

Hampshire Fire and Rescue Service

Human Resources Committee

Item

13 July 2010

Review of Post Incident Welfare Plan

Report by Keely Stafford

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1 Summary

- 1.1 Following the incident at Shirley Towers, a Post Incident Welfare Plan was quickly established to ensure that all employees either directly involved at the incident or those who were on the periphery received appropriate support.
- 1.2 The purpose of this document is to inform the Hampshire Fire and Rescue Authority (HFRA), via the Human Resources (HR) Committee, of the Welfare Support programme that has been and continues to be offered to employees following the incident.

2 Recommendations

- 2.1 That the HR Committee recognise the commitment to support staff through the Post Incident Welfare Plan.
- 2.2 That the HR Committee endorse the plan to develop the programme further to provide a standard approach for Hampshire Fire and Rescue Service (HFRS) to use in the event of any future traumatic event.

3 Introduction

- 3.1 On experiencing a traumatic event, individuals are typically expected to experience a number of stages in terms of how they cope with the event, and these stages will be experienced at different rates and to different extents depending on the individual. Therefore, developing and delivering a programme to meet the needs of all affected individuals and groups is challenging. With this in mind, the aim of the plan HFRS has developed and continues to deliver was to ensure that individual needs could easily be met, as well as the collective needs of various employee groups.
- 3.2 Outlined below are brief descriptions of the stages individuals will typically experience following a traumatic incident with information about the specific action taken by HFRS in accordance with each stage. The stages are also highlighted on the diagram in Appendix A.

3.3 This Plan does not interfere with the work of the Accident Investigation Team who are working in coordination with the Police Investigation Psychological Support (Stage Two) could only be provided to those individuals requiring it once they had provided their evidence to the investigations.

4 Stage One (Acute): Psychological First Aid

4.1 Following a traumatic event, people typically describe feelings of shock, relief to be alive, followed by stress, fear, and anger. They may often find they are unable to stop thinking about what happened. Having stress reactions is what happens to most people and has nothing to do with any personal weakness. For most, if they experience symptoms, they will slowly decrease over time.

4.2 This stage does not include counselling or debriefing. If counselling or debriefing is provided too early in the process, this can have an impact on the individual's ability to come to terms with their feelings and emotions.

4.3 Most trauma survivors will experience common stress reactions. Understanding what is likely to happen if an individual experiences a traumatic event will help people be less fearful and better able to handle things. Reactions will be different for everyone and will last for a varying amount of time (i.e. several days or a few weeks). Reactions may include:

- Feeling nervous, helpless, fearful, sad, shocked, numb;
- Feeling hopeless about the future and detached or unconcerned about others;
- Avoiding people, places, and things related to the incident;
- Having trouble concentrating, indecisiveness;
- Jumpy and startle easily at sudden noises, on guard and constantly alert;
- Having disturbing dreams/memories or flashbacks;
- Stomach upset, trouble eating;
- Trouble sleeping and exhaustion;
- Pounding heart, rapid breathing, edginess, severe headaches, sweating;
- Failure to engage in exercise and general self/health care;
- Excess smoking, alcohol, misuse of prescribed or illicit drugs, food;
- Worsening of chronic medical problems;
- Being irritable or having outbursts of anger;
- Becoming easily upset or agitated;
- Self-blame or negative views of oneself and others;
- Distrust of others, conflict, being over controlling;
- Withdrawal, isolation, feeling rejected or abandoned;
- Loss of intimacy or feeling detached.

4.4 HFRS Action at Stage One

4.4.1 *6/7 April 2010* - The Senior Occupational Health Advisor was in attendance at St Mary's Station and Service Headquarters immediately after the incident when crews and Officers returned to their work bases. This ensured that employees and managers were aware that support was available to them via the Service's in house Occupational Health & Welfare team, the Employee Assistance

Programme (Workplace Options), Firefighters Charity, Chaplain and various support services that HFRS has links with.

- 4.4.2 *7 April 2010* - Workplace Options were informed of the incident and advised that they may experience a higher number of calls from HFRS employees and family members.
- 4.4.3 *7 to 10 April 2010* - A list of employees who attended the incident, or who were involved in periphery work, was compiled and the following provided to each of them:
- Telephone/email/letter of support;
 - Leaflets including supportive material including 'Coping with trauma' booklet;
 - Contact numbers for Workplace Options;
 - Information including the contact details of Occupational Health and Welfare, including the Chaplain.
- 4.4.4 *7 to 12 April 2010* - Attendance by OH&W representatives at Major Incident Room (MIR) regular meetings to ensure all welfare needs were being met based on information collected by MIR staff.
- 4.4.5 *7 to 12 April 2010* - Scheduled work within OH&W team was rearranged to ensure matters relating to incident took priority. However the day to day work was still able to function to a large degree.
- 4.4.6 *7 to 16 April 2010* – The Senior OH Advisor and OH Advisor assisted our Welfare Advisor with psychological first aid provision to employees. This included an out of hours on call system enabling managers and employees to contact a member of the OH&W team should they need to.
- 4.4.7 *16 April 2010 onwards* – We commenced the detailed preparation for stage two.

