



HM Prison & Probation Service

POST-INCIDENT CARE		
This instruction applies to: -		Reference: -
HMPPS HQ - Agency Instruction (AI) Prisons – Prison Service Instruction (PSI)		PSI 02/2018 AI 01/2018
Issue Date	Effective Date <i>Implementation Date</i>	Expiry Date
28 Feb 2018	28 Feb 2018	
Issued on the authority of	HMPPS Agency Board	
For action by	<p>All staff responsible for the development and publication of policy and instructions (<i>Double click in box, as appropriate</i>)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> HMPPS HQ <input checked="" type="checkbox"/> Public Sector Prisons <input type="checkbox"/> Contracted Prisons* <input type="checkbox"/> National Probation Service (NPS) <input type="checkbox"/> Community Rehabilitation Companies (CRCs) <input type="checkbox"/> Other Providers of Probation and Community Services <input checked="" type="checkbox"/> Governors <input checked="" type="checkbox"/> Heads of Groups 	
Instruction type	<i>Legal Compliance</i>	
For information		
Provide a summary of the policy aim and the reason for its development / revision	<p>HMPPS has a legal duty under the Health and Safety at Work etc. Act (1974) to ensure as far as reasonably practicable, the health, safety and welfare of its staff.</p> <p>It is reasonably foreseeable that the duties of HMPPS employees working in operational areas of the business place them at a higher risk of exposure to serious and potentially traumatising incidents in the workplace than those of employees in most other organisations.</p> <p>The management and control of threats to staff from prisoners is dealt with under security and intelligence procedures whereas this policy is about the treatment, care and support for staff who may be significantly distressed and or traumatised by events in the workplace or arising from their work. Most notably but not exclusively such events will include incidents of self-harm, physical assault and verbal abuse and threats. It extends as well to the potential distress caused by exposure to extreme materials, for example relating to sexual abuse.</p> <p>Response, care and support including observations of a colleague's mood and behaviour is expected initially at team and line manager level. Trained Staff Care Teams are present in all public sector prisons to provide additional independent support and to signpost services that may be beneficial.</p>	

	<p>Ultimately, clinically qualified interventions are available from HMPPS' Occupational Health and Employee Assistance Services.</p> <p>This Instruction highlights the mandatory actions expected at each level. It reflects current best practice and explains how HMPPS will meet its duty of care to staff. It replaces existing post-incident care policy and reflects the current, revised arrangements in place to support staff.</p> <p><u>Revised July 2018</u> – Minor updates including: references to General Data Protection Regulation; referral to Occupational Health now via portal; and updates to a Functional Mail Box.</p>
Contact	OHNATIONALLEADHMPPS@NOMS.GSI.GOV.UK
Associated documents	<p>ACPO, CPS, HMPPS Protocol on Reporting Crimes in Prisons</p> <p>AI 2015/05 <i>Accident Reporting and Investigation</i></p> <p>PSI 1999/21 <i>Incident Reporting System</i></p> <p>PSI 2013/30 <i>Incentives and Earned Privileges Scheme</i></p> <p>PSI 2015/04 <i>Interventions Specifications</i></p> <p>PSI 2012/06 <i>Prisoner Employment and Training</i></p>
<p>Replaces the following documents which are hereby cancelled:</p> <p>Post Incident Care:</p> <p>AI 06/2010</p> <p>PSI 08/2010</p>	
<p>Audit/monitoring:</p> <p>HMPPS Executive and Prison Group Directors will monitor compliance with the mandatory actions set out in this Instruction.</p>	
<p>Introduces amendments to the following documents:</p>	
<p>Notes: <i>All Mandatory Actions throughout this instruction are in italics and must be strictly adhered to.</i></p>	

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1. Executive summary

Background

- 1.1 HMPPS has a legal duty under the Health and Safety at Work etc. Act (1974) to ensure as far as reasonably practicable, the health, safety and welfare of its staff.
- 1.2 The duties of HMPPS employees working in custodial operational areas of the business place them at a higher risk of exposure to serious and potentially traumatising incidents in the workplace than those of employees in most other organisations.

