

## ACPOS PERSONNEL & TRAINING STANDING COMMITTEE

### Report prepared for ACPOS Organisational Health Welfare and Safety Sub-Committee

## CRITICAL INCIDENT STRESS MANAGEMENT POLICY

### POLICY STATEMENT

The Scottish Police Service is committed to providing support to staff exposed to critical incidents. As an integral part of the management of critical incidents, it is recommended that Forces operate a system of critical incident management. The aim is to provide a supportive framework for staff who have attended, or been involved in the management of a critical incident.

### General Principles

The Assistant Chief Constable (Operations) is accountable for ensuring that such support is provided and standards are maintained in accordance with the Health and Safety at Work etc Act 1974 and subordinate legislation. Staff involved in a critical incident will be offered the opportunity of attending a defusing, debriefing or counselling session as part of the overall package of critical incident management.

A nominated chief officer, which normally is an Assistant Chief Constable (Operations), while at all times retaining operational accountability, will devolve responsibility for the regular development, maintenance and review of policy, guidance and working practices relating to critical incident management to the appropriate person.

### Aims

The principal aims of the policy are:-

- To increase understanding and awareness of the potential psychological impact of operational policing
- To reduce and prevent the potential for psychological illness
- To identify managerial and staff responsibilities
- To ensure staff are treated compassionately, consistently and fairly.

## Definitions

### Critical Incident

A critical incident is defined as an incident in which the experience of being involved may surpass the perceived normal coping mechanisms of those involved whether directly or indirectly. The type of incident, which may be included in this definition, cannot, by the nature of individual reaction, be defined.

### Defusing

Defusing is an informal discussion process carried out between those involved in the incident shortly after the event, and is aimed at lessening the impact of the incident. This provides information as to possible adverse reactions and gives staff an opportunity to outline their role and reactions. It is recommended that forces review training in defusing for first line managers.

### Debriefing

Debriefing is the term applied to a formal structured process facilitated by trained debriefers. It is designed to provide an outlet for participants who have experienced a traumatic event, and can advise on stress reduction techniques.

Debriefing should never be offered on a one to one basis as it can be harmful to the participant.

During the debriefing session, it is important not to include questions on sensory perceptions (ie smell, taste, touch, sounds, etc) as they can be harmful in causing unnecessary arousal.

Four weeks after the debriefing process, de-briefers should carry out a follow-up activity by means of individual contact to all participants by seeking feedback on the validity of the process and exploring personal concerns, this allows for referral on to the appropriate professional to facilitate further support.

### Counselling

Counselling is a one-to-one intervention with the aim of helping staff come to terms with problems of stress or psychological concerns.

### General

Critical incident management is designed to lessen the adverse psychological impact of stressful work related incidents. Staff turnover, sickness absence, ill-health retirements and erosion of professional competency are all potentially affected by critical incidents. Good management by the Police Service will assist in retaining staff confidence and reduce the negative impact.

Appropriate management will be demonstrated by documented evidence of:

- Risk assessment and prevention;
- Awareness;
- Monitoring and reporting;

- Debriefing; and
- Review.

Staff are entitled to expect consistency in management practice and Force policy/guidance will be strictly observed in this respect.

## Monitoring and Recording

It is recommended that a senior manager be identified to monitor the incidence and management of critical incidents and will implement a system to record:

- The time, date and location of the incident;
- The nature of the incident;
- The officers attending or otherwise involved;
- The method of intervention employed;
- The date, location of the intervention;
- The attendance; and
- Any absence, illness or injury attributable to the incident.

## Post Incident Procedures

### Defusing, Debriefing and Counselling

Attendance and participation in a critical incident debriefing or defusing process is voluntary and will not be imposed on individuals. Line management also has an important role in providing continuing support to and careful observation of the employees in their charge, and making it clear that refusing help initially does not jeopardise help in the future. Managers dealing with serious incidents will, however ensure that staff involved are reminded of the process and encouraged to consider the perceived benefits. They will also give consideration to staff whom, while not directly involved in the immediate incident, may have been exposed to distress e.g. repeated handling of evidential material of an upsetting nature.

### Defusing

The line manager who was present at, or has close knowledge of the incident, will facilitate a defusing session. In opting to facilitate a defusing session managers will exercise judgement on the basis of their training and consultation with a trained debriefer. In some cases it may be appropriate to hold more than one defusing session or indeed move to the formal debriefing process.

## Debriefing

Debriefing will be initiated after an incident occurs, although not within 24 hours and ideally within 72 hours. This is not a rigid timescale however and the passage of time will not be regarded as a valid reason in itself for not holding a debrief.

The Force Medical Advisor will review developments in this type of intervention and in the light of new research and medical opinion, make recommendations for change as appropriate to the Director of Human Resource Services. All debriefs should be in accordance with force guidance.

Irrespective of the model employed the line manager will make a written record of the intervention which will be forwarded to the agreed manager.

## Counselling

The Occupational Health and Welfare Departments provide access to counselling services. A minority of staff will require counselling in addition to defusing and/or debriefing, and although circumstances may influence the time taken to see a welfare officer, nurse or doctor, access to in-house counselling will be arranged as quickly as possible. Some staff may prefer to be counselled by a third party independent of the force, such as their GP or practice counsellor.

## Medical Assessment and Referral for Specialist Treatment

Self-referral or management referral to the Force Medical Advisor for assessment, advice or support will sometimes be required. Certain individuals may benefit from specialist management by a clinical psychologist with expertise in psychological conditions, which can occur after a critical incident. Referral for this service will be decided following assessment by the Force Medical Advisor.

## COMPLIANCE AND OWNERSHIP

This policy and guidance will be reviewed annually by the agreed senior manager and amendments ratified by the appropriate force policy making forum. The nominated person will ensure compliance by interviews with debriefers and line managers, and scrutiny of documentation.

*Note: Nothing within this document would prevent managers from seeking a professional specialist input at any time.*

NOT PROTECTIVELY MARKED

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