

DUNDEE CITY COUNCIL

REPORT TO: POLICY AND RESOURCES COMMITTEE - 23RD AUGUST 2010

REPORT ON: CRITICAL INCIDENT STRESS MANAGEMENT

REPORT BY: CHIEF EXECUTIVE

REPORT NO: 357-2010

1.0 PURPOSE OF REPORT

This report provides details of Protocols which represent a commitment to the provision of Critical Incident Stress Management in Dundee. It specifically addresses the provision of Critical Incident Debriefing for personnel working across departments and services within the Council. It also contains details of a 'Multi-Agency Protocol for the Support Employees Affected by Critical Incidents' for use by agencies who deliver joint services, including those designed to support children and adults at risk in the city.

2.0 RECOMMENDATIONS

It is recommended that members of the Policy and Resources Committee:

- 2.1 note and endorse the contents of the report;
- 2.2 agree to the adoption of the Dundee City Council Protocol for the Support of Staff Affected by Critical Incidents and of the Multi-Agency Protocol for the Support of Staff Affected by Critical Incidents;
- 2.3 ask the Chief Executive, in his role as chair of the Chief Officers Group, to ensure the implementation of the Multi-Agency Protocol through the work of the Child and Adult Support and Protection Committees;
- 2.4 ask the Chief Executive to ensure that relevant staff are trained and equipped to take on the role of facilitators of Critical Incident Debriefing (psychological debriefing).

3.0 FINANCIAL IMPLICATIONS

None. Activities will be carried out by existing staffing within existing revenue budgets.

4.0 MAIN TEXT

4.1 Critical Incidents and Critical Incident Stress Management

All agencies involved in the planning, development and delivery of services have a duty of care for their employees. This includes the provision of care following a critical incident which has occurred within the workplace. In developing and adopting a Council-wide Protocol for the Support of Staff Affected by Critical Incidents, Dundee City Council is recognising its duty of care to employees and its role in the provision of support to staff.

Critical Incident Stress Management, including Critical Incident Stress Debriefing (or Psychological Debriefing), is a recognised system of care providing an organisational response to help promote normalisation and recovery for employees who may experience stress following a critical incident.

A critical incident is an event **outside the range of normal human experience** that would be distressing to anyone. Examples of critical incidents which can occur while at work may include:-

- the traumatic death or injury of service users and/or members of staff/co-workers;

- an event where anyone seriously harms himself/herself/others or attempts/completes suicide;
- death of a child, young person or adult from suspected violence, neglect or in any other suspicious circumstance or as a result of any other condition which may have a lasting effect on personnel;
- events which occur outside work could also be included which have an impact on staff e.g. the suicide or traumatic death of a colleague that affects personnel; and
- any incident or situation which managers consider require Critical Incident Stress Management debriefing.

4.2 **The 5 Phases of Critical Incident Stress Management**

As well as providing definitions, the protocols also details the 5 phases of aspects of critical incident stress management. These are:

1.Prevention

The identification of risks that are specific to staff working in the agencies covered by this protocol.

2.Preparedness

The planning and rehearsal of processes to be undertaken when a critical incident occurs including planning, policy and procedural guidance development, and staff development.

3. Critical Incident Response

Implementing planned procedures to ensure that information is shared, immediate changes are implemented and people are helped to deal with their trauma and are supported and helped to return to *normal* levels of functioning as soon as possible.

4. Post Critical Incident Response

Implementation of recovery processes to facilitate the return to routine including critical incident debriefing and on-going monitoring of reactions. It may also include the development and implementation of a response plan.

5. Long- term Response

This involves the resumption of regular routine, the review of existing plans and may include memorials, counselling or other employee specific support.

The type of intervention used depends on the situation, the number of people involved, and their proximity to the event. The optimum is a three-step approach that addresses the trauma at various stages of progression: defusing, debriefing, and individual followup.

4.3 **Critical Incident Debriefing**

Critical Incident Debriefing is part of a comprehensive spectrum of techniques and approaches called Critical Incident Stress Management. It needs to take place in this context and not be seen as a 'one-off' debriefing or as a stand alone method of crisis intervention. Carried out as part of a continuum of support, it is a well received intervention for most people. It is known to be useful for enabling screening, education and support. It promotes normalisation and recovery by having involved personnel discuss their thoughts, emotional reactions and the stress symptoms they are experiencing Critical incident debriefing is **not** a forum for discussion of the circumstances or details of the event.

It should be provided after an event which is outside the usual range of experiences and which challenges one's ability to cope. Such a crisis event will have an impact sufficient enough to overwhelm the usually effective coping skills of either an individual or group. It should be conducted by experienced, well-trained practitioners.

The main aims of Critical Incident Debriefing are:

- to reduce the impact of the traumatic event;
- to mitigate against acute signs and symptoms of distress, dysfunction or impairment;
- to accelerate the normal recovery process from a traumatic event;
- to normalise the stress response;
- to provide education in stress management coping techniques;
- to restore adaptive independent functioning;
- to provide a screening opportunity to identify group members who might benefit from additional support services or a referral for professional care; and
- to facilitate access to a higher level of support or care, where necessary.

This Debriefing process will often take place within the member of staff's own agency. For Dundee City Council employees this response will be governed by the Dundee City Council Protocol. When it is clear that a significant incident, such as the sudden death of a child or adult, affects staff from a number of agencies who have been working jointly, then consideration should be given to the benefits to be gained by multi-agency debriefing, governed by the Multi-Agency Protocol.

4.4 **Roles and Responsibilities**

The Protocols define the roles and responsibilities of all staff, employees, managers and senior managers within the Council. However, the Chief Executive of the Council and the Lead Officers of the Child and Young Person's and Adult Protection Committees and the MAPPA Co-ordinator have very specific roles to play.

Lead Officers

When it has been agreed that multi-agency debriefing should take place, the debriefing process will be co-ordinated through the Lead Officers reporting to the Children and Young Persons Protection Committee or the Adult Support and Protection Committee or the MAPPA Strategic Oversight Group. The Senior Manager or Manager will make contact with the appropriate Lead Officer.

The Chief Executive of the Council

In cases involving the sudden death of a service user - child, young person or adult - from suspected violence or neglect or in any other suspicious circumstance or as a result of any other condition which may have a lasting effect on personnel - the Chief Executive of the Council should give consideration to the setting up of a Critical Incident Management Group.

As well as addressing the need for Critical Incident Stress Debriefing, such a group might address the management of press releases, the conduct of pre-inquiry or pre-trial management reviews and other matters that emerge.

The Chief Executive will make this decision in consultation with his/her colleague Chief Officers.

In cases involving the sudden death of a child, young person or adult where there is multi-agency involvement, the Chief Executive of the Council, as Chair of the Chief Officers Group, should give consideration to the setting up of a multi-agency Critical Incident Management Group.

The Chief Executive will make this decision in consultation with his/her colleague Chief Officers from Tayside Police and NHS Tayside.

Where there is, or is likely to be, a criminal investigation, the Procurator Fiscal (or a representative from the Procurator Fiscal's Office) must be a member of this group.