HMPPS Staff at risk

- 1.3 In addition to those based routinely in custodial environments, other groups of staff who are more likely than others to be either regularly, or occasionally, exposed directly or indirectly to highly traumatic or deeply disturbing events, accounts or material include those staff:
 - Dealing with concerted indiscipline and major incident response e.g. NTRG, NTDSG
 - Dealing with interventions, treatment, case and key work for high risk and particularly sexual and violent offenders
 - Those managing major incidents remotely in command suites and operations

Non-HMPPS Staff at Risk

- 1.4 The employers of those providing services to HMPPS prisons such as healthcare and education have a duty to ensure the health and safety of their staff. HMPPS also has a general duty to third party employees to protect their health and safety. In general, the provision of post-incident psychological support is not part of HMPPS' duty but it will be appropriate in certain cases to offer post incident support via local arrangements between the establishment and the provider.
- 1.5 Violent attacks, threats, verbal abuse and other traumatic experiences can leave staff feeling isolated, shocked and confused. Common reactions to traumatic stress can include feelings such as anger, feeling sad or upset, being jumpy, tense or anxious. There may be problems with concentration, eating and sleeping. Such changes are normal in the aftermath of a traumatic event and should begin to improve a week or so afterwards. However, sometimes troublesome feelings do not go away or they start at a later date and additional support may be required to help the member of staff process these feelings and move forward.
- 1.6 This Instruction highlights the mandatory actions which must be followed after such events; it reflects current clinical best practice and explains how HMPPS will meet its duty of care to staff.
- 1.7 If reasonable to do so and if agreed with their employer, where non-directly employed staff have been involved in a potentially traumatic incident they may also be invited to any group Trauma Support sessions held, that relate to the incident.

Desired outcomes

- 1.8 That effective post-incident care is made available to staff who are exposed to potentially traumatising incidents during the course of their duties.

Application

- 1.9 All staff must be familiar with all sections of this policy.

Mandatory actions

1.10 All actions in this Instruction are mandatory unless otherwise specified. Italicised sections give emphasis to the mandatory actions. All levels of management and all employees must ensure that they are aware of these mandatory actions and ensure this policy is implemented and adhered to, especially the following staff:

- Governors
- Custodial Managers
- Staff in prisoner/
- Learning and Development
- Care Team leaders and members in prisons

Resource Impact

- 1.11 The role required of the manager post-incident amounts to good management practice, i.e. acknowledging that an incident has taken place, ensuring that staff involved have their immediate needs met, directing staff to appropriate support resources and ensuring that any additional post trauma support is organised in the aftermath of an incident, as required.
- 1.12 External provision of trauma support meetings facilitated by professionally trained staff and therapeutic psychological interventions is required to support this policy. These services are funded centrally.
- 1.13 Structured professional support is made available via contracted services to staff who are undertaking ongoing and potentially traumatising interventions and interactions with high risk prisoners or regularly and frequently exposed to extreme events.
- 1.14 Care teams in prisons are required to be given reasonable time to access the appropriate in-house training, and to provide peer support and signposting to staff as it is required in the context of post incident care.
- 1.15 Suitable and sufficient training for Prison Officer recruits must be provided to ensure they are aware of the potential effects of a traumatic event and know how to access support.
- 1.16 Suitable and sufficient training for Care Team members must be available.

2 **Operational instructions**

Which incidents are potentially traumatic?

- 2.4 It is not possible to identify here every scenario which has the potential to give rise to post traumatic stress reactions in all cases, as such reactions are very personal and individual. However, there are certain serious incidents which may typically arise in HMPPS due to the nature of the business.
- 2.5 The actions in this Instruction must always be followed the following serious incidents which carry the potential to be traumatic for staff:
- Violent death of a prisoner/offender, either self-inflicted or at the hands of a third party
 - A serious assault on a member of staff
 - The hostage taking of a member of staff
 - Active concerted indiscipline where there is a threat of violence against staff
 - Serious and concerted threats at a level sufficient to cause trauma
 - Incidents which occur outside of work may have traumatic effects which managers may need to be aware of or respond to
- 2.6 Other events or incidents which do not fit the definition above may nevertheless, in the incident manager's judgement, have exposed the staff involved to trauma. In those circumstances, the actions in this Instruction must be followed. For example, disturbance or trauma caused by exposure to accounts of violence or abuse in high risk offenders.

