



## Critical Incident Debriefing for Staff Procedure

### 1. Guiding Principles

- 1.1 Critical incidents have the capacity to negatively affect individuals, staff groups and the whole organisation. The potential outcomes can result in significant impact upon the wellbeing, efficiency and effectiveness of those exposed to these events.
- 1.2 The WA Country Health Service (WACHS) Kimberley recognises that staff who have been exposed to incidents have potential for ongoing impact upon the health and well-being of the individual(s) concerned.
- 1.3 This procedure deals with the management and support of staff who may experience stress resulting from a critical incident.
- 1.4 This procedure does not cover operational /organisational debriefing processes.
- 1.5 Where a critical incident involves a staff member who is of Aboriginal<sup>1</sup> descent, consideration must be given to the nature of the incident and any culturally appropriate processes required. For example, death of a patient is often referred to as 'sorry time'. There may be cultural rituals and ways to deal with 'sorry time'. A smoking ceremony may be arranged to cleanse the workplace and staff of their loss. 'Yarning' rather than formal debriefing may be more appropriate.

### 2. Procedure

- 2.1 The WACHS Kimberley ensures that staff are supported during and after a critical incident that occurs **in the course of their work**. Critical incident stress management aims to help staff deal with the normal emotional reactions that may result from involvement in, or exposure to critical incidents in the workplace and minimise any adverse emotional reaction the person may have.
- 2.2 Events that can trigger the need for support include, but are not limited to the following:
  - Being involved in a critical clinical or non-clinical incident, near miss, complaint or claim, especially one involving serious harm to a patient, or patient suicide.
  - Being involved with a major incident event involving a large number of casualties and /or deaths, especially incidents involving children.
  - Providing witness statements and /or information for WACHS Kimberley investigations into an incident, near miss, complaint or claim.
  - Being interviewed or appearing as a witness in an external investigation such as Coronial Inquiry, police investigation, or professional registration body hearing.

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<sup>1</sup> Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

- Unexpected death of a patient /consumer.
- Medical emergency.
- Staff involvement in a patient adverse event.
- Unexpected death of a fellow member of staff.
- Serious injury to a fellow staff member.
- Violent incident involving significant injury.
- Major fire.
- Hostage situation.
- Bomb scare.
- Chronic stress situations, the accumulation of a series of less intense incidents and /or the presence of organisational stress.

2.6 An Occupational Safety and Health (OSH) electronic data base is to be established to monitor where an offer or acceptance for debriefing is made to a staff member.

### 2.7 Critical Incident Management

The WACHS Kimberley's commitment to reducing the impact of critical incidents is to be managed through a three phase process:

#### 2.4.1 In anticipation of critical incident occurring

The WACHS Kimberley is to demonstrate an organisational commitment to Critical Incident Debriefing (CID) principles by:

- ensuring adequate systems are in place to assist staff in the implementation of a CID
- educating staff about the impact of critical incidents and the role of CID
- training managers in CID responsibilities and interventions. Locally based training is to be made available.

#### 2.4.2 During incident

Each WACHS Kimberley service has a range of procedures outlining the processes that are to be followed during an actual or potential critical incident with details of expected responses e.g. Code Black. The defined Incident Coordinator must ensure that the support of staff is in line with these procedures.

**Note:** Provision of a supportive structure during events/incidents is a protective factor for staff and can minimise the psychological impact on staff.

#### 2.4.3 Post incident

Timely support is essential in the reduction of negative outcomes of traumatic experiences.

### 2.8 Reporting Incidents – Employees

2.5.1 All WACHS employees must report any significant incident in which they have been involved or connected with as a result of their employment and /or work activities, as soon as is practicable, after the event to their line manager and /or in line with required incident reporting procedures.

2.5.2 Employees who experience any signs and /or symptoms of Post-Traumatic Stress should discuss this with their line manager and be provided with the details of Employee Assistance Program (EAP) counsellor contact details.

[WACHS Employee Assistance Program Policy.](#)

### 2.9 Governance

- 2.9.1 For every critical incident there is to be an allocated Incident Coordinator; however the responsibilities of the Incident Coordinator will vary depending on their level of organisational responsibility and the nature of the critical incident.

### 2.10 Managers

- 2.10.1 The manager is responsible for leading and promoting safe working practices within their areas of responsibility. In particular they are responsible for:
- ensuring their own level of competence, when required to support others, through undertaking identified relevant training
  - ensuring all adverse /critical incidents are reported
  - ensuring that debriefing is led by relevant staff with training and/or experience in debrief process. Implementing effective measures to ensure that safe working practices are promoted and undertaking post incident review to identify where formal /informal support processes are to be implemented
  - ensuring culturally secure practices are practiced by being aware of cultural approaches when Aboriginal staff are exposed to a critical incident
  - undertaking risk assessments of their areas of responsibility and acting to remove /reduce (as far as reasonably practicable) any identified risks related to health and safety
  - maintaining a record of all informal debriefing and post incident support sessions.

### 2.11 Managing an Incident

#### 2.11.1 Responsibilities of Incident Coordinator

The role of Incident Coordinator is to be undertaken by different staff depending upon the type of critical incident and relevant local procedure. As such, it is not always the most senior member of staff who will undertake this role. In all cases, the Incident Coordinator is responsible for ensuring the support of staff during the incident, and that post incident support needs are identified.