4.5 **Action to be taken following a Critical Incident**

The actions to be taken following a Critical Incident are outlined in Appendix 3 of the Protocol - 'Action to be Taken Following a Critical Incident'. They include:

- Step 1** Manager is made aware of the involvement of an employee(s) in a critical incident by employee or others.
- Step 2** Where an employee does not know of the critical incident - they need to be told. The manager should decide how this should be done, by whom and when.
- Step 3** Manager meets with the employee, initially assesses the situation, and discusses and provides coping with trauma information (contained in Appendix 1 of the Protocol _ 'Coping With Trauma - Signs and Symptoms'). The Manager also considers the need to re-prioritise the employee's workload, including diversion of phone, change of duties etc and where appropriate offers basic support. The Manager will consider whether single agency or multi-agency debriefing should take place. The Manager will complete a record of the initial support meeting using the proforma attached as Appendix 2 of the Protocol- 'Record of Initial Support Meeting'.
- Step 4** Manager makes contact with appropriate Senior Manager who will provide the Manager with support and will also make the decision about a referral on for multi-agency debriefing.
- Step 5** Where it is decided that single agency debriefing should take place, the Manager will initiate this within his/her own agency. Where it is decided that there would be a benefit in having multi-agency debriefing the Manager or Senior Manager will make contact with the Lead Officer(s) Child and/or Adult Support and Protection.
- Step 6** The Lead Officer Child or Adult Support and Protection will initiate multi-agency debriefing using an experienced and trained facilitator.
- Step 7** Where the critical incident involves the death of a child or adult at risk, the Chair of the Chief Officers Group will be advised and will consider the need to set up a Critical Incident Management Group.
- Step 8** Following debriefing decisions need to be made about follow up activities and what should be in a response plan. This will detail who will do what and when.
- Step 9** Senior Manager and/or Manager will decide on arrangements for the implementation and monitoring of any response plan put in place.

4.6 **Special Circumstances**

The Protocols include information on special considerations which have to be given when staff may be involved in giving evidence in court or to an inquiry and on the need for confidentiality. They also addresses the issue of contact with the media.

5.0 **POLICY IMPLICATIONS**

This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

There are no major issues.

6.0 CONSULTATIONS

The Depute Chief Executive (Support Services), the Director of Finance, the Director of Social Work, the Director Education, the Director of Housing and the Director of Leisure and Communities have been consulted in preparation of this report.

7.0 BACKGROUND PAPERS

None.

David K Dorward
Chief Executive

3RD AUGUST 2010

D R A F T

CRITICAL INCIDENTS

**DUNDEE CITY COUNCIL
PROTOCOL FOR THE
SUPPORT OF EMPLOYEES
AFFECTED BY CRITICAL INCIDENTS**

March 2010

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1. INTRODUCTION

This protocol represents a commitment to the provision of Critical Incident Stress Management in Dundee City Council. It specifically addresses the provision of Critical Incident Debriefing for personnel working across departments and services within the Council.

2. DUNDEE CITY COUNCIL PROTOCOL ON CRITICAL INCIDENT STRESS MANAGEMENT AND DEBRIEFING

Dundee City Council recognises the crucial role played by staff in the delivery of services to support, care for and protect people in Dundee. Elected members and Chief Officers are aware of their responsibilities which include a duty of care for their employees. This involves the provision of care following a critical incident which has occurred within the workplace.

Critical Incident Stress Management, including Critical Incident Stress Debriefing (or Psychological Debriefing), is a recognised system of care providing an organisational response to help promote normalisation and recovery for employees who may experience stress following a critical incident.

3. DEFINITIONS

3.1 Critical Incident

A critical incident is an event **outside the range of normal human experience** that would be distressing to anyone. Examples of critical incidents¹ which can occur while at work may include:-

- the traumatic death or injury of service users and/or members of staff/co-workers;
- an event where anyone seriously harms himself/herself/others or attempts/completes suicide;
- death of a child or adult from suspected violence, neglect or any other condition which may have a lasting effect on personnel²;
- events which occur outside work could also be included which have an impact on staff e.g. the suicide or traumatic death of a colleague that affects personnel; and
- any incident or situation which managers consider require Critical Incident Stress Management debriefing.

Incidents such as these can occur in virtually any work environment and anyone can suffer a post-traumatic stress response following a critical incident. Even persons who

¹ These examples may be considered to be critical incidents if they are outside the normal human experience of the staff member/employee. For some staff the death of patients or service users is a more common occurrence and would not be considered a critical incident.

² If the death is the result of illness or accident, existing single agency guidelines should be followed.

have witnessed or experienced similar situations in the past, without significant effects, may be affected by the incident. Response reactions are described in detail in Appendix 1, Coping with Trauma - Signs and Symptoms.

3.2 Critical Incident Stress Management

Critical Incident Stress Management (CISM) is an adaptive, short-term helping process that focuses solely on an immediate and identifiable problem. It spans pre-incident preparedness to acute crisis to post-crisis follow up. Its purpose is to enable people to return to their daily routine more quickly and with less likelihood of experiencing post traumatic stress disorder.

3.3 Critical Incident Stress Debriefing

Critical Incident Stress Debriefing is a confidential discussion of a critical incident relating to the feelings and perceptions of those directly involved prior to, during, and after a stressful event. Debriefings are not counselling, nor an operational critique of the incident, but are intended to provide support and an outlet for views and feelings associated with the event.

4. THE PURPOSE, PHASES AND CONTENT OF CRITICAL INCIDENT STRESS MANAGEMENT

4.1 Purpose

CISM is designed to help people deal with their trauma one incident at a time, by allowing them to talk about the incident when it happens without judgment or criticism. All interventions are strictly confidential, the only caveat to this is if the person carrying out the intervention determines that the person being helped is a danger to him/her self or to others. If this was to happen the employee should be kept informed of all steps to be taken. The emphasis is always on keeping people safe and returning them quickly to more *normal* levels of functioning.

Normal is different for everyone, and it is not easy to quantify. Critical incidents raise stress levels dramatically in a short period of time and after treatment a new *normal* is established, however, it is always higher than the old level. The purpose of the intervention process is to establish or set the new *normal* stress levels as low as possible.

4.2 The Phases of Critical Incident Stress Management

1. Prevention -

The identification of risks that are specific to staff working in Dundee City Council and those contracted to provide services on the Council's behalf.

2. Preparedness -

The planning and rehearsal of processes to be undertaken when a critical incident occurs including planning, policy and procedural guidance development, and staff development.

3. Critical Incident Response -

Implementing planned procedures to ensure that information is shared, immediate changes are implemented and people are helped to deal with their trauma and are supported and helped to return to *normal* levels of functioning as soon as possible.

4. Post Critical Incident Response -

Implementation of recovery processes to facilitate the return to routine including critical incident debriefing and on-going monitoring of reactions. It may also include the development and implementation of a response plan.

5. Long-term Response -

This involves the resumption of regular routine, the review of existing plans and may include memorials, counselling or other employee specific support.

4.3 Types of intervention

The type of intervention used depends on the situation, the number of people involved, and their proximity to the event. The optimum is a three-step approach that addresses the trauma at various stages of progression: defusing, debriefing, and individual follow-up.