Roles and responsibilities:

Learning and Development

- 2.7 Learning and Development must ensure that suitable and sufficient training and information on trauma and post-incident care is provided for prison and probation officer recruits.
- 2.8 Learning and Development must ensure that suitable and sufficient training and information on trauma and post-incident care is integrated into other appropriate courses. This may include Line Management courses and Incident Command Training.
- 2.9 Learning and Development must ensure that suitable training and information for Care Team members is implemented and accessible to Care Team staff.

Prison Governors and the Line Managers (Relevant Managers) of At- Risk Staff Groups not based in Prison (see 1.3 for at-risk groups)

- 2.10 Governors and Relevant Managers must ensure that local systems and arrangements are in place to ensure that effective post-incident care is provided to staff who are exposed to distressing or traumatic incidents during the course of their duties.
- 2.11 Governors and Relevant Managers must ensure that all staff in operational environments (i.e. environments where the serious incidents identified in 2.2 and 2.3 are more likely to

occur) are given information on the potential effects of trauma on staff and how to access sources of support if they are impacted, as part of their local Induction programme.

- 2.12 Governors must ensure that their prison has a dedicated local Care Team, led by a local Care Team Leader, consisting of a cross section of staff who are respected, have the skills to offer peer support, can signpost staff to appropriate support resources and have received appropriate training and continue to attend appropriate update training (see 2.11).
- 2.13 Relevant Managers must ensure that they have arrangements in place to access the services of a care team if required or to set up suitable comparable arrangements in their own services.
- 2.14 Relevant Managers must ensure that they have arrangements in place to access structured professional support for those staff who are highly exposed to, or adversely affected by exposure to high risk offenders and extreme material.
- 2.15 Governors and, where appropriate, Relevant Managers must ensure that Care Team members are allocated time to carry out their duties (peer support and signposting) when necessary.
- 2.16 Governors and, where appropriate, Relevant Managers must ensure that Care Team members are released to attend a regional Care Team meeting at least twice a year – this provides part of the support and governance framework for these staff members, and ongoing training.
- 2.17 Governors and Relevant Managers may from time to time need to directly contact an employee's GP or emergency services in High Risk or Immediate High-Risk situations where action is required - see ["At risk" Guidance for Care Team members](#) .

Care Team Leaders

- 2.17.1 New Care Team Leaders must attend an initial Care Team Leaders Training day at the start of their leadership role or at the earliest opportunity for existing Care Team Leaders. This training is currently being provided by an external provider. OH National Lead OHNATIONALLEADHMP@NOMS.GSI.GOV.UK are responsible for communicating booking instructions to Care Team Leaders.
- 2.18 Care Team Leaders must collaborate with other Care Team Leaders in their region to arrange quarterly regional meetings for Care Team members to attend; arrangements must also be made for these meetings to be attended/ supported by Trauma Support practitioners.
- 2.19 Care Team Leaders must ensure that all Care Team members in their prison attend at least two regional meetings per year. A local record should be kept to keep track of this.

Care Team Members

- 2.20 Care Team members must attend an initial Care Team briefing/training day when appointed, and attend regional Care Team meetings twice a year, as a minimum.
- 2.21 Care Team members should receive details of serious incidents from managers and the contact details of the employees affected and must maintain such information in compliance with the General Data Protection Regulations 2018 and Data Protection Act 2018. (see Annex A for guidance on the role of Care Team members).
- 2.22 Care Team members must establish contact with the staff involved in the serious incident, so far as is reasonably practicable, and:

- Provide peer support and signposting to their colleagues.
- Where it is the opinion of the Care Team member that Occupational Health intervention is advisable, they should advise the employee of this - this will be because it has become apparent that their colleague's mental state appears to be declining, or they are heading towards sickness absence.
- Where verbally consented to by the employee, the Care Team member must highlight to the line manager where professional support via Occupational Health intervention is likely to be required.
- In a high-risk situation, the "At risk" guidance (see [Annex A](#)) must be applied to safeguard the health, safety and welfare of the individual or others who may be harmed. This may include calling emergency services, and informing the Governor.

