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# CRITICAL INCIDENT IN WORKPLACE: SAFETY, FUNCTIONAL AND ADMINISTRATIVE ISSUES

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*Abstract: The impacts of critical incidents on staff not only occur when an incident occurs in the workplace, but also impact the worksite when staff are involved in such incidents other than at work, even in far distant places. The incidents may impact: a) the productivity and safety of staff performing their work; b) the care and treatment of patients, clients, students or those receiving goods from the agency, and; c) the administration and operational functioning of an organization.*

*Many organizations have plans to respond to employee and family needs for support when critical incidents occur within employee and family assistance programs internally or through contract services with agencies which provide these services. The services provided may range from psychological first aid (PFA), to broader and more in-depth intervention programs such as critical incident stress management (CISM), which involve early individual, large and small group responses to support staff and when necessary, referral to more in-depth support with counselling / therapy.*

***Keywords:*** *Critical Incidents; trauma; crisis response; Acute Stress Disorder (ASD) and Post Traumatic Stress Disorder (PTSD)*

## INTRODUCTION

*Critical incidents* are defined by Dr. Jeffrey Mitchell (2015), an internationally known expert in the field of early interventions in psychologically traumatizing incidents, as: "Powerful, traumatic events that initiate the crisis response." He goes on to describe the crisis response as: "An acute emotional, cognitive and physical reaction to a powerful, horrible, awful, terrifying, threatening or grotesque stimulus or to an overwhelming demand or circumstance." (Mitchell, 2015)

The more serious high impact incidents usually involve sudden deaths or serious injuries to younger, less experienced staff. Frequently, but not always, incidents will involve serious accidents, crime, natural disasters, or terrorism. Impacts are greater on family members, and work groups in which we function and become friends and know each other well, such as work groups, college / university classes, and team members. Incidents of lesser impacts in the workplace may include, but are not limited to accidents, separations, divorces, job loss, and major losses for various reasons.

When these types of events occur, with the subsequent impacts on staff, the probability is high that there will be severe impacts, not only on other employees, and also depending upon the type of services, on patients, clients, and those receiving services provided by the organization. Planning for these influencing factors, in many cases, does not occur. Organizations should consider these types of potential impacts and engage in pre-thought and planning as to the nature of possible incidents such as the impacts of these on staff, clients / customers, on organizational functioning with the aim of contingency planning, and on-going provision of services or goods.

## OBJECTIVES

The objective of this paper is to identify and address issues created by and which tend to occur following the impact of critical incidents on organizations. The content of the paper is based upon actual experiences in supporting, and assistance provided, following such incidents. It will focus upon:

a) reactions and impacts on personnel and impediments to effective, efficient work performance from an acute stress disorder perspective, primarily, and posttraumatic stress disorder, and secondary and vicarious trauma;
b) administrative, procedural, and operational issues experienced;
c) management approaches of a strategic, tactical, skills perspective toward the development and building of resistance and resilience within their organization, and
d) to provide approaches to minimize the impacts of such incidents by providing maximum

personal support and effective, timely administrative responses.

## THE NATURE OF CRITICAL / TRAUMATIC INCIDENTS

The impacts of traumatic or critical events have been identified in the Diagnostic and Statistics Manual of the American Psychiatric Association (2013) specifically in reference to Acute Stress Disorder (ASD) and Post Traumatic Stress Disorder (PTSD). Related disorders are also discussed, some of which include anxiety disorders, trauma, and stress related disorders.

The four basic sources of trauma for PTSD include:

1. directly experiencing the traumatic event,
2. witnessing the event as it occurred to others,
3. learning the event occurred to family members or close friend, and
4. experiencing repeated or extreme exposure to aversive details of the traumatic event.

The symptoms are related to traumatic reactions that last more than 30 days. For reactions less than 30 days, ASD if the diagnosis with some variation in the symptoms noted below.

Four groupings of symptoms have been identified for diagnostic purposes for PTSD:

1. intrusive symptoms related to the event,
2. avoidance of stimuli,
3. negative alterations in cognitions and mood and
4. marked alterations in arousal and reactivity associated with the traumatic event.

