

EAST DUNBARTONSHIRE COUNCIL

POLICY AND PROCEDURES

FOR MANAGING CRITICAL INCIDENTS AND

TRAUMA

Reviewed 30th September 2004

**EAST DUNBARTONSHIRE COUNCIL
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East Dunbartonshire Council

Policy and Procedure for Managing Critical Incidents and Trauma

1.0 INTRODUCTION

East Dunbartonshire Council has a statutory and common law duty of care for the health, safety and welfare of its employees.

It recognises that employees may be exposed to traumatic situations and critical incidents arising from workplace activities, external events or personal circumstances.

Such situations have the potential to produce traumatic stress reactions. Ineffective or inappropriate management of these reactions may impact on the health and wellbeing of individuals.

It is the policy of the Council to manage such situations effectively and to support those affected.

This policy seeks to provide guidelines for the prevention and reduction of traumatic stress and to provide guidance to all East Dunbartonshire employees concerning their roles in the management of traumatic stress reactions. It will be supported by appropriate information and training.

The policy aims to support the objectives of the Council's Emergency Plan whilst complying, so far as is reasonably practicable, with both primary and subordinate Health and Safety legislation including the Disability Discrimination Act.

It reflects the Council's acceptance of its legal, ethical and economic responsibilities and aims to reduce the risk of legal action.

It is complemented by the Council's policies on Stress, Maximising Attendance, Addiction, Domestic Abuse, Violence at Work, Retirement and Suitable Alternative Employment due to Incapability.

It supports the content of the Council's and Directorates' Health and Safety Policies, as required by the Health and Safety At Work, etc. Act 1974.

2.0 AIMS

The policy aims to raise awareness of and support the need to:

- Identify and recognise either personal or workplace situations where and when employees may be at particular risk
- Take steps to reduce or eliminate identified risk
- Recognise the symptoms and behaviours associated with traumatic stress
- Monitor and support affected individuals appropriately, both in the short- and long-term.

3.0 DEFINITIONS

3.1 Critical Incident or Traumatic Event:

A critical incident or traumatic event can be defined as, “**any sudden, unexpected event, outside the range of normal experience, where life or its basic premises are threatened**”.

This can be any experience which invokes unusually strong emotions, causes pervasive distress and overcomes the normal coping abilities of an individual.

Employees may experience trauma-related stress when exposed to either single or multiple traumatic events or critical incidents either in their personal lives or in the workplace. Inappropriately managed, this may potentially develop into Post - Traumatic Stress Disorder (PTSD).

Traumatic stress reactions may be more likely to occur under the following circumstances:

- Where a person has either witnessed an event(s) involving actual or threatened death or serious injury to others or has experienced the threat of death or actual or threatened serious injury to self. This may include serious accidents, personal assault, whether physical or verbal, violent crime, major disasters and diagnosis of life-threatening illness.
- Where a person has learned about such an event affecting a family member or close associate.
- Where a person has been involved in extended periods of threat or danger.
- Where a person has been repeatedly exposed over time to difficult, interpersonal, line of duty events involving human suffering, distress or confrontation.

Some employees, by the nature of their particular jobs, may be at more risk of exposure to traumatic circumstances than others. For example, it is known that those working in the transport industry or with heavy machinery are at higher risk of being involved in or witnessing serious accidents.

Employees working in a caring capacity with members of the public may be at more risk of **repeated** exposure to a traumatic situation, e.g. home carers and social workers. However, there should also be an awareness that other jobs may also be at risk which may be less obvious, for example, administration posts within the Registry Services would deal with bereaved people on a regular basis.

Employees working with the public in any capacity can be at risk of exposure to repeated psychological trauma, for example, housing and leisure-related services.

3.2 Traumatic Stress Reactions:

Traumatic stress reactions are a normal response to an abnormal situation(s). However, the symptoms can be unpleasant and even terrifying for the affected individual.

Though unpleasant, traumatic stress reactions are an initial, temporary coping mechanism which allow people to deal with a disturbing experience(s) in the short-term and can, over the longer-term, help the individual to come to terms with the traumatic experience(s). However, the symptoms may temporarily impair normal functioning and performance, both in the workplace and in the individual's personal life.

Individuals experience traumatic stress symptoms in different ways and symptoms may appear a considerable time after the event.