Manager in charge of the serious incident and/ or line manager (if different) -

Immediately after the serious incident, the manager must:

- 2.23 Ensure that staff are in a safe place and that immediate needs of staff have been met – this may include for example arranging for staff to go to hospital and have access to first aid provision.
- 2.24 Provide practical and emotional support and information - talk to staff to determine whether they need a break, or should go home, and provide a Trauma Information leaflet (see 2.20 and 2.21) and details of the local Care Team if in a prison. Social support is a major protective factor following trauma¹ and the manager's role is to ensure that this is provided. The types of social support can be classified as informational, practical, and emotional. Social support should be put into context and match individual needs – it may vary over time.
- 2.25 Gather details of all staff who have been affected and acknowledge the role of the staff involved – collect and record name and contact details
- 2.26 The manager must ensure that the local Care Team is informed of a serious incident and that they are provided with the names/contact details of the staff involved – Care Teams can assist the manager with the provision of immediate practical and emotional support and information to the staff involved.
- 2.27 Identify vulnerable staff – this means any staff who are exhibiting signs of extreme distress, are in a shocked state or are withdrawn. The severity of the member of staff's initial traumatic response is a reasonable indicator of the need for early specialist intervention.
- 2.28 Agree with staff how they will be followed up – this could include for example arranging to speak with them personally, or by arranging for a Care Team member to contact them if prison based, by telephone, and/or on their next shift on duty to find out how they are doing.
- 2.29 Immediately after a serious incident in prisons, must ensure that the staff involved are aware of the peer support available from the establishment's Care Team and how to contact them.

¹ National Institute for Health And Care Excellence (NICE); Post-traumatic stress disorder: Management (CG26); Published 23 March 2005, under review at the time of writing this policy

- 2.30 Must ensure that each member of staff involved in the serious incident is aware of the trauma support available from HMPPS' contracted Employee Assistance provider.
- 2.31 A range of other HMPPS policies and procedures govern the response to an incident beyond the treatment of any trauma. These are listed in detail in the "Related Documents" section. Involvement with, and knowledge of, the actions taken under these policies can be more or less important to a traumatised person. Managers and care teams must establish and continually monitor the extent to which a traumatised member of staff will want to be informed of or involved with such things as:
- Reporting the incident and contributing to the investigation of it
 - Being informed of and involved with the adjudication process and outcome
 - Being informed of and involved with the police referral and investigation
 - Being briefed on and supported through court attendances
 - Being informed of the movement or transfer of perpetrator(s), any changes to their sentence or interventions or treatment they will receive
 - Any conflict resolution or victim / assailant reconciliation approaches that are considered appropriate by relevant parties
 - The release of an assailant from custody

During weeks 1 – 4 following the serious incident:

- 2.32 Common reactions to traumatic stress can include feelings such as anger, feeling sad or upset, being jumpy, tense or anxious. There may be problems with concentration, eating and sleeping. Such changes are normal in the aftermath of a traumatic event and should begin to improve a week or so afterwards. However, sometimes troublesome feelings do not go away, or are extreme, or they start at a later date and additional support may be required to help the member of staff process these feelings and move forward.
- 2.33 The manager in charge of the incident/line manager must carry out "watchful waiting" over this period – this means maintaining contact with the staff members involved in the incident, and the Care Team providing support to them if prison based, to find out whether any troublesome feelings they may have been having as a result of the incident are gradually receding as expected, or whether they are not, or are getting worse.
- 2.34 If the manager in charge of the incident/ line manager is concerned at any time over this "watchful waiting" period, or beyond, that individually, or as a group, staff are having troublesome feelings or symptoms that are extreme, are not going away and/or are getting worse, and considers that professional support is, or may be, required, they must:
- Refer an individual to Occupational Health (OH) via the OH Assist Portal www.myohportal.co.uk/suite/login. An urgent referral route is available for staff having symptoms that are extreme not going away and/or are getting worse after trauma. Select the referral service line 'Performance & Attendance Management' and then 'Fast Track Trauma'. Referral to OH should also be considered if sickness absence could result, has resulted, and/or is ongoing.
- and/or
- contact the HMPPS externally contracted Employee Assistance providers to discuss whether it is advisable to offer professional Trauma Support to the staff involved, either on an individual basis or as a group. This may require on-going dialogue between the manager and the external Employee Assistance provider. The number to call is 0800 019 8988 PAM Assist.

