



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



## National Ambulance Service (NAS)

### Workforce Support Policy

#### Advice, Support and Critical Incident Stress Management

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## **1.0 POLICY**

1.1 The National Ambulance Service (NAS) acknowledges that employees may need or wish to seek advice, request support or receive counselling as a result of a critical incident or of other matters affecting them. Furthermore, the NAS acknowledges that managers have some responsibility to provide such services and that, through the implementation of this policy, the NAS may benefit as much as the individuals concerned.

## **2.0 PURPOSE**

2.1 To enable all employees to benefit from advice, support, counselling and CISM.

## **3.0 SCOPE**

3.1 This Policy applies to all NAS Managers, Supervisor and Staff.

## **4.1 LEGISLATION/OTHER RELATED POLICIES**

- A. National Ambulance Service Parent Safety Statement
- B. Policy – Dignity at Work
- C. National Critical Incident Stress Management Programme

## **5.0 GLOSSARY OF TERMS AND DEFINITIONS**

5.1 None applicable

## **6.1 ROLES AND RESPONSIBILITIES**

### **6.2 EMPLOYEE RESPONSIBILITIES**

6.2.1 All persons referred to within the Scope of this policy are required to adhere to its principles.

### **6.3 MANAGER RESPONSIBILITIES**

6.3.1 Individual managers are responsible for ensuring that this policy is applied within their own Area. Any queries on the application or interpretation of this policy should be discussed with an Operations Performance Manager prior to any action being taken.

## **7.0 PROCEDURE**

### **EMPLOYEE ASSISTANCE SERVICE**

#### **Introduction**

- 7.1 The Employee Assistance Service (EAS) offers confidential and professional assistance with problems, which are causing employees undue stress or unhappiness.
- 7.2 Counselling is arranged through the EAS and offers employees support from internal or external counsellors who are specifically trained to help staff.
- 7.3 Some employees use the service to help them cope with a major life crisis. Others may use the service in order to talk over a problem, which has been going on for a long time; they feel “stuck” and their problem is less easy to define. They use the service to help them see a way forward.
- 7.4 An initial meeting gives the employee time to talk over his/her thoughts and feelings with a qualified counsellor who will listen without judgement and help the employee find a resolution to whatever is worrying them. This may be simply “talking through” his/her feelings or it may involve them making a decision to take some action. The employee may find one session enough or (s)he may need more sessions.
- 7.5 The EAS also has information and access to a range of other specialist services, both public and private, which the employee may decide to consult and can assist him/her in doing so.
- 7.6 The effectiveness of the service relies on a full understanding of local advisory and support arrangements. Action can be more effective if the problem is referred to a Peer Support Worker (PSW), the Occupational Health Service (OHS) or the EAS whichever the employee chooses at the earliest opportunity.

#### **Eligibility**

- 7.7 All employees are eligible to use the service. If an employee contacts the service, no one else need know anything about it. No record identifying the employee will be made.
- 7.8 Alternatively, if a Manager knows that a member of his or her team is troubled or pre-occupied he/she may recommend that the person get in touch with a PSW initially, or the OHS or the EAS, whichever the employee feels most comfortable with.

7.9 The only exception to confidentiality concerns problems, which endanger the safety or lives of others at work or at home. These are, however, exceptional and extremely rare situations. Where a risk to life exists, the information will be passed on to the relevant authorities.

### **Availability of Help**

7.10 Counselling is provided by the EAS, however, it may be appropriate to include contact with outside bodies, especially in respect of personal problems.

7.11 Other organisations used by the Counselling Service include:

**Citizens Advice Bureau** - Assistance is provided by fully trained staff on a wide variety of issues, including legal problems. They may undertake to write a letter on the employee's behalf, after advice upon the availability of legal aid and/or provide an introduction to local solicitors.

**Alcohol and Drugs** - Most areas have a branch of Alcoholics Anonymous or local equivalent drug advice centres who can all offer advice and assistance with first hand knowledge

**Depression** - Contact with the Samaritans is available. They will listen while an employee talks about problems and offer sympathetic advice and counselling.

**Medical** - Normally, all matters should be referred to the individual's GP unless it is a problem that may affect the employee's ability to work in which case, the employee may be referred to the Occupational Health Service. If an employee or close member of family or partner has a critical illness, additional information and support is available.

**Department of Social Protection** - Professional help and advice is available on such matters as family income supplement (FIS), home help, meals on wheels, state benefit, child care and welfare services for elderly/disabled/blind and the mentally or chronically sick.