Some examples of symptoms from each of the four groups include:

- Intrusive Symptoms such as distressing memories, dreams, and dissociative reactions which are intrusive and recurrent.
- Avoidance of stimuli such as any recall of an incident including internal or external reminders such as places, people, and objects.
- Negative alterations to cognitive and mood such as not remembering parts of an event, persistence and exaggerated negative beliefs about self and others, distortion of cause or consequences of the event, and feelings of detachment / estrangement from others.
- Alterations in arousal and reactivity such as irritability behaviour and angry outbursts, self-destructive behaviour, hypervigilance, problems with concentration, and sleep disturbance.

Additionally, dissociative symptoms are also recognized in depersonalization as if one is an outside observer of an event, or derealization in that the surrounding world tends to be unreal, dreamlike, or distorted.

### SECONDARY AND VICARIOUS TRAUMA

Considering the symptoms and signs of traumatic incidents in organizations, it is possible that these can manifest in the families of staff members, as well. And, as previously indicated, incidents which may happen to staff members far from the workplace, may have significant impact on staff in the workplace or at home. In some cases, the impacts may also manifest impact, depending upon the function or type of organization, on patients, clients, students, team members, customers, and others. The nature of such extensive impacts has been identified as "ripple effect" and as "secondary" or "vicarious" trauma by Dr. Charles Figley and Dr. Anna Baranowsky.

Figley (1995) defined secondary traumatic stress (STS) "as the natural consequent behaviours and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person." Figley (2002) described compassion fatigue stressors as secondary trauma as "Experienced indirectly the primary traumatic stressors through helping those who had experienced these traumas: helping in such roles as a nurse, social worker, rape counsellor, or other roles and activities."

Baranowsky (2015) in her course materials on the topic of compassion fatigue developed more detail for the identification and treatment of this type of secondary trauma.

The term vicarious trauma has also been used in defining compassion fatigue. It refers to "a transformation in the therapist's (or other trauma worker's) inner experience resulting from empathetic engagement with client's trauma material" (pg. 3). This definition is quoted in Figley's book (2002) from Pearlman & Saakvitne, (1995).

The types of trauma discussed in this section have direct application to the impacts of critical incidents in the workplace. In some types of work, for example human services, education, medicine, and others involving caring human contacts & bonds, there may be serious impacts on patients, clients, students, as well as on staff members.

## INDIVIDUAL SECONDARY IMPACTS OF CRITICAL INCIDENTS

Death resulting in the experience of loss, bereavement, grief, and mourning impacts the workplace organization workers both individually and collectively. Definitions of these terms:

- Bereavement is the loss of a relative or friend through death; the grief reaction which frequently follows such a loss. (Oxford Dictionary of Psychology, 2006) or to "…rob, dispossess of (usually immaterial things), for example: life, hope or to leave desolate (of death, etc.) deprive of relation, wife, etc. …" (Concise Oxford Dictionary, 1982).
- Grief is the distress and intense sorrow in response to the loss of someone or something to which one is strongly attached, usually through bereavement. In severe cases it can result in adjustment disorder. (Oxford Dictionary of Psychology) or: 1. Deep or violent sorrow, keen regret; come to ~ meet with disaster, fail fall. 2. Good or great ~ (exclamation of surprise, alarm, etc.) (The Concise Oxford Dictionary, 1982).
- Mourn, Mourning is to feel sorrow or regret for or over a dead person, lost thing, loss, misfortune; show conventional signs of grief for a period after a person's death. Sorrow for a dead person, regretted or past thing. (The Concise Oxford Dictionary)

In educational organizations such as schools, universities, and colleges, students, sports teams, team members, coaches, and administrators for the team are impacted. At industrial plants and industries, peers who work together can be impacted. Professionals providing service in human fields, for example, medicine, mental health, social services, and education may be impacted, as will other individuals in work settings, or who are together frequently.

Staff frequently are preoccupied thinking about the victims of such incidents as well as their families, and how they may be impacted and and may be reacting. Depending upon the type of work, there may be serious risk. For example, high rise construction work can become more dangerous and effect work safety, and result in accidents and falls, or getting caught in machinery resulting in serious consequences, injuries, or death.