- 2.35 If professional Trauma Support is required for a group or individuals, the manager in charge of the incident/line manager must:
- ensure that a suitable environment for a Trauma Support session is made available
 - ensure that all staff involved in the incident are invited and are given information about the meeting
 - ensure that those staff who wish to attend are released from duty for sufficient time to attend the whole of the session.

Employees' responsibilities

- 2.36 Employees are encouraged to proactively make use of the support available through HMPPS where necessary when they have been adversely affected by a potentially traumatic incident.
- 2.37 Employees have a legal duty under the Health and Safety at Work etc. Act (1974) to ensure as far as reasonably practicable, their own health, safety and welfare and to cooperate with reasonable requests and arrangements in place to safeguard their health, safety and welfare.
- 2.38 This means too that employees must also report trauma-related ill-health to their line manager so that steps can be taken to provide appropriate support.
- 2.39 As well as seeking help from the sources made available by HMPPS, employees are also advised to see their own GP who holds the responsibility for the provision of clinical care and support.

Annex A

Guidance for Care Teams

- [The role of the Care team](#)
- [Determining the size of the Care Team in a prison](#)
- [Selection of the Care Team Leader](#)
- [Recruitment of Care team members](#)
- [Competencies and qualities required of a Care Team member](#)
- [Mandatory training for Care Team Leaders and Care Team members](#)
- [“At Risk” Guidance for Care Team members](#)

The role of the Care Team

1. The principal and mandatory role of the Care Team in a prison is to provide post-incident peer support, information and signposting to their colleagues, as laid out in the body of this Instruction.
2. Social support is a major protective factor following trauma. Practical, social and emotional support can play an important part in facilitating a person's recovery after a serious incident has occurred, particularly immediately after the trauma.
3. In addition to practical and social support, Care Team members should provide appropriate information about the range of emotional responses that may develop after serious traumatic incidents, and provide practical advice on how to access appropriate services for these problems – this information can be sourced from the Trauma leaflet provided by the external EAP contractor.
4. Post-incident peer support should:
 - provide pragmatic support in an empathic manner, i.e. provide information about common reactions, the course of these reactions, advice on coping strategies and ‘signpost’ for further help.
 - be based on a good assessment - individuals who show a continued increase in the frequency, intensity and duration of any common or adverse reactions should be offered, and may benefit, from formal intervention as laid out in the body of this Instruction. Care team members should not take on a “counselling” role. See “Risk Assessment” guidance.
 - use an approach that takes account of an individual’s natural resilience.
 - be voluntary
5. Where verbally consented to by the employee, highlight to the line manager where professional support or specialist intervention is likely to be required – this will be because it has become apparent that their colleague’s mental state appears to be declining, or they are heading towards sickness absence.
6. See also [“At Risk” Guidance for Care team members](#) for specific action to be taken depending on risk.

7. Care Team members may also provide peer support by accompanying colleagues to court appearances. It would be advantageous for Care Team members to be familiar with court protocol, facilities and layouts.
8. Any additional role taken on by Care Team members on a local basis which is not a function identified in this PSI, will be the responsibility of the Governor and will not be considered under the governance of this PSI.

Determining the size of the Care Team in a prison

9. There is no exact formula for calculating the size of the team, though it is recommended that a Care Team should have no less than at 6 active members throughout the prison to ensure the role is manageable and allows for cover during peak periods of annual leave etc. The actual size of the team should be calculated based on the needs of the prison including:
 - The number of staff
 - The type of establishment and prisoner population
 - Recent history of serious incidents
10. The team should ideally reflect the make-up of the staff working in the establishment in terms of race, gender, age and mixture of operational and support grades although the overriding requirement is that the required competencies are met.

Selection of the Care Team Leader

11. A Care Team Leader should have had experience as a Care Team member, have successfully completed Care Team Training and Care Team Leader Training, and in addition to the skills required by the Care Team members, should have experience of people management.
12. Selection should be via a local process which is based on nominations from the existing Care Team and selection to ensure that the most appropriate staff member is appointed. It may be considered reasonable to involve a Care Team Leader from another prison to assist in this process.