(a) Defusing

Where practical, a defusing is done the day of the incident before the person(s) has a chance to sleep. The defusing is designed to assure the person/people involved that their feelings are normal, tells them what symptoms to watch for over the short term and to offer them a lifeline in the form of a telephone number where they can reach someone to whom they can talk. Defusings are limited only to individuals directly involved in the incident and are often done informally. They are designed to assist individuals in coping in the short term and address immediate needs.

(b) Debriefing

Debriefings are usually the second level of intervention for those directly affected by the incident.

A debriefing is normally done within 72 hours of the incident and gives the individual or group the opportunity to talk about their experience, how it has affected them, discuss coping mechanisms, identify individuals at risk, and inform the individual or group about services available to them. The final step is to follow up with them the

day after the debriefing to ensure that they are safe and coping well or to refer the individual for further support, including professional counselling.³

(c) Follow-up

The important final step is follow-up. This is generally initially done within the week following the debriefing. It is likely further follow ups will be included in any response plan which is developed, however, this will depend on the situation. Follow up can also be referred to as 'watchful waiting'. It is important that a manager continues to review an employee's progress as reactions can be delayed. Appendix 3 - 'Actions Following a Critical Incident', includes details of the suggested schedule for such reviews.

5. CRITICAL INCIDENT DEBRIEFING

Critical Incident Debriefing is part of a comprehensive spectrum of techniques and approaches called Critical Incident Stress Management. It needs to take place in this context and not be seen as a 'one-off' debriefing or as a stand alone method of crisis intervention. Carried out as part of a continuum of support, it is a well received intervention for most people. It is known to be useful for enabling screening, education and support.

It should be provided after an event which is outside the usual range of experiences and which challenges one's ability to cope. Such a crisis event will have an impact sufficient enough to overwhelm the usually effective coping skills of either an individual or group. It should be conducted by experienced, well-trained practitioners.⁴

The main aims of Critical Incident Debriefing are:

- to reduce the impact of the traumatic event;
- to mitigate against acute signs and symptoms of distress, dysfunction or impairment;
- to accelerate the normal recovery process from a traumatic event;
- to normalise the stress response;
- to provide education in stress management coping techniques;
- to restore adaptive independent functioning;
- to provide a screening opportunity to identify group members who might benefit from additional support services or a referral for professional care; and
- to facilitate access to a higher level of support or care, where necessary.

³ Dundee City Council Social Work Department Staff Support Service has a list of independent counsellors who can be accessed via the Staff Support Officer.

⁴ Staff trained in psychological debriefing can also be contacted via the Educational Psychology Service or the Social Work Department Staff Support Officer. The Council is working to expand the number of staff trained and experienced in this intervention.

A Critical Incident Debriefing usually takes place as a group discussion at a time when the emotional impact of an event sets in, usually within 12 - 72 hours. It promotes normalisation and recovery by having the involved personnel discuss issues such as their thoughts, their emotional reactions and the stress symptoms they are experiencing. The group setting provides a forum for communication and helps to re-establish order and a sense of safety. It also helps those involved to recognise the universality of their reactions. **It is not a forum for discussion of the circumstances or details of the event** (See Section 8, p. 10 'Staff Attending Inquiries or Court').

It would appear that CISD is most effective when used with small homogenous groups who have encountered a powerful traumatic event. In such instances, as well as reducing distress it can also help to restore group cohesion and unit performance.

Involvement of staff in Critical Incident Debriefing should be seen as automatic in certain circumstances:

1. major disasters;
2. multiple casualty events;
3. line of duty death or suicide of a colleague; and
4. the death of a child or adult from violence, neglect or any other condition which may have a lasting effect on personnel.

Involvement should be seen as automatic, as opting in can be felt by some to be seen as a sign of weakness. This Protocol sets out expectations within Dundee City Council and should be considered in conjunction with the 'Multi-Agency Protocol for the Support of Employees Affected by Critical Incidents'.

6. ROLES AND RESPONSIBILITIES

6.1 All Staff

It is essential that good communication channels are maintained by those involved directly or indirectly when a critical incident occurs.

6.2 Employees

Staff in all Dundee City Council departments and services must report any significant incident in which they have been involved or with which they have been connected as a result of their employment and/or work activities. They should also, as soon as is practicable after the event, report the incident to their line manager in line with the Council's policies.

6.3 Managers

Managers have a duty to be aware of, and make staff aware of the signs and symptoms of stress and acute stress reactions (see Appendix 1 - 'Coping With Trauma - Signs and Symptoms'). All managers must ensure that the details of these incidents are adequately reported and that appropriate action is taken.

In addition to managers having a duty to respond when staff report an incident, they should also be proactive in the identification of situations when Critical Stress Debriefing should take place.

This Debriefing process will often take place within the member of staff's own department or service. Incidents may involve staff who work together from more than one department or service of the Council. Where this is the case, the Council Protocol will apply. However, when it is clear that a significant incident, such as the sudden death of a child or adult, affects staff from a number of agencies who have been working together (for example in a joint service), then consideration should be given to the benefits to be gained by multi-agency debriefing. This should be discussed with and agreed by a Senior Manager.

6.4 Senior Managers

Managers can expect to receive support from their own line manager throughout this process as detailed above under point 6.3. Where the incident involves staff who work together in a multi-agency setting or team a Senior Manager will make a decision whether to initiate multi-agency debriefing (see Multi-Agency Protocol for the Support of Staff Affected by Critical Incidents).

6.5 Lead Officers to Chairs of Protection Committees

When the critical incident involves the death from abuse or neglect of a child or an adult at risk of harm and it has been agreed that multi-agency debriefing should take place, the debriefing process will be co-ordinated through the appropriate Lead Officer reporting to the CYPPC or Adult Support and Protection Committees. The Senior Manager or Manager will make contact with the appropriate Lead Officer.

6.6 Critical Incident Management Group

In cases involving the sudden death of a service user - child, young person or adult - from suspected violence or neglect or in other suspicious circumstances⁵, the Chief Executive should give consideration to the setting up of a Critical Incident Management Group.

As well as addressing the need for Critical Incident Stress Debriefing, such a group might address the management of press releases, the conduct of pre-inquiry or pre-trial management reviews and other matters that emerge.

The Chief Executive will make this decision in consultation with his/her colleague Chief Officers.

⁵ (see also Footnotes 1 & 2 on Page 3)

In cases involving the sudden death of a child, young person or adult where there is multi-agency involvement, the Chief Executive of the Council, as Chair of the Chief Officers Group, should give consideration to the setting up of a multi-agency Critical Incident Management Group.

The Chief Executive of the Council will make this decision in consultation with his/her colleague Chief Officers from Tayside Police and NHS Tayside.

Where there is, or is likely to be, a criminal investigation, the Procurator Fiscal (or a representative from the Procurator Fiscal's Office) must be a member of this group.

7. STEPS AND DECISIONS TO BE TAKEN FOLLOWING A CRITICAL INCIDENT

The actions to be taken following a Critical Incident are outlined in Appendix 3 - 'Action to be Taken Following a Critical Incident'.

