VIEWPOINT

The community as first responder and as support for professionals in the event of disasters

La comunidad como primer interviniente y como ayuda a los profesionales en caso de catástrofes

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Major catastrophes, whether natural disasters or mass casualty incidents, represent one of the greatest operational challenges for emergency and urgent care services because, by definition, they result in physical and psychological damage that exceeds the immediate response capacity of traditional local resources.[1] The history of disaster management shows that, following a massive traumatic event, a critical evolution of the situation occurs, whose magnitude and public impact are defined by the flow of available information and by the emerging experiences and needs of the affected population.[1]

A recent epitome of this was the railway accident that occurred in the municipality of Adamuz, Córdoba (Spain), on January 18th, 2026, when the collision of 2 high-speed trains created a scenario of chaos and destruction in an area difficult to access between tunnels and gorges. In this context, where the initial professional response was hindered by the distance to reference healthcare centers, the terrain, and the volume of victims, with a toll of 39 deaths on the first day and > 150 injured individuals, an unexpected but vital operational force emerged: the community.[2]

The approximately 4,000 inhabitants of Adamuz mobilized spontaneously to act as community first responders at the scene, providing information to emergency services, first aid, shelter, and logistical support.[2] This citizen response highlighted a fundamental premise for the modern approach to catastrophes: the community transcends the mere group of victims and emerges as a strategic component of the emergency system and therefore must be formally integrated as an immediate support network.[3]

For community support to become a force multiplier and not evolve into what some professionals describe as an organizational nightmare, it is essential to establish a structure of intersectoral collaboration that avoids fragmentation of services and the feeling of collective helplessness.[4,5] In the case of Adamuz, the rapid mobilization of citizens allowed basic needs to be covered before the logistics of emergency services could be fully deployed, demonstrating that local resources play a relevant role in intervention plans.[2] For this participation to be safe and effective, it must be accompanied by adequate community awareness that clarifies the limits of action, promotes respect for personal and collective safety, and facilitates progressive coordination with professional systems as they are activated.[3,6]

It is essential that citizens understand that their role is not clinical or therapeutic, but one of accompaniment and practical assistance. A fundamental pillar for this is the strict delimitation of the competencies of community responders, with tools such as psychological first aid (PFA), which allow a humane, practical, and mutual support response in the absence of professionals.[1,3,7] Community responders trained in PFA should follow the fundamental principles of look, listen, and link. In the observation phase, they must assess environmental safety to avoid additional risks and identify individuals with urgent basic needs or severe distress reactions.[3,7] During the listening phase, their role is to approach respectfully, inquire about victims' concerns, and listen actively and compassionately to those who wish to speak, helping to maintain calm through a reassuring presence without pressuring for detailed information.[3,7,8] Finally, in the linking phase, the community responder facilitates access to resources and helps victims reconnect with loved ones and social support networks. Proper execution of these actions establishes the foundation for the emotional stability required to begin long-term recovery and prevents both infantilization of survivors and overburdening of advanced health and social care resources (Table 1).

One of the most important lessons to convey to the public is that PFA should never be confused with professional counseling. The community responder

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Article Information: Received: 20-1-2026. Accepted: 23-1-2026. *Online:* 2-2-2026.
Editor in Charge: Òscar Miró.

Table 1. Framework of actions for community responders

Type of assistance	What community responders can do	What community responders should not do
First contact	Introduce themselves with name and organization; ask permission to help; speak calmly and respectfully.	Force help on someone who does not want it; be intrusive or pressure the person to talk.
Emotional support	Listen actively; validate that emotions are normal; help with slow breathing.	Provide clinical therapy; force recounting of the experience; say "it's not that bad."
Practical assistance	Provide water and food; give accurate information; protect from media and bystanders.	Make false promises; give fabricated information or spread rumors; charge money for assistance.
Safety and triage	Observe environmental hazards; identify severely injured individuals; refer to healthcare personnel.	Put themselves at risk; move severely injured individuals without medical training.
Social connection	Help contact family members; keep families together; promote mutual support.	Separate children from caregivers; isolate individuals from their support network.

must avoid forcing victims to recount the traumatic event in detail immediately, as this is ineffective and may increase the risk of later problems.[3,7] Similarly, community responders should refrain from making false promises, positioning themselves as primary sources of support, or providing unverified information, as this undermines mutual trust and may trigger emotional reactions such as anger or despair when expectations are not met.[8] Respecting privacy, avoiding judgment of survivors, and recognizing one's own personal limitations protect both the victim and the responder from emotional exhaustion or compassion fatigue. For the latter, self-care of the community responder is essential, as well as knowing when to stop, disconnect, and manage one's own grief[3,7] (Table 1).

Effective management of this solidarity-driven energy requires that professionals involved in mass casualty incidents and catastrophes lead the process and integrate community responders under coordinated command that maintains a coherent and operational structure. Effective organization ensures that support systems are aligned with real needs and that humane treatment and relationships form the foundation of the intervention.[5]

The community-based approach to catastrophes cannot be limited to a purely medical technique but must evolve toward an integrative model in which the community facilitates interventions by health and social care professionals.[5,6] The solidarity observed in Adamuz demonstrated that the potential for assistance within a united community is immense.[2] However, for this force to be truly effective and safe, it must be coordinated with emergency and urgent care services and avoid disorganized actions, such as informal transport of affected individuals to private homes, while ensuring traceability of victims.[5] Similarly, community responders lack the training and resources necessary to perform technical patient mobilization, complex extrications, or specialized rescue maneuvers.[9] Therefore, community training should focus on strengthening self-efficacy and sense of coherence so that responders can identify the type of care individuals need.[10] In this regard, implementation and dissemination of community campaigns focused on awareness and training in PFA during catastrophes help prepare potential responders.[10,11] Although spontaneous evacuations occurred in the early stages of the Adamuz catastrophe due to the initial absence of professional resources, these actions should be understood as exceptional responses to an extreme situation and not as replicable intervention models.[2]

In conclusion, the humanitarian catastrophes experienced in recent years should promote the development of a resilient society capable of protecting human dignity and the health of all its members in times of greatest vulnerability. Scientific evidence consistently shows that perceived social support is the factor that most positively influences recovery after massive trauma. By strengthening these socio-community networks and promoting tiered support systems, the response not only addresses the immediate medical emergency but also contributes to the biopsychosocial recovery of individuals. The synergy between professionals and community responders is the only guarantee that, in the face of the next catastrophe, the response will be as humane as it is efficient.

Conflict of Interest Disclosures: None reported.

Funding: The authors declare the non-existence of funding related to this article.

Ethical responsibilities: All authors have confirmed the maintenance of confidentiality and respect for patients' rights in the author's responsibilities document, publication agreement and assignment of rights to EMERGENCIAS.

Article not commissioned by the Editorial Board and with external peer review.

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