

G.13 Post-Traumatic Incident Policy

1.0 INTRODUCTION/BACKGROUND

A traumatic incident is an event that is outside normal day to day living and of such a nature that significant stress is created. It usually involves some threat to life or physical well-being or trauma. Examples include:

- death of an employee, volunteer, client or visitor;
- serious injury to an employee, volunteer, client or visitor;
- a robbery;
- motor vehicle accident;
- incidents which attract a lot of media attention to staff/volunteers;
- aggression in the workplace;
- an emergency, e.g., fire; or
- sexual or other harassments.

A traumatic incident can create a variety of psychological symptoms that can vary in their nature and intensity with the individual. Work Health and Safety laws and the values of Mercy Services direct that all reasonable efforts be made to protect staff/volunteers from traumatic incidents.

2.0 SCOPE

This policy aims to set out guidelines to be followed for personnel of Mercy Services requiring support after a traumatic incident. This policy applies to all staff and volunteers, and the Employee Assistance Program is available to both Mercy Services staff and volunteers.

3.0 POLICY STATEMENT

Mercy Services will minimise as much as possible the chances of staff/volunteers experiencing a traumatic incident at work. Mercy Services will have in place mechanisms to reduce harm to staff/volunteers who have experienced a traumatic incident at work.

4.0 PROCEDURE

4.1 Prevention of Traumatic Incidents

The Chief Executive Officer (CEO) is to ensure that a process is undertaken to identify potential major traumatic events to which personnel within Mercy Services may be exposed. Systems will then be developed to ensure that appropriate support and assistance can be given promptly when personnel are exposed to a traumatic incident.

4.2 Confidentiality

The confidentiality of the person(s) seeking support will be respected and upheld at all times except in the case where to do so would constitute a crime or put that person or others at risk.

4.3 Rapid response to traumatic incidents

All traumatic incidents must be taken seriously and procedures that are in place must be followed every time an incident occurs.

1. **Ensure personnel safety** - The first step in a traumatic incident is to ensure the immediate safety of all personnel and render first aid as required, in line with other appropriate procedures such as the First Aid Procedure, the Emergency Response Procedure and the relevant Emergency Action Plan.
2. **Report incident** immediately in person or by telephone to their Supervisor (Chief Executive Officer/Managers/Coordinators/Director of Care Services/Registered Nurses at Singleton) who is then to ensure that a process is undertaken to identify potential major trauma. The CEO is to be informed if s/he was not the person receiving the report. As soon as possible the incident should also be reported in writing on the Incident Report form.

All personnel must record on the Incident Report Form (or another place) the details of the traumatic incident they were exposed to while working for Mercy Services.

3. **Traumatic incident debriefing** should occur as soon as possible after the incident, preferably within 24 to 72 hours.
 - 3a) **For minor traumatic incidents** the Supervisor is to ensure that a process is undertaken to identify potential major trauma. They will meet with the employee or volunteer in the first instance, allowing the person the opportunity to discuss the incident and, where the person feels comfortable, their thoughts/feelings regarding the event. The person will be informed of the appropriate services available to them, how they may be accessed and the symptoms of post-traumatic stress.
 - 3b) **For serious traumatic incidents** a qualified counsellor not in any way involved in the incident itself will provide formal debriefing sessions and/or provide counselling to the affected staff/volunteer. The CEO will ensure that a process is undertaken to minimise the impact of major trauma as soon as possible. The affected person will also be informed of the appropriate services available to them, how they may be accessed and the symptoms of post-traumatic stress.
 - 3c) **Where an incident involves more than one person** the CEO is to ensure that a process is undertaken to identify potential major trauma. He/she or another appropriate person will arrange a “diffusing” meeting as soon as possible with all relevant personnel. A positive atmosphere of support will be created, allowing personnel an opportunity to discuss what happened, how it happened, how each person feels, symptoms of post-traumatic stress, what can be done to prevent it from happening again and plans for follow up.

It is not compulsory for personnel to attend such a session and they are not compelled to discuss the events or their feelings in that forum if they

feel uncomfortable. All personnel will be informed of the appropriate services available to them and how they may be accessed.

4. Ongoing support systems are in place should personnel develop symptoms of post-traumatic stress or as a means of preventing post-traumatic stress.

