



International Commission for Alpine Rescue

2023 Final ICAR Recommendations for Stress Resilience in Alpine Rescue

Prepared for the AOD by John Ellerton (MedCom President) and Alison Sheets (MRA) Passed by the AOD on the 21st October 2023. Review date in 3 years time

These ICAR recommendations are designed for all rescuers and mountain rescue organisations.

Mountain rescuers are exposed to significant stress in the work they perform. The injuries, illnesses and fatalities seen, and exposure to the bereaved families and friends takes a toll on the emotional wellbeing of the professionals that respond to these incidents. Over the last decade, and more recently with the additional stressors of the global pandemic, building awareness and resilience against operational stress injury has become an important focus in alpine rescue organisations and other first responder agencies.

We believe that all rescuers should have the knowledge, skills and an ability to cope with the difficult work we do. All rescuers should be supported in this by their organisations. We also believe these recommendations promote a healthier team culture and could encourage better retention of experienced members.

We would like to acknowledge the Responder Alliance (<https://www.responderalliance.com>) for their formative work and Marie Nordgren, Naomi Dodds, Jonathan White and others for their authorship. More detailed guidance is likely to become available in 2024. No evidence grading has been possible for this recommendation. It is based on consensus opinion. Comments are welcome; please send them to: mountain.medicine@alpine-rescue.org

Recommendations:

We have divided the larger topic of operational stress injury in to three areas where education and training can be focused.

Preparation and pre-planning	
1	Understanding exposure to stress, the formation of stress injury, its physical effects and risk factors should be part of all medical training.
2	Stress injury training should be recurring to normalize and destigmatize the discussion of emotional and mental health topics.
3	Organisations should develop a method to promote resilience and connection within its teams. This could be a resilience team within the team or other peer support to coordinate resilience efforts. Organisations should ensure there is continuous education about stress injury.
4	Mountain rescue organisations should develop strategies for the assessment of, the on going monitoring of, and the team response, to a potentially traumatising event - see (1) below - or other critical incident. For example, a line of duty death would meet the criteria. Other responding agencies should be included in this planning.
5	Successful organisations reduce exposure to stressors and proactively offer support. They should develop social cohesion and have zero tolerance policies on bullying, harassment, emotional and physical abuse.
During an incident or exposure	
6	Stress continuum utilisation - see (2) below - should be routine in the day-to-day activities of the team and the individual rescuer.
7	Stress First Aid* (SFA) should be practiced in order to provide practical, effective, and timely interventions. The five intervention principles (safety, calm, self-efficacy, connection, and hope) should be used when implementing SFA.
8	If feasible, rescuers should be able to “opt out” of traumatic exposures. Consider a “tactical pause” when there has been a major change to the mission goals. For example, a change from rescue to body recovery.
<p><i>* Stress First Aid focuses on the rescuer; Psychological First Aid embraces both rescuer and casualty/bystanders. The intervention principles are very similar.</i></p>	

After the incident or exposure	
9	After action reviews or critical incident debriefs should be timely when a potentially traumatising event is identified. The focus should be on establishing the facts of the incident, what went right and areas for improvement. Acknowledgment of the incident stressors should occur but this should not retraumatise the participants.
10	Rescuers and team leaders should understand the elements of stress injury recovery and the normal timing of the stress cycle.
11	The 3:3:3 - see (3) below - model for follow up and the traumatic stress questionnaire (4) should be utilised to provide support to exposed rescuers and agencies.
12	Mental health professionals working with SAR personnel should be familiar with the rescuers' tasks and culture of the organisation. A common language should be used consistently.

