to that role.
- Be part of the reunion process between patients and family members.
- Join staff in accompanying family members to view the body after a death.

The chaplain's roles after the incident

The chaplain's expertise in spiritual care can be essential to a hospital system's emotional healing and resiliency after a major incident. Chaplains know that coping and developing resiliency are subjective processes that involve relationship and time alone, silence and listening, reflecting and speaking, and formation of language and thoughts, which all need time to do their healing. The following are primary roles a chaplain may play.

Creating space for emotional and spiritual processing

- After major incidences, chaplains create space that holds people emotionally and spiritually. These contexts may include individual relationships or small processing groups. Caregivers have the opportunity to be together in silence when they lack words and to begin shifting from debriefing in the moment of the incident to beginning to give voice to their narratives.
- Major incidents can be demoralizing to healthcare workers' sense of agency. Some may feel helpless as they are on the periphery of the incident, while others in the midst of the active disaster response may feel the haunting, lingering feelings of being in proximity with violence and death. Others may feel a sense of purpose in their contributions to the effort. Through its Rounds, the Schwartz Center for Compassionate Healthcare

provides a model for 'offer[ing] an ideal forum for caregivers to process collectively the complex and challenging feelings and emotions that may arise when caring for the injured and dying in the wake of a traumatic and communal event like a bombing, a school shooting or a natural disaster' (Schwartz Center 2014).

PRACTICE EXAMPLE 15.3: SCHWARTZ ROUNDS

After the 2013 Boston Marathon Bombing, Schwartz Rounds leaders consulted with facilitators who had conducted Rounds after the 2012 Aurora, Colorado theater shooting and the 2013 Asiana Airlines crash in San Francisco. Six months after the Boston Marathon bombing, they sought to create a safe and confidential context for caregivers to:

- share their experiences and the impact of those experiences
- listen, bear witness and offer and receive support
- share coping strategies
- celebrate their strengths as individuals and as a caregiving community.

Dominant themes from the Rounds included feeling continued distress, guilt that they had not done enough, the importance of organizational support (whether it was something they received or something they lacked and yearned for), their experience of and appreciation for collaboration and teamwork. Participants shared ways they healed, from different therapies to feeling the emerging feeling of wanting to move on, to finding meaning in retrospect in the work they did with those directly affected as well as with their typical patients. Some found healing through engaging the Boston Marathon the next year, and some found strength through the resiliency of the survivors (Schwartz Center 2014).

Hospital multifaith services

Services, whether for memorializing or for garnering hope and strength, create a different sort of holding for a community that has been through trauma. Often held shortly after the incident, these services create connection while people may still be feeling the shock of the incident. Through creation of contemplative space, the use of ritual, inclusively

weaving together diverse traditions, and comfort with silence, tears and cries, chaplains can play an important role of bringing healthcare workers into relationship with one another after the urgent medical caregiving has ended.

PRACTICE EXAMPLE 15.4: MANCHESTER ARENA TERRORIST ATTACK

After the 2017 terrorist attack at the Ariana Grande concert at the Manchester Arena, the chaplains at Burnley General and Royal Blackburn hospitals – representing the Church of England, Muslim and Catholic faiths – responded by conducting interfaith services in the hospital chapels in memory of the 22 victims, children, teenagers and parents. The service embodied diversity and solidarity, with each chaplain reading from their sacred scriptures and joining together in prayer, a moment of silence and shared grief. The chaplains' embodiment of solidarity provided hope to the filled rooms of distraught hospital employees (Magee 2017).

Providing spiritual and theological language

An aspect of spiritual distress that occurs after an incident is the loss of words and the shattering of meaning. Through providing processing groups and services, chaplains support people during these times and make space for them when they may feel at a loss.

PRACTICE EXAMPLE 15.5: SANDY HOOK

Monsignor Robert Weiss was the pastor of St Rose of Lima Church in Newtown, Connecticut, in December 2012 when a 20-year-old gunman attacked the Sandy Hook Elementary School, killing 20 children between the ages of six and seven years old and six adult staff. Msgr Weiss helped law enforcement officials inform parents that their child had died in the shooting. At least eight of the 20 children and six adults belonged to his parish. Msgr Weiss reflected afterwards, 'There are no words... There was a lot of hugging, a lot of crying, a lot of praying, a lot of just being silent' (Catholic Standard 2012).

In their healing processes, people begin to want language that helps them make sense of what they have been through, but may lack confidence in their own meaning-making; they feel that their faith has been broken. Or they may be specifically seeking out the bedrocks of their faith. People look to chaplains to offer spiritual language for examining their faith as they begin to articulate frameworks for their narratives and reconstruct their sense of meaning. Chaplains are trained to recognize the nuances of how to offer constructive theological language without imposing, blaming or attributing, and they are poised to provide care-receivers with building blocks for them to use in their healing process.