Supervisors will be aware of the possible symptoms of post-traumatic stress, such as:

- disturbed sleep patterns and/or frightening dreams;
- fear of returning to work;
- increased heart rate;
- insomnia and hypertension;
- muscle tension, startle reactions;
- re-experiencing the incident through hallucinations;
- anxiety, depression, phobias; and/or
- grief/guilt.

Post-traumatic stress symptoms are a normal reaction to a traumatic incident and staff/volunteers will be directed to seek treatment from a qualified counsellor.

Internal methods of providing support on an ongoing basis include:

- encouraging a sense of cohesion and morale through informal or social discussions;
- finding ways to reduce isolation;
- organising personnel training; and/or
- involving personnel in reviewing day-to-day tasks and duties.

The cost of traumatic incident debriefing and counselling through the Employee Assistance Program (see Appendix 1) will be borne by Mercy Services or, where applicable, by the Workers Compensation insurer.

4.4 Post incident review will be undertaken to:

- a. ensure the appropriateness of all steps taken in response to the incident;
- b. identify areas where improvements are required; and
- c. plan implementation of the required improvements.

This process must be documented and any changes made communicated to relevant personnel.

4.5 Compliance

The following are mechanisms for checking that this policy is being complied with:

- a) Staff/volunteer satisfaction survey to include questions about support provided by Mercy Services; and
- b) When a post-traumatic stress incident has arisen a comprehensive investigation shows that this policy was followed.

4.6 Evaluation

The performance indicator for the evaluation of this policy is:

- a) 75% of staff say they have a positive view on the support provided to them by Mercy Services; and
- b) 100% of Incidents related to post-traumatic stress show that this policy was followed.

5.0 REFERENCES

1. Current Issues	a) None identified
2. Australian Standards	<ol style="list-style-type: none"> a) AS/NZS 4804: Occupational health and safety management systems — General guidelines on principles, systems and supporting techniques b) AS/NZS 4801: Occupational health and safety management systems — Specification with guidance for use. c) AS/NZS 4360:2004 — Risk Management
3. Legislation	<ol style="list-style-type: none"> a) Work Health and Safety Act 2011 (NSW) b) Work Health and Safety Regulations 2011 (NSW)
4. Professional guidelines	a) None identified
5. Codes of Practice	<ol style="list-style-type: none"> a) Safe Work Australia (2011) Code Of Practice: How to Manage Work Health and Safety Risks http://www.safeworkaustralia.gov.au/AboutSafeWorkAustralia/WhatWeDo/Publications/Documents/633/How_to_Manage_Work_Health_and_Safety_Risks.pdf
6. Codes of Ethics	<ol style="list-style-type: none"> a) Australian Association of Social Workers Code of Ethics 2010 http://www.aasw.asn.au/document/item/1201 b) Australian Psychological Association Code of Ethics http://www.psychology.org.au/Assets/Files/APS-Code-of-Ethics.pdf c) Code of Ethics for Nurses in Australia 2008 http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#codesofethics d) Integrity in the Service of the Church https://www.catholic.org.au/media-centre/media-releases/cat_view/10-organisations/38-national-committee-for-professional-standards e) Mercy Services Code of Conduct
7. Evidence	a) WorkCover Authority of NSW (1996), "Stress, the Workplace and the Individual".
8. Mercy Services Values	a) Justice, Respect, Care, Unity, Service

6.0 OTHER RELATED MERCY SERVICES POLICIES

- A.06 Pastoral Care
- E.16 Protection of Vulnerable Adults from Abuse and Neglect
- E.17 Protection of Children from Abuse and Neglect
- E.19 No Response From Client
- E.20 Deteriorating Client Health
- F.04 Learning and Development
- F.06 Management of Poor Conduct or Performance
- F.08 Staff Grievances
- G.05 Risk Management
- G.06 Safe Home Visiting
- G.07 Anti Aggression & Bullying

- G.11 Security at Mercy Services Centres
- G.12 Stress Management
- G.23 Staff Wellness

7.0 RELATIONSHIP WITH STANDARDS

<i>Aged Care Accreditation Standards</i>	<i>Home Care Standards</i>	<i>Disability Standards</i>	<i>EQulP Standards</i>
1.3, 1.4, 1.6, 2.3, 3.3, 3.4,	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 3.3, 3.5	1.1, 1.2, 1.5, 1.6, 1.7, 6.1, 6.2, 6.3, 6.4,	1.5.1, 1.5.2, 1.5.4, 1.5.6, 2.1.2, 3.1.4, 3.1.5, 3.2.1, 3.2.2, 3.2.3, 3.2.4, 3.2.5