Recruitment of Care Team members

13. The role is a voluntary one. It is recommended that an informal recruitment process is led by the local Care Team Leader, based on nominations and selection to ensure that the most appropriate staff are appointed.
14. Care team members should not be recruited by line managers simply as a result of a request from an individual (for example during a training and development meeting).

Competencies and qualities required of a Care Team member

15. Recruits should be able to demonstrate:
 - Good communication skills – be able to communicate clearly
 - Motivation and commitment
16. In addition, it is important that Care Team members:
 - Are members of staff who are respected and trusted by their colleagues
 - Are able to maintain appropriate confidentiality
 - Have emotional resilience (the capacity to handle strong emotions and serious incidents)
 - Have the capacity for empathy (the ability to relate to another's experience)
 - Have insight into their own limitations and the need for appropriate personal support.

- Do not move outside their role as specified in this policy (though see 8 above), e.g. they should not provide personal counselling to colleagues or enter into a therapeutic relationship with them; their role as a care team member should not result in them becoming directly involved in the general management of attendance of a particular individual.

Mandatory training for Care Team Leaders and Care Team members:

17. **Care Team Leader training** at the start of their leadership is delivered by a Trauma practitioner from the external provider, which aims to equip Care Team leaders to:

- Demonstrate appropriate skills and understanding when working with distressed individuals
- To ensure appropriate governance framework is in place for their Care Team members
- To understand their responsibilities for setting up quarterly regional meetings (in collaboration with Care Team leaders across the Region) for their Care Teams
- To ensure appropriate records are kept within their team in compliance with the Data Protection Act 2018 and General Data Protection Regulations 2018.
- To ensure there is adequate day to day supervision of Care Team members in their day to day work.
- To ensure sufficient levels of resource are maintained within their team
- To practice self-protection in order to ensure their own wellbeing is not adversely impacted by their role as a Leader

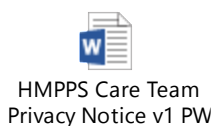
18. **New Care Team members** are required to attend a 2 day training course at Newbold Revel or another HMPSS training centre. This is delivered by HMPSS Learning and Development and covers:

- Psychological trauma within the workplace:
 - To know the definition of what constitutes a traumatic incident
 - To understand how psychological trauma affects individuals including common symptoms
 - To raise awareness of the responsibilities Care Team members, have to colleagues and how they can support local managers in the management of psychological trauma within their establishment
 - To know how the different support options available to support establishments are accessed (e.g. Employee Assistance programme, management referral to Occupational Health)
- Coroners Court
 - To understand what happens at Coroners Court in relation to how staff may be involved
 - To know how best to support staff who have to go to Coroners Court
- Staff support
 - To know how to sign-post staff to support services
 - To be able to manage professional boundaries and work within their own competence

- Self-Protection
 - To ensure that each Care Team Member knows how to employ suitable psychological self-protection strategies to minimise any impact on their own wellbeing
19. Care Team Leaders are responsible for collaborating with other Care Team Leaders in their region to arrange and lead the **quarterly regional meetings** for Care Team members; arrangements should also be made for these meetings to be attended/ supported by Trauma Support practitioners. The purpose of these meetings are for:
- Reflective practice
 - Instruction on new research, developments, innovation, keeping members up to date on best practice
 - To ensure members are still competent on a personal level
20. Care Team Leaders are required to ensure that all Care Team members in their prison attend at least two regional meetings per year. A record should be kept to monitor this.
21. To assist with tracking support and continuity of care, Care Team leaders may keep a password protected record of Care Team work, contact details of line managers and the individual requiring support. The example Care Team Record of Interventions template attached below can be used. This should be in the form of a simple spreadsheet, maintained on a drive **accessible by Care team members only**.



22. Medical information and medical diagnoses must not be recorded as these are NOT medical records. Prior to entering the name of the individual requiring support onto the Care Team Record template you must inform them that you are taking their personal details and gain their consent for you to do so. Once the individual no longer requires your support ensure their entry is deleted. This is to be compliant with the GDPR 2018. The Privacy Notice below provides more detail about the privacy and security of personal data and Care team members and leaders must familiarise themselves with this document and display it in a place where it is visible to recipients of Care Team support.



