



Policy

Saskatoon & Area - Occupational Health & Safety

Number: 60-004

Title: Critical Incident Stress Management

Saskatchewan Employment Act:

OHS Regulation: 3-26

Date: January 1, 2017

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Policy Framework

The Critical Incident Stress Management policy outlines our response to workers and physicians affected by potentially traumatic events which are outside their normal work experience. We need to respond to these in a way that is qualitatively different to that in normal work situations. Because individuals experience critical incidents in different ways and vary in their reaction to similar events - what may be traumatic for one may not be for others - it is not possible to make rigid recommendations for all situations and workers. As our workforce is not a homogenous group, different groups of staff will have different work experiences and contexts and as a result, will have different needs. Therefore, an appropriate response for acute centre support services workers or community based social workers will be different to that required for ambulance or emergency workers. Workers in each area of work should be involved in identifying potential stressors and effective ways to minimize or manage such situations. Each service should develop its own guidelines, based on the framework set out in this policy and procedure.

Recognizing that workers and physicians often confront extremely difficult situations in the course of their daily work, SHA will provide timely, specialized support to workers and physicians. The goal of a Critical Incident Stress Management (CISM) program is to help people return to work and to reduce the potential long-term consequences of repeated exposure to traumatic stress. A team from the Employee Family Assistance Program (EFAP) will be available to conduct formal critical incident debriefings and defusings when requested by a member of SHA's management team. These services are not intended to be a review or critique of performance or the event.

Purpose

- To ensure SHA workers and physicians who are experiencing a strong reaction to a traumatic event/critical incident at work have access to support services
- To ensure managers and supervisors are knowledgeable about the resources and process available to support the worker and/or physician

Definitions

- **"Traumatic Event/Critical Incident"** is any event of sufficient emotional power to overwhelm an individual or team's usual ability to cope with and/or regroup after the event
- **"Defusing"** is a brief supportive intervention performed by clinician or team lead to an individual or small group immediately (usually 1-4 hours) following an incident. A defusing intervention may demonstrate the need to initiate a formal debriefing or other supportive services for the individual(s) impacted by the event.
- **"Debriefing"** is a group intervention provided by a clinician(s) and peer resource(s) to all team members impacted by a critical incident. The debriefing ideally occurs within 48-72 hours of the incident.

Confidentiality refers to the obligation to refrain from willingly disclosing information that has been received in confidence. Because of the nature of the CISM Program (mostly group interventions), confidentiality and anonymity cannot be guaranteed in some situations. However, employees participating in a group process will be encouraged to respect confidentiality.

- a) As management is responsible for ensuring that employees directly involved in critical incidents are quickly identified, anonymity cannot be guaranteed and/or protected in some situations

Roles and Responsibilities

Employer must ensure:

- They take action to minimize or eliminate the risk of critical incidents/traumatic events in the workplace
- They provide access to counseling and support to workers and physicians who have experienced critical incidents/ traumatic events
- They provide an Employee Family Assistance Program (EFAP): Shepell at www.workhealthlife.com or 1-844-336-3136

Manager/Supervisor must ensure:

- That all workers and physicians are informed about CISM
- As part of good managerial practices, be aware of workers and physicians that could be affected by a critical incident although not directly involved (when the latter information becomes available, it could be shared with the designated representative of the CISM team);
- That they encourage workers to recognize their own need for assistance and obtain CISM services and/or voluntarily contact a peer helper confidentially at any point in time during their career to access CISM services
- They provide all the support necessary to workers using CISM services
- They provide EFAP team members with all the support necessary to fulfill their obligations and responsibilities related to CISM process.
- They facilitate normal recovery process in workers who are having a normal reaction to a critical incident/traumatic event
- They facilitate access to reduce the distress and discomfort of the traumatic/critical incident and restore individual and group unity and function
- They identify group members who may benefit from additional support services or referral to professional care
- They refer workers to SHA's EFAP Provider Shepell at www.workhealthlife.com or 1-844-336-3136

Worker must ensure:

- They report to their manager/supervisor and the Safety Alert System/Incident Report Line any incidents or near misses

Non-Compliance/Breach:

Non-compliance with this policy will result in a review of the incident. A review for non-compliance may result in disciplinary action, up to and including termination of employment or privileges; fines and /or prosecution of individuals under the Saskatchewan Employment Act and OHS Regulations.

References

- EFAP Provider: Shepell at www.workhealthlife.com or 1-844-336-3136
- Government of Canada, Correctional Service Canada, [Policy](#) for CISM , 2007

Review Dates:
January 1, 2017
June 7, 2018
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