Chapter 14
Working With Medical Personnel in the Aftermath of a Mass Shooting:
Lessons Learned From Nickel Mines

Ashley T. Winch
University of Central Florida, USA

Kathryn Sunderman
University of Central Florida, USA

Deborah C. Beidel
University of Central Florida, USA

ABSTRACT

The rising number of mass casualty incidents in the United States has exposed hospital personnel to more traumatic events on the job than ever before, with research citing a lack of mental health support following such events. It is often assumed that the advanced training of medical professionals serves as a protective factor against PTSD and other mental health disorders resulting from occupational trauma. However, this notion is false, and if left untreated, these mental health issues may extend beyond personal distress and negatively impact patient care. Furthermore, not all hospital personnel who are directly exposed to mass casualty incidents have advanced medical training, and many of these individuals have had no experience with these types of traumas. This chapter outlines planning and implementation measures that hospitals can take prior to a mass casualty incident occurring, followed by steps, strategies, and supports that can be deployed once a hospital has become a treating facility for victims of a mass casualty incident.

DOI: 10.4018/978-1-7998-8813-0.ch014

INTRODUCTION

On October 2, 2006, Charles Carl Roberts entered a one-room schoolhouse in the Amish community of Nickel Mines, Pennsylvania. He lined up the ten young girls who were in the schoolhouse and shot them each in the head at point blank range. The result was five girls died and five were severely wounded. The shooter then killed himself. The Amish community asked for privacy during that time. As a psychologist working at one of the medical centers where some of those girls were sent for treatment, one of the authors of this chapter (DCB) was called to help the staff and the community deal with this horrific event. What follows is a personal assessment of the medical center's response and some personal lessons learned.

It is fair to say that at the time of this event, the medical center was caught by surprise. School shootings were not as prevalent in 2006 as they have become. Psychiatric and psychological services had never discussed a response plan for such an event. Some actions went well – the medical center protected the affected families from the press. But as a whole, the medical center was not prepared to deal with the incident's complicated aftermath. There was no plan to deal with the number of members of the Amish community that would come to the hospital to await news of the children's condition. Keeping the press away from the community became a challenge.

Likewise, there was no plan to deal with the psychological reaction of the first responders and the medical center staff. Even individuals who might be assumed to have experience dealing with gunshot wounds were overwhelmed by the number and nature of the injuries, not to mention the ages of the children. Additionally, there was minimal attention given at the time to the non-medical members of the hospital community – such as chaplains and environmental services staff- who were unprepared for what they would see and hear.

Furthermore, initially, there was no coordinated plan to reach out and work with the hospital staff who were affected by the trauma. Independent efforts were occurring with emergency room personnel and critical care units, but certain departments such as radiology and environmental services were completely overlooked. By the time that a comprehensive plan was in place, it was too late – many hospital staff felt unsupported and ignored. Difficult lessons were learned. First, there is a need to expect the unexpected and prepare for the unthinkable. Second, communication needed to be swift and there needed to be a planned outreach to all staff, both at the time of the event and in the weeks and months afterwards. Below we discuss the sparse literature that is available for working with medical personnel after the occurrence of mass shootings/mass casualty events and we propose a plan for assessment/intervention to maintain staff mental wellness in the aftermath of these events.

BACKGROUND

The public tends to assume that individuals who are in the medical field, because of their medical training, are more resilient to traumatic events and the resultant medical casualties, such as the often horrific nature of gunshot wounds, than the general population. Certainly, clinical training emphasizes the need to be objective, and perhaps even detached, when engaged in clinical care. This assumption, however, is not absolute. For example, Dr. Albert Wu, a professor of health policy and management at Johns Hopkins School of Public Health notes that "it's not a matter of if clinicians are going to experience trauma while providing care, but when and how often" (Paturel, 2019).