MEDIGOLD HEALTH

Manager's guidance in dealing with a traumatic event

Health and Safety legislation applies to both the physical and psychological health of employees, and employers need to have considered how they will respond to traumatic events in the workplace. The Company has a 'duty of care' to protect psychological as well as physical health and to act in a reasonable manner in the light of what is known about psychological reactions to trauma. In so doing, it seeks not only to prevent staff being unduly traumatised by traumatic events but also to provide appropriate organisational aftercare should one occur.

There is no specific definition of what might be a critical incident, and attention is often focused on the more extreme events which can occur, such as a fire or terrorist threat. However, on a smaller scale, exposure to events such as a sudden staff death or an accident in a particular department, can affect people deeply.

This leaflet is concerned with how to respond to the psychological and emotional trauma of the team affected and for which the manager is responsible. Staff exposed to trauma will look to their manager, and the organisation, to support them and contain the situation. Only once issues of safety have been addressed can psychological crisis support be implemented.

NORMAL REACTIONS TO TRAUMA

It is normal to be upset following trauma, and typically follows this pattern of response:

FIRST TWO OR THREE DAYS

Common reactions may include confusion, disorientation, lack of speech, helplessness, disbelief. People may be upset, tearful, shaking, shivering, unsteady, or may want to get away. Some may be very angry.

FIRST MONTH

People may experience flashbacks to the traumatic event, have sleep and appetite disturbance, loss of enjoyment in life, and feel very tired. Following the initial reaction, there is a process of making sense of what has happened, re-appraising events by recounting them, to form a coherent narrative of what has happened. This all helps someone to assimilate the experience they have gone through, and to adjust to a resumption of their everyday life.

AFTER THE FIRST MONTH

The majority of people have returned to normal. About 30% will have symptoms for longer, which may need some professional help but will gradually improve. For most people, these experiences will diminish during the few weeks following an incident, but for some there may be a persistent impairment in the capacity to cope with everyday life.

Maintenance of high levels of arousal beyond a month may indicate clinical concerns which necessitate professional help. About 1-2% may develop Post-Traumatic Stress Disorder (PTSD).

Whatever the level of the incident, managers may have to make allowances at work for disruption to concentration and short term memory loss.

POST-TRAUMATIC STRESS DISORDER (PTSD) – Limited likelihood 1-2% of employees exposed to a traumatic event

Symptoms of PTSD may include:

- Re-experience phenomena – recurrent or intrusive distressing recollections of the event; re-living the experience.
- Avoidance or numbing phenomena – efforts to avoid activities, places or people, which by association could arouse recollections of trauma; inability to recall aspects of the trauma; diminished interest in previously significant people or activities; feelings of detachment; reduced capacity to feel; depression.
- Increased arousal – sleeping difficulties; irritability; poor concentration; hyper-vigilance; low threshold for startle response.

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SUPPORTING STAFF AFTER AN INCIDENT

The manager will often find themselves in the position of managing the situation following a critical event.

There should be two aims for the manager:

1. **Don't make things worse,** and
2. **Focus on those truly at risk**

A manager's felt need to "do something to help", together with growing awareness of possible accusations of not fulfilling a duty of care, can lead to calling meetings that follow a set agenda, or setting up a counselling session for everyone. Such a 'standard' response is unlikely to be helpful.

It is important not to turn a normal response of normal people reacting to an abnormal event into a medical condition. Everyone involved is adjusting and adapting to what has happened, and this process will take time, will affect people differently and in different ways, depending on their circumstances and previous history.

PSYCHOLOGICAL FIRST AID

Psychological First Aid consists of two distinct elements:

1. **Consultancy to support the incident manager and local staff team**

The Staff Counsellors can act as consultants to the incident manager, offering support and consultation. Being in this leading role is very demanding both physically and emotionally. You can telephone or email to discuss any problems or concerns.

2. **Offering low profile support and counselling for those affected, mostly on an individual basis**

Over the following weeks and months some people may of course seek formal counselling. But the majority of the support needed will come from the manager and staff members supporting each other and by encouraging the exceptionally distressed to seek further help. In other words, professional and peer support is visible and available as a reassuring background, but is not imposed on anyone. It is not advised counselling is offered to all initially and is provided at the request of the employee or if management identify significant issues only as ‘group’ therapy has been shown to be detrimental and actually promote and prolong recovery from a traumatic event.

