



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## Policy for Preventing and Managing Critical Incident Stress

<b>Document reference number</b>	<b>HSAG 2012/3</b>	<b>Document developed by</b>	<b>National Health &amp; Safety Advisers' Group</b>
<b>Revision number</b>	<b>1.0</b>	<b>Document approved by</b>	<b>HR Operational Performance Group</b>
<b>Consultation with trade unions complete</b>	<b>14 September 2012</b>	<b>Presented to National Joint Council</b>	<b>18 September 2012</b>
<b>Approval date</b>	<b>18 September 2012</b>	<b>Responsibility for implementation</b>	<b>As defined in the Corporate Safety Statement</b>
<b>Review date</b>	<b>September 2014</b>	<b>Responsibility for review and audit</b>	<b>Area HR Directors AND HR Services</b>



**Table of Contents:**

1.	Policy statement	4
2.	Policy framework	4
3.	Definitions	4
4.	The role of the manager	5
5.1	Prevention of traumatic responses to critical incidents	6
5. 2	Managing responses to critical incidents	6
6.	Review of policy	9
	References	10

## 1. Policy statement

The Health Service Executive's (HSE) policy for the prevention and management of stress following exposure to a critical incident or traumatic stressor is an integral part of our overall workplace stress policy, **Prevention and Management of Stress in the Workplace**<sup>1</sup> and should be read in conjunction with it. Providing support to employees who may be exposed to critical incidents in the course of their work is part of a continuum of care that the HSE seeks to provide to all its employees. Responsibilities for promoting employee wellbeing, identifying potentially traumatic stressors, assessing risk and intervening as necessary, which are outlined in the workplace stress policy, apply equally to this context.

## 2. Policy framework

The critical incident stress policy outlines our response to employees affected by potentially traumatic events which are outside their normal work experience. We need to respond to these in a way that is qualitatively different to that in normal work situations. Because individuals experience critical incidents in different ways and vary in their reaction to similar events - what may be traumatic for one may not be for others - it is not possible to make rigid recommendations for all situations and employees. As our workforce is not a homogenous group, different groups of staff will have different work experiences and contexts and as a result, will have different needs. Therefore, an appropriate response for residential child care staff or community based social workers will be different to that required for ambulance or accident & emergency staff. Staff in each area of work should be involved in identifying potential stressors and effective ways to minimise or manage such situations. Each service should develop its own guidelines, based on the framework set out in this policy.

## 3. Definitions

The World Health Organisation defines a **critical incident** as 'an event out of the range of normal experience – one which is sudden and unexpected, makes you lose control, involves the perception of a threat to life and can include elements of physical or emotional loss.'<sup>2</sup> Often such events are sufficiently disturbing to overwhelm or threaten to overwhelm a person's coping capacity. Research has shown that multiple deaths, gruesome injuries, exposure to human remains, injuries to or death of children, or people known to us, are particularly distressing<sup>3</sup>.

Most people would be severely shaken by a critical incident, but are likely to recover from its impact soon after. However, for some people, the full impact of a critical incident only becomes apparent after several weeks, when serious symptoms emerge. After effects may include disturbing flashbacks, sleep difficulties, nightmares, memory loss, depression, a sense of numbness, and other symptoms that are also associated with stress. This is referred to as **post traumatic stress**. If it occurs within one month of the critical incident, it is called **acute stress**. Repeated exposure to critical incidents makes some people more effective in how they cope with them, but it may also make a person more sensitive to subsequent incidents and thus trigger an accumulated traumatic reaction.

Although only a small percentage of people who experience critical incidents will develop serious symptoms, the gravity of the impact on these people requires special care. The HSE aims to provide such care and where possible, seeks to prevent incidents, reduce their impact, and support those affected.

#### **4. The role of the manager**

Your role as manager, through your organisational position and understanding of the service area, is crucial. You must prepare for and support your staff through and after any critical incidents that they may encounter in the course of their work. In carrying out these responsibilities, you may avail of further guidance and support from the Occupational Health Department, Employee Assistance Programme or other designated persons in your area. Employees must be advised of the Serious Physical Assault and Injury Grant Schemes.

Your support should focus on your staff's well-being. A minority of people who experience significant or prolonged reactions to critical incidents may need longer term support. As well as providing access to appropriate professional support, this might include social, financial and organisational measures. In such cases, you should assess each person's needs with the help of Occupational Health and Employee Relations services as required.