However, common reactions include:

- Fear of breaking down, losing control, harm to loved ones or a similar event repeating itself
- Survivor guilt or feeling that more could have been done to prevent the tragedy
- Anger at the situation or the people perceived to be responsible
- Shame at one's own role in the traumatic event, or shame at seeming unable to cope
- A sense of great sadness, numbness or feeling detached
- A resurfacing of associated or similar past memories and emotions

Common physical reactions may include:

- Fatigue, Sleep Disturbance
- Rapid Heartbeat, Breathing Difficulties
- Stomach Upset/Indigestion/Diarrhoea/Constipation
- Muscle Tension, Aches and Pains, Headaches
- Loss of Appetite/Overeating and Loss of Sexual Drive

They may also experience:

- Lack of concentration, short attention span, loss of focus in thinking and impaired short-term memory
- Loss of memory immediately preceding and following the traumatic event
- Nightmares or mental and emotional flashbacks of the event
- Being over-alert and easily startled
- Hyperactive behaviour
- Social withdrawal or avoidance of anyone or anything associated with the event
- Mood swings, irritability and being on a "short fuse"

As these reactions may affect relationships, both at home and in the workplace, they may lead to secondary problems, as the individual may withdraw from relationships or indulge in continuous diverting activity. They may be perceived as "coping" when they really need support.

Some individuals may also adopt negative coping strategies such as overusing or misusing alcohol or drugs (please refer to the Council's Addiction Policy). Research has shown that some cases of alcohol/drug addiction have arisen from untreated post-traumatic stress disorder.

3.3 Post-Traumatic Stress Disorder (PTSD)

Post –Traumatic Stress Disorder (PTSD) sufferers tend to display three particular types of symptoms in addition to or to a greater degree than those already described:

- Reliving the event through vivid or terrifying flashbacks and nightmares
- Avoidance of thoughts, speech, people and places which remind them of the trauma
- Extreme hyper-vigilance, e.g. exaggerated startle response and extreme anxiety

Although people exposed to traumatic events are expected to show some reaction in the aftermath, Post-Traumatic Stress Disorder is an extreme manifestation of the symptoms.

Traumatic events which include bereavement, torture and witnessing of death appear to have a more powerful effect than other types of trauma, as does the severity of the event and the individual's proximity to it.

The closeness of the individual's relationship to other people affected is a further factor. Individuals affected in these ways may have a higher risk of developing PTSD and therefore require careful monitoring by managers.

It is likely that for most employees, the severity of symptoms will gradually decrease in the weeks following the traumatic event. However, a minority of employees may go on to develop PTSD.

Symptoms persisting for **more than one month** following a traumatic incident are grounds for concern and in such cases, managers should contact Human Resources or, where appropriate, Teachers' Welfare Officer for further advice. In addition, employees may contact their trade union, Human Resource Services or Teachers' Welfare Officer as appropriate.

4.0 RESPONSIBILITIES

4.1 Employees:

It is the responsibility of all employees to:

- Assist in identifying and reporting possible or actual traumatic incidents in the workplace. However it may well be in the best interests of the employee to advise their manager or Human Resources of any personal trauma so that it may be dealt with appropriately.
- Attend Operational Debriefing (See Section 5.2.5)
- Consider attending Defusing (See Section 5.3.2) and, where advised, follow-up medical/clinical support and counselling.

Employees who have experienced a traumatic incident and who feel they would benefit from further support may discuss their situation with their line manager or may contact Human Resources, Teachers' Welfare Officer or trade union as appropriate.

4.2 Managers:

Managers who have been made aware that an employee has been exposed to a traumatic incident or who have identified traumatic reactions in an employee, as detailed above, should refer to the accompanying Guidance and Procedures and contact Human Resources, the Council's Health and Safety Advisers or, if appropriate, Teachers' Welfare Officer, for further information.

5.0 PROCEDURES FOR MANAGERS

5.1 Critical Incident or Trauma Event – Personal

Managers may become aware that an employee has possibly experienced a personal traumatic incident as opposed to one which is related to the work environment. In such a case, the manager, with agreement from the employee, may refer the employee to Human Resources or Teachers' Welfare Officer as appropriate with regard to the support systems which may be offered.

