



## Procedure

Saskatoon & Area - Occupational Health & Safety

**Number:** 60-004

**Title:** Critical Incident Stress Management

**Saskatchewan Employment Act:**

**OHS Regulation:** 3-26

**Date:** January 1, 2017

**Date Revised/Reaffirmed:** December 30, 2021

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### 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

### Procedure

Manager/Supervisor:

- **Assessment**

Critical incidents produce characteristic sets of psychological and physiological reactions or symptoms in all people, including emergency service personnel. Typical symptoms of Critical Incident Stress include:

- Restlessness
- Irritability
- Excessive Fatigue
- Sleep Disturbances
- Anxiety
- Startle Reactions
- Depression
- Moodiness
- Muscle Tremors
- Difficulties Concentrating
- Nightmares
- Vomiting
- Diarrhea
- Suspiciousness
- Lack of appetite

**“Critical Incident Stress Management (CISM)”** is a comprehensive, integrated, systematic, and multi-component approach to managing traumatic events. The following is a brief description of the four tools used in group CISM:

**1. Demobilization** – a one time (end of shift/end of deployment), large group information process usually used for emergency services workers who have been exposed to a significant traumatic event

**2. Crisis Management Briefings** – this is a structured “town meeting” style focusing on large community or organizational groups. It is designed to provide information about the incident, control rumors, educate about symptoms of distress, inform about basic stress management, and identify resources available for continued support, if desired.

**3. Defusing** – is a shortened version of the debriefing (3 phases) focused on small homogeneous groups within 8 hours of the conclusion of an event. If a delay beyond 8 hours occurs, it is best not to defuse but plan for a debriefing. It is best to provide separate defusing for each homogeneous group involved in the event.

**4. Debriefing** – a structured GROUP discussion concerning the critical incident which follows a CISD structure of 7 phases. Common ground rules of a CISD include:

- Voluntary participation
- No note taking or recording devices
- Not used as an operational critique or investigation of events
- Not a “blame” session

The formal Critical Incident Stress debriefing is a psychological and educational support group discussion that utilizes specially trained individuals, mental-health professionals and peer support personnel. The main objective of a debriefing is to mitigate the impact of a critical incident and assist the personnel involved in returning to routine functions after the incident. Events that require Critical Incident Stress Debriefing include:

- Line of Duty Deaths
- Serious line of duty injuries
- Worker suicide
- Disasters
- Unusually tragic deaths of children
- Significant events where the victims are relatives or friends of workers or physicians
- Events that seriously threaten the lives of the responders
- Any event that has significant emotional power to overwhelm usual coping mechanisms

<b>Essential Tasks:</b>	
1.	Department, Site Manager or worker identifies that a critical/traumatic incident has occurred and if necessary, provides information to the Manager for review
2.	Manager/Director (or EPP On Call) assesses the impact on worker(s) involved to determine if Critical Incident Stress Debriefing (CISD) is required
3.	The Manager/Director or HR Business Partner (or EPP On Call) will then contact Shepell directly at <b>1.844.336.3136</b> , select <b>option 3</b> and ask to speak to the trauma team and discuss the type of service required and when
4.	After the CISD services are completed, the Manager or designate will provide positive or negative feedback (if any) to the Healthy Workplace Consultant – Human Resources (currently Donna Chalifoux) for follow up directly with our EFAP provider (currently Shepell)

**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](http://www.workhealthlife.com) or 1-844-336-3136

**Review Dates:**

- January 1, 2017
- June 7, 2018
- April 11, 2019
- December 30, 2021