PRACTICE EXAMPLE 15.6: STAFF CARE

After facilitating a processing group for Danbury Hospital staff who cared for victims from the Newtown, Connecticut, shooting, Rabbi Jeffrey Silberman convened a conference call for 175 distressed rabbis across the United States. Clergy, chaplains and communities prayed around the country as their hearts broke for the children and school teachers and administrators and their families, and they turned to their faith communities and to ecumenical communities for their own support and guidance. On the call, Rabbi Silberman comforted these distressed religious leaders by telling them some of the story of Newtown and how 'the entire surrounding area – inside and outside of Newtown – has become filled with love. Love in all forms: letters, calls, gestures, visits, donations, and everything in between.' One participant in the call, Rabbi Elan S. Babchuck, from Providence, RI, drew spiritual strength from this session and was able to process the tragedy and offer comfort to others in his community through connecting it to Jewish customs of mourning and the words of Prophet Isaiah in Isaiah 60.20: 'No more will your sun set, nor your moon be darkened, for God will be an eternal light for you, and your days of mourning shall end' (Babchuck 2012).

Community relations

Any incident with mass victims and mass casualties becomes a community experience. The increase of mass shootings and hate crimes that target specific groups intensifies the already vulnerable experience. It infuses it with fear and potentially damages community relations. The unique amalgam of chaplaincy's explicit diversity and emphatic embrace of

shared humanity positions chaplains to play a uniquely qualified role in community healing after these incidences.

PRACTICE EXAMPLE 15.7: PEACE TREES

Chaplain Heather Bumstead was the hospital chaplain at the Froedtert Campus in Milwaukee, to which survivors arrived after the August 2012 mass shooting in the Sikh temple in Oak Creek, Wisconsin. A man entered and began to shoot worshippers just as women and girls had been 'working in the kitchen to prepare a communal meal for the sharing after the second service'. Six people were killed. Bumstead was tasked to serve as a sort of ambassador from the hospital with the Sikh community. The hospital had created 'Peace Trees' – 'branches in pots, whose leaves were hundreds of ribbons with messages of peace, support and goodwill, written by staff, visitors, and even some patients from Froedtert' and Bumstead was to deliver them. Community leaders, expecting her arrival, greeted her and welcomed her in and placed the Peace Trees at the entrance to the worship area. They gave Bumstead a tour of the temple, showed her where they had already plastered over the holes and the one they left remaining. They showed her where they huddled and hid in fear. Bumstead was a chaplain to them, listening to their stories of where they had been, how they learned of the incident, their heartbreak, and how they are healing (Bumstead 2013).

What to expect in the chaplain's personal experience

A distinctive characteristic of major incidents is that the caregivers are often also directly affected by the crisis. Whether worrying about their own home flooding during Hurricane Sandy, or being on a city-wide lockdown during the immediate aftermath of the Boston Marathon bombing, or feeling a less tangible but poignant sense of one's own community being attacked, first responders and caregivers have their own personal experiences as part of the affected population. Chaplains have the additional role of being caregivers not only to identified patients and hospital staff, but to themselves.

Some self-care steps chaplains can take include the following.

Develop your own personal disaster plan

Before a disaster – in fact, today – chaplains can prepare a plan to ensure the safety of themselves, their families, homes and pets. In preparation for a storm, flood, earthquake, etc., it is recommended that everyone assemble an emergency supply kit. Some of the items which should be included are:

- a gallon of drinking water per person per day
- non-perishable, ready-to-eat canned foods and a manual can opener
- first-aid kit
- flashlights/torches/candles and matches
- battery-operated AM/FM radio and extra batteries
- childcare supplies or special care needs, as appropriate.

In addition, in the event that you might need to vacate your home, be sure to have adequate cash on hand, a full tank of gas in the car, any prescription medications, important personal documents and provisions for pet(s). Most importantly, it is essential to establish a personal emergency plan and review it with family members at the earliest possible moment once a major incident is expected. Additional information is available on the websites listed below.

Tend to your own emotional and spiritual distress

The intangible stressors – the horror of the incident, the sense of chaos and helplessness, the heartbreak at seeing friends and colleagues struggle, the uncertainty and insecurity – will surely touch the souls of chaplains. When devising care plans, chaplains should make sure they create a structure for their own self-care. A hospital chaplain who participated in the Boston Marathon Schwartz Rounds spoke of how 'chaplains would check in regularly not only with patients but also with the caregivers... we were also providing spiritual support for staff in the wake of what happened' (Schwartz Centre 2014). It was significant that this chaplain attended the Rounds not as a caregiver but as a participant and recipient of care.

