



## Medical/Mental Health

### **POTENTIALLY TRAUMATIC INCIDENTS/PRE-EXPOSURE PREPARATION**

Potentially traumatic incidents are events in which an individual experienced, witnessed, or was confronted with a situation that involved actual or threatened death or serious injury to themselves or others. A person is not considered to have been “traumatized” unless their reaction to the event involved intense fear, horror, or a sense of helplessness. Most persons, including those who experienced intense fear or helplessness, will tolerate such incidents without experiencing significant distress. For those few who do experience challenges coping, the stress reactions typically represent normal reactions to these challenging situations (i.e., being upset by the event) and do not necessarily signal something is wrong or unhealthy about the individual’s response. A few individuals may experience more significant symptoms of distress, such as post-traumatic stress reactions, for which effective treatment is available. Examples of such high stress incidents include manmade or natural disasters, combat, acts of terrorism, mass casualty incidents, acts of violence (with and without fatalities), being kidnapped or incarcerated as a prisoner of war, pandemics and accidents.

### **Signs Wingmen Should Know/Look For**

- Prior mental health issues or difficulty coping with stress.
- Few connections to the unit or community
- Appear to be in shock, display disorganized behavior (e.g., don’t understand their situation or are unresponsive to their surroundings), or are unable to engage in behavior to meet the needs of themselves or their family.

### **Recommended Wingman Action**

- Ensure all personnel are safe and accounted for.
- Help others obtain medical care for physical injuries.
- Ensure all personnel have basic needs, such as shelter, clothing, food, water, medications, and hygiene.
- Encourage the individual to talk and listen to their concerns.
- Maintain awareness of the status of all affected personnel.
- Direct personnel to helping resources as necessary.
- Communicate with leadership.

### **Leadership Considerations**

- Minimize exposure to environmental stressors (e.g., heat, cold, noise, potentially disturbing visual scenes).
- Deliver a historical/informational group debriefing to provide factual information about the event and prevent the spread of rumors.
- These briefings should be delivered with the assumption that affected individuals are coping well.
- Be attentive to the needs of family members and the community as a whole.



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- Continuously evaluate the environment for additional threats and ensure that needs continue to be met.
- Foster unit cohesion.
- Encourage able survivors to actively engage in practical and familiar tasks rather than passively wait and watch events unfold. Maintaining usual routines, when feasible, can provide a sense of normalcy.
- Assure facilities are available for washing hands, clothing, and taking showers after each shift for those involved in disaster recovery.
- Plan team activities to help members relax and to stay socially connected (e.g., regular physical activity).
- Keep chaplains and other Traumatic Stress Response (TSR) team members available and fully informed about what is happening.
- Persons who have difficulty with disaster recovery/body handling tasks often do not want to be dismissed from the mission because it may lead to a sense of personal failure or that they have let the team down. If possible, assign such members to another task to which they can contribute, but do not use the member's desire to continue work as the sole factor determining assignment of duties.