

Policy Number	9.14
Policy Name	SUPPORTING STAFF INVOLVED IN AN INCIDENT COMPLAINT OR CLAIM
Policy Type	Divisional
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Recommending Committee	N/A
Approving Committee	N/A
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This document is a valid document, however due to organisation change some references to organisations, organisational structures and roles have now been superseded. The table below provides a list of the terminology used in this document and what it has been replaced with. When reading this document please take account of the terminology changes on this front cover

Terminology used in this Document	New terminology when reading this Document
Calderstones Partnership NHS Foundation Trust	Mersey Care NHS Foundation Trust

SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **Fairness, Respect, Equality Dignity, and Autonomy**

TRUST POLICY/PROCEDURE
 COMMITTEE

PROCEDURE NO:

9.14

DATE OF ISSUE: 1st June 2014

This procedure replaces No. 9.14 dated 1.2.11

MEMORANDUM

**SUBJECT: SUPPORTING STAFF INVOLVED IN AN INCIDENT
 COMPLAINT OR CLAIM
 (Trust Wide)**

DISTRIBUTION: Procedure Manual Holders/Trust Intranet

1. This memorandum introduces the revised procedure for supporting staff who have been involved in an Incident, Complaint or Claim.
2. The procedure should be filed in numerical order in the Yellow Procedure Manual with the following entry in the index under "I", cross referenced under "C" - "Supporting Staff Involved in an Incident, Complaint or Claim – 9.14".

References

9.7 Disciplinary Procedure
 9.20 Staff Counselling Service
 25.1 Complaints
 27.5 Incident and Accident Reporting

The Trust aims to design and implement services, policies and clinical/non clinical procedures with measures that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others.

This procedure has been assessed using the Equality Impact Assessment. The outcome of the Initial Screening Assessment was that the procedure would not adversely affect any protected characteristics.

Version:	4.2
Ratified by:	Policy & Procedure Committee
Date Ratified:	30.5.14
Name of Originator/Author:	C. Kennedy, Equality & HR Advisor
Name of Responsible Committee:	Policy & Procedure Committee
Date Issued:	1.6.14
Review Date:	1.6.17
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SUMMARY OF AMENDMENTS

Amendments to terminology

Section 1.1 – expansion of what may be an adverse event.

Section 2.3 – sentence re suspension added.

Section 3.3 – Changes to Critical Incident Support Team which was provided by OH. This is now Adverse Event Support Team operated via PTS.

Section 3.4 – Counselling service now provided by OH Service.

Section 3.5 – Duties for Ward Managers/Clinical Nurse Managers/Team Leaders/Line Managers

Section 3.6.2, 3.6.3 – Trust Staff

Section 4.1.2, 4.1.3 and 4.1.6 – Immediate Support for Staff

Section 4.2.5 – Ongoing Support for Staff

(New) Section 8 Monitoring

(New) Section 9 – Equality and Diversity Statement

Appendix A – changes to terminology. Critical incident has been replaced by Adverse Event.

Appendix B – Contact details for Adverse Event Support Service

References

**TRUST
POLICY/PROCEDURE**

PROCEDURE NO:

9.14

DATE OF ISSUE: 1st June 2014

**SUBJECT: Supporting Staff Involved in an Incident, Complaint or Claim
(Trust Wide)**

1. INTRODUCTION

1.1 Calderstones Partnership NHS Foundation Trust is committed to providing appropriate support to all staff involved in incidents, complaints or claims that cause psychological and/or emotional trauma. These may be (*but not exclusively*):-

- Medication Error
- Formal procedure (*e.g. Disciplinary, Resolution, Performance Improvement, Sickness Absence*)
- Episode where a service user/patient is harmed (*including Bullying/Harassment*)
- Episode where a staff is harmed (*including Bullying/Harassment*)
- Safeguarding issues

1.2 The process aims to support staff who are, or who have been involved in an incident, complaint or claim, collectively referred to as “adverse event”. This includes support available immediately following the adverse event and on a longer term basis if required.

1.3 The Trust is committed to ensuring the health and safety of service users/patients, staff and visitors is prioritised, and in the case of an incident, will ensure that immediate safety issues are addressed as the first priority. Once safety issues are resolved, the Trust will ensure that staff who need support are identified, and support offered.