23. “At Risk” Guidance for Care Team members

Risk assessment is carried out as part of the session with the colleague.

24. With all levels of risk, it should be noted that the GP holds clinical responsibility for your colleague’s safety and wellbeing. The GP is, therefore, normally the first person to call for any necessary disclosure about high levels of risk identified for your colleague, if your colleague consents to this. Once the GP has been informed, your duty of care for your colleague needs to move to the organisational issues and the Governor should be informed of any High-Risk cases.
25. A confidentiality statement should be clearly outlined in leaflets or description of the services available by the Care Team. This should be mentioned at the beginning of each interaction with staff colleagues so that a ‘contract’ is obtained. The following is the statement:

“The Care Team is staffed by trained volunteers who work confidentially to support their colleagues. Confidentiality would only be compromised in the most exceptional circumstances, such as:

- Where you may harm yourself or others
- You are allegedly involved in a serious crime
- Where there is a legal requirement, e.g. prevention of terrorism or protection of children

Wherever possible we will always seek to discuss direct with you before taking any such action”

Risk level	Identified by	Action required
None		No additional action required
Low	<ul style="list-style-type: none"> ○ Passing thoughts of suicide or self-harm, but no intent, planning or means. For example: Fleeting thoughts that they just don't want to have to wake up to the same problems again ○ History of moderate to severe mental health problems in the past, but not within the last 6 months ○ No intent to harm others ○ potential safeguarding issue identified but it is not possible to take any further action (e.g. no personal information known re. the alleged abuser/victim) 	<ul style="list-style-type: none"> ○ Encourage colleague to discuss the identified risk issues with their GP ○ Provide the Employee Assistance Programme telephone number ○ Provide contact details for other agencies where appropriate, e.g. Samaritans
High	<ul style="list-style-type: none"> ○ Frequent and obsessive suicidal thoughts that include planning and/or means but no immediate intent. Also consider if: <ul style="list-style-type: none"> ○ Other risk factors present (e.g. Male; age 30 and under or 60 and above; lack of social support; history of substance misuse; under the care of psychiatrist/community mental health team now or within the past 6 months; previous attempts of suicide within the past 6 months) ○ Safeguarding issues that require managing but no immediate action required ○ Significant but not immediate health and safety threats to others 	<ul style="list-style-type: none"> ○ Inform the colleague of your responsibility to take action where High Risk is identified and, if possible, gain their agreement to make contact with their GP, or... ○ Encourage colleague to make contact with their GP and provide contact details for other support agencies, as for Low Risk ○ In the event the colleague does not have a GP, provide them with details of the nearest Walk-In Centre and document that you have recommended they consult a medical practitioner. ○ Explain that you wish to make a disclosure to the

	reported	<p>Governor regarding the risk to themselves and others, with their consent. If the colleague refuses to give their consent for this, yet you believe they are a risk to themselves or others, you should disclose this to the Governor without their consent and tell them you are going to do this.</p> <ul style="list-style-type: none"> ○ Once the Governor has been informed of the assessed level of risk, and whether or not their GP has already been informed, your duty of care is discharged - you are not required to do a follow-up ○ Speak with your Care Team Leader to ensure all organisational issues have been dealt with and to ensure you are receiving the right level of support ○ Contact the Employee Assistance Programme to discuss the case if necessary and to ensure you are receiving the right level of support
Immediate High Risk	<ul style="list-style-type: none"> ○ As for High Risk, but immediate suicidal thoughts/actions are apparent that includes specific plans with intent and means e.g. where the colleague says that they have already taken an overdose ○ Safeguarding issues with immediate concerns and action is required to minimise risks to children or vulnerable adults ○ Significant health and safety threats to others requiring immediate action (e.g. immediate intention to drive under the influence of alcohol/drugs) 	<p>NB. the aim is to maintain direct contact with the colleague until the relevant services can be accessed:</p> <ul style="list-style-type: none"> ○ Inform colleague of your responsibility to take action, to involve emergency services or other relevant agencies. ○ Make use of any other colleagues to request support with contacting the relevant services and be prepared to explain the risk involved: <ul style="list-style-type: none"> ○ Type of service required, e.g. Police, Ambulance etc. ○ Colleague's name and <u>location</u> - it is important to be clear if the colleague is not at your location ○ Detail of the type of risk ○ Speak with the colleague to explain that you need to make a disclosure to the Governor regarding the risk to themselves and/or others - ideally you would gain consent