You must be clear about your role with regard to supporting staff who encounter stress in the workplace. We recognise that you will require training and support to carry out these responsibilities and aim to provide this. Please also consult the HSE's Policy for Prevention and Management of Stress in the Workplace referred to earlier and its strategy for the management of violence and aggression in the workplace<sup>4</sup>.

## 5.1. Prevention of traumatic responses to critical incidents

The general guidance outlined in the HSE's Policy for Prevention and Management of Stress in the Workplace is relevant here. We also need to make special provision for critical incidents, particularly in service areas where employees are more likely to be exposed to such incidents in the course of their work, such as ambulance or accident and emergency staff. In these services, we need to focus on making staff aware of: (a) the possible impact these events may have, (b) potential ways to minimise negative effects, and (c) the supports available to them, such as Occupational Health, Employee Assistance, Staff Counselling and Peer Support workers. We also recommend that you encourage team working, have good arrangements for supervision and for after shift wind-downs, and use an external facilitator, where needed.

## 5.2. Managing responses to critical incidents

How we support staff members after a critical incident is very important. Early and appropriate intervention can help reduce the effects of stress and minimise the possibility of further problems developing later. Interventions at the initial stage should be simple, pragmatic, local and informal. Our primary focus should be on providing care and minimising further stress.

The core elements required to meet our legal obligations to provide a duty of care to our employees are set out below. This framework is based on an extensive review of models of best practice and has been adapted from Devilly and Cotton's<sup>5</sup> suggested guidelines for organisational practices and is in line with the UK's National Institute for Health and Clinical Excellence's<sup>6</sup> guidelines.

In the event of a critical incident or potentially traumatic event, managers should ensure that the following actions are taken:

- i. **Ensure that all employees affected have access to immediate practical and social support during and immediately after the event**
  - a. The practical support they need will vary depending on the circumstances but may include:
    - help with practical arrangements like transport home or contacting a family member;
    - providing refreshments – tea, coffee (no alcohol);
    - providing cover to allow for 'down time'. This does not necessarily mean going off duty - it may be better to keep those affected together in the immediate aftermath of an incident so that they can compose themselves, talk about what has happened and support each other.

- b.** Social support means the everyday expression of care and listening to the concerns of those affected. It is not clinical in nature and should involve:
- contact from the person's immediate manager to acknowledge what has happened, express concern, provide social and practical support and to recognise the efforts of staff,
  - contact with colleagues,
  - the presence of a respected and trusted colleague or designated person in their area of work, such as a Peer Support Worker, who is able to talk to staff who witnessed the event or to people affected by it who are concerned about how to cope.

Take care to identify any staff, patients or bystanders who may have been affected by the incident and respond appropriately to their needs.

**ii. Make employees aware of the Occupational Health, Employee Assistance and Staff Counselling services and enable them to attend if they request it.**

Early access to emotional support and follow up with our employee support services after an event shows our genuine support for our employees. It is not intended as a clinical intervention at this stage but does provide an opportunity for employee support clinicians to check for possible post-traumatic reactions.

**iii. Provide factual information and normalise people's reactions (not symptoms');**

- a.** People who are involved in any way in a critical incident have a strong need for information after the event: What happened? Who was involved? Who is affected (injured, dead)? What documentation needs to be completed? Who needs to be informed? Will there be an investigation? What will be required of them?
- b.** The presence of a senior manager after the incident who can convey accurate information about what has happened and outline plans to address the situation can reduce anxiety, quash rumours and re-establish a sense of order.
- c.** At a national or regional level, a well-informed and managed telephone help-line may be the best approach. At a local level, the presence of the manager is preferable. There should be regular, meetings with all those involved as the situation evolves, particularly if there is an investigation involving filling in reports or interviews with Gardaí.

- d. As part of 'normalising reactions', you should offer people affected by the event information about the normal responses to critical incidents so that they can better understand their own reactions to it. People with relevant training and experience should provide this information - not necessarily clinical professionals. Employees should not have to attend such an information session if they don't wish to; attendance should be on a voluntary basis.
- e. Give information leaflets on critical incidents in the workplace and the support services available to all those potentially affected by an event.

**iv. Promote proactive problem solving**

Research indicates that encouraging people to take an active role helps them to feel more in control of situations. The Work Positive research carried out in the HSE has stressed the importance of enabling staff to come up with their own solutions to problems and ways of coping with difficult work situations. This is particularly important when dealing with the aftermath of a critical incident. In general, you should encourage staff to use coping strategies they consider most effective in their work context. Do not impose specific strategies but give general advice about taking care of themselves, such as not drinking too much alcohol.