**Housing** - Information may be available from the local Citizens Advice Bureau, or Local Authority Housing Dept. Advice may also be provided if an employee is threatened with eviction or with disconnection of essential services.

**Retirement** - Advice and counselling, is available from the Human Resources Dept. as employees move towards retirement.

**Bereavement** - Counselling is available from the Bereavement Support Service.

**Marital Problems** - Further advice can be provided by Accord or Mediation Service who can assist whether or not there is a prospect of reconciliation, and the Citizens Advice Bureau can provide legal advice and names of solicitors. Apart from emotional stress, practical problems may follow in the wake of a marriage breakdown, e.g., financial arrangements, care of children, re-housing, all of which may affect work performance and with which assistance may be provided.

## OCCUPATIONAL HEALTH SERVICE

### Introduction

7.12 The discipline of Occupational Health is concerned with the two-way relationship between work and health. The main thrust of this discipline is to prevent ill health rather than cure it. The OHS achieves this goal through the services it provides to employees.

### Services available

7.13 If you have suffered an illness or injury at work, you may be referred to Occupational Health by an Officer to assess your fitness for return to work, or you may self refer. By careful monitoring of your progress, your return to normal working may be made easier.

7.14 The preventative management of infectious diseases such as Hepatitis B and T.B plays a very important role in the OHS. Hepatitis B vaccination and serology, to determine immunity to the virus is carried out at the pre-employment level, as is T.B screening. Serological testing for Measles, Mumps, Rubella and Varicella (chicken pox) is also carried out.

7.15 All needle stick/exposure incidents are promptly followed up by the OHS staff. Employees are advised to report such incidents as soon as they occur in order to receive the appropriate care.

7.16 Staff members who work continuously with computers for an hour or more during the working day can arrange to have a vision-screening test done. The screening is carried out at the employee's place of employment. Ergonomic advice is also given on employee's workstations at the time of the vision screening.

7.17 The OHS has a role in health promotion and health education. Health education sessions are tailor-made to suit specific groups and include for example topics such as latex allergy, use of and types of personal protective equipment and prevention of needle stick/exposure incidents through good work practices. The promotion of the health of employees is achieved through advice on personal fitness, exercise, good nutrition and the avoidance of health hazards including tobacco and other substances of abuse.

## PEER SUPPORT WORKERS

### **Rationale**

7.18 The concept of peer support has been recognized as an invaluable and effective adjunct to employee welfare services. Peer support work is based on a recognition that peers could understand feelings and personal issues concerning service related matters better than professionals.

7.19 Certain areas of service were pinpointed as pertinent to peer involvement; these areas included information, referral and emotional support.

### **Who are Peer Support Workers?**

7.20 Peer Support Workers (PSW) are selected from applicants across the NAS and complete a training programme at the National Ambulance Service College under the guidance of a Senior Clinical Psychologist.

### **What is their role?**

7.21 Primarily, PSWs are available to help diffuse feelings following a Critical Incident, offer support in the workplace and assist colleagues with accessing information relating to their personal needs.

## CRITICAL INCIDENT STRESS DE-BRIEFING

7.22 Critical Incident Stress De-Briefing (CISD) is a method of debriefing employees after they have been involved in a traumatic incident. The technique is not counselling, but involves a trained debriefer leading a meeting through a structured process designed to relieve trauma.

- 7.23 The process has been found to be extremely beneficial in the mitigation of post traumatic stress symptoms and therefore adds to the safety, health and welfare of employees.
- 7.24 It is catering for staff who in their duty have been exposed to strong impressions.
- 7.25 A Critical Incident is any situation, which has been shown to be commonly associated with the development of an acute stress reaction. Such events typically involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.

### **Incidents Requiring CISD Response**

- 7.26 Incidents might best be described as 'micro' or 'macro,' each requiring a different response from Peer Support Workers or debriefers. (Some examples are shown in 7.28 below). Reaction to specific incidents will normally be generated by an individual, colleague or the Ambulance Control Centre. However, it could also be generated by any Ambulance Officer, as explained in 3.31 or member of staff.
- 7.27 In addition to persons referred to in 3.33, any member of staff can also request a Peer Support Worker or CISD for any other type of incident, which, they consider to be appropriate.
- 7.28 Examples of incidents might be as follows:

'MICRO' incidents – (Individual defusing by Peer Support Workers could be considered)

- Road Traffic Collisions – particularly fatal and the most serious injury collisions
- Suicides
- Sudden deaths – particularly of mutilated/decomposed bodies
- Presence at the scene of the death of a child
- Any event involving duty-related serious physical injury or serious threat to individual ambulance staff

'MACRO' incidents – Group Debriefing

- Major emergencies particularly where mass casualties are involved
- Serious injury to, or death of, a colleague on duty



The list is not exhaustive, and Managers should feel free to enquire of the benefits of CISDs following any incident, which appears to have had a traumatic effect on some or all of the employees in contact with it.

