 Department of Health Government of Nunavut		NURSING POLICY, PROCEDURE AND PROTOCOLS	
		Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Critical Incident Stress Management		Administration	05-005-00
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
February 10, 2018	February 2021		4
APPLIES TO:			
Community Health Nurses			

POLICY:

The Regional Health and Social Services departments shall develop a Critical Incident Stress Management (CISM) Plan that includes:

- Education and prevention
- Organized intervention for those suffering critical incident stress
- A resource and referral network

Health care workers shall have access to Critical Incident Stress Management in the workforce.

DEFINITIONS:

Critical Incidents (CI): Events that may cause personnel to experience unusually strong emotional reactions that have the potential to interfere with their ability to function at the time of the incident or later. Critical incidents include the death of a fellow employee, serious injury to a coworker or acquaintances, severe threatening situations faced by personnel, unexpected deaths in the community (Davis, Herbert & Hoffman, 2003).

Critical incident stress (CIS) is the reaction of normal people experiencing normal responses to abnormal situations. The stress response can be immediate or delayed and can be triggered by one or a series of events. (Davies et al., 2003)

Critical incident stress management (CISM) is a process to deliver a range of interventions, guided by protocols based on an approved model and resources, in order to prevent burnout. (Davies et al., 2003)

PRINCIPLES:

The Regional HSS offices shall make available immediate defusing, critical incident stress debriefing, and/or post traumatic counseling to employees who have suffered as a result of critical incident stress.

Critical Incident Stress (CIS) is cumulative and contributes to burnout. CISM contributes to greater staff satisfaction, retention and well-being; while promotes healthy stress management.

RELATED POLICIES, GUIDELINES AND LEGISLATION:

Guideline 05-005-01 Critical Incident Stress Management Guidelines

Guideline 05-004-04 Disclosure of Critical Incident



REFERENCES:

Canadian Council on Health Services Accreditation (2006). *Leadership and Partnerships: Standard 13*. Ottawa, ON.

Canadian Council on Health Services Accreditation (2007). *Patient/Client Safety Goals and Required Organizational Practices: Patient Safety Area 1: Culture of Safety*. Ottawa, ON.

Davies, J. M., Hebert, P., & Hoffman, C. (2003). *The Canadian Patient Safety Dictionary*. Calgary, AB: Royal College of Physicians and Surgeons of Canada.

Government of Nunavut. *Employee and Family Assistance Program*.



GUIDELINES 05-005-01

1. Prompt support of a critical incident by a manager/supervisor sets the tone for workplace trauma and grief.

2. The continuum of responses includes:

Consultation: offers problem solving, planning, and support to managers, supervisors, and human resource personnel.

Education: provides educational in-services and literature on pre-trauma awareness regarding traumatic stress reactions, self-care and utilizing an Employee and Family Assistance Program (EFAP) as a resource (information about the program is available through HR).

Crisis management briefing: a large group meeting held at any time during or after an event with the goal of informing allowing psychological decompression and promoting stress management. Meetings generally last 30-45 minutes and are repeated as the situation changes. Information, stress survival skills, and instruction are provided.

Defusing: a small group process held on-site within the first 12 hours post-crises that acknowledges the discomfort and complexity of stress reactions, explains and normalizes the traumatic stress reaction, identifies red flag and healthy coping mechanisms, and encourages use of EFAP (or other resource) throughout the recovery process.

Individual crisis intervention: telephone, e-mail, or face-to-face counseling with an EFAP counselor (or other resource) to discuss the impact of the incident on the individual, provide stabilization, discuss self-care/resources, and plan for the immediate future.

Debriefing: Critical Incident Stress Debriefing (CISD) is a therapeutic intervention by facilitated mental health professionals for a group of individuals who have been exposed to a traumatic event. A CISD is usually conducted 1-14 days post-crises and can last two to three hours. The goal is to promote psychological closure after an event and to triage for future support such as referral of individuals for health intervention.

Post-debriefing: allows the response team an opportunity to review the impact of the incident, attend to outstanding action items, plan and monitor the recovery plan, and plan for future critical incidents

3. Provide access to a resource team. This may be region-specific or a territorial-based partnership or initiative.
4. Each Region should establish protocols which address:
 - Reporting a Critical Incident (CI)
 - Prompt response
 - Accessing the CISD management team

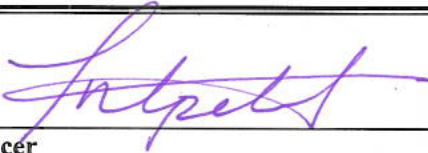



REFERENCES:

Canadian Council on Health Services Accreditation (2006). *Leadership and Partnerships: Standard 13*. Ottawa, ON.

Canadian Council on Health Services Accreditation (2007). *Patient/Client Safety Goals and Required Organizational Practices: Patient Safety Area 1: Culture of Safety*. Ottawa, ON.

Government of Nunavut Human Resources. *Employee and Family Assistance Program*.

Approved by:		11 FEB 2011
Chief Nursing Officer		Date
	February 11, 2011	
Deputy Minister of Health and Social Services		Date
		Effective Date: April 1, 2011

