London Ambulance Service NHS Trust

Stress Management Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document: is to ensure the London Ambulance Service NHS Trust (LAS) comply with the relevant Health and Safety Executive (HSE) legislative and guidance documents to ensure its staff are not exposed to excessive levels of occupational stress that may affect their health.

Sponsor Department: Human Resources and Organisation Development

Author/Reviewer: Assistant Director Employee Support Services. To be reviewed by Sep 2011.

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
	0.1	John Selby	Major
	0.2	Fatima Fernandes	Major – added Monitoring and Appendix 1

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	**Date Approved**	**Version**
SMG		1.0
Ratified by:		

Published on:	**Date**	**By**	**Dept**
The Pulse		Victoria Smith	GDU

Links to Related documents or references providing additional information		
Ref. No.	**Title**	**Version**
	Health & Safety at Work etc. Act 1974	
	Management of Health & Safety Regulations 1999	
	LAS Incident Reporting Procedure	
	LAS Whistle Blowing Policy and Procedures	
	Harassment and Bullying Policy	
	Major Incident Plan	
TP013	Claims policy and procedure for clinical negligence, personal injury, property and other liability claims.	
TP015	Procedure for responding to enquiries, giving evidence, coroners' inquests and statements at police interviews	
TP006	Serious Untoward Incidents Policy	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

1.1 London Ambulance Service NHS Trust (LAS) is committed to protecting the health, safety and welfare of its employees, and recognises that workplace stress is a health and safety issue. Consequently, the importance of identifying and reducing workplace stressors is acknowledged.

1.2 This policy will apply to all employees, but managers are responsible for implementation and the Trust is responsible for supporting them in doing so by providing appropriate training and agreed, identified resources as necessary.

1.3 The key role played by an effective, up to date and regularly reviewed range of Human Resources and other corporate employment policies and procedures is fully acknowledged. This policy statement cannot and does not seek to list or identify these in detail, but they are widely available to all staff via the Pulse.

2. Objective

2.1 The objective of this policy is to ensure the London Ambulance Service NHS Trust (LAS) comply with the relevant Health and Safety Executive (HSE) legislative and guidance documents to ensure its staff are not exposed to excessive levels of occupational stress that may affect their health.

2.2 In conjunction with recognised and accredited health and safety representatives, LAS will conduct risk assessments to identify workplace stressors and implement measures to eliminate workplace stress, or to control the identified risks arising from workplace stress. These risk assessments will be regularly reviewed by those accountable for the area of work or the practice.

2.3 LAS will consult with recognised and accredited health and safety representatives on all proposed action relating to the prevention or reduction of workplace stress.

2.4 Training will be provided for managers and other supervisory staff in good management practices, and attendance monitored. Health and Safety management responsibilities will be confirmed in job descriptions, and training needs identified through the Trust's personal development review process.

2.5 Support and assistance will be provided for staff affected by stress caused by either work or external factors. Types of support include:

- Confidential counslling services
- Employee Assistance Programmed
- Linc (Listening, Informal, Non-judgemental, Confidential) peer support network
- Occupational Health Services
- Staff Support Adviser

2.6 In addition, support is available to staff through line managers, team leaders, Human resources Staff, the Diversity Team, Legal Services and Education and Development staff. This list should not be taken to be exhaustive.

3. Definition of Stress

3.1 The Health and Safety Executive defines stress as “the adverse reaction people have to excessive pressure or other types of demand placed on them”. This makes an important distinction between pressure, which can be a positive state if managed correctly, and stress which can be detrimental to health.

4. Responsibilities

Chief Executive/Chief Ambulance Officer (CEO)

The CEO takes overall responsibility for Health, Safety and Risk Management within the LAS.

The Director of Human Resources and Organisational Development

Responsibility for Health, Safety and Risk Management has been delegated to the Director of Human Resources and Organisational Development.

