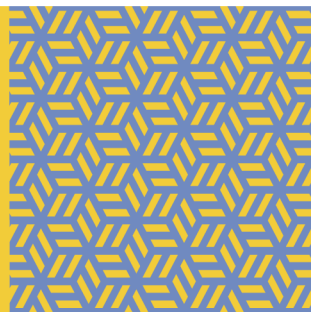
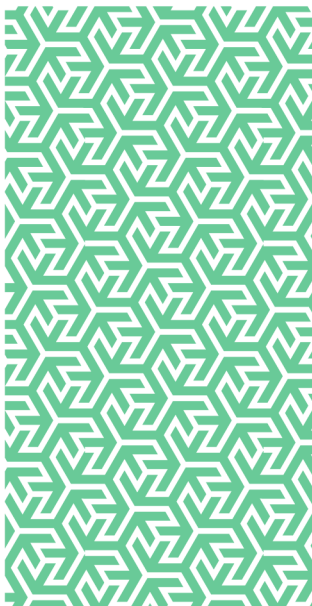




## **Risk control**

### **Blue Light Trauma Awareness and Management**



In partnership with



# Blue Light Trauma Awareness and Management

## Introduction

This document focusses on the preventative strategies and methods that organisations can use to provide post traumatic or critical incident interventions internally to its own people with the intention of preventing psychological ill health.

Blue Light organisations continue to operate under extreme pressures which, year on year, seem to become even more demanding. The struggle to deliver optimum performance must not be at the expense of psychological wellbeing of staff.

Unfortunately, research by mental health charities including Mind have found that poor mental health is growing within all branches of the emergency services.

Some of the research findings are quite staggering with some 65% of police staff, 61% of Fire Service staff and 70% of Ambulance Service staff reporting personal experience of mental health problems during the Covid-19 pandemic<sup>1</sup>.

Organisations that operate within these environments are becoming more and more aware that a failure to manage employee's mental health can result in a failure to discharge their legal duties under legislation such as the Health and Safety at Work Act 1974<sup>2</sup>. Supporting employees can assist in asserting that an organisation is committed to satisfying its legal, moral, and ethical responsibilities.

## Methods

Psychological Debriefing (PD) or "Critical Incident Stress Debriefing" (CISD) was developed and formulated for use with emergency services personnel. Essentially based on a crisis intervention model, developed by Mitchell<sup>3</sup> the technique was further articulated and refined by Dyregrov<sup>4</sup> who created the term 'PD'. These two terms are both used to refer to the same process of incident debriefing.

PD represents a structured form of group crisis intervention and represents a discussion and review of the traumatic event or critical incident. The most common current model of PD is facilitated through a series of seven phases. The only differences between Mitchell and Dyregrov are that they use different terminology for some of the phases.

Mitchell's stages of PD	Dyregrov's stages of PD
1. Introduction	1. Introduction
2. Facts	2. Facts
3. Thoughts	3. Thoughts and expectations)
4. Reactions	4. Reactions (and sensory impressions)
5. Symptoms	5. Normalisation
6. Teaching	6. Future planning and coping
7. Re-entry	7. Disengagement

## Defining a Critical Incident

A "critical incident" can be widely defined to include a sudden death or serious injury in the line of duty, or a physical or psychological threat to the safety or wellbeing of an individual or individuals regardless of the type of incident. Moreover, a critical incident can involve any situation or event faced by emergency, public safety personnel (responders) or employees that causes a distressing, dramatic or profound change or disruption in their physical or psychological functioning.

There can be unusually strong emotions attached to the event which have the potential to interfere with that person's ability to function either at the crisis scene or away from it. The closer a person is to the critical incident, the stronger the potential reaction they may experience to the event.

## Stages of Critical Incident Stress Debriefing / Psychological Debriefing

Initial contact to talk and debrief typically takes between one and a half to three hours to facilitate and is usually held 2-14 days post incident. The aim of PD is also to provide education about normal and pathological reactions to traumatic events, indicate resources for further help and support and facilitate the process of psychological "closure" associated with the traumatic incident. Both Mitchell and Dyregrov have always maintained that it was never intended as a "stand alone" intervention or as a substitute for psychotherapy<sup>5</sup>.