5.2 Critical Incident or Trauma Event – Work-Related

When a manager is aware of a possible traumatic incident related to the workplace, the manager is responsible for the following:

- Activating the Departmental/School Emergency Plan, if appropriate
- Carrying out a preliminary investigation to find out the facts of the incident and make an initial assessment
- Activating the Internal Accident/Incident Reporting Procedure, where an accident has occurred resulting in an injury or a fatality
- Formally investigating the incident in conjunction with Health and Safety, Police, Human Resources and Trades Union
- Undertaking operational debriefing (See Section 5.2.5)
- Carrying out appropriate risk assessment should an employee appear to be unable to discharge their duties safely due to symptoms arising from trauma. If appropriate, the manager may authorise leave of absence in consultation with Human Resources or the Head of Service. Leave of absence authorised in these circumstances shall not be treated as sickness absence (see also 5.2.7)
- Supporting employees;
 - arranging Defusing Procedures (see Section 5.3.2)
 - contacting Human Resources/Teachers' Welfare Officer
 - arranging referral for medical/clinical support, where appropriate
 - arranging Counselling, where advised
 - taking appropriate measures within the workplace
 - monitoring and reviewing the situation over the longer term

To assist Managers, a flowchart and checklist of the above process is attached to this document as appendices.

5.2.1 Emergency Plan

In the event of a large-scale, major emergency situation, managers should act in accordance with the instructions laid down in the Council's Emergency Plan, Departmental Plan and School Contingency Plan.

5.2.2 Preliminary Investigation:

Where an incident has occurred, an informal interview should be conducted **as soon as possible** with those involved and any witnesses to ascertain the facts (i.e. what happened and who was involved) and to make an assessment as to what further steps need to be taken, as detailed below.

Managers should not press for details if they are not freely given, or, if the employee is likely still to be in shock or distressed. In this case, managers should not pre-judge the incident.

All traumatic incidents should be reported to the Council's Health and Safety Advisers and, if applicable, managers should also contact Human Resources or Teachers' Welfare Officer and provide whatever details of the incident that are available. Trade union officials of relevant staff should also be notified of any work-related traumatic incident. Useful contact names and telephone numbers are listed at the end of this document.

5.2.3 Further Investigation and Reporting:

Depending on the severity and nature of the incident, one or all of the following investigations may be necessary:

- Police Investigation
- Health and Safety
- Disciplinary

5.2.4 Police:

Where an emergency situation is developing, the police should be contacted directly by dialling 999. As soon as practicable thereafter, the Chief Executive and the Team Leader of Public Affairs /Public Affairs Officer **must be** informed.

The Police will deal with the situation as appropriate, according to their procedures. However, it is likely that the Council's internal Health and Safety Procedures will need to be initiated immediately as well.

5.2.5 Health and Safety:

Where a serious or fatal accident or injury in the workplace, arising from a workplace activity, has occurred, the Internal Accident/Incident Reporting Procedure **must** be activated **immediately** by the manager. Health and Safety must be contacted immediately and a formal investigation carried out to determine the basic and underlying causes of the accident in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), East Dunbartonshire Council's Emergency Plan and Internal Accident/Incident Reporting Procedure Reference Number PER(HS1). Formal notification to the enforcing authority will be undertaken within the appropriate time-scales by the Health and Safety section. A flowchart is attached as an appendix to assist managers with this process.

Operational Debriefing of all employees involved in the incident will be carried out by a member of the Health and Safety Section **as close as possible to the time of the incident** in order to establish the facts surrounding it. It is important that all staff involved in a critical incident in the workplace attend operational debriefing in order to comply with the Health and Safety at Work, etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999. It may be obvious who is directly affected but consideration should be given as to whether there is a less obvious group of employees who may be still be affected by the incident or it's consequences.

A report and recommendations for steps to be taken, as far as is reasonably practicable, to prevent a recurrence of the event, will be submitted to the supervising manager and appropriate Head of Service for implementation.

5.2.6 Disciplinary:

It may become apparent at the preliminary investigation stage that the incident has been caused by employee misconduct, in which case, a disciplinary investigation will also be necessary. This should run **concurrently** with any police or health and safety investigations. Further information can be obtained from the Disciplinary Policy and Procedure. Human Resources and Trades Union should be contacted, as appropriate.

It is important to ensure that employees who may be subject to a disciplinary investigation arising from a critical incident are also provided with appropriate support.

5.2.7 Risk Assessment

Regulation 3 of the Management of Health and Safety at Work Regulations 1999 requires employers to undertake an assessment of the risk(s) contained in all work activities and communicate the findings to employees.