4.1 **Managers have the responsibility for ensuring that this policy is implemented; Ambulance Operations Managers/Duty Station Officers/Site Managers and Department Heads**

- With the support of health and safety representatives conduct, and implement recommendations of, risk assessments within their area of responsibility.
- Promote good communication between management and staff, particularly where there are organisational and/or procedural changes, including changes to working practices.
- Ensure staff are fully trained to discharge their duties.
- Ensure staff are provided with appropriate development opportunities, as identified in the personal development review.
- Ensure that quarterly workplace assessment are jointly undertaken, and that identified actions are implemented.
- Monitor workload as appropriate.
- Monitor working hours and overtime, intervening where necessary if it is felt that hours being worked may compromise staff and/or patient safety.
- Monitor manage absence due to sickness, in accordance with the Trust’s “Managing Attendance Procedure”.
- Ensure that staff who have been absent due to sickness receive a “return to work” interview and that any issues, concerns or trends are identified and appropriate action taken to support staff in turning to work and maintaining their attendance at work.
- Monitor and manage annual leave arrangements to ensure that staff are taking their full entitlement.
- Ensure staff attend training as requested and record attendance on personal file, in good management practiced and adherence to health and safety.
- Ensure that bullying and harassment is not tolerated within their jurisdiction.
- Be vigilant and offer additional support to a member of staff who is experiencing stress outside work e.g. bereavement or separation.
- Be aware of LINC Peer Support Programme and Traumatic Risk Management (TriM) for supporting staff suffering from traumatic stress – see Appendix 1.

4.2 Occupational Health Department/Counseling staff

- Provide specialist advice and support to staff and managers.
- Support individuals who have been off sick with stress and advise them and their management on a planned return to work.
- Refer to workplace counselors or specialist agencies as required.
- Monitor and review the effectiveness of measures to reduce stress.
- Inform the employer and the health and safety committee of any changes and developments in the field of stress at work.
- Provide training for staff and managers in signs and symptoms of stress, and appropriate interventions.

4.3 Human Resources staff

- Give guidance to managers on the stress policy.
- Assist in monitoring the effectiveness of measures to address stress by, for example, collating, analysing and reporting sickness absence statistics.
- Collating, analysing and reporting staff turnover rates.
- Undertake exit interviews, reporting any issues and trends that may be identified.
- Advise managers and staff on training and development requirements.
- Provide continuing support to managers and individuals in a changing environment and encourage referral to occupational workplace counselors or other support where appropriate.

4.4 Staff

- Raise issues of concern with line managers in the first instance or, failing that, with appropriate specialist staff such as those working in Departments such as Human Resources, Safety and Risk, Occupational Health etc.; or with health and safety representatives occupational health.
- Attend all identified training and development opportunities as required.
- Accept opportunities for counseling when recommended.

4.5 Staff Safety representatives

- Staff Safety representatives will be meaningfully consulted on any changes to work practices or work design that could precipitate stress.
- Staff Safety representatives will be able to consult with staff on workplace health and safety issues, including stress, and may conduct workplace surveys.
- Staff Safety representatives will be meaningfully involved in the risk assessment process.
- Via the health and safety committees, staff safety representatives will receive reports relating to reported or identified work place health and safety incidents or issues.
- Staff Safety representatives will be supported in fulfilling their role and function by receiving paid time off, including time for training in workplace issues including stress, in line with existing agreed partnership and facilities arrangements.
- Staff Safety Representatives should conduct joint premises inspections of the workplace at intervals of 3 months to ensure that environmental issues and stressors are properly identified and consideration given to appropriate control measures.

4.6 **Safety Committees**

- Implementation of this policy will be overseen at the Trust level by the Corporate Health and Safety Group and locally through Area Health and Safety Committees.
- Minutes of the Corporate Health and Safety Group will be submitted to the Trust's Risk Compliance and Assurance Group, which will also receive and consider reports of any identified issues or concerns and the associated interventions.
- The Corporate Health and Safety Group will be charged with regular monitoring and review of the effectiveness of this policy and associated measures to reduce stress and promote workplace health and safety.
- This will be undertaken by agreed means that are likely to include consideration and tracking of key indicators such as:

    - sickness absence levels
    - staff turnover
    - adverse incident/personal injury reports (LA52s)
    - patient complaints
    - staff/patient/stakeholder surveys
    - incidents reported under harassment and bullying policy.

