



Staff Support Post-Critical Incident Guideline

1. Guiding Principles

In the work of health care in rural and remote communities it is not uncommon for care workers and support personnel to encounter complex and often confronting situations. In many and most cases individuals will be able to recover from these situations without any lasting negative impact on their own wellbeing.

However, on occasion events may occur in a WA Country Health Service (WACHS) workplace or in the business carried out by a worker which deeply impacts an individual or group of people who will require some further compassionate and psychological support.

WACHS is committed to providing a safe workplace for its employees, contractors and visitors – and seeks to meet its legislative obligations and various ‘Standards’ requirements. This guideline has been developed to ensure a timely response to any critical incident or traumatic event in order to minimise harm emanating from that event. It should be read in conjunction with associated clinical, emergency and Occupational Safety and Health (OSH) policies, procedures and guidelines.

WACHS has developed a framework to provide a variety of self-help and wellbeing resources for staff to help maintain and support mental health and wellbeing in the workplace at individual, service and corporate level [Framework to support staff mental health and wellbeing](#).

This guideline defines a framework within which WACHS staff are adequately trained to deliver psychological first aid within the organisation and can provide the required support in the aftermath of an event or incident and promote recovery.

Examples of a potentially traumatising event could include (but are not restricted to):

- Work related: such as a mass casualty, patient death or incident of patient aggression;
- A natural event: such as a cyclone, bush fire or flood;
- A personal event: such as the provision of treatment to a friend or neighbour, news of diagnosis of a loved one;
- An act of terrorism or violence; such as an active shooter situation, or threats of violence/bombing/abduction.

WACHS recognises that trauma can be experienced at the time of, or sometime after exposure to a critical event and that people will react differently to an incident and support options. Some people may not experience any adverse outcomes following a critical incident and may choose not to participate in post-event support activities or services offered. It is also recognised that some people may seek additional cultural or spiritual support where they feel that will be of benefit to them.

Psychological first aid is consistent with a trauma informed approach to service delivery. Being “trauma-informed” means we acknowledge and recognise that people often experience many different types of trauma in their lives. People who have been traumatised need support and understanding from those around them. Often, trauma survivors can be re-traumatised by well-meaning caregivers or co-workers. Ensuring our staff are trauma informed and can understand and respond to the impact that trauma can have on co-workers, friends, family, and even ourselves is an important first step in ensuring WACHS becomes a compassionate, supportive and trauma informed workplace.

2. Guideline

Psychological First Aid (PFA) is supported by disaster mental health experts as the “acute intervention of choice” for assisting people in the immediate aftermath of a traumatic incident or disaster.

Drawing from research on risk and resilience, field experience and expert agreement the five basic elements of PFA are to promote:

- safety
- calm
- connectedness
- self-efficacy and group efficacy
- hope.

It is designed to reduce the occurrence of Post-traumatic Stress Disorder (PTSD) which can develop after a person is exposed to a traumatic event. Its basic principle is that, immediately following a traumatic event, social support from a compassionate individual may aid in long-term recovery.

PFA differs from Psychological Debriefing - a formal single session debriefing immediately following a traumatic event which various studies have demonstrated has little or no efficacy (see Van Emmerick, Kamphuis et al, 2002; Greenberg 2001; Rose, Bisson et al 2002). PFA does not involve discussion of the traumatic event itself but rather provides a framework for supporting individuals in ways that respect their dignity and culture. This guideline replaces any previous guidelines relating to psychological debriefing as a support option following a critical incident.

It is recognised that Aboriginal people, and people from diverse cultures and beliefs, may respond to critical incidents in different ways and might need to be supported in accessing a culturally appropriate and safe process that also may be in the form of spiritual or faith-based approaches.

2.1 Initial response

Once notification has been received that a Critical Incident has occurred the Manager or nominated person in charge of the area will:

- Collate information to define the incident
- Ensure everyone involved in the incident is safe

- Assess the incident to define the level response required Appendix 1
- Escalate as appropriate information that an incident has occurred
- Implement emergency, clinical, workforce and OSH responses as required for the incident as per relevant policies and procedures
- Consult the PFA register for a list of Psychological First Aiders
- Arrange for immediate emotional and practical support to be provided to affected staff, patients or visitors and
- Coordinate PFA provision as per this guideline.