Staff taking time off, staying home following critical incidents, for safety, loss and grief, can also be an issue. This may result in the management of effected organizations assigning staff to other duties, which, in itself, can result in increased stress for staff.

Staff driving to or from work or in the performance of work duties may be preoccupied with an event, not pay attention to driving and have accidents and suffer serious consequences. I have, on several occasions, encouraged and helped make arrangements for staff to be driven home on consideration of how they have been impacted by a critical incident.

In summary, there is frequently a need when critical events impact a workplace organization to provide grief support services and information to staff and especially the staff and families of injured or deceased staff members.

## SOME EXAMPLES - TYPES OF INCIDENTS & RESPONSES

Over the years, the types of incidents to which responses have been requested are numerous. A profile of most, if not all incidents have included: sudden deaths of accidental or natural causes away from or in the workplace and many have been suicides.

Some incidents that have been rare and have had an impact include:

- A clergy person who was a very respected leader for congregations in several churches over the years and had become a professor of religion at a school of theology, took his life with a firearm a few days before Easter. The impacts on his peers and students were significant and resulted in many questions for each person he had been with in the leadership and mentoring roles of his positions. Concerns of peers were raised about the impacts on church congregation members, and how their secondary trauma from his death may impact them in relating to church members.

  Two interveners trained in Critical Incident Stress Management (CISM) met with a group of approximately fifteen religious leaders and followed a Crisis Management Briefing (CMB) format for a small group. The discussion revealed the degree of impact his death had on the church members including personal questions regarding the meaning of the event, the significance of the impact on the clergy people in their role of providing support for church members, and the ideas they may have about the meaning and implications of his death. The CMB was successful in providing support and greater cognitive stability for their responsibilities over Easter with church congregation members.

  The two interveners were asked to meet with church clergy in an open meeting with church members from churches where the deceased had been the pastor. Eighty to ninety church members attended the open meeting, which took the form of a large CMB. A preliminary introduction, verification of the facts of the death of the theology professor, and the nature of potential impacts were shared with the attendees. The next step in the planned process was to have attendees of the large meeting meet in smaller group discussions led by clergy members who had

participated in the small CMB with clergy and who had participated in the small CMB outlined above.

At post meetings, all small group leaders met with the two CISM trained intervenors and shared information on their small group discussions. A couple of participants noted that they themselves had contemplated suicide, and that it was their view that the interventions had provided other means of coping with the death of their former pastor by suicide.

- Several deaths by natural causes of first responders when responding to fires that impacted peers and their families significantly. Individual and CMB interventions were provided on the request of firefighters and/or their families.
- The death of a supervisory staff member in an oil refinery had significant impacts on staff members. The immediate response by a trauma intervener shortly after the death was possible. Several issues included: workers in refineries work sometimes at heights and if preoccupied with an issue like the death of a refinery supervisor, may be distracted in their thinking from work performance which can result in falls causing serious crippling injury or death.
- The accidental death of a government service director occurred while driving a sit-on lawn mower, cutting the lawn at the church that he attended. He went over a wall at the edge of the lawn, fell several feet, and died as a result of his injuries. He was well-respected, admired, and an effective director in his work location. His peers and subordinates were impacted significantly by his death. Approximately 20 persons participated in a discussion that took place in the form of a CMB and was followed by individual interventions for those more significantly impacted by the director's death.
- The death of a young lady in her late 20's who was expecting her first child had significant impact on her work peers.
- The death of a contract employee when a compressed air cylinder exploded and a part struck him and caused his fall of some 60 feet to the ground.
- The death of a dentist in a plane crash in a distant country who was practicing her profession in an eastern Canadian city.

## FUNCTIONAL IMPACTS ON ORGANIZATION

Several functional impacts may occur following critical incidents that interfere with organization operations. These impacts frequently cause increased stress for all staff, managers, supervisors and those directly involved with contacts with patients, clients or customers. Managers and supervisors experience stress when working to identify issues which must be addressed such as the cancellation and rescheduling of appointments. Generally, clerical and administrative assistants address the concerns of clients directly which may include questions about the critical event, about staff directly involved and impacted by the event and the families of staff impacted. This, in turn, can have major impacts and upsets for those involved with these tasks.