IMPLEMENTATION PLAN	
Intended Audience	For all LAS staff
Dissemination	Available to all staff on the Pulse
Communications	Revised Procedure to be announced in the RIB and a link provided to the document
Training	
Monitoring	This policy will be monitored in line with industry best practice potential indicators of stress within staff groups and across Directorates to identify trends and hotspots within specific occupational areas so that further risk management activity can ensue. The Trust regularly monitors potential indicators of work related stress such as: • **Sickness Absence Data** – The Management Information (MI) Department collate the information and produce monthly reports. • **Staff Turnover/Retention Data** – reports can be requested from the MI Department. • **Incident Reporting Data** is tabled at the Corporate Health and Safety Meeting, which are held on a quarterly basis, chaired by the Director of HR • **Exit Interview Information** - Individual HR managers collate their own exit interview data for their areas, which is kept locally. • **National NHS Staff Survey** – is carried out annually by the Healthcare Commission and the full current Report and findings on the London Ambulance Service can be accessed from: http://www.healthcarecommission.org.uk/_db/_documents/AH_NHS_staff_survey_2007_RRU_full.pdf **Trust wide Risk Assessments / Individual and Complex Risk Assessments** - Line Managers are responsible for undertaking risk assessments in accordance with the Risk Policy Guidelines; generic risk assessments are undertaken centrally through the Safety and Risk Department who facilitate the process. The frequency is determined by the level of risk and existing control measures.

Appendix 1

An Overview of the TRiM System

1. Many of our staff work in areas where they are regularly exposed to events considered outside of the experience of a "normal" life. For example, in the course of their working lives, our staff may witness and need to manage incidents involving conflicts or other aggression, extreme suffering, or incidents such as road traffic accidents and fatalities. In order to respond to the potential needs of staff involved in a traumatic incident the LAS uses the TRiM System, which is a proactive, post-traumatic peer group delivered management strategy which adheres to NICE best practice guidelines. TRiM aims to:

    - keep employees of hierarchical organisations functioning after traumatic events
    - provides support and education to those who require it
    - assesses and identifies those with difficulties that require more specialist input.

2. A traumatic event, by definition is physically and emotionally overwhelming (e.g. where emotion overwhelms rational or logical thought processes). This disrupts the basic personal belief systems of the survivor – including trust, security, predictability and controllability.
   People may experience a range of differing reactions to traumatic events including: shock, fear, anger, helplessness, sadness and shame. These are all completely normal reactions to an event that may be considered extraordinary. Other effects may include tension, sleep disturbances, dreams and nightmares, fearfulness, intrusive memories and feelings, numbing, irritability, depression, social withdrawal, physicals sensations, mental reactions and self medication. Usually these reactions are only experienced for a few weeks, and by utilising the LAS support services offered by the LINC Scheme, Occupational Health, the EAP and the External Counselling Service provider staff affected can learn to better manage and understand traumatic stress and also learn to enhance personal resilience.

3. The peer group LINC Scheme TRiM practitioners ensure that the psychological needs of staff involved in a Traumatic Incident are assessed and referred, if required, to Occupational Health for CBT therapy. TRiM is a cognitively based model that aims to help those involved to integrate the incident into their experience and into their lives. This is achieved not only through the asking of specific risk factor questions, but also providing educational information that enables individuals to better understand their normal reactions to an abnormal event. That is, these normal reactions are not signs of weaknesses and inadequacies but are part of the therapeutic process when the mind and body tries to process and make sense of what has happened. Anecdotal evidence suggests that it is well accepted and achieves its aims of improving psychological wellbeing and the theory and practice of the system has been published in a known peer reviewed Occupational Health Journal (Jones *et al* 2003). TRiM appears to be good practice and experts in the field of traumatic stress have stated their supportive view in the scientific literature.

4. According to statistics, used by NICE, immediately after a traumatic event some 60% of people experience a similar set of symptoms. Within 4-6 weeks, however, that figure falls to about 10%. Most people get better without any intervention. The TRiM strategy reinforces people's natural tendency towards wellness and resilience and it also

provides a structure of support and guidance on how staff can learn to look after both themselves and each other. **Understanding that most people will cope with even the most serious events is important. It is the minority who are likely to require extensive support, assistance and perhaps even referral to specialist services.**

5. Managers are given support and advice on how to best manage individuals who may be struggling. (see Managers' Guide to Traumatic Stress below). That is, the focus is to build on a person's resources and resilience. For example, staff should not be sent home but encouraged to stay at work within a familiar environment and with colleagues who have undergone the same experience – this is an important part of the healing process. Sending staff home during these traumatic events is rarely the best option as an individual often goes home to an empty house or to a house where family or partner are there and a staff member will aim to protect these close relationships. Whereas, staying within the workplace with the individuals, who also managed/witnessed the incident, and delegating/carrying out appropriate manageable tasks, will prevent isolation, reinforce psychological containment and encourage the re-building of self-confidence and resilience. And it is also a proactive attempt to normalise the situation within a familiar working environment, which is part of the healing process. In such situations a manager will monitor the staff member give him or her the opportunity to discuss the problem, ensure that the staff member is involved in group activities and gives information about the effects of traumatic stress and self-help measures following Traumatic incidents. Research has shown that appropriate information given before and reinforced after Traumatic incidents can help to decrease levels of distress and build resilience against having to manage future Traumatic Incidents.