### **Training of Peer Support Workers and Critical Incident Debriefers**

- 7.29 A number of employees are trained as Peer Support Workers and their details are listed in the Critical Incident Stress Management Activation Procedure located in each Ambulance Station and the Ambulance Control Centre (Appendix IV).
- 7.30 Critical Incident Debriefers are also located across the country and access is arranged through the EAS

### **Activation of PSW or CISD Response**

- 7.31 Activation of PSWs will normally take place via the Ambulance Service Control Centre where the Control Supervisor may contact the appropriate Manager who in turn will decide the level and type of response appropriate to the incident. If the incident is 'out of hours', then the appropriate Manager should be contacted at the next earliest opportunity either by the Control Supervisor or, if appropriate, by the relevant Paramedic Supervisor. PSWs called on to respond will be chosen from employees NOT involved in the incident and may be drawn from a Station other than the one involved. The time of the proposed defusing must be carefully considered, as there may be time to make a later response rather than a 'call-out'.
- 7.32 The CISD can generally take place between 48 and 72 hours after the incident, but could be later. In view of this, the call out process may be passed on to a Manager or a Peer Support Co-ordinator, either of which may request the assistance of the EAS as the circumstances of the incident dictate.
- 7.33 Nothing precludes an operational debrief conducted by a Manager or any operational debrief which might normally be carried out. However, a CISD should be considered as well.

## **Employees to be Debriefed**

- 7.34 Once activated, the response will support all employees involved in the incident or likely to be affected (e.g., Control staff who deployed ambulance staff who were injured). In view of the known benefits to participants of CISD, and in order to satisfy the NAS's duty of care to all employees who may be affected, participation in any CISD session(s) established should be offered to all staff involved, however, it may be the choice of any or all staff members to apply self care. In such circumstances, staff members adopt the duty of care for themselves. The extended application of Health and Safety legislation to the NAS places a duty on individual members of staff, as well as on the HSE corporately, to ensure that safe systems of work are adopted. The responsibility for any variation from such systems by personal choice must be accepted by the individual concerned. An employee, who, having been involved in a traumatic incident and having had notice of a CISD session, does not attend, will be in this position.
- 7.35 Due to the flexible nature of the timing of the CISD session, overtime will not be considered.

## **Follow - Up Procedures**

- 7.36 Where CISD takes place, the debriefer will be responsible for alerting the EAS, who will liaise with an Operations Performance Manager so that longer-term support and assistance can be provided as necessary.

## **Confidentiality**

- 7.37 The nature of the CISD is such that debriefers will not make any notes of the proceedings. The proceedings in the CISD will be conducted in confidence as part of the 'contract' between the persons present. The process of the CISD will follow the pattern contained in the debriefer's training.
- 7.38 Debriefers will be bound by the code of ethics covering confidentiality. (Appendix II)
- 7.39 Anything disclosed or prompted, which has evidential value, must be reported to an appropriate authority by the individual who has ownership of the information after the debriefing has been completed.

- 7.40 Before attending a CISD session, a Supervisor/Manager will ask everyone involved in an incident if they have completed their notes and statements or reports which may be required in the future for various reasons (e.g., Coroners Court). Anyone who has not done so will be asked to do so before they participate in same.

### **Contact**

- 7.41 Advice and further explanation of this policy can be obtained from the local Peer Support Co-ordinator,

### **Administration**

- 7.42 PSWs will normally attend in duty time and wherever possible should be given the opportunity and means to attend by their Line Manager.
- 7.43 Where no service vehicle is available, travelling should be kept to a minimum as circumstances dictate. Cost of travel per kilometre should be claimed at the normal rate.
- 7.44 A Peer Support Co-ordinator will be responsible for ensuring appropriate supervision of PSWs and their welfare.
- 7.45 The number and workload of PSWs will be reviewed regularly and, in the first instance, every 3 months.
- 7.46 Quarterly reports of numbers of contacts and EAS referrals will be forwarded to the National CISM Committee.