There is the need for someone on staff, usually a manager or supervisor, to make contact with family members of staff who have died or are critically injured as a result of a critical event. This may also be a consideration if staff family members have been close friends of a bereaved family. These contacts are made to express condolences, to offer assistance in any way to family and family members who are experiencing loss, bereavement, grief, and are in mourning. The nature of this type of contact creates high levels of stress and can and does traumatize staff performing these tasks. Information should be conveyed on the existence of Family and Employee Assistance programs (FEAP), and what the family may wish to explore in such a program which may be of assistance.

Another significant issue for organizations providing services to patients and clients, especially, is access to computerized databases with confidential information on client files / chart information, and passwords to access for other staff who would be assigned to provide services to clients or patients. This issue has created problems and has resulted in the need to arrange for computer programmers to enter databases to gain access for service continuity for other designated staff members. This issue should be addressed in service / business continuity planning, protocol, policy and procedure.

In serious major critical events such as disasters and terrorism when business facilities may be destroyed and well as equipment housing confidential databases, the problems created will be even greater. This, in turn, has very significant impacts by seriously influencing stress levels for managers and supervisors, and staff directly involved. This issue should also be considered and addressed in service continuity protocols.

## POST INCIDENT FAMILY CONTACTS

After critical incidents have occurred, it is appropriate for continued contact to provide support, information on benefits under such circumstances, insurance and other assistance to family members. It will be beneficial to keep staff informed regarding post death activities such as: visitation with family members of the deceased, services related to celebration of life, memorial services, funerals, graveside services, and be aware of post services receptions. There may also be the possibility that staff members from the place of work of the deceased may be able to participate in services such as celebration of life, memorial services, or others.

## ORGANIZATIONAL RESPONSE for STAFF IMPACTED BY A CRITICAL INCIDENT

When critical incidents occur to staff in or outside the workplace when working, the need for staff support becomes significant. This will be consistent with impacts mentioned above related to acute stress (critical incident stress) and including impacts which create and result in bereavement, grief and mourning reactions. There will be need for individual and group (team) support such as *Psychological First Aid* (PFA) and *Critical Incident Stress Management* (CISM) provided by teams which may be with the organization or through Employee Assistance Programs (EAP) or Family Employee Assistance Programs (FEAP) outside of the organization. All of these support activities are, as necessary, inclusive of referral for more in-depth assistance: assessment, support in the form of treatment, counselling / therapy, and medical treatment, as required. Other issues which it may be necessary for managers / supervisors to address include:

a) Notifying clients / patients / customers of changes in service delivery times and locations
b) Making family contacts with victims of critical incidents to provide support, condolences, information they may require from the agency, etc.
c) Need to provide security for the office of a deceased or seriously injured staff member who is unable to work. Personal and organization property and information should be secured. Agency manuals and data should be retrieved and stored appropriately. Family members of the staff member involved may wish to visit the office to see where their family member worked and to retrieve personal items like photographs, pictures, certificates and personal files.
d) Future use of an office used by the victim of a critical incident. The time interval before an office is used by other staff or even new staff may create impacts for those who occupy the office and other staff who worked around or near the office space. Considering weeks or months before reassigning an office to another person may be appropriate.

## FUTURE ORGANIZATION PLANNING CONSIDERATIONS IN RESPONSE TO CRITICAL INCIDENTS

Future planning to respond to critical incidents which may impact organizational function and staff should be considered. The concepts of disaster planning, and other emergency planning should be included in private sector organizations as well. Planning and documentation such as Incident Command Systems, and other public and private sector organizational planning can be consulted so that organization planning is consistent with such systems in providing response and services. Organization management personnel must be aware of the possible impacts of critical incidents on their organization and on organizational staff. When management staff are aware, organizational response pre-planning takes place, which, in turn aids to reduce stress levels for staff and the families of staff member. Managers will be aware of contingent issues, will be more effective in responding to the impacts of critical incidents, will understand staff support procedures and processes, and will implement appropriate activities by the organization for resistant and resilient responses to critical incidents.

Generally, protocol, policies, and procedures that identify and describe potential critical incidents that may impact the organization should be developed, as deemed necessary. The protocol should address issues of business continuity, and support for staff, clients, patients, and customers.