Step 1 Manager is made aware of the involvement of an employee(s) in a critical incident by employee or others. The Manager will determine if the incident is such that it should be dealt with under this specific protocol or the multi-agency protocol or an agency specific protocol. In many cases it will be more appropriate to follow single agency protocols⁶.

Step 2 Where an employee does not know of the critical incident - they need to be told. The manager should decide how this should be done, by whom and when.

Step 3 Manager meets with the employee, initially assesses the situation, and discusses and provides coping with trauma information (See Appendix 1 _ 'Coping with Trauma - Signs and Symptoms'). The Manager also considers the need to re-prioritise the employee's workload, including diversion of phone, change of duties etc and where appropriate offers basic support. The Manager will consider whether single agency or multi-agency debriefing should take place. The Manager will complete a record of the initial support meeting using the proforma attached as Appendix 2 - 'Record of Initial Support Meeting'.

Step 4 Manager makes contact with appropriate Senior Manager who will provide the Manager with support and will also make the decision about a referral on for multi-agency debriefing.

⁶ For example, Managing Critical Incidents and Sudden Bereavement - Guidance for minimising risk to staff and students and promoting effective practice (Dundee City Council Education Department and Barnardo's Scotland). This protocol is used after the death of a school pupil from illness or accident.

- Step 5** Where it is decided that single agency debriefing should take place the Manager will initiate this within his/her own agency. Where the critical incident involves the sudden death of a child or adult at risk of harm, and it is decided that there would be a benefit in having multi-agency debriefing, the Manager or Senior Manager will make contact with the Lead Officer(s) Child and/or Adult Support and Protection (See Multi-Agency Protocol on Critical Incident Management).
- Step 6** The Lead Officer Child or Adult Support and Protection will initiate multi-agency debriefing using an experienced and trained facilitator.
- Step 7** Where the critical incident involves the sudden death of a service user - a child, young person or adult at risk - from suspected violence or neglect or in other suspicious circumstances, the Chief Executive of the Council will be advised and will consider the need to set up a Critical Incident Management Group. Where there has been multi-agency involvement, the Chief Executive, as Chair of the Chief Officers Group, will consult with colleague Chief Officers in Tayside Police and NHS Tayside on the need to establish a multi-agency Critical Incident Management Team.
- Step 8** Following debriefing, decisions need to be made about follow up activities and what should be in a response plan. This will detail who will do what and when.
- Step 9** Senior Manager and/or Manager will decide on arrangements for the implementation and monitoring of any response plan put in place.

8. STAFF ATTENDING INQUIRIES OR COURT

After a critical incident a member of staff may be required to give a statement to the police and thereafter attend an inquiry or court to give evidence in either a civil or criminal law case, connected to his/her employment. This might be anything between two or three months to many months after the event. The waiting alone in the knowledge that citation is inevitable can be very stressful. Members of staff should be aware that the law dictates that copies of any statement that they make to the police in criminal proceedings will be disclosed to the defence, together with the details of any convictions that the member of staff might have. The police may require to seize records to be used in evidence and it is good practice to ensure that these records are copied before handing over the originals. The requirement to attend court and give evidence may have the potential to traumatise or re-traumatise individuals as giving evidence requires memory recall and oral narration of the incident.

As part of our duty of care towards employees, Dundee City Council will ensure that staff are supported throughout the investigatory and court processes. The police can insist on interviewing a member of staff on his/her own during the investigatory process although support in the form of a colleague, manager or Trade Union representative may be permitted in certain circumstances. The court will decide if a

witness can be accompanied by a support person while giving evidence during court proceedings. Any member of staff who receives a citation to attend court and who would like to be accompanied by an identified support person should seek permission for this to happen as soon as possible. Witnesses must attend court unless formally excused by the person citing them or upon the acceptance by the court of a 'soul and conscience' certificate signed by a doctor.

It is impossible to provide detailed guidance to cover all possible circumstances, however, the greatest care must be taken to ensure that nothing happens which could have an adverse effect on the prosecution process. In particular a staff member who is a potential prosecution witness **must not discuss with any other potential witness** a matter on which s/he is likely to have to give evidence. Those conducting the debriefing or otherwise offering support to staff must ensure that matters which may be the subject of evidence in court are not discussed (orally or in writing) in circumstances where a witness's recollection could be compromised.

Training should be made available for staff in order to prepare them for attendance at court. Any such training needs to be done in conjunction with advice from the Procurator Fiscal and the Crown Office.⁷

9. POST COURT/INQUIRY SUPPORT

The death of a child or adult at risk may result in a court case or external inquiry. In these circumstances staff will be unable to discuss the details of the critical incident with one another. They will only be able to do so once all legal or formal proceedings are over. (This does not mean that staff cannot be involved in debriefings - which concentrate on feelings and reactions rather than events and facts).

When formal processes are concluded, and circumstances allow this to happen, consideration should be given to providing the staff involved with an opportunity to meet together for a facilitated discussion of events and the feelings experienced.

Indications are that, where this has taken place, staff have found this helpful. A proposal for such a meeting should be included in a single or multi-agency critical incident response plan. There may well be organisational and/or practice issues which may emerge from such a meeting. This meeting may also provide staff with a form of closure which has not been available to them before.

10. CONFIDENTIALITY

It shall be mandatory that staff at all levels involved maintain strict confidentiality in matters discussed. It should be noted that circumstances may exist which may compromise the rule of confidentiality. This may be the case where the professional assessment indicates a level of risk to the employee, third parties or there is a potential for serious professional misconduct.

⁷ It should be noted that when there is a criminal investigation **any matters** can be referred to the Procurator Fiscal for guidance.

Where circumstances dictate that it is necessary to disclose certain information this will be done with the consent (or at least the knowledge) of the employee and the Council.

11. MEDIA GUIDANCE

Contact by the press or the media may be a further source of stress for members of staff. Staff who find themselves in the position of being contacted by the media, should contact the Council's Public Relations service who will have their own policies and procedural guidance to cover such situations. Staff members should not offer comment themselves. Contact with the Public Relations service will usually be made by a manager or senior manager.

After certain critical incidents a decision may be made for there to be one spokesperson. This is a decision which may be made by the Critical Incident Management Team, if established.

APPENDIX 1

COPING WITH TRAUMA - SIGNS AND SYMPTOMS⁸

What is a traumatic event?

A traumatic event usually leaves the person with intense fear, helplessness, or horror that can affect his/her ability to carry out daily duties or responsibilities. For many people the worst time is when all the fuss has died down but the strong feelings remain.

Typical reactions to trauma

Not everyone experiences the same set of responses to trauma, but people typically experience reactions that fall into four basic categories. Below are some examples of reactions that you may experience:-

| | |
|--|--|
| Psychological and Emotional <ul style="list-style-type: none">• Shock, feeling like it isn't really happening, numbness• Anxiety• Sadness, low mood• Re-experiencing of the traumatic event e.g. nightmares and/or flashbacks• Hyper-vigilance (scanning environment for possible danger) | Cognitive <ul style="list-style-type: none">• Difficulty concentrating• Forgetfulness• Absent mindedness• Low attention span• Impulsivity• Poor judgement/decision making |
| Physical <ul style="list-style-type: none">• Headaches• Nausea• Exaggerated startle response• Fatigue• Shortness of breath, dry mouth• Trembling• Feelings of panic e.g. sweaty palms | Behavioural <ul style="list-style-type: none">• Hyperactivity or less activity• Short tempered• Withdrawing from others• Avoidance of activities or places that remind you of the traumatic event• Sleeping difficulties• Risk taking e.g. taking drugs, increased alcohol intake, impulsive behaviour• Changes in eating behaviour |

⁸ Information supplied by Occupational Health and Safety Advisory Service

REMEMBER: Trauma reactions are normal reactions to extremely abnormal circumstances.