2. AIMS AND OBJECTIVES

- 2.1 To ensure that support is readily available for staff following and adverse event which may involve them being harmed, threatened with harm or witnessing another person being harmed.
- 2.2 To make staff aware of all the options available to them in terms of support and/or action they may wish to take.

- 2.3 To ensure that, for members of staff who require time off work following an adverse event, support remains readily available. This includes ensuring that employees who are suspended from duty following an adverse event are also supported appropriately (*refer to Procedure 9.7 Disciplinary*).
- 2.4 To have information available to all staff regarding the potential effects of involvement in an adverse event.

3. DUTIES AND RESPONSIBILITIES

3.1 Chief Executive

As Accountable Officer, the Chief Executive will ensure that a staff support and counselling service is available and is delegated to an appropriate Executive Lead, as outlined in the Executive Portfolios.

3.2 Director of Finance

As nominated Executive Lead, the Director of Finance will ensure that there is an adequate staff support and counselling service and that staff are able to access this service.

3.3 Adverse Event Support Team (AES)

The AES is an internal support system available to all Calderstones employees and is provided via the PTS Department. AES duties include:-

- Offering a confidential support service to all staff employed at Calderstones Partnership NHS Foundation Trust.
- Provide an organised and structured approach to post adverse event support either individually or as a group.
- To work in accordance with Trust procedures and ensure that, when deemed appropriate, staff are adequately supported following an adverse event.
- To provide post-incident debriefing as part of the range of responses to a traumatic event.
- To promote and publicise the services provided and how to access them.
- To provide the Trust with anonymised information about workplace stress, and any themes or trends.
- To ensure that, if appropriate, external sources of staff support are sought and any recommendations are communicated to the Line Manager.

3.4 Staff Counselling Service

Counselling is provided via the Trust's Occupational Health Service, People Asset Management (PAM). Their duties include:-

- Providing up to 6 counselling sessions per year per employee. Further sessions may be provided following approval by the Head of Human Resources.
- Agreeing counselling contract between patient/service user and counsellor.
- Providing information about confidentiality, record keeping and safety aspects including action that may be taken if the counsellor feels the patient/service user may be a danger to themselves or others.
- Informing patients/service users at the onset of the counselling contract what conditions could lead to confidentiality being broken. This would include:-
 - Where there is risk of serious harm to themselves or others.
 - Under the prevention of Terrorism Act.
 - If the counsellor is subpoenaed or summoned as a witness in a Court of Law.

3.5 Ward Manager/Clinical Nurse Managers/Team Leaders/Line Managers

The duties for Ward Managers/Clinical Nurse Managers/Team Leaders/Line Managers include:-

- Assessing the immediate effects on the staff team as soon as reasonably practicable after the adverse event, which should include:-
 - The need for first aid or medical attention, if required it should be facilitated as soon as possible.
 - Managers must document the outcome of any first aid and/or medical treatment required following an incident as soon as possible before closing the PRISM incident report and discuss if the staff is likely to need any further treatment or investigation. If the staff is likely to require any ongoing treatment as a direct result of the incident then the manager should complete a referral to the Occupational Health Service and notify HR.
 - The appropriateness of the staff remaining on duty. This should be done in partnership with the staff involved and discussions should be documented. The On Call Senior Manager may need to be contacted for advice if an agreement cannot be reached.
 - Time off away from the ward/home/department – alone or with support.

- Consideration to moving the employee from that ward on either a temporary or permanent basis.
- Contacting relative(s) or friend(s) on their behalf.
- Time to discuss the adverse event with a person of their choice.
- Providing time for further discussion with regards to the longer term affects and signposting the staff member to either the PTS or Occupational Health Services.
- Making staff aware of the information booklet – ‘Coping with feelings arising from an Adverse Event’ (*Appendix A*).
- Providing the opportunity to discuss future work placements.
- Providing continued support throughout and following the investigation process and particularly where staff are required to act as witnesses.