WACHS supports post-incident care being extended to any person within a WACHS facility involved in critical incidents. This may include:

- staff involved who are physically remote (e.g. WACHS Emergency Telehealth Service staff, rural General Practitioners)
- patients
- visitors
- volunteers
- contractors.

Depending upon the regional cultural response and cultural rituals of the area the following approaches may be considered in support of Aboriginal stakeholders:

- Cultural Protocol to be followed if Aboriginal people are involved;
- Smoking ceremony to be conducted to “cleanse” the environment of where the incident occurred and to be included in the staff recovery post critical incident;
- Aboriginal Traditional Healer or Community Elder to be involved in supporting the Aboriginal staff and service with cultural relevance to the critical incident;
- Encourage Cultural Staff Yarning- to freely express themselves of internalised triggers from incident.

Encourage to seek Aboriginal Mentoring and Cultural Supervision to be available in supporting staff.

2.2 Process to Access Psychological First Aid

The implementation of this guideline will involve staff undertaking PFA training and maintenance of a register of WACHS staff across regional services who can provide PFA.

All Health staff can apply to undertake the approved Psychological First Aid Training. This training will be advertised via an Expression of Interest (EOI) which will require line management approval. Staff who undertake PFA training will be known as Psychological First Aiders and their name will be added to the register of staff who can provide PFA when required. Staff working in WACHS Mental Health Services should not be solicited to provide PFA or psychological support unless they have undertaken the approved Psychological First Aid Training and are listed on the register of Psychological First Aiders.

In addition to the approved PFA training which will be available via an EOI process to all Health staff, there will be a mandatory one hour PFA briefing webinar for all WACHS

Executive members to attend. The purpose of this briefing webinar is to ensure that the WACHS Executive understand the process of what PFA is and what it is not.

Access to Psychological First Aiders will occur at a local level through the register and by request of Line Managers. Managers are to liaise with their Regional Director (or delegate) to access PFA resources especially if a large scale event occurs where multiple Psychological First Aiders may be necessary.

All staff involved with a critical incident should be provided with the opportunity to hold discussions with Psychological First Aiders, peers and management to ensure they are offered or can request the support they require.

See Appendix 1 for a process map demonstrating responsibilities of individuals and considerations for accessing PFA and other assistance resources.

2.3 Communication

Consistent and planned communication is imperative in responding to any critical incident. Most critical incidents will take place at a local level and may be dealt with by the Regional Director (or their delegate); the significance of some events will require a response by the WACHS Emergency Operations Centre (EOC) management. The Regional Director will raise awareness of a particular critical incident with the WACHS Chief Operating Officer where it is likely that the WACHS EOC needs to coordinate responses to the incident – e.g. where a critical incident impacts across or beyond one region.

Refer to Emergency (Disaster) Management Arrangements Policy for further guidance.

2.4 Ongoing Monitoring of Staff Wellbeing

The length of time PFA should remain available will depend upon the number of staff affected, the nature, duration and impact of the incident and could be up to or beyond six months. This should be assessed on an ongoing basis by managers and/or executives involved.

Maintaining psychological safety in the workplace is a key managerial responsibility and is supported from executive level down. Managers are encouraged to use existing employee engagement opportunities such as team meeting structures and one to one employee development meetings to maintain communication with staff regarding the ongoing impact of the Critical Incident.

Managers should ensure that all staff reporting to them are aware of, and have access to, ongoing care should this be required. Staff should be encouraged to seek ongoing assistance and support for their mental health if required and ensuring staff have choice in this is important. Staff can seek mental health assistance through the following avenues:

1. Employee Assistance Program (EAP)
2. Web based information and National help-lines
3. General Practitioners (GP)

4. Other specialist mental health services

2.5 Incident Conclusion/Evaluation

Managers should provide a written briefing to their Regional Directors following the conclusion of, and within six months of a critical incident taking place. The briefing should cover the types of support offered to staff and a general assessment of the quality and effectiveness of support. The briefing should specifically not discuss any personal details of individuals involved.