The principles and process of risk assessment should be utilised to determine if hazards exist, who may be at risk and how to evaluate and control that risk.

Personnel trained in the application of the risk assessment process should assist managers in the identification of risk(s) and control measures required. Managers should contact the Council's Health and Safety Section for further advice and support

Immediately following an incident or some time after an incident, should a manager be concerned about an employee at work due to apparent symptoms related to trauma, the manager should try and persuade an employee to take a break or go home on paid leave as appropriate. In a case where the employee does not wish to go home but in the manager's opinion is not fit to discharge their duties safely then the manager should contact Human Resources Services as soon as possible (see 5.2).

5.3 Supporting Employees

5.3.1 Contacting Human Resources/ Teachers' Welfare Officer

For guidance, should any employee be involved in or witness any of the following workplace occurrences, managers must inform Human Resources, and, if applicable, Teachers' Welfare Officer, **immediately**, in order to facilitate an appropriate response.

- Death of an employee
- Serious injury or threat to the life of an employee
- Death of a member of the public, pupil or an individual in Council care, where a situation involves an employee either through witnessing or actual involvement in the event
- A natural or man-made disaster

5.3.2 Arranging Defusing:

Following exposure to a traumatic event in the workplace, it is advisable to provide employees, who may be in shock, with the opportunity to undergo a **defusing** process.

Defusing is a process which aims to:

- Provide affected individuals with an opportunity to make initial sense of a traumatic event by talking through what has happened
- Explain the roles of people attending the incident
- Offer reassurance and support
- Explain the additional support that is available if required and how to access it
- Identify individuals at further risk and in need of medical/clinical referral or counselling

The aim is to reduce the impact on employees of the traumatic event. Individuals are also provided with appropriate information concerning the symptoms they may experience over the next few days and the relationship of these symptoms to the traumatic event.

Defusing should be carried out **within one to four hours or, at least, the same day as** the occurrence of a traumatic incident and not usually more than twelve hours following it. Defusing will be carried out by nominated, trained personnel only who are external to the affected service or individual(s). Although attendance is voluntary, all affected staff should be given the opportunity and encouraged to attend. Arrangements for defusing can be made through Human Resources, Health and Safety Section or Teachers' Welfare Officer.

5.3.3 Taking Appropriate Measures in the Workplace:

In the immediate aftermath of a traumatic incident, and for some time after, the workplace performance of some employees may be adversely affected, depending on the stress symptoms they develop. Employees may also become more accident-prone temporarily. Managers should recognise this and make appropriate arrangements for workplace support. For example, employees operating machinery may be given alternative tasks for a period of time. As far as is reasonably practicable, support measures should be implemented **immediately**.

Attention may also be paid at this time to reducing or rearranging the employee's workload on a temporary basis or adopting a flexible attitude towards the employee's hours of work, or reducing hours worked for a temporary period.

Managers should also be aware that employees previously exposed to a traumatic event(s) may be at greater risk of developing PTSD following exposure to subsequent traumatic situations. As this is a foreseeable risk, every reasonable step should be taken to avoid further repeated exposure. For example, in certain circumstances, it may be difficult or impossible for the employee to return to the same job, and consideration may have to be given to possible redeployment.

Managers should contact Human Resources for further advice.

5.3.4 Occupational Health Service

Depending on the nature of the incident and the employee's individual circumstances, it may be advisable to obtain specialist advice from the Occupational Health Service, especially following an extended absence related to exposure to a traumatic event. For example, some employees may require physical adjustments to be made to their working environment, or may need specialist equipment or additional resources to assist them in carrying out their duties. Managers should contact Human Resources or Teachers' Welfare Officer for further advice on arranging a referral.

5.3.5 Referral for Clinical Support

Following exposure to a critical incident, it is important that employees be assessed, as part of a risk assessment procedure, to estimate the likelihood that they may develop Post Traumatic Stress Disorder at a later date. One month after the traumatic event, Human Resources/ Teachers' Welfare Officer will conduct a review of all affected employees and will make an assessment, by means of a confidential Trauma Screening Questionnaire, of whether it would be advisable to refer the employee to a clinical psychologist for support and treatment and for recommendations on how best to further support the employee within the workplace.

In case of a possible delayed reaction, affected employees will be further screened three months later and appropriate referrals made, if necessary, and once again three months thereafter.