5 Stage Two: Psychological Support

- 5.1 At this stage, it is possible to determine those individuals who need, or who are likely to need, further emotional and psychological support.
- 5.2 HFRS Action at Stage Two
- 5.2.1 *16 April to 7 May 2010* – The Welfare Advisor visited the Watches, RDS Stations and FDS Officer groups who had some involvement in the incident to discuss the typical symptoms of having experienced a traumatic event, and remind people how support can be accessed.

HFRS Investigation Team were provided with ongoing emotional support. This is not to discuss any confidential information regarding any aspect of the investigation but solely to provide emotional support.

Arrangements were made for three employees of South Central Ambulance Service who were in attendance at the Shirley Towers incident to have access

Workplace Options for support.

- 5.2.2 *29 April 2010* – All employees involved in the incident were sent a letter (to their home address) reaffirming all the support facilities available to them along with a Trauma Support booklet and some advice to family members on symptoms that may be experienced.
- 5.2.3 *30 April 2010* - All employees who had either been interviewed by the Police or who were due to be interviewed by the Police were contacted by the OH&W team to reaffirm support facilities available. Each individual was telephoned over the following few weeks to ensure they were supported.
- 5.2.4 *29 April 2010 onwards* – Research was conducted to identify potential external providers for defuse sessions to deliver to Watches directly involved in the incident (i.e. Red Watch St Marys, Red Watch Hightown, Red Watch Redbridge, Red Watch Control).

The defuse is not the same as an operational debrief. It is a group session which enables individuals to seek peer support from their colleagues and talk through any relevant issues or concerns they may have in their role. This is not a clinical counselling group to discuss any personal issues unrelated to the incident. If employees do require any therapeutic counselling support, they are advised to contact Workplace Options. Attendance is not mandatory, but is encouraged.

Southampton group based Station and Group Managers, and Family Liaison Officers were offered a supervisory support group facilitated by an external Independent Trauma Specialist.

6 Stage Three: Post Traumatic Growth & Stage Four: Follow up

- 6.1 Stages three and four are concerned with recovery following a traumatic experience. Immediately following a trauma, almost everyone will find themselves unable to stop thinking about what happened. For most, fear, anxiety, remembering and efforts to avoid reminders will gradually decrease over time. Employees have been encouraged to use their personal support systems, family and friends when they are ready to talk. Recovery is an ongoing and gradual process that doesn't happen through suddenly being 'cured', and it doesn't mean that individuals will forget what happened. However, most people will recover from trauma naturally over time as recovery from any traumatic event is about learning to cope with symptoms.
- 6.2 If emotional reactions are getting in the way of relationships, work, health or other important activities, individuals are encouraged to talk to a counsellor through Workplace Options or contact their General Practitioner. The Occupational Health and Welfare team have useful information and advice on stress and trauma related concerns.
- 6.3 HFRS Action at Stages Three & Four
 - 6.3.1 It is the case that at both stages three and four, individuals require varying

degrees of support, and as such, it is very personal. Therefore, HFRS will continue to provide appropriate guidance and support to employees throughout this time. Whilst this will be tailored to individual needs, it may include the following:

- Identify any employees who may need further psychological support through counselling;
- Provide further supportive information;
- Identify if any employees need to be referred for further specialist support including the Fire Fighters Charity (rehabilitation or convalescence), Workplace Options, Chaplaincy support, Psychological therapeutic interventions;
- Occupational Health and Welfare to offer the provision of a station/workplace visit to meet with the employees at an appropriate time;
- Follow up contact via email/telephone with all persons who attended the incident to ascertain whether there are any unresolved concerns that they need further support with.

7 Financial Resources

- 7.1 Additional costs were incurred for overtime and travel costs of the three members of the OH&W team who delivered this Plan.
- 7.2 The external provision of the support facilities outlined in section 5.2.4 above will cost approximately £5,000 collectively. All other costs have been met within current department budgets.

8 Conclusion

- 8.1 The post incident welfare plan put into place following the incident at Shirley Towers has been well received by employees. It is not possible to predict how much longer term support will be required by people as a result of this incident given the unique recovery process for individuals. However, the OH&W team is prepared for further cases to emerge over time and will manage these accordingly in accordance with good practice guidelines.

Appendix A

Post Incident Welfare Plan

Identify and make contact with all employees who attended the incident (see separate information for employees who have been contacted since Tuesday 6 April 2010)

Verbal information provided where possible and supportive information provided on trauma and symptoms and trauma questionnaires. This included education on symptoms