2.6 Psychological First Aiders

Psychological First Aid Training will be offered via an EOI which will provide information on the following:

- Define who can/should undertake the PFA training
- Define training requirements and how long it remains current
- Define role and expectations of a Psychological First Aider

3. Definitions

Critical incident	An incident that has the potential to affect personal or organisational continuity that is beyond what is normally experienced by a person or service. This will be different for different people and services.
Emergency	An event, actual or imminent, which endangers or threatens to endanger life, property or the environment and which is beyond the resources of a single organisation to manage or which requires the coordination of a number of significant emergency management activities. <i>(Source: WACHS Emergency (Disaster) Management Arrangements Policy)</i>
Emergency Code	Emergency response as defined in the Emergency Procedures handbook or similar document, outlining a health services emergency response.
Psychological Debrief	A consultation model which “involves promotion of emotional processing and ventilation by encouraging the recollection and reworking of the traumatic event” (Greenberg 2001). This has not proven to be effective and is not recommended. Note: Psychological Debrief should not be confused with an operational debrief held following an emergency response.
Operational Debrief	The process of sharing the good and bad points of the response to an incident as a means to improving any future planning and responses.

Psychological First Aid	Psychological First Aid (PFA) is a practical, flexible, and recommended approach to helping people in the immediate aftermath of trauma. It can be delivered by both lay and professional helpers. PFA helps to reduce the initial distress and assists people to cope better in the days and weeks following a traumatic event, such as a disaster, workplace accident, or assault. Helpers trained in PFA ensure safety, provide emotional comfort and support, and offer practical advice and assistance to address people’s immediate needs.
Psychological Safety	“Being able to show and employ one’s self without fear of negative consequences of self-image, status or career”. (Kahn 1990)
Staff	For the purposes of this policy the term staff is used to cover paid employees and contractors; and non-paid community members with an official relationship to WACHS such as volunteers and working group members.
Telehealth	Remote access health services, managed by WACHS.

4. Roles and Responsibilities

4.1 Regional Directors

It is the responsibility of Regional Directors to ensure the escalation of any critical incident that may require a multi-region response to the WACHS Chief Operating Officer. Regional Directors are to monitor and support managers in the provision of regional responses.

Regional Directors are responsible for ensuring that each region holds a register of appropriately trained staff whom can provide PFA.

4.2 Managers

Managers are responsible for engaging Psychological First Aiders in a timely, confidential and compassionate manner.

Managers are responsible for accessing, liaising with Psychological First Aiders and mobilising them as required. This may involve a discussion with their Line Manager to ensure they can be released from their other duties as necessary. Managers are also responsible to ensure that staff are provided with information about additional or ongoing supports which are available and given the opportunity to provide feedback on the critical incident response.

Managers should discuss with RD’s whether or not additional resources such as additional staff from other locations, external incident response providers or crisis counselling services are required to enable PFA to occur.

Managers are responsible for ensuring that any records associated with a critical incident, or this guideline, are accurate and up to date.

4.3 All Staff

Staff members have a responsibility to contribute to a safe working environment and participate in the critical incident processes as per the guideline.

4.4 Psychological First Aider

Whilst anyone within a WACHS workplace can nominate to be a Psychological First Aider (with line manager approval), they have a responsibility to ensure their training is complete and knowledge of the material is enough to provide adequate support in times of need. These staff should communicate clearly with Line Managers and decision makers whilst maintaining respectful and professional confidentiality of the PFA recipient.

5. Compliance

Compliance with respect to this guideline will be monitored by the People, Capability and Culture Executive Sub-Committee.

Section Managers at sites and Regional Directors also have responsibility for ensuring that responses to critical incidents occurring at, or impacting their geographic operations, are compliant with this policy.

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

[Records Management Policy](#)

7. Evaluation

The People, Capability and Culture Executive Sub-Committee will ensure an evaluation of this guideline at least every two years from the date of initial publication.

8. Standards

[National Safety and Quality Health Service Standards](#) – 1.1, 1.2, 1.20

9. Legislation

[Occupational Safety and Health Act 1984 \(WA\)](#)
[Occupational Safety and Health Regulations 1996](#)

10. References

Australian Red Cross, 2013. Psychological First Aid: An Australian guide to supporting people affected by disaster (with contribution from Australian Psychological Society).

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West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. TheLancet. 2016;388(10057):2272-81.