Employees identified as being at further risk should be encouraged to attend, including paid time away from the workplace. However, it should be noted that attendance, though advisable, is voluntary.

5.3.6 Peer Support:

Peer support is a method of providing emotional first aid either **during** or **following** a traumatic event. The aim is to support a colleague to return to normal functioning by actively contacting the person affected and being willing to listen and acknowledge the feelings and thoughts they express about the traumatic event.

Peer support may also extend to easing the person's normal workload or team-working for a period of time until the person is able to cope on their own.

5.3.7 Counselling:

External confidential counselling support is free and directly accessible to all East Dunbartonshire employees.

Where an employee believes they are experiencing trauma reactions from either a personal or workplace situation, they may also access support from the Employee Counselling Service, directly, by utilising the helpline or calling for an appointment. Alternatively, employees may access counselling by contacting Human Resources.

In the case of teachers, the Teachers' Welfare Officer can offer personal counselling directly or can arrange counselling through the Healthy Return Service, if preferred.

Where a manager is concerned about the mental or emotional wellbeing of an employee following exposure to a traumatic event, or where an employee is still exhibiting symptoms of traumatic stress reaction **a month or more** after the event,

whether or not the symptoms are obviously work-related, referral of the employee for counselling may be advisable.

Although attendance is voluntary, managers should encourage staff to use this facility and allow paid time away from work to attend.

5.3.8 Monitoring:

Employees involved in a traumatic incident should be monitored for evidence of traumatic stress reactions, as described in the Guidance notes, for up to six months after an incident has occurred. This includes monitoring of employees who may not have required defusing or debriefing at the time of the original incident.

Managers should also be sensitive to anniversaries related to traumatic events.

Employees other than those directly involved may also suffer a traumatic reaction. Consequently, attention should be given to all staff following a traumatic incident.

5.3.9 Confidentiality:

Advice to managers that an employee is recommended to attend defusing, medical/clinical support or counselling is confidential information.

Where an employee attends a group defusing session, they are bound to respect any undertakings of confidentiality given at the session, in order to maintain the safety of all members of the group.

5.3.10 Review:

The effectiveness of this policy will be reviewed after each critical incident and annually from the date of implementation.

6.0 CONTACT TELEPHONE NUMBERS:

Health and Safety:	T. Brown	578 8114	Mobile: 07768 032421
	K. Bow	578 8089	Mobile: 07768 658101

Human Resources:	TJH:	578-8025
	Omnia Building	761 4831
	Connect Services:	574 5535

Teachers' Welfare Officer:	Jean Tumilty	570-2452
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Healthy Return	:	Helpline:	0800 052 1012
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Chief Executive:	Secretary	578 8082
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Public Affairs:	Team Leader	578-8152
	P.A. Officer	578-8032

Trade Unions:	Unison	578-8058
	T&G	578-8385
	EIS	772-5129

7.0 APPENDICES

APPENDIX A

TRAUMATIC INCIDENTS: CHECKLIST FOR MANAGERS

Day 1	Contact: • Police/Corporate Services • Health and Safety • Human Resources/Teachers' Welfare Officer/Trade Union Implement: • Departmental/School Emergency Plan • Immediate Workplace Support Measures Conduct: • Preliminary Investigation • Internal Accident/Incident Reporting Procedure Arrange: • Defusing (Human Resources/Teachers' Welfare Officer/Health and Safety) - counselling occupational health workplace support information • Operational Debriefing (Health and Safety) • Peer Support • <i>Special Leave of Absence for affected employee(s)</i> Ensure: • Records are kept of meetings, arrangements made or offered	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Day onwards	1	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
1 Month	Human Resources /Teachers' Welfare will arrange – • Screening for PTSD • Ongoing Monitoring • Review of Workplace Support Measures • Refer to Occupational Health/Clinical Support • Refer to Counselling, if appropriate	☐ ☐ ☐ ☐ ☐
3 Months	Human Resources/Teachers' Welfare will arrange – • Screening for PTSD • Review of affected employees (Human Resources/Teachers' Welfare Officer/Health and Safety) • Refer to Occupational Health (long-term absence)/Clinical Support, Counselling • Ongoing Monitoring	☐ ☐ ☐ ☐
6 Months	Human Resources/Teachers' Welfare will review and rescreen affected employees	☐
12 Months	Managers – be aware of anniversary and possible affect on individual(s)	☐