8.0 DOCUMENT CHANGES RECORD

<i>Dates of change</i>	<i>Section altered</i>	<i>Natures of changes made</i>
Dec 2005	all	First record of policy creation
06/05/2009	a) All sections b) 1.0, 2.0, 5.0 – 8.0 c) Old 5.1 d) Old 5.2 e) New 4.1 f) New 4.2	a) Reformatted in new layout b) New sections c) Deleted requirement for Action Plans as this Policy is the generic Action Plan for Traumatic Incidents d) Deleted as covered elsewhere e) Contains first paragraph of old 5.1 f) Was previously 5.3
28/03/2011	a) 6.0 Other Related Policies b) 7.0 Relationship to Standards	a) Additional Policies referenced b) Updated Community Care Common Standards and EQulP5 Standards
04/05/2011	a) 4.3.2 b) Other sections	a) Details of incident not recorded in diary but on Incident Report Form or similar b) Minor rewording
03/08/2011	a) 2.0 b) 4.3.4 c) 4.5 and 4.6 d) 5.0	a) Include volunteers as also eligible for EAP b) Delete exclusion of volunteers from EAP c) New sections d) New OHS laws referenced
06/02/2012	a) All sections b) 5.0 References	a) Updated with how new WHS laws and Codes of Practice apply at Mercy Services b) Updated with new WHS laws and Codes of Practice
27/11/2012	All Sections	Organisation name updated
06/05/2015	a) All sections b) 5.0 References c) 7.0 Relationship to Standards d) Appendix One	a) Use the term Supervisors for the extended list of positions that supervise staff b) Updated Codes of Ethics c) Updated Disability, EQulP Standards and added Aged Care Accreditation Standards d) Updated
Review due 06/05/2018		

M:\Shared\Brochures\EAP

Key features of EAP ...

- Choice of experienced counsellors
- Confidentiality of the service respects your right to privacy
- Voluntary - it's your decision
- Available in working time or your own time
- First three appointments are free
- Available at a number of locations



Counselling

- Voluntary
- Free
- Confidential

Mercy Services
Telephone
(02) 4961 2686



Mercy Services

EMPLOYEE/VOLUNTEER ASSISTANCE PROGRAMME

Counselling

- Confidential
- Free
- Voluntary

For all staff and volunteers of
Mercy Services

Telephone
(02) 4985 3289

What Is the Employee/Volunteer Assistance Programme (EAP)?

EAP is a confidential, prompt and free counselling service that is operated by Hunter New England Health and is available to all staff and volunteers of Mercy Services. There is a choice of experienced counsellors who are located at a number of different sites throughout the Hunter Region.

This service offers assistance in areas such as:

- Work or personal stress
- Marital or family difficulties
- Financial worries
- Interpersonal conflicts
- Alcohol or other drug problems
- Emotional problems

Confidentiality

Confidentiality of your visit with an EAP counsellor is assured. If your supervisor needs to approve a visit in work time, then he or she will know of your visit but not who you are seeing or why.

EMPLOYEE/VOLUNTEER ASSISTANCE PROGRAMME

Offered by Mercy Services through our contract with Hunter New England Health

To arrange an appointment with an EAP counsellor you need to phone the Co-ordinator of the EAP Service on 4985 3289. You may then either arrange an appointment with the co-ordinator, or you may choose to be referred on to one of the other EAP counsellors. You will need to inform them that you are an employee or volunteer of Mercy Services for invoicing purposes.

Mercy Services staff and volunteers will be given a choice of counsellors to reduce any fear that they may have of being known to counsellors or counsellors knowing them.

NB: Seeking private counselling outside of this programme is, of course, always an individual option (at your own expense). Your GP may be able to assist you access Medicare subsidised counselling

Employees and volunteers...

who would like to talk over a problem are encouraged to contact EAP themselves.

Your counsellor can provide you with a card certifying your attendance with an EAP counsellor. The first three appointments can be worktime, while further appointments if required can be taken in accordance with approved "sick leave" conditions. You will need to arrange this well ahead with your supervisor. You may also be able to arrange out of hours sessions in your own time.

Management/Co-ordinators, Co-workers and Friends ...

may help fellow employees and volunteers by suggesting EAP when appropriate.

Supervisors ...

can assist by offering the EAP service to employees and volunteers who are experiencing work or personal difficulties.

The decision to make use of EAP always remains with you