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11. Related Forms

[WACHS Safety Risk Report Form](#)

12. Related Policy Documents

[Department of Health: Framework to Support Staff Mental Health and Wellbeing: COVID-19](#)

[WACHS Clinical Escalation of Acute Physiological Deterioration including Medical Emergency Response Policy](#)

[WACHS Emergency \(Disaster\) Management Arrangements Policy](#)

[WACHS Hazard / Incident Management Procedure](#)

[WACHS Occupational Safety and Health Policy](#)

[WACHS Reporting of Emergencies Procedure](#)

13. Related WA Health System Policies

[Department of Health Clinical Incident Management Policy](#)

[Department of Health Clinical Management Guideline](#)

14. Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

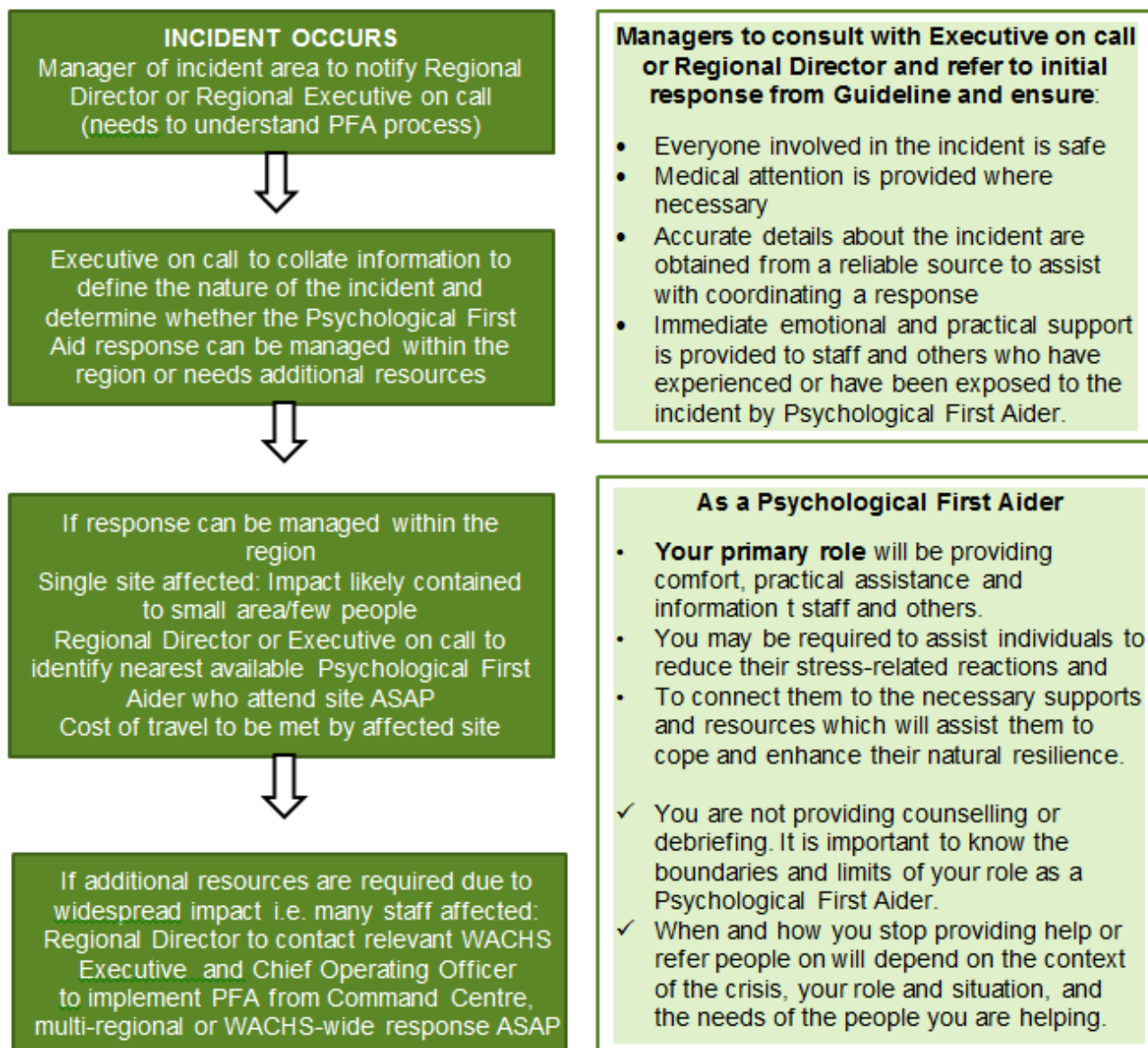
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Appendix 1: Deployment Process - Access to Psychological First Aid



Psychological First Aiders should use the Community of Practice peer group for discussion and ongoing support as part of their personal self-care process following the provision of Psychological First Aid