

# Managing trauma in your staff

Working in Intensive Care involves a lot of exposure to psychological distress and trauma of patients, as well as the potential for critical and traumatic incidents at work.

The busy, heightened nature of the environment means that in some units, stress runs high and there is potential for staff to be on edge, reactive, and possibly tearful.

However, stress and anxiety are natural responses, and anxiety right now can be adaptive as it allows staff to stay alert.

Here are some things to consider. The **Team Immediate Meet (TIM)** Tool is a useful framework for communicating straight after an event which follows all of these approaches.



## 1. Follow the PIES principles:

**Proximity:** Keep people close by- try not to send them off alone. Check in with staff. Make use of natural ways people process- conversations, checking in on each other. Try huddles at the start and end of the shift.

**Immediacy:** Act quickly, by making an immediate acknowledgement of anything difficult.

**Expectancy:** Let them know what is usual to feel in these circumstances, and what to expect with any follow up

**Simplicity:** Keep your approach simple



## 2. Use Psychological First Aid (PFA)

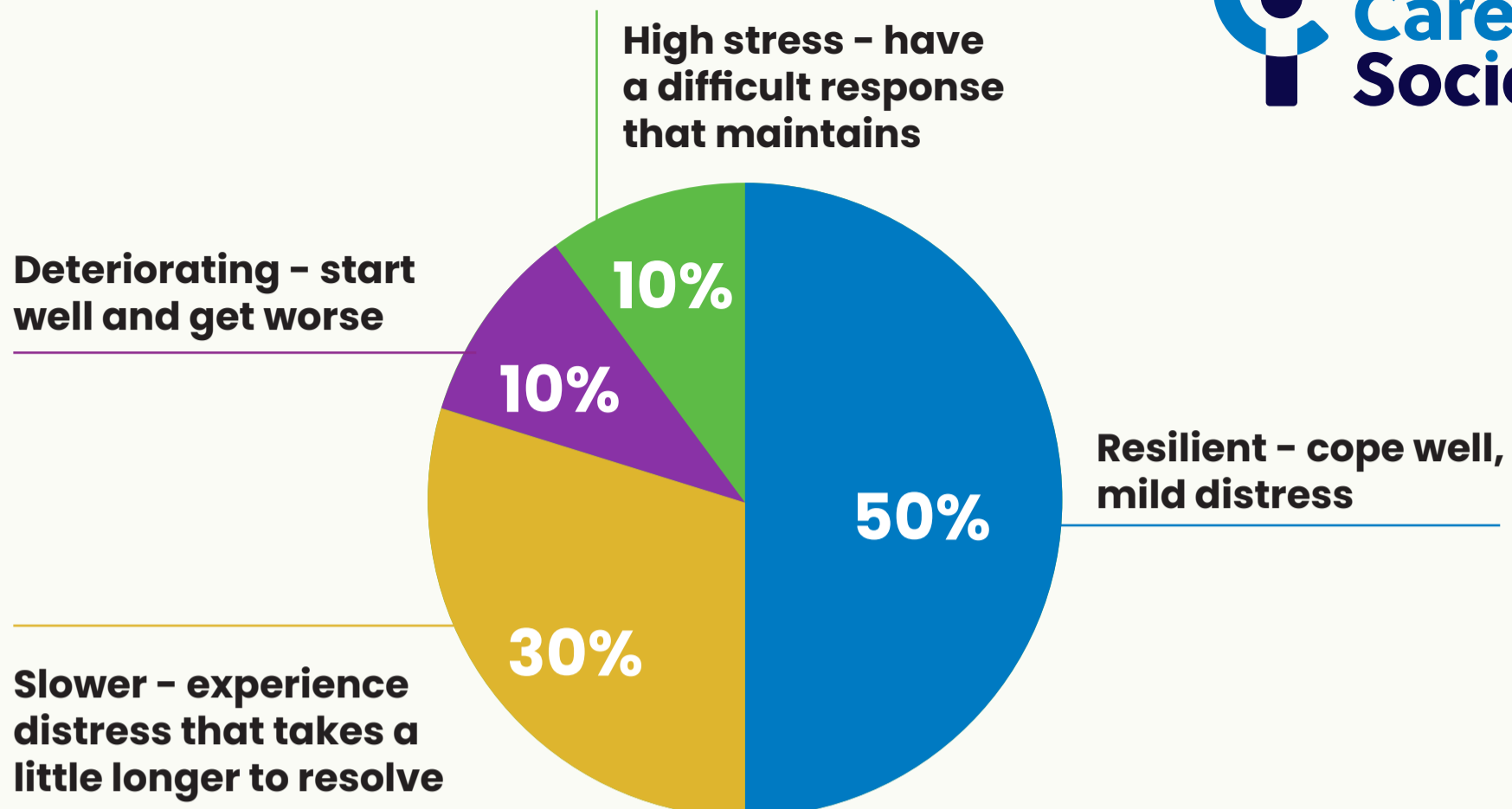
PFA is an approach advocated by the World Health Organisation. It advocates that you:

**LOOK** for signs of distress or need.

**LISTEN** to what people need right now.

**LINK** people to basic needs and loved ones.





### 3. Be aware that most people will make a natural recovery. Keep a watchful eye for those that don't.

Research indicates that about 50% of people will experience mild distress and recover quickly. ALLOW TIME Remember that although this is stressful and many may initially react with stress, most will recover using their own natural resources, which can take up to one month.

Do not rush to refer to psychological therapies – this can pathologise someone's natural response. Watch out for staff still struggling with the incident one month later, who may benefit from occupational health or GP based psychological services. The red flags to look out for one month post incident are:

- Feeling upset and fearful most of the time
- Acting very differently to before the trauma
- Not being able to function such as work or look after the home and family & not enjoying life
- Feeling very jumpy and having many nightmares
- Still not being able to stop thinking about the incident.



### 4. COMMUNICATE

Lines of communication are key, and a lack of information or honesty can sometimes exacerbate problems.



## 5. TIME OUT

Ensure breaks, and allow people to take their days off. Offer the opportunity to rotate from areas of high to low stress (but beware for some people this will be experienced as a failure on their part, so does not suit everyone).

## 6. UTILISE GROUP REFLECTION CAREFULLY

Following exposure to difficult circumstances, it can be tempting to rush to rescue and provide a “debrief”. If enforced or led by untrained people, it can actually be damaging.

The Team Immediate Meet tool is a communication tool that can be used in the immediate aftermath of any events that cause distress.

After action reviews are ways of discussing clinical events to gather learning, but should not take too much time focussing on what went wrong, should not in any way attribute blame, and should be very careful not to dwell on negative feelings.

Group reflective sessions to acknowledge how people are feeling should be run by a trained Practitioner Psychologist and are focussed more on acknowledgement of staff impact and any signposting.

None of these sessions should be mandated.