6. The TRiM training equips Practitioners to assess the possible psychological aspects of traumatic incidents via conducting a semi-structured risk assessment interview and through the delivery of basic psycho-educational briefings, if appropriate. TRiM Practitioners are also taught how and when to liaise with managers and medical/staff support staff.

7. Psychological threat and risk assessment

At the time of writing, there is no clear profile of the person who may go on to develop a psychological illness. However, there is a growing body of research that has identified certain risk factors that are linked to post-traumatic psychological illnesses. The risk-assessment checklist used in this strategy has been developed from the current literature on post-traumatic reactions and is relatively straightforward for use by someone with the appropriate training.

Studies of Post-Traumatic Stress Disorder and other related symptoms (PTSD) suggest that the intensity and duration of the traumatic event can influence the development of post-traumatic illness. Additionally, previous psychological problems and acute stress disorder can act as predisposing factors in the development of PTSD.

8. The Risk Factors

i. Individuals who feel that their life is threatened, who have a strong sense of shame, or blame others for the trauma are at risk of developing longer-term psychological problems. Appraising the traumatic event as uncontrollable or unpredictable may also predispose individuals towards psychological problems. And finally, a history of previous significant traumatisation increases the risk of developing posttraumatic illness when exposed to further traumatic events. One central and robust finding from research into

both trauma and general mental health is that accessible social support which is perceived as being useful is associated with lower levels of psychological illness. It therefore follows that isolated employees who have poor family and social support are at risk of developing a psychological illness.

ii. Alcohol misuse is common in people who have developed PTSD. Although it is not clear whether this is a coping method, or whether it develops independently, it is associated with a range of psychological problems after a trauma and may develop as a problem in its own right.

9.

1.h. The specific management strategies (see the Traumatic Incident Flowchart below)

i. The planning meeting

Careful planning is required for any effective intervention. Within 48 hours after an incident, a meeting is arranged to engage the organisational management structure and to examine who was involved. The support of line managers is instrumental in ensuring that the strategy is implemented. Traumatic events vary and it is essential that a flexible approach to planning should be taken.

ii. Analysing traumatic events and allocation of staff

At a planning meeting, it is important that a decision is made as to whether any action (and what level of action and implementation) is required. Preliminary research has shown that certain events are more likely to cause psychological distress, including:

a. Experiencing or witnessing serious injury to others, particularly colleagues and vulnerable groups such as women, children and the elderly;
b. Complex or prolonged trauma;
c. 'Near miss' events which could have resulted in serious consequences;
d. If staff experience immediate overwhelming distress.

After deciding whether or not to intervene and then filtering, it is necessary to decide between carrying out individual or small group interviews.
Prior to conducting risk assessments, the 10 risk factors are discussed within the confines of the planning meeting and some preliminary information obtained, especially that relating to exposure to previous traumatic events and previous psychological problems.

iii. Risk-assessment interview structure

A structured interview model, referred to as the BDA (before, during and after) model, is used to conduct risk-assessment interviews with both groups and individuals. **Its purpose is <u>not</u> to eliminate or reduce post-traumatic reactions, but to allow the Practitioner to identify those who may be at risk of developing psychological problems.**

Information disclosed during the interview is considered to be confidential; the only caveat to this (as explained to the interviewees) concerns information that causes a serious concern for the safety of the interviewees or others. With permission, Practitioners are required briefly to inform managers to allow effective management of such risks. Practitioners are advised to seek assistance if they are unclear as to how to proceed.

iv. The 1 month follow-up assessment

The importance of the 1-month follow-up assessment is threefold. **First**, some exposed staff may develop psychological problems after a delay and a stand-alone interview will not detect these. **Secondly**, some individuals continue to experience psychological distress following the initial interview and are at risk of developing long-term psychological problems.
Lastly, an individual's adjustment to the traumatic event can be gauged by comparing their initial psychological and behavioural state (and risk-assessment score) with that assessed at the 1-month follow-up.