3.6 Trust Staff

- 3.6.1 Staff should inform their manager if they are experiencing difficulties associated with an adverse event to enable their Line Manager to make an appropriate referral for additional support.
- 3.6.2 Staff should inform the Human Resources Department or their Union Representative if they are experiencing difficulties associated with an adverse event and are unable/unwilling to inform their immediate Line Manager.
- 3.6.3 Staff who require first aid and/or medical treatment following an incident must inform their manager of the outcome as soon as possible.

4. PROCEDURE

4.1 Immediate Support for Staff

- 4.1.1 The responsibility for facilitating support immediately after an incident lies with the Shift Leader/Clinical Lead/Clinical Nurse Manager/On Call Clinical Nurse Manager as appropriate.
- 4.1.2 At the first available opportunity following the immediate resolution of an adverse event, the person in charge or On Call Manager will assess the effects on the staff team. This should include the need for first aid or medical attention. Should this be required it should be facilitated as soon as possible. In addition any staff involved in an Adverse Event should be given, or advised to refer to, Appendix A of this procedure.
- 4.1.3 Emotional support for teams or individuals could also be provided by PTS. This should be arranged via the person in charge or On Call Manager.
- 4.1.4 Consideration should be given to the following:-

- The appropriateness of the staff remaining on duty.
- Time off the ward/home – alone or with support.
- Contacting relative(s) or friend(s) on their behalf.
- Time to discuss the incident with a person of their choice. This may be a representative from the PTS Department.
- A referral to Occupational Health should also be offered.

Some staff may not require any of the above at this time.

- 4.1.5 Reporting of the adverse event will take place in accordance with Procedure No. 27.5 Incident and Accident Reporting and/or Procedure No. 25.1 Complaints. Heads of Service and Line Managers will be appraised of the incident as soon as reasonably practicable.
- 4.1.6 A meeting with the Senior Manager for the relevant department/area should also be offered in order to provide employees with an opportunity to discuss the event and circumstances surrounding this with management. The response to the offer must be documented.

4.2 **Ongoing Support for Staff**

- 4.2.1 The responsibility for facilitating ongoing support lies with the Clinical Nurse Manager/Head of Service.
- 4.2.2 Each individual will deal with involvement in an adverse event differently, so the levels of support needed may vary considerably.
- 4.2.3 Following on from the above it is important to acknowledge that some staff may require continued support. This may include:-
- Being made aware of the information booklet – ‘Coping with Feelings Arising from an Adverse Event’ (*Appendix A*).
 - Being reminded about the availability of the Adverse Event Support (AES) Team (*see Appendix B*).
 - Being reminded about the availability of the External Staff Counselling Service via Occupational Health.
 - Opportunity to discuss future work placements.
 - Information regarding the right to report an adverse event to the Police, and the support available to assist in auctioning this.
 - Time for further discussion about the incident and their subsequent feelings, with a person(s) of their choice.
- 4.2.4 Should an employee be referred to Occupational Health it is important that the person seeking counselling/support is a willing participant in the process for it to be effective.

4.2.5 Referrals to Occupational Health can only be made via managers or Human Resources and any employee who does not wish to approach their manager for the referral should discuss this with a Human Resources Advisor/Manager.

4.3 Continued Support for Staff Experiencing Longer Term Difficulties

4.3.1 Following an adverse event, some staff may require some sick leave. The Trust will continue to offer support to members of staff on sick leave in accordance with their particular needs and wishes and the requirements of the Trust's Sickness Absence Policy 19.0 including the frequency of contact and with whom.

4.3.2 All staff should be made aware of the information booklet – 'Coping with Feelings arising from an Adverse Event' (*Appendix A*).

4.3.3 It is important to remember that the primary purpose of this procedure is to ensure that all staff receive, or have made available, all necessary support following involvement in a potentially stressful event.

4.3.4 Staff will be reminded that all the options outlined in Section 4.2 remain available to them and support provided wherever possible to access same.

5. ATTENDANCE AT COURTS AND TRIBUNALS AS A WITNESS

5.1 Where a member of staff is required to attend a Court or Tribunal as a witness for the Trust then the Trust will ensure time off without loss of earnings and the payment of reasonable expenses.

5.2 Staff will be advised and supported in preparing to be a witness with assistance from the Trust's Solicitors where this is deemed appropriate which will be co-ordinated by the Trust's Secretary. In addition staff will have the choice to be accompanied to the Court by a colleague.

