

# Response to incidents: Traumatic events at work

In healthcare we are often exposed to stressful events. A staff member is likely to experience that event as psychologically traumatic if they felt overwhelmed or under threat or witnessed threat to others.

## The acute stress response: common reactions to traumatic events

The initial reaction a person feels is often called the acute stress response. Most individuals recover from acute stress responses within a month from exposure to the event. About 1 in 4 to 6 of individuals who experience a potentially traumatic event go on to develop Post Traumatic Stress Disorder (PTSD) and the estimated UK prevalence is 3%. Estimated rates of PTSD vary in the intensive care literature, but it is generally thought there is a higher prevalence of PTSD due to higher exposure to traumatic events.



**The following responses are commonly experienced in the first few weeks following the experience:**

### EMOTIONAL

Shock or numb  
Fear and anxiety  
Anger  
Guilt  
Horror



### PHYSICAL

Insomnia and disturbed sleep  
Hyperarousal  
Headaches  
Somatic complaints

### COGNITIVE

Impaired concentration  
Impaired memory  
Confusion or disorientation  
Intrusive thoughts. Bad dreams  
Rumination  
Hypervigilance

### SOCIAL

Withdrawal/avoidance  
Irritable with others  
Interpersonal conflict



Reactions are likely to be the strongest in those closest to the incident.

These responses are an expected part of recovery and are the mind's mechanisms of trying to make sense and come to terms with what happened. They should subside over time, usually four weeks.

## What can people do for themselves?

The most helpful way of coping is to be with people you feel close to and normally spend time with. Try to return to everyday routines and habits where possible. Look after yourself, taking time to get the basic right: eat and sleep well, exercise and relax. Try to spend some time doing something that feels good and that you enjoy.

If it helps, talk to someone you feel comfortable with about how you are feeling. Talk at your pace and share only what you want to. Take time to allow any feelings out. Try to acknowledge it may take a while to get back to normal.

## Helping your team

As a team member or manager, it can be tempting to rush to rescue and provide a "debrief" but if enforced or led by untrained people it can be damaging. However, there are ways to enable staff to "process" the trauma.

- Communicate well with your staff, especially if there have been any processes activated as a result of the incident.
- Allow the member of staff to work in lower stress areas if they wish.
- Encourage more naturalistic ways of sharing stories, having conversations, shift huddles to encourage peer support.
- Don't rush to pathologize or use terms such as "PTSD". Remember that although this is stressful and many may initially react with stress, most people do recover using their own natural resources, and this can take up to one month. Encourage those still struggling one month later to access help.
- It can be useful to use the Team Immediate Meet Tool as a communication tool in the immediate aftermath of the incident (see our Team Immediate Meet- TIM resources).
- The TIM tool also includes psychological first aid ideas.
- Although it can help to chat with colleagues about what you have been through, staff are discouraged from systematic debriefing of such incidents. Some staff can become worse if encouraged to talk if they do not want to. However, a reflective space for sharing feelings, such as Reflective Rounds, can be helpful.

For more information, please refer to our Team Immediate Meet resources, and our Managing your team after incident resource.

## **When should a person seek more help?**

In the early stages, psychological professional help is not usually necessary or recommended. Many people recover naturally within a month. However, some people may need additional support to help them cope. For example, people who have had other traumatic events happen to them, have a lot of recent stress, and people with previous mental health difficulties may be more vulnerable.

### **After a month it is more troubling if people continue to experience the following symptoms:**

- **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**
- **Having relationship difficulties**
- **Using drugs or drinking too much**
- **Feeling very jumpy and having many nightmares**
- **Still not being able to stop thinking about the incident**
- **Still not being able to enjoy life**

These sustained responses might attract a diagnosis of PTSD, but it is best to be assessed by a trained professional. Trauma focussed psychological therapies can be helpful in a person's recovery from more serious responses to trauma.

Your hospital occupational health and wellbeing offer may offer short term support.

Your GP can link you to access mental health services.

Further resources are available from the Intensive Care Society [www.ics.ac.uk/thrive](http://www.ics.ac.uk/thrive)