

## SCENARIO 4 - Hospital porter

### Content warning

Please be aware the following scenario contains depictions of A&E response to a major incident, reference to death and injuries in children (no details), and the emotional and moral harm this causes for staff. Please consider your potential emotional responses to these topics before engaging with this scenario and related discussions.

### Context

A Hospital Porter in their early 60's has been working in the NHS for the last 10-years, following redundancy from a factory job. They were attracted to the role as it was active, rather than desk-based, enjoying the buzz of a busy environment and being part of the team caring for patients and their families. The Porter is very much a people person, building connections to offer support in times of need, helping patients and their families to feel at ease through chat and 'banter' that make hospital visits and stays as pleasant as possible. After 10-years the Porter is experienced in their role, they know the hospital like the back of their hand and have established friendly relationships with other porters and many of the nursing staff and health carers.

### Scenario

A major incident resulted from of a multi-vehicle pile-up on a motorway with multiple seriously injured casualties being brought to A&E via ambulance and air-ambulance, followed by walking wounded. This completely overwhelmed A&E, leading to a major incident being declared and all other casualties diverted to other hospitals in the area. A bus carrying school children was one of the vehicles involved in the incident and children were arriving with horrific injuries, including very damaged limbs. Seeing these children suffering was exceptionally distressing. The Porter was transporting a child to theatre, accompanied by the child's parents and a medical team, including a nurse. Whilst in the lift the child arrested, the team was unable to resuscitate the child, and they died. The parents were distraught, screaming in distress.

There is a protocol in place in mass casualty events where the dead are all taken to a designated mortuary, and families are not permitted to accompany or immediately 'visit' the bodies of their loved ones. This is because bodies form part of the incident investigations by police, requiring a managed process for formal identification. Knowing this, the Porter radioed down to ask what should happen to the child and was instructed to take them to the temporary mortuary. The nurse who was also present explained to the parents that they were not able to remain with the body of their child. This wasn't something they could accept, clinging to the side of the bed begging for

more time to say goodbye properly. The nurse looked the Porter direct in the eye and told them to leave with the child. The Porter had to more-or-less push the parents away from the lift door to close it. They weren't even able to cover the child's body properly which felt so undignified for the child. It all seemed so brutal, surely the parents could have had more time. In the end as the lift was going to the temporary mortuary other staff got in. This added to the Porter's sense that preventing the parents from coming feel wasn't justifiable.

The Porter was in a terrible state: shaking, could barely walk, distraught by what they had been required to do. The A&E sister recognised that the Porter was struggling and sent them on a break. The Porter headed outside. They slumped down against a wall, crying – a grown adult weeping. Despite major incident training, this just felt different – the bodies being tagged here were real, children had died. Everyone had done their jobs as per the training, zones were set up, protocols were followed. But nothing prepares staff for chaos of an actual event – the smell of blood, everyone rushing around with no time to process what was going on, families crying and in distress - and with this one involving so many children it was even more difficult.

Whilst the Porter was sat outside the Chaplain, who was a smoker, came out and walked over to join them. They offered comfort by holding the Porter for several minutes until they could talk. The Porter was extremely distressed, feeling overwhelmed by the awful state the parents were in. Having children themselves, the Porter couldn't imagine the shock and grief the parents must be feeling. The Chaplain knew what it had been like in A&E – they had just come from the same place. They spent time listening to the Porter describe what they had just experienced, supporting them to open-up about how they were feeling. The Porter felt bad keeping the Chaplain away from the parents and children who needed them, but the chaplain reinforced that the Porter was important too.

The Chaplain asked if it might be nice to say a prayer for the child who had died, and for their parents. While the Porter isn't religious, they found that saying a prayer did help to 'pass-over' the responsibility to God or something like that.

Following the prayer, the two talked some more. The Chaplain asked the Porter why they felt so responsible for things they were powerless to change, given there could be no good outcome for the parents in this situation. Whilst it didn't click at the time, the Porter thought about this afterwards and acknowledged that they had done everything they could. They had stayed calm when it mattered and had been as kind and compassionate as they could be, whilst following the protocols.

Before leaving, the Chaplain invited the Porter to drop into the Chaplaincy in a few days to chat some more, which the Porter did - they found it helped to talk. The Chaplain was able to signpost the Porter to other sources of staff wellbeing support and to let the



Porter know about a service that the Chaplaincy had arranged after the de-brief. The Porter went along to the service, with lots of other people who were on shift that day. The Chaplain told the Porter that they would try to ensure that people like the porters were invited to the formal de-brief alongside the clinical staff. They all found it comforting to have space and time to acknowledge and reflect on the events of that day.

Whilst the Porter felt slightly embarrassed that the Chaplain had found them in such a distressed state on that day, they will be forever grateful for the unexpected exchange that helped them to make sense of what had happened. The Porter now encourages other porters, nurses, and health carers that they work with to speak to a Chaplain (as well as other hospital wellbeing professionals) if they are feeling upset. It isn't about religion and God; they are really good listeners who can help to untangle things.