5.3 Staff will be debriefed following the conclusion of the case by the appropriate Senior Manager and signposted to support services as outlined in Section 4.2 if required.

6. STAFF SUBJECT TO INVESTIGATION FOLLOWING ALLEGATIONS OF MISCONDUCT

6.1 Investigations and proceedings following an incident, complaint or claim can be quite lengthy and time consuming for staff and cause considerable stress and anxiety.

6.2 The Trust is committed to supporting all staff at these difficult times. Provision is made with Procedure No. 9.7 Disciplinary Procedure to ensure staff have access to an appropriate representative or, alternatively, can be supported by a work colleague. Managers will ensure that their employees are offered support, with access to the appropriate representative, occupational health, professional organisation and referral to the counselling service, if required.

7. CONFIDENTIALITY AND RECORD KEEPING

- 7.1 The AES and Staff Counselling Service records are strictly confidential and are not noted in any personal or personnel files and are managed confidentiality records. Notes are made to aid the Counsellor's memory.
- 7.2 The purpose of records is to monitor service uptake and for evaluation and identification of common themes such as occupational stress.
- 7.3 Information about individual staff is not available to managers.

8. MONITORING

- 8.1 The Occupational Health Service will provide a monthly report to the Human Resources Department outlining the number of staff who have attended counselling sessions. This report will be reviewed by the Head of Human Resources and information will be presented to the appropriate committee as required.
- 8.2 Following each counselling appointment a document will be forwarded to Human Resources from the Occupational Health Service advising of the employees' attendance and whether ongoing or further support is required. Details of any discussions will not be sent to Human Resources, as per the conditions outlined in section 3.4 Staff Counselling Service.
- 8.3 Details of the Adverse Event Support provided by the PTS Department will not be disclosed to anyone outside of the department, unless it is necessary to do so, e.g. for legal reasons or if the safety of any individual may be compromised. Should disclosure be necessary every effort will be made to discuss this with the employee prior to the disclosure being made.
- 8.4 The PTS Department will keep detailed clinical notes of discussions and support given. They will inform Human Resources of the names of staff who have been supported and when the support has been provided. They will also advise HR as to what the adverse event prompting the support was but will not be expected to give further details without explanation or reason to do so.

9. EQUALITY AND DIVERSITY STATEMENT

Calderstones Partnership NHS Foundation Trust is committed to ensuring that, as far as it is reasonably practicable, the way we provide services and the way we treat our staff, reflects their individual needs and does not discriminate, directly or indirectly, against individuals or groups on the basis of their protected characteristics.

The Trust does not believe that this procedure represents a significant advantage/disadvantage to any individual or group of individuals on the basis of their protected characteristics and confirms that the arrangements set out within the procedure are acceptable/objectively justifiable by reference to the requirements of the Trust or the needs of the service.

The Trust will regularly review this document however should you feel that the procedure requires amendment prior to the review date outlined (*on the cover page*), or represents a potential source of advantage/detriment to you or another individual or group based upon protected characteristics, please make representations to the Human Resources Advisor (Equality and Diversity) to enable the Trust to consider whether an amendment may be required.

Should a member of staff or any other person require access to this procedure in another language or format please contact the Human Resources Advisor (Equality and Diversity).

**TRUST
POLICY/PROCEDURE**

**PROCEDURE NO: 9.14
APPENDIX A**

**Coping with Feelings
Arising from
Adverse Events**

Information for Staff

Introduction

Calderstones has produced this booklet for use by people who are involved in an adverse event. Critical incidents are rare events and most people are seldom involved in them.

Adverse events can be distressing and the physical and psychological reactions that follow can be intense. Typical reactions are shock, confusion fear and tearfulness. You can also experience other reactions that make you feel upset and act in an out-of-character way.

It is hoped that the advice we have put into this booklet will help you to understand how you are feeling and help you to deal with these feelings. Advice is also provided on how to obtain more help if you feel that you need it.

Some staff may have anxieties about being involved in an incident even though it may not have taken place. These concerns should be raised with the appropriate manager and will be dealt with sensitively and confidentially.