## **8.0 IMPLEMENTATION PLAN**

- 8.1 This Policy will be circulated electronically to all Managers, all Supervisors and Staff
- 8.2 This Policy will be available in electronic format in each Ambulance Station and Ambulance Control for ease of retrieval and reference
- 8.3 Each Operational Support and Resilience Manager will ensure that the Manager/Supervisor responsible for updating Policies and Procedures will return the Confirmation Form to NAS Headquarters to confirm document circulation to all staff

## **9.0 REVISION AND AUDIT**

- 9.1 This Policy will remain under constant review and may be subject to change to facilitate any changes/developments in service requirements.
- 9.2 The Workforce Support Manager will monitor the effectiveness of this Procedure and propose amendments where deemed necessary.
- 9.3 Revisions, amendments or alterations to the policy can only be implemented after consideration and approval by the Director, following consideration by the Critical Incident Stress Management Committee who will consult with appropriate stakeholders.

## **10.1 REFERENCES**

- None applicable

## **11.0 APPENDICES**

**Appendix I** - Policy Acknowledgement Form

**Appendix II** – Code of Ethics for Critical Incident DeBriefers

**Appendix III** - Critical Incident Stress De-Briefing

**Appendix IV** – CISM Stress Management Activation Procedure

**CODE OF ETHICS FOR CRITICAL INCIDENT STRESS DEBRIEFERS**

**The Nature of Critical Incident Stress De-Briefing**

- A. The task of a debriefer is to give individuals in the group an opportunity to explain, discover and clarify events and feelings which took place during the incident and discover ways of living more resourcefully and towards greater well being.
- B. The relationship between debriefer and the group, is by its very nature, confidential; an exclusive contract between a group of people.
- C. Debriefing is a deliberately undertaken responsibility where the debriefer shall observe a Code of Ethics.
- D. Debriefers commit themselves to training and to seeking ways of improving their competence. They shall also monitor the limits of their competence and endurance.
- E. Debriefers will undertake to keep up to date with Occupational Health support and other counselling services which are available.

**Codes of Practice**

- A. Debriefers should always explain what is involved in a Critical Debriefing and explore individuals' expectations.
- B. The individual's permission shall be obtained before identifying him/her to other professional workers.
- C. Debriefers who become aware of a conflict between their obligation to an individual and their obligation to the NAS will make explicit to the individual the nature of the loyalties and responsibilities involved.

**Confidentiality**

- A. The scheme is, and is intended to be, wholly confidential, but in certain circumstances confidentiality would have to be examined for the best welfare of the debriefer, individual and the NAS. Such occasions would be rare, but would include:
  - Where a debriefer believes that the employee could cause danger to him/her self or others, they will advise the individual that they may break confidentiality and take appropriate action.
  - Where the individual discloses a matter, which might, 'prima facie', be regarded as a serious crime or discipline offence, they will make it clear that such disclosures must be brought to the attention of the proper authorities.
- B. At all times the debriefer, within his/her contract with the group, would be seeking to encourage the individual towards self-resolution of the problem. This might involve self-disclosure to the appropriate authority.

**CRITICAL INCIDENT STRESS DE-BRIEFING (CISD)**

**Notes of Guidance**

- A. A CISD does not replace a defusing or operational debrief carried out by managers (see 7.33) nor any immediate or follow up welfare help.
- B. Lists of incidents which might attract a debrief are not exclusive. If in doubt, ask. (see 7.28)
- C. When a CISD is organised, attendance at a debrief should be regarded as a personal choice (see 7.34) for everyone concerned. An important element is group support by those without reaction understanding and helping those with reaction.
- D. Completion of notes and, preferably, statements or reports is critical, and people will be excluded from the debrief if this has not been done.
- E. The room in which CISD takes place is very important. It should be big enough for everyone to sit in a circle on the chairs provided, temperature should be comfortable, there should be no tables, it should be quiet, and suitably signed to prevent interruptions from ANYONE.
- F. The CISD will take over two hours and can take up to four hours.
- G. Telephone, radios, pagers etc. will be switched off. The individuals should be regarded as incommunicado for purposes other than major emergencies.
- H. If there are more than 12 participants, the group should be split. A general rule would be teams (i.e. same shift, specialists, support etc.).