1) Potentially Traumatizing Event

TRAUMATIC EXPOSURE PROTOCOL
POTENTIALLY TRAUMATIZING EVENT (PTE) CRITERIA

<ul style="list-style-type: none"> · FAMILY CONTACT · PERSONAL CONNECTION OR EMPLOYEE INVOLVEMENT · DUTY TO ACT 	<ul style="list-style-type: none"> · MISSION INJURY/ HELPLESSNESS · EXTREMES OF EXPOSURE · OVERWHELMED/DEPLETION 	<ul style="list-style-type: none"> · INCIDENTS INVOLVING CHILDREN · COMPLEXITY OF INCIDENT · FIRST TIME EXPOSURE
--	---	---

© 2021 | LAURA MCGLADREY | RESPONDERALLIANCE.COM

2) Stress Continuum

RESPONDER STRESS CONTINUUM			
READY	REACTING	INJURED	CRITICAL
<p>Sense Of Mission</p> <p>Spiritually & Emotionally Healthy</p> <p>Physically Healthy</p> <p>Emotionally Available</p> <p>Healthy Sleep</p> <p>Gratitude</p> <p>Vitality</p> <p>Room For Complexity</p>	<p>Sleep Loss</p> <p>Change In Attitude</p> <p>Criticism</p> <p>Avoidance</p> <p>Loss Of Interest</p> <p>Distance From Others</p> <p>Short Fuse</p> <p>Cutting Corners</p> <p>Loss Of Creativity</p> <p>Lack Of Motivation</p> <p>Fatigue</p>	<p>Sleep Issues</p> <p>Emotional Numbness</p> <p>Burnout</p> <p>Nightmares</p> <p>Disengaged</p> <p>Exhausted</p> <p>Physical Symptoms</p> <p>Feeling Trapped</p> <p>Relationships Suffering</p> <p>Isolation</p>	<p>Insomnia</p> <p>Hopelessness</p> <p>Anxiety & Panic</p> <p>Depression</p> <p>Intrusive Thoughts</p> <p>Feeling Lost Or Out Of Control</p> <p>Blame</p> <p>Hiding Out</p> <p>Broken Relationships</p> <p>Thoughts Of Suicide</p>
ADAPTED FROM COMBAT AND OPERATIONAL STRESS FIRST AID BY LAURA MCGLADREY RESPONDERALLIANCE.COM			

3) 3:3:3 Protocol

3-3-3 EXPOSURE PROTOCOL		
3 DAYS POST INCIDENT	3 WEEKS POST INCIDENT	3 MONTHS POST INCIDENT
<p>Stress Continuum Check-in</p> <p>Normalization/Education</p> <p>Leverage GREEN Choices (make a plan)</p> <p>Self & Partner Awareness (Support Return to Baseline)</p> <p>Life Stressors Check-in</p>	<p>Complete TSQ</p> <p>Scores > 6 = increase risk of stress injury development</p> <p>Provide Resources for Professional Support</p> <p>Stress Continuum Check-in</p> <p>Revisit Plan to return to Green Baseline</p>	<p>Stress Continuum Check-in</p> <p>Revisit Plan to return to Green Baseline</p> <p>Offer Resources and Connection</p> <p>Offer Further check-ins if requested.</p>
© 2021 LAURA MCGLADREY RESPONDERALLIANCE.COM		

3) Traumatic Stress Questionnaire

TRAUMATIC STRESS QUESTIONNAIRE		
COMPLETE AT THE 3 WEEK CHECK-IN. ASKING THE QUESTION: HAVE YOUR RECENTLY EXPERIENCED ANY OF THE FOLLOWING?		
(AT LEAST TWICE IN THE PAST WEEK)	YES	NO
1. Upsetting thoughts or memories about the event that have come into your mind against your will?	<input type="checkbox"/>	<input type="checkbox"/>
2. Upsetting dreams about the event?	<input type="checkbox"/>	<input type="checkbox"/>
3. Acting or feeling as though the event were happening again?	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling upset by reminders of the event?	<input type="checkbox"/>	<input type="checkbox"/>
5. Bodily reactions (such as fast heartbeat, stomach churning)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Difficulty falling or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>
7. Irritability or outbursts of anger?	<input type="checkbox"/>	<input type="checkbox"/>
8. Difficulty concentrating?	<input type="checkbox"/>	<input type="checkbox"/>
9. Heightened awareness of potential dangers to yourself and others?	<input type="checkbox"/>	<input type="checkbox"/>
10. Feeling jumpy or being startled by something unexpected?	<input type="checkbox"/>	<input type="checkbox"/>

Traumatic Stress Questionnaire, C.R. Brewin et al, 2002 | used with permission