		<p>to do this, however you should disclose this to the Governor with or without consent and make the colleague aware that you have done so.</p> <ul style="list-style-type: none">○ Once the other services have been engaged your duty of care is discharged. You are not required to do a follow-up.○ Contact the Care Team Leader to ensure all organisational issues are dealt with and that you receive support.○ Contact the Employee Assistance Programme if necessary to ensure you are supported.
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Annex B

Role of contracted external Trauma Support professionals

- 1.1 To make an initial assessment by telephone when contacted by the **manager** seeking help and advice on next steps.
- 1.2 To communicate clearly the options available and the recommended actions. Such options will include one or more of the following:
 - Ongoing watchful waiting by the establishment (manager/Care Team), and agree timescales for review.
 - Provide information and reassurance on expected recovery times and common symptoms.
 - Provide on-site Trauma Support when agreed between the manager and the external provider. Make an initial assessment of staff and where appropriate if symptoms are severe or not receding, the Trauma Support practitioner will recommend to the manager, with the verbal consent of the individual, that a “fast track” referral to Occupational Health (OH) is advisable for more specialist intervention (the OH practitioner is able to make arrangements for direct referral for either Cognitive Behavioural Therapy (CBT) or Eye Movement Desensitisation Re-programming (EMDR) for individuals.
 - Where appropriate (i.e. when on-site Trauma Support has not been agreed with the manager, but specialist trauma intervention is likely to be required for an individual), recommend that a “fast track” referral to Occupational Health is made.
- 1.3 To make an initial assessment when contacted by telephone by an **individual** seeking help and advice on next steps.
- 1.4 To communicate clearly the options available to the individual and the recommended actions. Such options will include one or more of the following:
 - Provide immediate support by listening to the experience of the employee
 - Provide information and reassurance on expected recovery times and common symptoms to be expected, and what they can do help their own recovery (“normalisation” process)
 - Suggest that the employee may wish to call back at a later date if required, to discuss any ongoing concerns or support needed.
 - Signpost to general resources available for issues unrelated to the trauma e.g. the EAP website, general counselling support, external sources of further information.
 - Or, they may suggest the employee requests their line manager to make a “fast track” referral to Occupational Health where specialist Trauma Intervention can be considered. The Trauma Support practitioner may support the employee to do this if requested and with their verbal consent (and where a suitable telephone number is provided), by attempting to make **one** telephone contact to the line manager.
 - In an immediate high-risk situation, apply the external provider’s “at risk” policy to safeguard the health, safety and welfare of the individual or others who may be harmed. This may include calling emergency services and informing the employee’s GP and Governor

Annex C

Role of contracted external Occupational Health practitioners

1. To receive employee referrals from line managers. To then consult with the employee to make an initial assessment and to provide one or more of the following:
 - Provide immediate support by listening to the experience of the employee
 - Provide information and reassurance on expected recovery times and common symptoms to be expected, and what they can do help their own recovery (“normalisation” process).
 - Signpost to general resources available for issues unrelated to the trauma e.g. the EAP website, general counselling support, external sources of further information.
 - If symptoms are severe or not receding, consider recommending specialist psychological intervention currently clinically approved and recommended by the National Institute for Health and Care Excellence (NICE), e.g. Cognitive Behavioural Therapy (CBT) or Eye Movement Desensitisation Re-programming (EMDR) to the employee. If the employee wishes to pursue and engage with this, arrangements will be made between the external Occupational Health provider and the Employee Assistance provider for this to take place.
 - Provide advice and recommendations to line management in line with all occupational health referrals.
 - To monitor and review the employee, in conjunction with line management, as appropriate.

Annex D

Process for the management of staff exposed to serious traumatic incident