The immediate aims are to console and offer comfort, to offer practical help, to recognise the abnormality of the experience of trauma, to recognise the normality of the post-trauma reaction, not to medicalise the reaction, not to overwhelm with information, and to provide informal support that seamlessly merges into professional support.

In summary, counsellors can provide a low-key one-to-one counselling service after an incident for those who request it. In the early stages of a disaster, it is likely that the most important activity for a counsellor will be to offer reassurance that reactions are within the normal range and to provide people with an understanding of the link between the impact and their responses so they do not think "I am going mad", etc. Some people involved may have pre-existing vulnerabilities – states of anxiety, depression, trauma from a previous disaster, etc – and the Counselling Service staff can offer to support this group. Even if the offer of counselling is refused, some will note the contact and use it later.

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GUIDANCE FOR MANAGERS

1. **Be aware of what are natural responses to trauma** and reassure staff that what they are experiencing is natural.

2. **Be alert to staff who might be especially vulnerable,** perhaps because of past experience or particularly close involvement with the incident or those involved in it. Talk to employees individually, and check if extra support is needed.

3. **Be present and around.** People need to spend time talking to each other as they work, and it helps for the manager to join in casually and encourage this by example. This applies not only to those directly involved in the traumatic incident, but also those who witnessed it, had friends or colleagues involved, etc. Sharing experiences in this everyday way is helpful.

4. **Communicate about what is happening** in a face-to-face meeting. Informing staff of what has happened, and of unfolding events, needs to be done sensitively and quickly. Managers may wish to convene a 'first thing every morning' meeting for staff in the aftermath of a traumatic event. It is best to keep such meetings brief, factual and information sharing, practical rather than emotion focused.

5. **Do not necessarily send people involved in an incident home.** As far as possible, immediate psychological first aid is best provided by being with and sharing experiences with work colleagues and friends, rather than removed to talk to a stranger, [however well qualified as doctor, counsellor, etc]. Wherever possible, re-establish normal working routines as soon as possible, albeit gently and flexibly, and enable people to talk about what has happened as they work, thereby avoiding any onset of denial.

6. **Do not normally encourage staff to "go home for a few days to get over it".** It is far better (i.e. less likely PTSD symptoms will follow) if they get on with routine and are with "the team". Even if they get professional counselling, this should be facilitated within working hours, leaving the team and returning to it. All the evidence is that keeping people at the "coal face" to encourage and reinforce a normal identity is far better than encouraging "victim" or "ill" identities by putting someone on sick leave. This will often require tolerance and support for a period when staff are not as productive as normal. Part-time working is better than not working at all.

7. **Keep in touch.** In the weeks that follow an incident, GPs may sign people off work on sick leave "to get over it"; occasionally it may be important to do so. However, line managers should keep in touch by telephone, visiting and/or getting colleagues to visit. Encourage a rapid return to work, even part-time, etc. as being back at work among colleagues is normally the best possible therapy for preventing long-term complications.

8. **Be aware of cultural differences.** Significant numbers of staff are not British. Different cultural and religious attitudes to death, disaster and trauma are one of the areas where this is to be expected.

We need therefore to recognise the importance of respecting a range of responses to a traumatic event, and encouraging that respect, providing counselling and advice from a native speaker of their own tongue and cultural background if this is possible.

9. **Give Time.** Many people take up to three weeks to settle down after major trauma. Counselling in the form of reassurance, explanation, and general normalisation of the response may be appropriate during this period but most people need nothing more.

10. **Accept that for a period normal working will be disrupted.** For some staff, workloads may need to be temporarily re-assessed, or less complex tasks assigned. However, after a recovery period, it is appropriate to gently re-instate the boundaries of normal working.

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COUNSELLING SERVICES

Please provide company access telephone number to counselling services

OCCUPATIONAL HEALTH SERVICE

The Occupational Health Service provides services to prevent ill health at work, assess and advise on fitness to work and to ensure that health issues are effectively managed.

HUMAN RESOURCES DIVISION

Tel number

Information and guidance on University policies and procedures for employment and personnel management.

HEALTH AND SAFETY OFFICE

Contact details

Independent advice and investigation following an incident

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