v. Staff management and referral

After the initial risk-assessment meeting, managers are informed about the degree of psychological stress that exposed staff members have endured. Ideally, this is done collaboratively with the interviewee. After the 1 month follow-up interview, staff are encouraged to seek help if their distress is not settling (as indicated by persistently raised scores or scores which have increased).

vi. Documentation

Information from the initial assessment is securely stored and used when conducting the follow-up interviews. After completion of the 28-day follow-up, only a simple record is kept in the form of a diary entry of who was assessed, their scores and a brief management plan. This information is kept separately from other staff and health records. From a legal perspective, it is important to record the names of those who were offered the procedure, but declined to take part.

vii It must be stressed that the TRiM strategy is separate from any investigation that might look into why the incident occurred in the first place.

REFERENCES

Bisson, J. (2003), Early intervention following traumatic events. *Psychiatric Annals*, 33, 37-44.

Breslau N, Chilcoat HD, Kessler RC, Davis GC. (1999), Previous exposure to trauma and PTSD effects of subsequent trauma: results from the Detroit area survey of trauma. *Am J Psychiatry*; 156:902–907.

Greenberg N. (2001), A Critical Review of Psychological Debriefing: The management of psychological health after traumatic experiences. *Royal Naval Journal of Medicine*; 87(3):158-61.

Jones, N., Roberts, P., Greenberg, N. (2003), Peer-group risk assessment: a post-traumatic management strategy for hierarchical organizations. *Occupational Medicine*, 53, 469-475.

McManus, S. T. et al., (2007), 'Resilience Management: A Framework for Assessing and Improving the Resilience of Organisations', Resilient Organisation Research Project 2007/01 New Zealand, available online: www.resorgs,org.uk

National Institute for Health and Clinical Excellence (2005, March), Post-traumatic stress disorder (PTSD): the management of PTSD in adults and children in primary and secondary care guidelines.

Rick, J., Perryman, S., Young, K., Guppy, A., Hillage, J. (1998), Workplace trauma and its management: Review of the literature. *Institute of Employment Studies*, Brighton.

Rose S, Bisson J, Wessely S. (2003), Psychological debriefing for preventing post traumatic stress disorder (PTSD) (Cochrane Review). In: *The Cochrane Library, Issue 1*, Oxford: Update Software.

Royal College of Nursing (2000), Working Well Initiative Guidance on Traumatic Stress Management in the health Care Sector, Carole Bannister and Barry McInnes.

Turner RJ. (1981), Social support as a contingency in psychological well being. *J Health Soc Behav* ; 22**:**357–367.

Van Etten M L, Taylor S. (1998), Comparative efficacy of treatments for post-traumatic stress disorder: a meta-analysis. *Clinical Psychology and Psychotherapy*. 5. 126-144.

Education

Support and Monitoring

Traumatic Incident

PSYCHOLOGICAL MANAGEMENT STRATEGY

Operational/Clinical Management of Event

Staff Support Services Manager

Crew/Unit Manager informs Staff Support and Counselling Services Manger

Stabilisation and normalisation by crew/unit Manager

0 – 24hrs

Planning Phase with Staff Support Services Manager and Key Managers

- **Identification of people involved**
- **Formulation of Action plan re: Risk Assessment Interviews and/or Briefing**
- **Plan Individual or Group Interviews**

Risk Assessment BDA

- **Individual (Group intervention ruled out)**
- **Small group (Natural grouping or local incident)**
- **Briefing Meeting (no limit on size of group)**

72hrs

BDA Interviews

Briefing

Stress Practitioners forward documentation to Staff Support and Counselling Services Manager:

- **Who invited but did not attend**
- **Who attended**
- **BDA Scorings**

Person with high risk score may trigger following actions:

- **Consultation with Line Manager**
- **Referral to Occupational Health for CBT**

Therapy

- **Staff Support**

+ 72hrs

28 day follow up

Documentation to Staff Support Services Manager

Ambulance personnel work daily with distressing and traumatic incidents and will have developed effective ways to cope with these experiences. Despite this resilience we know that some incidents can have a significant impact on staff.

Managers have a crucial role in providing support to staff either immediately after an incident or in the days and weeks that follow. Recent research has suggested that the level of perceived support available to individuals following an incident can play an important part in their recovery.