Tend to your psychological needs

Whether through being directly affected or through the caregiving, chaplains can develop emotional distress beyond the hospital and chaplain

support session. They might experience secondary traumatic stress, or compassion fatigue, which is 'a state experienced by those helping people in distress [that] is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it is traumatizing for the helper' (Figley 2005). It is critical that chaplains seek out professional help in order to maintain their own personal wellbeing.

Future development and research needs

- What training and support needs have become evident in the light of previous major incidents?
- Research the ways in which chaplaincies have been effective, appreciated and supportive in previous situations.
- Developing what we need in our team's 'go bag' to be prepared to be effective in this type of situation.

Summary

- It is key to know your system's policies and procedures for major incidents, and your place as chaplain within the system.
- Be prepared for times of chaos and new opportunities and methods of delivering care.
- Be ready to work with new partnering agencies in a major disaster, including law enforcement and government entities.
- Be aware of the media's needs and activities during these events
- Know the added expectations within your facility, such as collecting patient information, caring for the surge of families arriving, connecting children and their families when separated, and even media relations.
- Have a plan for delivering bad news, including which rooms to use and the exit paths for helping bereaved families to leave.
- Prepare meaningful and timely memorials and self-care exercises for the staff (don't forget the executives) and for yourself.

Questions for reflection

- Do you know your personal and department's role in your institution's major incident plans and response?
- What might be your emotional and spiritual 'tender points' that you need to be aware of when in this type of incident?
- What emergency plan do you have for your own family?

Recommended resources

American Red Cross disaster planning guide – www.redcross.org/get-help/how-to-prepare-for-emergencies/make-a-plan. Also offered as a disaster app for smartphones.

Resources for talking to kids

National Child Traumatic Stress Network website – www.nctsnct.org/
Centers for Disease Control and Prevention, guide to helping children cope with a disaster – <https://blogs.cdc.gov/publichealthmatters/2013/09/helping-children-cope-with-a-disaster>
PBS: How to help kids feel safe after a tragedy – www.pbs.org/parents/talkingwithkids/news/help-kids-feel-safe.html. Tips for various ages of children (Babies & Toddlers: 0–2; Preschoolers: 3–5; School Age: 6–8; Older Kids: 9–11) – www.pbs.org/parents/talkingwithkids/news/agebyage.html
How to Talk to Your Kids about the Orlando Shooting – <http://time.com/4366400/orlando-shooting-parenting>

References

- Babchuck, E.S. (2012) 'Eat, Pray, Love: A Jewish Response to Tragedy.' Accessed on 24/11/2017 at <http://trymyrabbi.com/current-events/eat-pray-love-a-jewish-response-to-tragedy>.
- Bartels, J.R. (2014) 'The pause.' *Critical Care Nurse* 34, 1, 74–75. Accessed on 24/11/2017 at <http://ccn.aacnjournals.org/content/34/1/74.full>.
- Bumstead, H (2013) 'The Sikh Temple in Milwaukee: A personal reflection.' *Torn Apart: Pastoral Care Responses to Community Violence. Caring Connections* 10, 3, 11–14. Accessed on 24/11/2017 at www.lutheranservices.org/sites/default/files/images/pdfs-CaringConnections/CaringConnections_vo11Ono3_2013_Final.pdf.
- Catholic Standard (2012) "No words" can describe shock, sadness after shooting, says priest. 18 December 2012. Accessed on 24/11/2017 at www.catholicstan.org/Content/News/News/Article/-No-words-can-describe-shock-sadness-after-shooting-says-priest/2/2/5426.
- Figley, C.R. (2005) 'Compassion Fatigue: An Expert Interview.' *Medscape*. Accessed on 24 November 2017 at www.medscape.com/viewarticle/513615.
- Magee, J. (2017) 'Hospitals come together to remember Manchester bombing victims.' *The Clintheroe Advertiser and Times*. Accessed on 24/11/2017 at www.clintheroadvertiser.co.uk/news/hospitals-come-together-to-remember-manchester-bombing-victims-1-8573329.
- Schwartz Center (2014) *Using Schwartz Center Round® to Help a Community Recover After Tragedy. A Case Study: The Boston Marathon Bombings*. White Paper, July 2014. Boston, MA: The Schwartz Center for Compassionate Healthcare. Accessed on 24/11/2017 at www.theschwartzcenter.org/media/8181RIK40MBJ72N.pdf.