Common Feelings following an Adverse Event

Depression: It is a common experience to feel sad or depressed after a serious incident, especially if people have been injured or someone has died or a great deal of damage has been caused.

Helplessness: It is common for people who have been faced with a serious incident to feel unable to help and to feel powerless to make any effective intervention.

Fear: People are often afraid that the same type of incident will happen again. They are also afraid that they will not be able to cope or that they will breakdown. Other seemingly unrelated fears can occur, for example fears of going outside or being alone.

Guilt: It is very common for survivors to feel guilty. People ask themselves "could I have done more to help". Some people feel guilty that they have survived the incident without serious harm.

Anger: People involved in serious incidents often experience difficulty in controlling their temper. Extreme anger can be provoked by minor events. People may also feel angry at what happened and especially towards the people who seem to have caused or allowed the serious incident to occur.

Relationship Difficulties: After a serious incident some people have difficulty in facing close relatives, friends or colleagues at work. They may withdraw from contact and this can lead to other problems. They may also feel that no one can possibly understand how they feel. This is not the case as other people can understand and help. Other people can be the biggest source of help in a crisis.

Restlessness: People often feel tense or "wound-up". Sometimes they have difficulty in falling asleep and have difficulty in concentrating. People may feel tearful, however, crying

is a normal reaction and is a means of expressing intense emotion. Tears are better out than in.

Numbness: The stress involved in a serious incident can leave people feeling exhausted and numb. People can experience feeling that they don't deserve pleasure any more. People may find that they have difficulty in conducting their day-to-day business and lose interest in things they used to enjoy.

Living on Borrowed Time: After a serious incident people sometimes feel that their motivation has gone. They can feel the future holds nothing for them and they can feel that it is pointless to try and improve their lives. These feelings can last for some time.

Flashbacks and Re-living the Incident: The experience of a serious incident can be so strong and vivid that the person re-lives the experience over and over again. People can also have vivid dreams and feel that the incident is about to happen again.

Physical Reactions

Some people will experience physical problems because of the stresses involved in a serious incident. These stresses can take several months before they show themselves, problems may include:-

Tiredness and Tension: The stress that people experience during and after a serious incident can make them tense their muscles very hard, sometimes for long periods. This in turn can cause tiredness and sometimes aches and pains including stiffness and headaches.

Panic Attacks: Sometimes people experience palpitations, shaking and sweating and have difficulty in breathing. They might also feel sick and have an upset stomach and suffer from diarrhoea. Other problems can include blurred vision and feeling dizzy and unsteady. Although medical treatments can provide some relief it is important to remember that these feelings are symptoms of stress.

How Long?

In most cases these problems will start to get better after a week or so. However, individuals differ and it may be months before the symptoms appear. If you have problems three months after the serious incident you should seek further help.

Who is at Risk?

It is not possible to say how anyone will react to an extremely stressful event with absolute certainty. To some degree, a person's reaction will depend on a number of factors including: the things that are going on in that person's life around the time of the incident; the person's involvement with the incident, what happened after the incident and the experience and training that the person has.

- If people have stresses in their private life, for example; family problems, bereavement, serious debt, ill health or other worrying circumstances then that person might have a reaction that is different from that which they might have had if those things had not been present.
- If, when you remember the incident, you remember feeling depersonalised that is feeling like you were on 'automatic pilot', or if you are confused and having difficulty making sense of what happened then this may be an indication that you are having difficulty in processing and understanding what happened.
- How you deal with things after the incident will depend, to an extent, on what you were required to do during the incident and immediately afterwards. Things that are important are how unusual the situation was, how long the incident lasted and how close you were to any victims.
- If you still feel angry or irritable or if you feel jumpy, have difficulty in concentrating or if you feel anxious or upset when reminded of the incident this suggests that the impact on you might be greater than you think or have lasted longer than it should.
- These risk factors and reactions can be assessed in more detail. If you experience problems that you find difficult to cope with, or if the problems are still there after three months, you should consider getting some help and advice.