What can you do to cope?

- Give yourself time to heal and anticipate that this will be a difficult time in your life. Your body and mind will tell you what to do: your job is to listen to them.
- Talk to people as much as you need to. Reach out. Try talking with family, close friends, or keep a diary expressing how you feel.
- Focus on your basic needs, eat something even if you don't have an appetite and get plenty of rest
- Do things that feel good to you, for example, take baths, read, exercise and spend time with people who make you feel safe.
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- Avoid making major life decisions as this time as this will only add to the stress you may currently be feeling

APPENDIX 2

RECORD OF INITIAL SUPPORT MEETING

Date

Time

Location

Duration

Attendees

| Name: | Designation: |
|-------|--------------|
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| | |

Non Attendees

| Name: | Designation: |
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Summary of Discussions and Outcomes (continue on separate sheet if necessary)

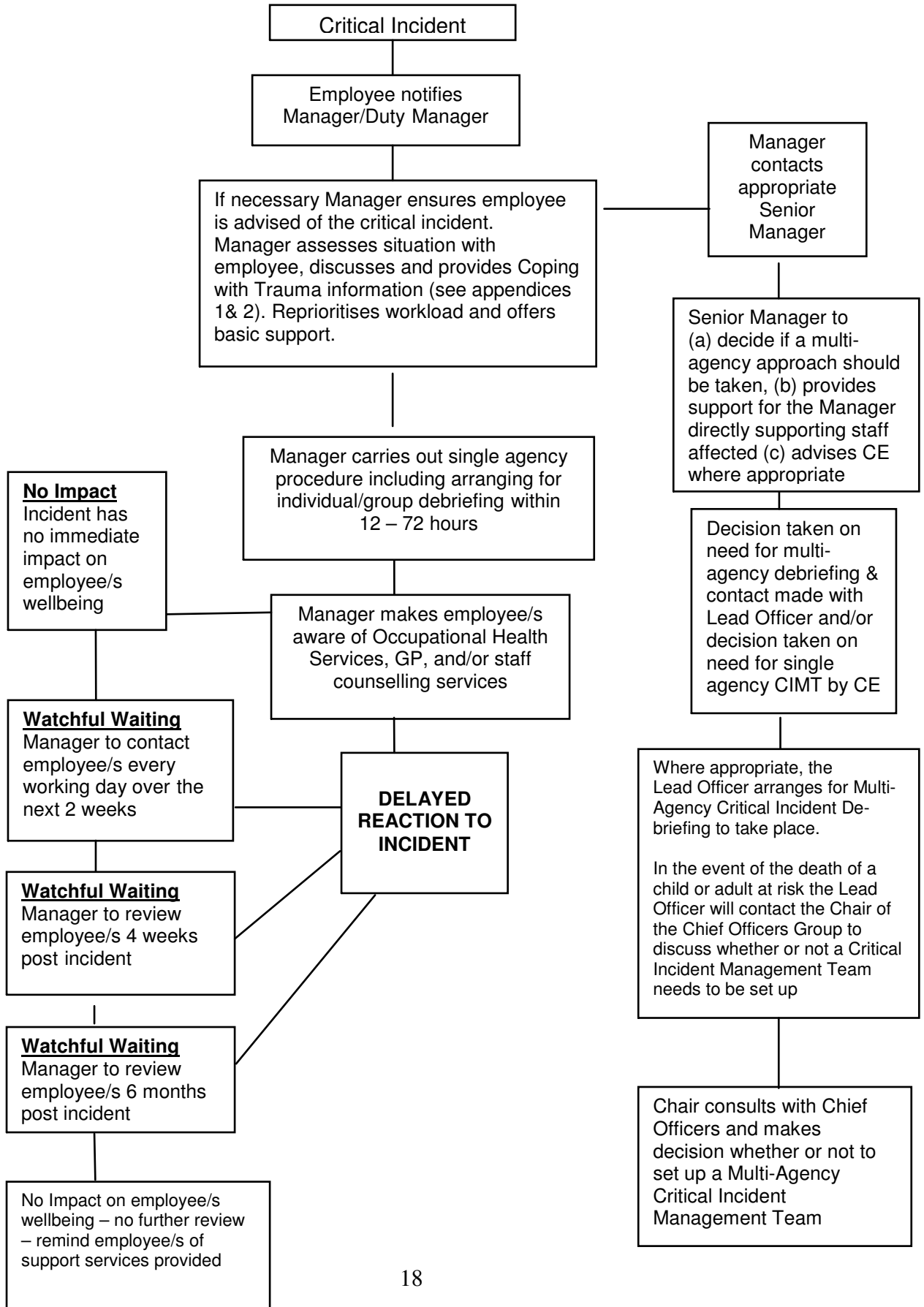
Follow Up Meeting (continue on a separate sheet if necessary)

Signed
Line Manager
Designation
Directorate

Date

APPENDIX 3 ACTIONS FOLLOWING A CRITICAL INCIDENT

These are detailed below in the form of a flow chart, which outlines decisions and steps required when consideration is given to multi-agency debriefing following a critical incident.



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- Samaritans – Confidential emotional support 24/7
Access details: <http://www.samaritans.org> or telephone 08457 909090
- www.trauma.org.uk
- www.apa.org/practice/traumaticstress.html
- Education Department Guidance
Access details
www.dundee.gov.uk/dundee/uploaded_publications/publication_1203.pdf
www.dundee.gov.uk/dundee/uploaded_publications/publication_1279.pdf

D R A F T

CRITICAL INCIDENTS

**MULTI -AGENCY PROTOCOL FOR THE
SUPPORT OF EMPLOYEES
AFFECTED BY CRITICAL INCIDENTS**

December 2009

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1. INTRODUCTION

This multi-agency protocol represents a commitment to the provision of multi-agency Critical Incident Stress Management in Dundee. It specifically addresses the provision of Critical Incident Debriefing for personnel working across services to support children and adults at risk in the city.

2. MULTI-AGENCY PROTOCOL ON CRITICAL INCIDENT STRESS MANAGEMENT AND DEBRIEFING

The Chief Officers Group, the members of the Children and Young Person's Protection Committee, the members of the Adult Support and Protection Committee and the MAPPA Strategic Oversight Group recognise the crucial role played by staff in the delivery of services to support and protect children and their families and adults at risk in Dundee. All agencies involved in the planning, development and delivery of people protection services have a duty of care for their employees. This includes the provision of care following a critical incident which has occurred within the workplace.

Critical Incident Stress Management, including Critical Incident Stress Debriefing (or Psychological Debriefing), is a recognised system of care providing an organisational response to help promote normalisation and recovery for employees who may experience stress following a critical incident.