This leaflet gives guidelines on how to recognise and respond to staff who may have been affected by such incidents and information on the range of support services available.

What is a traumatic incident?

Traumatic incident can be defined as 'any incident which overwhelms the normal coping mechanisms of an individual or group'.
Incidents can be classified into:

- Catastrophic Incidents
- Major Incidents
- Significant Incidents which are distressing to the individual for whatever reason.

It is important to remember that it is not just the major incidents which are potentially traumatic and that the more common Significant Incidents can often cause distress.

Incidents which might be potentially traumatic include:

- Multi casualty incidents
- Incidents involving children or vulnerable adults
- Situations which are complex or prolonged
- Situations which change unexpectedly
- Incidents with particularly horrific or gruesome injuries
- Witnessing extreme levels of distress in patients' family or friends
- Situations where the life or safety of staff are threatened
- Incidents with excessive critical media interest
- Personal identification with the victim or their circumstances
- Situations where the person felt out of control during the incident
- Situations where the person felt others were to blame
- Situations where the person felt ashamed of their own actions
- Any incident which by its unusual or extreme nature produces a high level of immediate or delayed emotional response.

Reactions to these or any other incident are likely to be worse if:

- The person feels they should have performed better
- They identify in some way with the person or the situation
- They perceive a lack of understanding, support or blame in others
- There are existing significant personal or work stresses

It is important to recognise that these incidents are *potentially* traumatic and it is the meaning of the incident to the individual that determines the impact of the event.

Remember not to make assumptions.
It may not be obvious to you why someone appears to be distressed by an incident.
The particular factors in a situation which make it distressing are personal to that individual. You will not necessarily know what that person has previously faced in their personal or work life.
Just because a member of staff is experienced or has coped well in the past with similar incidents does not necessarily mean that they will not be affected by this incident.
Just because you have coped well with similar incidents does not mean that they should not or will not be affected.

How do people react to a traumatic incident?

Traumatic stress is similar to the normal 'flight and fight 'stress response only more extreme.
Reactions are highly individual and range from no response to overwhelming emotional distress and can appear immediately or take days, weeks or months to emerge.
They can be triggered by anniversaries of the incident, attending similar incidents or being involved in court hearings or subsequent investigations.
The delay in reactions emerging is particularly relevant for ambulance personnel, as faced with an incident they usually go in to 'coping' or 'auto-pilot ' mode and only begin to experience a reaction once the incident is over.

Below are some common signs and symptoms of traumatic stress reactions

Physical
Feeling shaky or muscle tension
Upset stomach or nausea
Headache or dizziness
Racing heart and breathless
Extreme tiredness and lethargy

Thinking
Preoccupation with the incident, going over what was done and whether it was right
Memories of the incident intruding during waking hours or causing distressing dreams
Poor concentration and memory
Difficulty in making decisions

Emotions
Feeling more jumpy and irritable, with difficulty in relaxing
Feeling more sensitive and tearful
Feeling isolated, withdrawn or numb
Feeling more worried, sad or guilty

Behaviour
Changes in sleeping or eating patterns
Increased smoking or alcohol use
Avoiding other people or work situations
Behaving more aggressively or erratically

These reactions are a natural response to an incident and are part of the normal recovery process and **NOT** a sign of weakness or inability to cope.

Whilst these reactions are common, it is also OK to experience no significant reaction or to have a sense of satisfaction or elation after a difficult incident. This is particularly so if the person feels they performed well and was able to use skills gained in training, regardless of the outcome of the incident.

What helps people to recover from an incident?

It may take a while to recover from an incident and time is needed to process what has been experienced and come to terms with has happened.

From research and experience we know that seeking out support from others who understand, taking time to think through the incident and subsequent reactions, re-establishing normal familiar routines and doing things that are enjoyable, especially exercise, are all helpful in aiding recovery.

We also know that believing it is 'weak' to be affected by an incident, being too self critical about your actions, trying to erase the memories, isolating yourself and bottling up feelings, dwelling too much on wishing things had been different and relying on alcohol or drugs to cope are all unhelpful in the long term and block normal recovery.

Most people will recover given support and the opportunity to come to terms with their experience. However if the symptoms persist over time and there seems to be no improvement, further help may be needed.

