



North Wales Safeguarding Board

Multi - Agency Guidance for the Support of Employees affected by Critical Incidents

August 2019



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1. INTRODUCTION

- 1.1. This multi-agency guidance represents a commitment to the provision of multi- agency Critical Incident Stress Management in North Wales. It specifically addresses the provision of Critical Incident Debriefing for personnel working across services to support children and adults at risk in the North Wales Region.
- 1.2. This guidance document does not replace any individual agencies own internal process but is to support agencies to ensure that across North Wales we have clear commitment to support staff in particular in those individual cases where a case is referred to a Adult/ Child Practice Review
- 1.3. In relation to Adult/Child Practice Reviews, when we refer to staff group this could include:
 - Administration staff
 - Translators providing support to the review
 - Staff involved / in attendance at the Learning Events
 - Review Panel members
 - Reviewers and the Chair of the Review

2.0 MULTI-AGENCY PROTOCOL ON CRITICAL INCIDENT STRESS MANAGEMENT AND DEBRIEFING

- 2.1. The North Wales Safeguarding Board 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 North Wales. 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.
- 2.2. 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. The North Wales Safeguarding Board would request that all agencies have clear procedures in place to support staff following a critical incident similar to the guidance issued in section 3.0.

3.0 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 incidents which can occur while at work may include:

- the traumatic death or injury of Adult /Child at Risk
- 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 personnel

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.

4.0 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

Prevention -

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

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.

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.

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.

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.

5.0 CRITICAL INCIDENT DEBRIEFING

- 5.1. 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.
- 5.2. 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.

- 5.3. 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 APR/CPR learning event').

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 guidance sets out expectations and should be considered in conjunction with agencies own Critical Incident Management procedures.

6.0 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 North Wales Safeguarding Board

6.6. It is expected that all multi-agency staff should have been given the opportunity to have accessed support prior to the Adult/ Child Practice Review. If at any stage during the review process, the reviewers identify concerns regarding a staff member, a request will be made to that agency to provide access to support.

7.0 STEPS AND DECISIONS TO BE TAKEN FOLLOWING A CRITICAL INCIDENT

The actions to be taken following a Critical Incident are outlined below- '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 multi-agency protocol or not. In many cases it will be more appropriate to follow single agency protocols, for example those in operation in WAST.

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.

Step 4 Manager makes contact with appropriate Senior Manager who will provide the Manager with support

Step 5 Where it is decided that single agency debriefing should take place, the Manager will initiate this within his/her own agency.

Step 6 A Lead Officer will initiate agency debriefing using an experienced and trained facilitator.

Step 7 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 8 Senior Manager and/or Manager will decide on arrangements for the implementation and monitoring of any response plan put in place.

8.0 STAFF ATTENDING APR/CPR LEARNING EVENT

- 8.1. After a critical incident a member of staff may be required to be involved in an APR/CPR learning event. This might be anything between three to six months to many months after the event. The waiting alone in the knowledge that a review is taking place is can be very stressful.
- 8.2. As part of their duty of care towards employees agencies must ensure that staff are supported throughout the APR/CPR learning event.
- 8.3. As highlighted in section 6.6., if reviewers do identify a staff member who requires additional help, contact will be made with the staff member's organisation to offer support.

- 8.4. If the Chair / Reviewers identify the need for a Multi-Agency debrief session the respective Chairs of the Adults/ Children's board will decide whether to commission an individual Lead Practitioner to facilitate the event.
- 8.5. The North Wales Safeguarding Board will also provide a contact number for anyone involved within the review process who requires some additional support as part of the review process/ or at the end of the review process who do not have access to support.

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

- Shock, feeling like it isn't really happening.
- Anxiety.
- Sadness, low mood.
- Re-experiencing of the traumatic events e.g. nightmares and/or flashbacks.
- Hyper-vigilance (scanning environment for possible danger).

Physical

- Headaches.
- Nausea.
- Exaggerated startle response.
- Fatigue.
- Shortness of breath, dry mouth.
- Trembling.
- Feelings of panic e.g. sweaty palms.

Cognitive

- Difficulty concentrating.
- Forgetfulness.
- Absent mindedness.
- Low attention span.
- Impulsivity.
- Poor judgement/decision making.

Behavioural

- 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.

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.
- ❖ Allow yourself to cry, rage, and express your feelings when you need to. Try not to numb your feelings with alcohol, drugs as this will only complicate the situation.
- ❖ Avoid making major life decisions as this time as this will only add to the stress you may currently be feeling.