3. DEFINITIONS

3.1 Critical Incident

A critical incident is an event **outside the range of normal human experience** that would be distressing to anyone. Examples of critical incidents¹ which can occur while at work may include:-

- the traumatic death or injury of patients/service users and/or members of staff/co-workers;
- an event where anyone seriously harms himself/herself/others or attempts/completes suicide;
- death of a child or adult from suspected violence, neglect or any other condition which may have a lasting effect on personnel²;
- events which occur outside work could also be included which have an impact on staff e.g. the suicide or traumatic death of a colleague that affects personnel; and
- any incident or situation which managers consider require Critical Incident Stress Management debriefing.

¹ These examples may be considered to be critical incidents if they are outside the normal human experience of the staff member/employee. For some staff the death of patients or service users is a more common occurrence and would not be considered a critical incident.

² If the death is the result of illness or accident, existing single agency guidelines should be followed.

Incidents such as these can occur in virtually any work environment and anyone can suffer a post-traumatic stress response following a critical incident. Even persons who have witnessed or experienced similar situations in the past, without significant effects, may be affected by the incident. Response reactions are described in detail in Appendix 1, Coping With Trauma - Signs and Symptoms.

3.2 Critical Incident Stress Management

Critical Incident Stress Management (CISM) is an adaptive, short-term helping process that focuses solely on an immediate and identifiable problem. It spans pre-incident preparedness to acute crisis to post-crisis follow up. Its purpose is to enable people to return to their daily routine more quickly and with less likelihood of experiencing post traumatic stress disorder.

3.3 Critical Incident Stress Debriefing

Critical Incident Stress Debriefing is a confidential discussion of a critical incident relating to the feelings and perceptions of those directly involved prior to, during, and after a stressful event. Debriefings are not counselling, nor an operational critique of the incident, but are intended to provide support and an outlet for views and feelings associated with the event.

4. THE PURPOSE, PHASES AND CONTENT OF CRITICAL INCIDENT STRESS MANAGEMENT

4.1 Purpose

CISM is designed to help people deal with their trauma one incident at a time, by allowing them to talk about the incident when it happens without judgment or criticism. All interventions are strictly confidential, the only caveat to this is if the person carrying out the intervention determines that the person being helped is a danger to him/her self or to others. If this was to happen the employee should be kept informed of all steps to be taken. The emphasis is always on keeping people safe and returning them quickly to more *normal* levels of functioning.

Normal is different for everyone, and it is not easy to quantify. Critical incidents raise stress levels dramatically in a short period of time and after treatment a new *normal* is established, however, it is always higher than the old level. The purpose of the intervention process is to establish or set the new *normal* stress levels as low as possible.

4.2 The Phases of Critical Incident Stress Management

1. Prevention -

The identification of risks that are specific to staff working in the agencies covered by

this protocol.

2. Preparedness -

The planning and rehearsal of processes to be undertaken when a critical incident occurs including planning, policy and procedural guidance development, and staff development.

3. Critical Incident Response -

Implementing planned procedures to ensure that information is shared, immediate changes are implemented and people are helped to deal with their trauma and are supported and helped to return to *normal* levels of functioning as soon as possible.

4. Post Critical Incident Response -

Implementation of recovery processes to facilitate the return to routine including critical incident debriefing and on-going monitoring of reactions. It may also include the development and implementation of a response plan.

5. Long-term Response -

This involves the resumption of regular routine, the review of existing plans and may include memorials, counselling or other employee specific support.

4.3 Types of intervention

The type of intervention used depends on the situation, the number of people involved, and their proximity to the event. The optimum is a three-step approach that addresses the trauma at various stages of progression: defusing, debriefing, and individual follow-up.

(a) Defusing

Where practical, a defusing is done the day of the incident before the person(s) has a chance to sleep. The defusing is designed to assure the person/people involved that their feelings are normal, tells them what symptoms to watch for over the short term and to offer them a lifeline in the form of a telephone number where they can reach someone to whom they can talk. Defusings are limited only to individuals directly involved in the incident and are often done informally. They are designed to assist individuals in coping in the short term and address immediate needs.

(b) Debriefing

Debriefings are usually the second level of intervention for those directly affected by the incident.

A debriefing is normally done within 72 hours of the incident and gives the individual or group the opportunity to talk about their experience, how it has affected them,

discuss coping mechanisms, identify individuals at risk, and inform the individual or group about services available to them. The final step is to follow up with them the day after the debriefing to ensure that they are safe and coping well or to refer the individual for further support, including professional counselling.

(c) Follow-up

The important final step is follow-up. This is generally initially done within the week following the debriefing. It is likely further follow ups will be included in any response plan which is developed, however, this will depend on the situation. Follow up can also be referred to as 'watchful waiting'. It is important that a manager continues to review an employee's progress as reactions can be delayed. Appendix 3 - 'Actions Following a Critical Incident', includes details of the suggested schedule for such reviews.

5. CRITICAL INCIDENT DEBRIEFING

Critical Incident Debriefing is part of a comprehensive spectrum of techniques and approaches called Critical Incident Stress Management. It needs to take place in this context and not be seen as a 'one-off' debriefing or as a stand alone method of crisis intervention. Carried out as part of a continuum of support, it is a well received intervention for most people. It is known to be useful for enabling screening, education and support.

It should be provided after an event which is outside the usual range of experiences and which challenges one's ability to cope. Such a crisis event will have an impact sufficient enough to overwhelm the usually effective coping skills of either an individual or group. It should be conducted by experienced, well-trained practitioners.

The main aims of Critical Incident Debriefing are:

- to reduce the impact of the traumatic event;
- to mitigate against acute signs and symptoms of distress, dysfunction or impairment;
- to accelerate the normal recovery process from a traumatic event;
- to normalise the stress response;
- to provide education in stress management coping techniques;
- to restore adaptive independent functioning;
- to provide a screening opportunity to identify group members who might benefit from additional support services or a referral for professional care; and
- to facilitate access to a higher level of support or care, where necessary.

A Critical Incident Debriefing usually takes place as a group discussion at a time when the emotional impact of an event sets in, usually within 12 - 72 hours. It promotes normalisation and recovery by having the involved personnel discuss issues such as their thoughts, their emotional reactions and the stress symptoms they are

experiencing. The group setting provides a forum for communication and helps to re-establish order and a sense of safety. It also helps those involved to recognise the universality of their reactions. It is not a forum for discussion of the circumstances or details of the event (see Section 8, p. 10 'Staff Attending Inquiries or Court').

It would appear that CISD is most effective when used with small homogenous groups who have encountered a powerful traumatic event. In such instances, as well as reducing distress it can also help to restore group cohesion and unit performance.

Involvement of staff in Critical Incident Debriefing should be seen as automatic in certain circumstances:

1. major disasters;
2. multiple casualty events;
3. line of duty death or suicide of a colleague; and
4. the death of a child or adult from violence, neglect or any other condition which may have a lasting effect on personnel.

Involvement should be seen as automatic, as opting in can be felt by some to be seen as a sign of weakness. This Protocol sets out expectations and should be considered in conjunction with agencies own Critical Incident Management procedures.