## TRiM – Trauma Risk Management

TRiM is a peer delivered risk assessment and ongoing support system designed specifically to help in the management of traumatic events<sup>6</sup>. It is not a clinical intervention, a form of counselling or treatment. The system allows peers to understand likely reactions to traumatic incidents and to conduct structured risk assessments, or aiming to identify people needing early referral to qualified medical support. Risk assessments are based around identifying common risk factors for the development of traumatic stress, and a simple scoring system is applied.

TRiM is highly effective because people are often more comfortable talking to peers. The system is an ongoing method of monitoring and support not just a single session intervention.

### The TRiM process

Organisations identify suitable people at various levels of seniority to train as TRiM Practitioners. TRiM is more effective when enshrined in policy and linked to Human Resources and Occupational Health strategies. TRiM is one of the most widely used system adopted within blue light services.

When notified of an incident the TRiM manager initiates the process. In the first 24-48 hours after an event, a planning meeting is held to identify everyone involved, understand the incident, its characteristics, and agree a tailored response. Ad hoc responses can have unwelcome consequences. Some people involved in the incident may be invited to take part in a risk assessment. Larger groups may be asked to attend a briefing meeting and given information on the incident and how to manage their own emotional responses. TRiM ensures that there is a coherent, considered approach to the organisation's response and that management and supporting departments are involved.

Typically the intervention process is time lined as described in the table below.

Time Line	Action Required
0 hours	Depending on the scale of the event, early contact with the TRiM Coordinator should be considered.
Site management strategies	Immediate post-incident welfare check / briefing by line manager / supervisor
0 – 24 hours	<ul style="list-style-type: none"> <li>- Managers / Supervisors should consider TRiM intervention if the TRiM criteria has been met</li> <li>- Contact should be made with the TRiM Coordinator</li> <li>- The following information should be made available: <ul style="list-style-type: none"> <li>- details of the event</li> <li>- details of staff involved</li> <li>- details of availability of staff</li> <li>- contact details of staff involved</li> </ul> </li> </ul>
72 hours + Intervention Phase	<p>The TRiM Practitioner will:</p> <ul style="list-style-type: none"> <li>- Conduct a filtering assessment of those involved and determine the level of intervention required</li> <li>- Conduct risk assessments / welfare briefings, where required</li> <li>- Inform TRiM Coordinator and manager / supervisor where additional support is considered necessary</li> <li>- Arrange follow up meeting</li> </ul> <p>The manager / supervisor will:</p> <ul style="list-style-type: none"> <li>- Be responsible for referring the member of staff to the Occupational Health Unit where additional support is considered necessary</li> <li>- Monitor staff for delayed stress reactions</li> <li>- Ensure staff make themselves available for follow up meeting</li> </ul>
28 days and 3 month follow up	The TRiM Practitioner will conduct follow ups and managers / supervisors will continue to monitor the welfare of staff and refer back if necessary

### Which Method

There are various methods available to organisations for the prevention and treatment of trauma (PTSD). Other options include Cognitive Behavioural Therapy (CBT)<sup>7</sup>, Psychological First Aid (PFA)<sup>8</sup> and Eye Movement Desensitisation and Reprocessing (EMDR)<sup>9</sup>. Many require the intervention to be delivered by a medical professional whilst others utilise peer intervention. It is essential that the needs of the person are considered when selecting the most appropriate technique. Every persons response will be unique as will their need for specific intervention.

## Signposting

Signposting to mental health services is simply the directing of a person to the opportunities available to support and assist them under the current situation. If someone is experiencing mental health problems or needs urgent support, there are lots of places that can be accessed for help. The following selection of resources is not exhaustive but can offer invaluable support.

## Blue Light Specific Support Services

Southwark Wellbeing Hub – Blue light Infoline	
<b>Website:</b>	<a href="https://www.together-uk.org/southwark-wellbeing-hub/about-the-hub/">https://www.together-uk.org/southwark-wellbeing-hub/about-the-hub/</a>
<b>Email:</b>	southwarkhub@together-uk.org
<b>Phone:</b>	Call 020 3751 9684
<b>Who is this service for?</b>	Emergency service staff, volunteers and their families.