If you are concerned about a member of staff, you can either discuss your concerns in the first instance with a LINC worker or a member of the Counselling Team or approach the person directly and advise on support available.
Details of support services and contact numbers are listed at the end of this booklet.

When to seek help

Symptoms which would be of concern include:

- Psychological distress that is not improving, [e.g. constantly reliving the event, nightmares, 'jumpiness', confusion, excessive worrying , blaming others or feeling ashamed of their own actions]
- Persistent avoidance of normal work duties
- Continuing withdrawal from family, friends or activities previously enjoyed.
- Seeming excessively anxious.

- Signs of persistent depression or guilt.
- Uncharacteristic irritability and verbal or physical aggression.
- Signs of persistent sleep difficulties especially if accompanied by nightmares.
- Signs of alcohol or substance abuse.
- Problems in a relationship which prior to the incident was positive.
- Persistent physical symptoms which were not present prior to the incident.
- The persons performance is affected or they seem less able to cope
- A feeling that the person has 'changed' significantly since the incident without any other obvious explanation.
- Additional factors which can increase the risk of problems developing are the presence of psychological problems before the incident, involvement in previous traumatic incidents and current poor social support.

Ways of supporting staff

Research has shown that the level of support that a person is offered and is willing to accept can have a significant impact on recovery from an incident.
Staff may be reluctant to admit to difficulties and it is important that they feel that stress reactions can be experienced by anyone and that there is no weakness or stigma in seeking or accepting help and support. **Therefore your awareness, attitude and approach will be crucial.**

Much of the following you may already be doing and these suggestions are aimed at helping managers provide the best support to their staff.

Immediately after an incident people are often shocked and may not show much emotion. It is helpful to offer them some time to recover, have a cup of tea and talk things through if they want.
If appropriate, consider standing them down. Some may wish to continue the shift after they have had some time to recover and others may need to be stood down.
Returning to station or work base is often particularly valuable as they can meet colleagues and get informal support from others who are likely to understand the situation.
Be wary of sending a person home straight after an incident before they have had a chance to 'decompress' with their colleagues and reduce their immediate stress levels. This is particularly important if they live alone or are due days off.
This is not a hard and fast rule and individual circumstances need to be taken into account. However it is important to convey that any decision is based on ensuring their well being rather than performance targets.

Reactions may take some time to emerge so it is important to ensure that those involved in the incident are followed up.

Remember to give them the information booklet on 'Your Guide to Managing Trauma' which will have contact numbers for support services and to ensure that they are aware of the LINC scheme.

As has been emphasised before, reactions to an incident are individual and depend on a range of factors. Some people may be able to remain at work, whilst others may need some time to recover, however long periods away from work can increase the difficulty in eventually returning to normal duties.

Offering staff support in returning to work after an incident through e.g. 'third manning' and alternative duties, where possible, are effective ways of maintaining a routine, building confidence and aiding recovery.

Tips on how to support staff

If you invite someone to talk about the incident or how they are doing, keep it simple and informal and when in doubt DO LESS.

- Pick the right time and place – preferably somewhere with some privacy and free from interruptions
- Don't interrogate or get into an operational debrief.
- Encourage them to say more by using open questions-How, What, When, Where e.g. 'What was that like for you?' rather than 'Why do you feel angry?'
- Don't belittle or invalidate their experience. 'You'll get over it'. 'It could have been worse'.
- Focus on them and what they are saying and try and tune out your own judgements and opinions on how they are handling the situation.
- Use active listening and look interested and engaged.
- Don't jump to conclusions – listen to what is actually being said and check you have understood.
- Check your own attitude. If you think stress is for 'wimps' it will show.
- Be wary of saying you know how they feel – you could be wrong.
- Be careful about talking about your own experience. You may have been in similar situations but you can't assume that they have reacted in the same way as you or that your way of coping will work for them.
- Be careful about using humour – this may not be the time for dark humour.
- Let them express any emotions that come up but **don't** dig around to get them out. This is *particularly* important.
- Structure the time you have in order to end the discussion clearly and cleanly.
- Think of the mnemonic **FICE** as a useful way of structuring the conversation.

  Facts – [what happened….then what?]
  Impact - [on them of what they have been through. What was the hardest part?]
  Current functioning – [how are you doing now? who is around for you to talk to? is there anything you need?]
  Education – [reactions are normal, not a sign of weakness. Hand out the booklet and remind them of LINC and other support. Arrange to follow up and do it].