6. ROLES AND RESPONSIBILITIES

6.1 All Staff

It is essential that good communication channels are maintained by those involved directly or indirectly when a critical incident occurs.

6.2 Employees

Staff in all agencies must report any significant incident in which they have been involved or with which they have been connected as a result of their employment and/or work activities. They should also, as soon as is practicable after the event, report the incident to their line manager in line with the policies of their agency.

6.3 Managers

Managers have a duty to be aware of, and make staff aware of the signs and symptoms of stress and acute stress reactions (see Appendix 1 - 'Coping With Trauma - Signs and Symptoms'). All managers must ensure that the details of these incidents are adequately reported and that appropriate action is taken.

In addition to managers having a duty to respond when staff report an incident, they should also be proactive in the identification of situations when Critical Stress Debriefing should take place.

This Debriefing process will often take place within the member of staff's own agency. When it is clear that a significant incident, such as the sudden death of a child or adult, affects staff from a number of agencies who have been working together, then consideration should be given to the benefits to be gained by multi-agency debriefing. This should be discussed with and agreed by a senior manager.

6.4 Senior Managers

Managers can expect to receive support from their own line manager throughout this process as detailed above under point 6.3. A Senior Manager should make the decision to initiate multi-agency debriefing.

6.5 Lead Officers to Chairs of Protection Committees

When it has been agreed that multi-agency debriefing should take place, the debriefing process will be co-ordinated through the Lead Officers reporting to the CYPPC or Adult Support and Protection Committees of MAPPAs Strategic Oversight Group. The Senior Manager or Manager will make contact with the appropriate Lead Officer.

6.6 Critical Incident Management Group

In cases involving the sudden death of a service user - a child, young person or adult - from suspected violence or neglect, or in other suspicious circumstances³ the Chair of the Chief Officers Group should give consideration to the setting up of a Critical Incident Management Group.

As well as addressing the need for Critical Incident Stress Debriefing, such a group might address the management of press releases, the conduct of pre-trial management reviews and other matters that emerge.

The Chair will make this decision in consultation with his/her colleague Chief Officers

Where there is, or is likely to be, a criminal investigation, the Procurator Fiscal (or a representative from the Procurator Fiscal's Office must be a member of this group.

7. STEPS AND DECISIONS TO BE TAKEN FOLLOWING A CRITICAL INCIDENT

The actions to be taken following a Critical Incident are outlined in Appendix 3 - 'Action to be Taken Following a Critical Incident'.

³ (see also Footnotes 1 & 2 on Page 3)

- Step 1** Manager is made aware of the involvement of an employee(s) in a critical incident by employee or others. The Manager will determine if the incident is such that it should be dealt with under this specific multi-agency protocol or not. In many cases it will be more appropriate to follow single agency protocols, for example those in operation in NHS Tayside, Tayside Police, and Dundee City Council⁴.
- Step 2** Where an employee does not know of the critical incident - they need to be told. The manager should decide how this should be done, by whom and when.
- Step 3** Manager meets with the employee, initially assesses the situation, and discusses and provides coping with trauma information (See Appendix 1 – 'Coping With Trauma - Signs and Symptoms'). The Manager also considers the need to re-prioritise the employee's workload, including diversion of phone, change of duties etc and where appropriate offers basic support. The Manager will consider whether single agency or multi-agency debriefing should take place. The Manager will complete a record of the initial support meeting using the proforma attached as Appendix 2 - 'Record of Initial Support Meeting'.
- Step 4** Manager makes contact with appropriate Senior Manager who will provide the Manager with support and will also make the decision about a referral on for multi-agency debriefing.
- Step 5** Where it is decided that single agency debriefing should take place, the Manager will initiate this within his/her own agency. Where it is decided that there would be a benefit in having multi-agency debriefing the Manager or Senior Manager will make contact with the Lead Officer(s) Child and/or Adult Support and Protection and/or if appropriate, the MAPPa Co-ordinator.
- Step 6** The Lead Officer Child or Adult Support and Protection will initiate multi-agency debriefing using an experienced and trained facilitator.
- Step 7** Where the critical incident involves the sudden death of a service user -a child, young person or adult at risk - from suspected violence or neglect, or in other suspicious circumstances, the Chair of the Chief Officers Group will be advised and will consider the need to set up a Critical Incident Management Group.
- Step 8** Following debriefing decisions need to be made about follow up activities and what should be in a response plan. This will detail who will do what and when.
- Step 9** Senior Manager and/or Manager will decide on arrangements for the implementation and monitoring of any response plan put in place.

⁴ Including Managing Critical Incidents and Sudden Bereavement - Guidance for minimising risk to staff and students and promoting effective practice (Dundee City Council Education Department and Barnardo's Scotland).

8. STAFF ATTENDING COURT

After a critical incident a member of staff may be required to give a statement to the police and thereafter attend court to give evidence in either a civil or criminal law case, connected to his/her employment. This might be anything between two or three months to many months after the event. The waiting alone in the knowledge that citation is inevitable can be very stressful. Members of staff should be aware that the law dictates that copies of any statement that they make to the police in criminal proceedings will be disclosed to the defence, together with the details of any convictions that the member of staff might have. The police may require to seize records to be used in evidence and it is good practice to ensure that these records are copied before handing over the originals. The requirement to attend court and give evidence may have the potential to traumatise or re-traumatise individuals as giving evidence requires memory recall and oral narration of the incident.

As part of their duty of care towards employees agencies must ensure that staff are supported throughout the investigatory and court processes. The police can insist on interviewing a member of staff on his/her own during the investigatory process although support in the form of a colleague, manager or Trade Union representative may be permitted in certain circumstances. The court will decide if a witness can be accompanied by a support person while giving evidence during court proceedings. Any member of staff who receives a citation to attend court and who would like to be accompanied by an identified support person should seek permission for this to happen as soon as possible. Witnesses must attend court unless formally excused by the person citing them or upon the acceptance by the court of a 'soul and conscience' certificate signed by a doctor.

It is impossible to provide detailed guidance to cover all possible circumstances, however, the greatest care must be taken to ensure that nothing happens which could have an adverse effect on the prosecution process. In particular a staff member who is a potential prosecution witness **must not discuss with any other potential witness** a matter on which s/he is likely to have to give evidence. Those conducting the debriefing or otherwise offering support to staff must ensure that matters which may be the subject of evidence in court are not discussed (orally or in writing) in circumstances where a witness's recollection could be compromised.

Training should be made available for staff in order to prepare them for attendance at court. Any such training needs to be done in conjunction with advice from the Procurator Fiscal and the Crown Office⁵.

⁵ It should be noted that when there is a criminal investigation **any matters** can be referred to the Procurator Fiscal for guidance.

9. POST COURT/INQUIRY SUPPORT

The death of a child or adult at risk may result in a court case or external inquiry. In these circumstances staff will be unable to discuss the details of the critical incident with one another. They will only be able to do so once all legal or formal proceedings are over.

When formal processes are concluded, and circumstances allow this to happen, consideration should be given to providing the staff involved with an opportunity to meet together for a facilitated discussion of events and the feelings experienced.