#### 2.11.2 Initial response

Once an Incident Coordinator has identified that a critical incident has occurred, the Incident Coordinator is to:

- immediately alert all necessary people as per the WACHS Kimberley escalation procedure and provide those staff attending the critical incident with as much preliminary or preparatory information as possible
- inform relevant executive staff that a critical incident has occurred
- provide brief support to those obviously distressed is encouraged in the first instance.

### 2.11.3 Post-incident response

In order to manage the impact of a critical incident, the post incident response is to be prompt and coordinated to meet the needs of the affected staff member(s). At the conclusion of the incident, the Incident Coordinator is to ensure:

- strategies for aftercare are implemented as dictated by the nature of the incident e.g. first aid for physical injury
- a critical incident debrief is arranged if required
- incident forms and reports are completed as required e.g.
  - Datix Clinical Incident Management System ([Datix CIMS](#)) form
  - WACHS [Safety Risk Report Form](#)

## 2.12 Strategies for Management

2.12.1 It is important to note that not every critical incident requires all of the following strategies. All staff are to be encouraged to participate as necessary.

2.12.3 Strategies for ensuring psychological safety for all persons involved may include the following:

- **Defusing**
  - Stress defusing for staff is to take place as soon as practicable after a critical incident (usually within one to four hours). Stress defusing will be a process separate from the initiation of operational debriefing /review procedures.
  - The line manager of the staff involved in the incident is to determine (in consultation with the staff members) the type of response required following a critical incident.
  - Initial stress defusing is only to be managed by a staff member with skills and relevant training
  - After hours, the After Hours Nurse Manager is responsible for managing the initial stress defusing process.
- **The responsible manager is to ensure the following:**
  - The workplace is safe.
  - Staff who have been involved in a critical incident are not further traumatised.
  - Senior staff are informed.
  - Necessary reports are completed and provided.
  - Where necessary, in consultation with relevant executive staff, consideration is given to and arrangements are made for staff to be relieved of their duties. Further consideration is made for the following day(s) regarding staffing requirements.
  - Any additional tasks that arise from the incident are to be completed within their scope of responsibility.
- **Debriefing**
  - If indicated, debriefing must take place. This process, as far practicable, is to occur within 72 hours of the incident in order to have the most beneficial outcomes for those staff involved.
  - Staff attendance is voluntary, but is to be encouraged.
  - Additional team debriefing may be undertaken where required.

- If required, the needs of the consumers of the service for debriefing /explanation are also to be considered by the clinical team.
- Debriefing sessions are organised by the Manager or delegate who may also arrange a trained facilitator.

### 3.12.3 Further Counselling

- Staff requiring individual counselling may self-refer or be referred by their line manager for staff support counselling. Staff are eligible for and are encouraged to use the EAP.

## 3. Definitions

<b>Critical Incident</b>	Can be defined as events or situations “that have sufficient emotional power to overcome the usual coping abilities of people working within environments where some degree of exposure is expected”, (Mitchell & Bray, 1990). Critical incidents may be single events or cover a protracted period.
<b>Debriefing</b>	A proactive intervention involving a group meeting or discussion about a distressing critical incident and utilises specially trained individuals. The main objective of a debriefing is to mitigate the impact of a critical incident and assist staff involved in recovery from the stress associated with the event. Debriefing allows those involved with the incident to process the event and reflect on its impact.
<b>Defusing</b>	An intervention that is shorter, less formal version of a debriefing. The main purpose is to stabilise staff affected by an incident so they can return to their normal routines without unusual stress.
<b>Incident Coordinator</b>	The person leading /coordinating the response of a critical incident. This may be a supervisor or a senior staff member who is responsible for the staff involved in the critical incident. This may also be executive staff.
<b>Post-Traumatic Stress Disorder</b>	A mental health condition that can develop after a person is exposed to one or more traumatic events. Symptoms continue for more than one month after the occurrence of a traumatic event.

## 4. Roles and Responsibilities

### WACHS Tier 4 Executives

Tier 4 executives of each WACHS Kimberley service are responsible for monitoring compliance with this procedure.

**All Staff** are required to work within this procedure to make sure that WACHS is a safe, equitable and positive place to be.

## 5. Compliance

It is a requirement of the WA Health [Code of Conduct](#) that employees “comply with all applicable WA Health policy frameworks.”

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the WA Health [Misconduct Policy](#) or Breach of Discipline under Part 5 of the *Public Sector Management Act*.

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

## 6. Evaluation

Six monthly reporting of all debriefing events to the Regional Occupational Safety and Health meeting.

## 7. Standards

[National Safety and Quality Health Care Standards](#): 1.4.1; 1.10.1; 1.12.1;

[EQulPNational Standards](#): 13.1.1; 13.13.1; 15.13.1; 15.18.1; 15.23.1

[National Standards for Mental Health Services](#): 8.7; 8.8

[National Standards for Disability Services](#): 6.1; 6.4

## 8. Legislation

[WA Occupational Safety and Health Act 1984](#) 19(3), 20, 23(G)

## 9. References

[Coping After A Critical Incident](#)

[South Metropolitan Health Service Critical Incident Stress Debriefing](#)

[WACHS Clinical Incident Management](#) intranet page

## 10. Related Forms

Datix Clinical Incident Management System ([Datix CIMS](#)) form

WACHS [Safety Risk Report Form](#)

## 11. Related Policy Documents

[WACHS Employee Assistance Program Policy](#)

WACHS Kimberley Emergency Procedures

## 12. Related WA Health Policies

[Clinical Incident Management Policy \(2015\)](#)

## 13. WA Health Policy Framework

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

**This document can be made available in alternative formats  
on request for a person with a disability**

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