**v. Monitor staff to identify people who may be at-risk**

As well as meeting immediate support needs, you should follow up with staff affected by a critical incident or other form of potentially traumatic situation. For people who are particularly distressed, this might be within 24 hours. For others, follow-up within 4 - 14 days, depending on the circumstances, would be appropriate. How and when you follow up should always be proportionate to the individual situation and the level of distress the employee shows.

This follow-up will give you the opportunity to check for symptoms of post traumatic stress such as depression, avoidance behaviour or intrusive phenomena. If you have concerns about any member of staff after a critical incident, you should seek guidance and support from the Occupational Health, Employee Assistance or Staff Counselling providers or other relevant designated persons. These specialist services will help you to identify possible 'at risk' staff who can then be followed up appropriately.

It is important for you to be vigilant and supportive, particularly at the following times: immediately after the incident, before going off duty, during any absences from work, prior to and on return to work, and during any investigation or legal proceedings, such as an inquest.



**vi. Provide speedy access to early intervention for people who report on-going distress.**

Only a small minority of employees will need specialist support but for those who do require it, it is important that they access it quickly. You should be aware of the arrangements for referring people to the various support services so that timely and easy access can be arranged if required.

**vii. Ensure that appropriate organisational liaison and feedback occurs**

The support services treating affected employees should provide a link between the staff involved and management. They should take care to separate concerns relating to the incident from other pre-existing, unrelated workplace issues.

In the case of a critical incident occurring in your area of responsibility, you should review key aspects of how it was managed, involving all stakeholders, to determine what changes need to be made to the existing policy or work practice. In some instances, it may be useful for an external facilitator to carry out such a review.

**6. Review of policy**

This policy should be regularly updated to remain in line with research developments. Policy reviews must take account of any recommendations from a process review of a major event or of relevant new research. In reviewing this policy, we recommend that the HSE continues to liaise with those with relevant expertise in this field.

## References

You can access all Health Service Executive policies, strategies and other documents on <http://hsenet.hse.ie>

<sup>1</sup>Health Service Executive's *Policy for the Prevention & Management of Stress in the Workplace, September 2012*)

<sup>2</sup>World Health Organisation. (2006). *Stress Management in Emergency Deployment*. Retrieved on 19 Nov 2008 from <http://www.who.int/en/>.

<sup>3</sup>The Ambulance Service CISM Committee. (2008). *Report on the National Ambulance Service Stress Survey*. Dublin: Ireland

<sup>4</sup> McKenna, K. (2008) *Linking Safety and Service: Together Creating Safer Places of Service*. Health Service Executive; Ireland.

<sup>5</sup>Deville, G.J. & Cotton, P. (2003) *Psychological Debriefing and the Workplace: Defining a Concept, Controversies and Guidelines for Intervention*. Australian Psychologist

<sup>6</sup>National Collaborating Centre for Mental Health (NCCMH). (2005). *Post- Traumatic Stress Disorder: The Management of PTSD in Adults and Children in Primary and Secondary Care*. London: Gaskell and BPS.

<sup>6</sup>National Collaborating Centre for Mental Health (NCCMH) (2005) *Post-Traumatic Stress Disorder: The Management of PTSD in Adults and Children in Primary and Secondary Care*. London: Gaskell and BPS.

## HSE's Policy for Managing Critical Incidents

**In the event of a critical incident or potentially traumatic event, managers should:**

**1.** Ensure all employees affected have access to immediate practical and social support.

**2.** Make all employees aware of availability of Employee Support Services and facilitate access to them for those who request it.

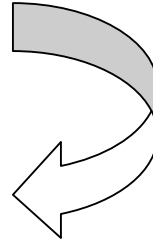
**3.** Provide factual information about the incident and its aftermath and possible stress responses to it.

**4.** Provide general advice about self-care and encourage employees to identify ways of coping that suit them.

**5.** Monitor staff to identify people who are particularly distressed and who may be 'at risk'

**6.** Arrange speedy access to specialist support for 'at-risk' employees.

**7.** Liaise with senior manager and Employee Support Services to ensure HSE takes any positive actions required in the light of the main issues presented by employees following incident.



**While managers have the primary responsibility for dealing with stress, they may seek guidance and support from Occupational Health / Employee Support Services or Employee Relations at any time.**