Indications are that, where this has taken place, staff have found this helpful. A proposal for such a meeting should be included in a multi-agency critical incident response plan. There may well be organisational and/or practice issues which may emerge from such a meeting. This meeting may also provide staff with a form of closure which has not been available to them before.

10. CONFIDENTIALITY

It shall be mandatory that staff at all levels involved maintain strict confidentiality in matters discussed. It should be noted that circumstances may exist which may compromise the rule of confidentiality. This may be the case where the professional assessment indicates a level of risk to the employee, third parties or there is a potential for serious professional misconduct.

Where circumstances dictate that it is necessary to disclose certain information this will be done with the consent of the employee and agency (employer).

11. MEDIA GUIDANCE

Contact by the press or the media may be a further source of stress for members of staff. Staff who find themselves in the position of being contacted by the media, should contact their agencies public relations or communications department/services. Agencies will have their own policies and procedural guidance to cover such situations. Staff members should not offer comment themselves.

After certain critical incidents a decision may be made for there to be one spokesperson on behalf of all agencies. This is a decision which may be made by the Critical Incident Management Team, if established.

APPENDIX 1

COPING WITH TRAUMA - SIGNS AND SYMPTOMS⁶

What is a traumatic event?

A traumatic event usually leaves the person with intense fear, helplessness, or horror that can affect his/her ability to carry out daily duties or responsibilities. For many people the worst time is when all the fuss has died down but the strong feelings remain.

Typical reactions to trauma

Not everyone experiences the same set of responses to trauma, but people typically experience reactions that fall into four basic categories. Below are some examples of reactions that you may experience:-

| | |
|--|--|
| Psychological and Emotional <ul style="list-style-type: none">• Shock, feeling like it isn't really happening, numbness• Anxiety• Sadness, low mood• Re-experiencing of the traumatic event e.g. nightmares and/or flashbacks• Hyper-vigilance (scanning environment for possible danger) | Cognitive <ul style="list-style-type: none">• Difficulty concentrating• Forgetfulness• Absent mindedness• Low attention span• Impulsivity• Poor judgement/decision making |
| Physical <ul style="list-style-type: none">• Headaches• Nausea• Exaggerated startle response• Fatigue• Shortness of breath, dry mouth• Trembling• Feelings of panic e.g. sweaty palms | Behavioural <ul style="list-style-type: none">• Hyperactivity or less activity• Short tempered• Withdrawing from others• Avoidance of activities or places that remind you of the traumatic event• Sleeping difficulties• Risk taking e.g. taking drugs, increased alcohol intake, impulsive behaviour• Changes in eating behaviour |

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REMEMBER: Trauma reactions are normal reactions to extremely abnormal circumstances.

What can you do to cope?

- Give yourself time to heal and anticipate that this will be a difficult time in your life. Your body and mind will tell you what to do: your job is to listen to them.
- Talk to people as much as you need to. Reach out. Try talking with family, close friends, or keep a diary expressing how you feel.
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- Do things that feel good to you, for example, take baths, read, exercise and spend time with people who make you feel safe.
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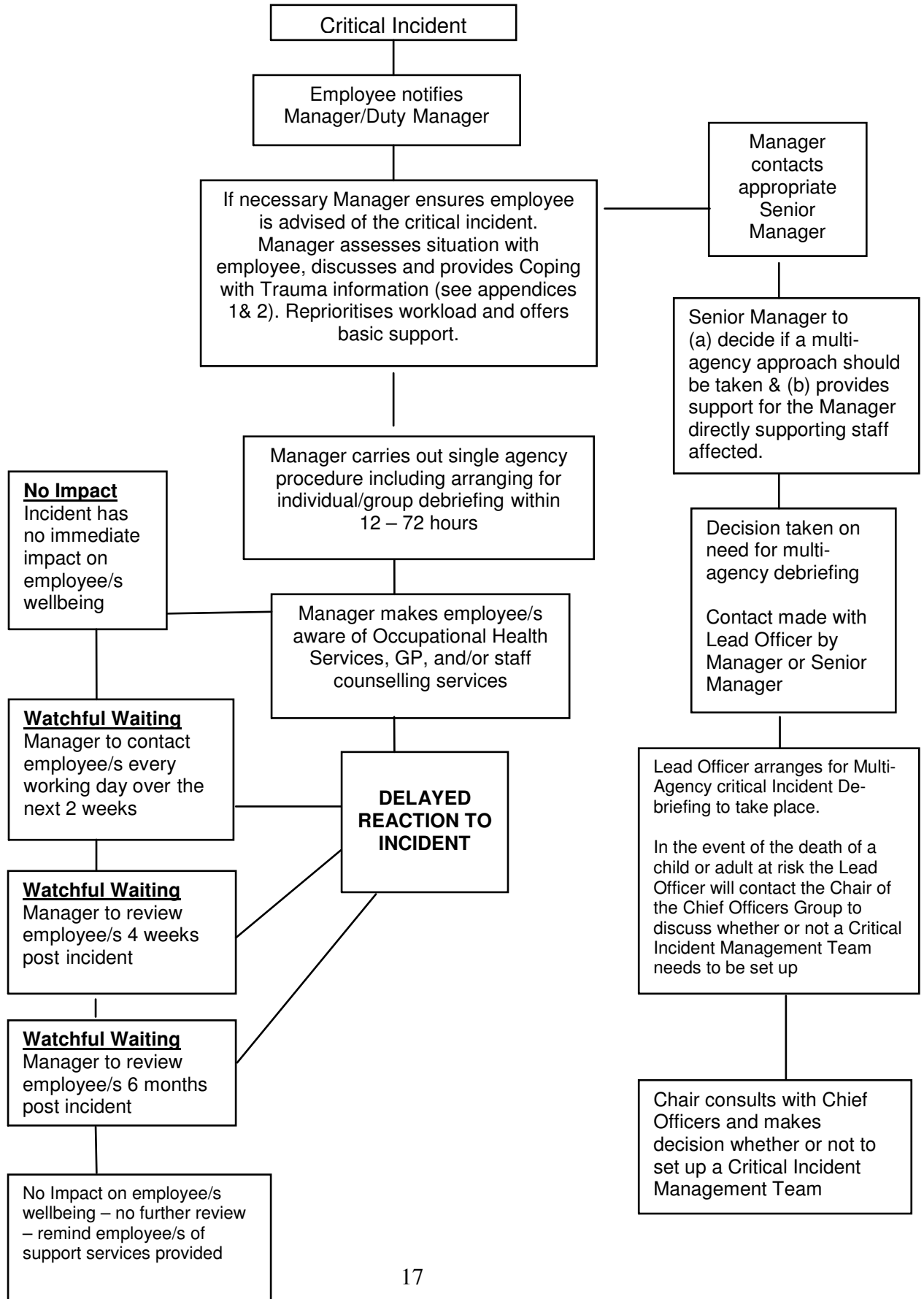
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- www.trauma.org.uk
- www.apa.org/practice/traumaticstress.html
- Dundee City Council Education Department Guidance
Access details
www.dundee.gov.uk/dundee/uploaded_publications/publication_1203.pdf
www.dundee.gov.uk/dundee/uploaded_publications/publication_1279.pdf