Essentially in talking to staff you are aiming to do three things:

1. **Show that you and the Service recognise that they have gone through a difficult experience and that it matters.**
2. **Facilitate their recovery by talking things through and helping them accept that reactions to an incident are normal and not a sign of weakness.**
3. **Identifying staff that are experiencing difficulties and encouraging them to seek and accept help early.**

What support services are available to staff?

The services listed below are available to all staff regardless of role and individuals are free to choose which source of support they feel is most appropriate for them.

1. **LINC**

The LINC peer support programme offers a first line confidential support service to staff who may be experiencing work or personal difficulties.
LINC workers are colleagues who have gone through a rigorous selection process and comprehensive training programme to enable them to offer support on both personal and work issues including potentially traumatic incidents.
The LINC scheme complements existing services and works closely with the Occupational Health Counselling Service.
Individuals do not need to be referred and can contact a LINC worker informally either face to face or by telephone on any matter.

A complete list of LINC workers and contact numbers can be found on the Pulse under 'About me', clicking on 'My Support' and following the links.

Some LINC workers have undertaken additional training to deliver the TRiM response.

1. **TRiM [Trauma Risk Management] Defusing Meeting**

The TRiM response is there to support staff and should be considered routinely after a potentially traumatic incident. The purpose of TRiM is to ensure that the psychological needs of staff are appropriately managed following a potentially traumatic incident.
The Defusing Meeting is not an operational debrief nor is it counselling. It is intended to provide acceptable and credible support to staff who may be affected by an incident and to offer prompt specialist help if required.

After a potentially traumatic incident [as listed above] it is important to consider whether TRiM is required and to initiate a planning meeting.

- Following a **Major Incident** the appropriate LINC worker will attend the hot debrief and planning meeting to decide whether TRiM defusing meetings are required. If required the LINC worker will arrange individual or group TRiM meetings as appropriate.

- Following a **Significant Incident**, if the manager has concerns about an individual/individuals they can contact the local LINC worker, Senior LINC worker, LINC manager or the Staff Support Services manager to discuss the incident. If TRiM is thought to be appropriate, the LINC worker will arrange a meeting and the individuals involved will need to be stood down.

- In the event of a C**atastrophic incident**, the response would be managed at a local 'cellular' level.

If a TRiM response is agreed, those involved are invited to attend an individual or small group TRiM Meeting facilitated by trained LINC workers.
In the meeting the incident is talked through in a factual and informal way with the aim of:

- Identifying trauma risk factors and trauma risk levels
- Normalising stress reactions
- Reinforcing coping strategies
- Raising awareness of support services
- Facilitating early referral to specialist help if required

There are two meetings.
The first is arranged within a few days of the incident and the second follow up meeting about one month later. This allows for natural recovery to take place and gives a more accurate indication of individuals stress levels. Those who may benefit from counselling or specialist help can be encouraged to refer themselves or be referred on.

In addition to these meetings, LINC workers can be invited to local management/debriefing meetings to give information on normal stress reactions and recovery and to raise awareness of support services.

LINC workers are also available to offer informal support to any individual affected by a distressing incident. This support is appropriate for any member of staff affected by a disturbing incident regardless of whether they are operational, EOC or support services.

To discuss arranging a TRiM Meeting, please contact your local LINC worker, the Senior LINC worker on-call on **07900917104** or the Staff Support Services manager on **02074632625 or 07917201676.**

3. Counselling
Confidential counselling for any work or personal issue including traumatic stress is available through Occupational Health. Individuals can refer themselves directly or be referred by their manager. If an individual wishes they can access counselling directly and do not need to have an initial TRiM meeting.
The service currently has 7 venues across Greater London and appointments can be made by telephoning Occupational Health on **020 3299 4919.**

4. EAP
The EAP is a 24hour confidential helpline offering telephone advice and support on a range of personal and work issues and can be contacted on **0800 5878116**

5. Staff Support Advisor
For advice on all aspects of staff support including the Benevolent Fund please ring **02074632636**

6. Chaplain
Available to all staff for pastoral support. **020 8553 2132**

This leaflet is provided as guidance only and for more information or advice please contact:

- **Staff Support and Counselling Services on 02074632625**
- **LINC on 020 7921 5200**
- **Occupational Health Counselling on 02 3299 4919**.