Mind - Blue light support for team 999	
<b>Infoline:</b>	0300 123 3393
<b>Email:</b>	info@mind.org.uk
<b>Post:</b>	Mind Infoline, PO Box 75225, London, E15 9FS
<b>Who is this service for?</b>	Blue line focussed support

## Other Mental Health Support Services

Samaritans	
<b>Website:</b>	<a href="https://www.samaritans.org">https://www.samaritans.org</a>
<b>Email:</b>	jo@samaritans.org
<b>Phone:</b>	116 123 (free 24 hour support)
<b>Who is this service for?</b>	Provides confidential, non-judgemental emotional support for people experiencing feelings of distress or despair, including those that could lead to suicide. You can phone, email, write a letter or in most cases talk to someone face to face.

Mind Infoline	
<b>Website:</b>	<a href="http://www.mind.org.uk/information-support/helplines">www.mind.org.uk/information-support/helplines</a>
<b>Email:</b>	info@mind.org.uk
<b>Phone:</b>	0300 123 3393 (9am-6pm Monday to Friday – except bank holidays)
<b>Who is this service for?</b>	Mind provides confidential mental health information services. With support and understanding, Mind enables people to make informed choices. The Infoline gives information on types of mental health problems, where to get help, drug treatments, alternative therapies and advocacy. Mind works in partnership with around 140 local Minds providing local mental health services.

Rethink Mental Illness Advice Line	
<b>Website:</b>	<a href="http://www.rethink.org/about-us/our-mental-health-advice">http://www.rethink.org/about-us/our-mental-health-advice</a>
<b>Email:</b>	advice@rethink.org
<b>Phone:</b>	0808 801 0525 (9.30am - 4pm Monday to Friday)
<b>Who is this service for?</b>	Provides expert advice and information to people with mental health problems and those who care for them, as well as giving help to health professionals, employers and staff. Rethink also runs Rethink services and groups across England.

Saneline	
<b>Website:</b>	<a href="http://www.sane.org.uk/what_we_do/support/helpline">www.sane.org.uk/what_we_do/support/helpline</a>
<b>Email:</b>	support@sane.org.uk
<b>Phone:</b>	0300 304 7000 (4pm-10pm)
<b>Who is this service for?</b>	Saneline is a national mental health helpline providing information and support to people with mental health problems and those who support them.

The Mix	
<b>Crisis Support:</b>	Text 'THEMIX' to 85258.
<b>Website:</b>	<a href="http://www.themix.org.uk/get-support">www.themix.org.uk/get-support</a>
<b>Phone:</b>	0808 808 4994 (4pm to 11pm, free to call)
<b>Who is this service for?</b>	The Mix provides judgement-free information and support to young people aged 13-25 on a range of issues including mental health problems. Young people can access The Mix's support via phone, email, webchat, peer to peer and counselling services.

Side by Side	
<b>Website:</b>	<a href="https://sidebyside.mind.org.uk/">https://sidebyside.mind.org.uk/</a>
<b>Who is this service for?</b>	Side by Side is an online community where you can listen, share and be heard. Side by Side is run by Mind.

SHOUT	
<b>Text:</b>	85258
<b>Website:</b>	<a href="https://www.giveusashout.org/">https://www.giveusashout.org/</a>
<b>Who is this service for?</b>	Shout is the UK's first 24/7 text service, free on all major mobile networks, for anyone in crisis anytime, anywhere. It's a place to go if you're struggling to cope and you need immediate help.

## References

- 1 <https://www.mind.org.uk/media/7246/blue-light-behind-the-mask-report-en-2021.pdf>
- 2 <https://www.legislation.gov.uk/ukpga/1974/37/contents>
- 3 Mitchell "When Disaster Strikes – The Critical Incident Stress Debriefing Process" (1983) jems 36- 39
- 4 Dyregov "Caring for Helpers in Disaster Situations: Psychological Debriefing" (1989) Disaster Management Vol.2, No.1, 25-30
- 5 <http://www.safeandtrained.com/critical-incident-stress-debriefing/> Steve Laws 2018
- 6 <https://www.nhsscotlandnorth.scot/networks/trauma/trim-trauma-risk-management>
- 7 <https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/cognitive-behavioural-therapy-cbt/overview/>
- 8 <https://www.who.int/publications/i/item/psychological-first-aid>
- 9 <https://www.apa.org/ptsd-guideline/treatments/eye-movement-reprocessing>

## Further information

For access to further RMP Resources you may find helpful in reducing your organisation's cost of risk, please access the RMP Resources or RMP Articles pages on our website. To join the debate follow us on our LinkedIn page.

## Get in touch

For more information, please contact your broker, RMP risk control consultant or account director.

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