Helping Yourself

No matter how shocked, hurt or surprised you were don't try and keep your feelings inside. Remember, the following feelings are often experienced for some time after a very stressful incident:

- Feeling sad and depressed
- Flashbacks
- Intrusive memories of the incident
- Feeling that you don't want to be reminded of the incident
- Loss of enthusiasm
- Feeling tired
- Feeling emotionally withdrawn

You can take steps to deal with these feelings by

- Taking time to think about the incident and relax
- Try to think of other things
- Keep to existing routines and schedules

- Find out what really happened. Don't rely on your memories
- Talk to others about the incident
- Make plans for the future and help others to do so

Although some of these actions seem to contradict each other, they are not mutually exclusive. You should find time to do both. Remember that it will take some time before you can come to terms with the experiences you have had. Try to be patient and positive in your attitudes.

Be extra careful. Accidents, of all kinds, are more common after severe stress. Be especially careful when driving and when doing anything risky, be that rock climbing or crossing the road. Take special care of yourself.

Times When You Might Need Help

Adverse reactions usually fade over time. However, some extremely distressing incidents may cause problems that last for a long time or have a special meaning for you. If this is so you might want to seek help. Especially if:-

- You continue to have intense feelings
- Memories or flashbacks continue to distress you
- You continue to feel very tense, confused or find yourself getting uncontrollably anxious
- Your performance at work is affected
- You have difficulty in sleeping or have vivid nightmares
- You are not able to share your feelings with other people
- Your relationships are suffering badly
- You find that you are having more 'accidents' than normal
- Your smoking or drinking habits have changed for the worse
- You are relying on medication
- You often feel tired and burned-out

Getting Help and Support

Although you might be able to deal with problems by yourself, the help of family, friends or colleagues at work, is likely to be of great help.

Your General Practitioner [GP] will be able to help and may refer you to a local specialist who can help you cope.

After some major incidents special support groups are set up for those affected. Make yourself known.

Getting Help at Calderstones

One of the good things about Calderstones is that there are plenty of people who will understand and help you.

- Your Manager
- Human Resources
- Occupational Health
- The Adverse Event Support Team, which can be accessed via PTS

These people will provide confidential help and support. Depending on the type of problem you have they may suggest referral to other services but will not do this without your permission.

Drugs and Alcohol

It is the case for some individuals that following a serious incident they feel better after drinking alcohol. In moderation this is fine, however, sometimes people significantly increase their alcohol intake or turn to drugs following such incidents. This is not a good idea as people are especially vulnerable and both drugs and alcohol are highly addictive. Some drugs and all alcohol act as a depressant and will actively make things worse. Whilst under the influence of drugs or alcohol you are at greater risk of having an accident or making an error within your work place.

REMEMBER

- You are not alone
- The feelings you experience are normal. All people who are involved in a serious incident will experience severe stress.
- Do not try and hide the way you feel. Talk about your feelings with someone you are close to or access support that is offered by Calderstones.

ADVERSE EVENT SUPPORT

This is a confidential supportive service, operated by the PTS Team, for all staff who work for Calderstones Partnership NHS Foundation Trust.

Adverse Event Support is an organised and structured process provided by a team of trained personnel with the aim of facilitating space to share facts and feelings following a traumatic incident. This may be done individually or in a group.

A traumatic incident can be defined as an experience or a culmination of experiences which lead people to feel traumatised in some way.

Adverse Event Support is not part of disciplinary action nor is it a management investigation.

It is not a crisis or emergency service and does not replace the usual action or support given by colleagues and managers as an immediate response to any traumatic incident/experience.

Access to the Service

The Adverse Event Support Service is co-ordinated by PTS and can be accessed by telephoning extension 3850 or externally 01254 821850.

The Administrator will take some brief details and contact a member of the support team who will establish contact with you.

You may wish to choose which member of the team you PTS Department.

VERSION CONTROL SHEET

Version	Date	Author	Status	Comment
2.0	28.1.09	J. Bull	Draft	NHSLA incorporated
2.1	30.1.09		Approved	Policy/Procedure Committee approval – issued at Team Brief
3.0	13.1.11		Draft	Amended
3.1	28.1.11		Approved	Policy/Procedure Committee approval – issued at Team Brief/Intranet updated
4.0	14.4.14	C. Kennedy	Draft	Amended
4.1	28.5.14		Draft	Amended
4.2	30.5.14		Approved	Policy/Procedure Committee approval. Issued at July Team Brief/Intranet updated