Support for staff and others should include topics and issues addressed in this paper:

a) Critical Incident Stress (CIS) response including: Individual, small group (Defusing and Debriefing) and large group (Crisis Management Briefing), Rest Information Transition Services (RITS) interventions to support staff. (See table below)
b) CIS support for staff family members, clients, customers, and patients should be addressed.
c) Contacts with family of staff victim and other victims, as necessary, and the purpose and

objectives of the contacts for support and assistance.

d) Operational issues for staff, patients, clients, and customers that should be considered if the workplace is impacted by a critical event. The processes for changed times, dates of operational activities, and procedures as are necessary and relevant.

The charts in the Appendix briefly outline types of large and small group interventions. These are ones recommended by the International Critical Incident Stress Foundation. Manuals for these types of training and for Individual Interventions are included in the Reference section. (Mitchell, 2006, 2015 and, Everly, George, 1999, 2001, 2015). It is important to note that the tables simply provide a brief overview of the various types of group interventions. The reference literature identified provides detailed information of the different group processes that are available and information on complications and issues which can arise and how to respond to them.

## PLANNING SCHEDULE MODEL

A Planning or Scheduling Model has been prepared to aid in what is described as organizational operations issues and the planned use of CISM Interventions following critical incidents. The model describes in brief overview what has been described above. It provides for easy reference to the steps possibly required when responding to a critical incident

## PLANNING & SCHEDULING MODEL:
## Operations and Critical Incident Stress Management

| ORGANIZATION OPERATIONS | CRITICAL INCIDENT STRESS MANAGEMENT |
|---|---|
| **1. Initial Contact FEAP / CISM Agency Intervenor(s)**<br>a) Event preliminary discussion & impacts<br>b) Preliminary intervention plan<br>c) Victim's family contact<br>d) Other pre-event information<br><br>**3. On site Preliminary Consult**<br>a) Discuss intervention plan, activities<br>b) Workload / Location changes<br>c) Client / Patient contacts re: changes<br>d) Rescheduling as necessary<br>e) Victim's family contacts<br><br>**6. Manager Operational Needs Consult**<br>a) Small group (2-6 Participants)<br>b) Individual | 2. **Individual Interventions –** As necessary by phone SAFER Model – CISM<br><br>**4. Ind. Interventions –** As necessary<br><br>**5. CISM Group Interventions**<br>a) Defusing - Direct witnesses – Same day.<br>b) Debriefing – Direct Witness – 1-3 days post<br>c) Crisis Mgt. Briefing (Small – up to 20) – Used most frequently in workplace interventions.<br>d) Crisis Mgt. Briefing (Large – over 20)<br><br>**6. CISM Individual Interventions** |
| | |

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Appendix

INDIVIDUAL & GROUP INTERVENTIONS OVERVIEW

## LARGE GROUP INTERVEN - SUMMARY

| | DEMOBILIZATION (Rest, Information, Transition – RIT) | CRISIS MGT BRIEFING - LARGE |
|---|---|---|
| WHEN | After intervention, before home, end shift | Several hours – several days after incident |
| WHO | Responders – large event – 10's – 100's | Not directly involved - impacted. Responders not on scene, groups, classrooms, etc. 10's – 100's |
| WHERE | Large room near scene. | Meeting room, classroom, etc. Convenient for group |
| WHY | Rest, relaxation, refreshment, stress response information, support before returning home | Incident facts & stress info, support. |
| PROCESS (HOW) | 1. Intros<br>2. Information – Incident & Stress<br>3. Rest, nutrition break<br>4. Return home (to shift) | 1. Assemble & Intros<br>2. Incident info & facts<br>3. Info stress responses<br>4. Personal & community stress management |

## SMALL GROUP INTERV- SUMMARY

| | DEFUSING (ISGS) - UN | DEBRIEFING (PEGS – UN) | CRISIS MGT BRIEFING - Small | POST ACTION STAFF SUPP |
|---|---|---|---|---|
| WHEN | 8-12 hrs post event, before end of shift. | 1-10 days post, 1-3 days more acute incidents | Several hrs – days after incident | Shortly after event. Work demands. |
| WHO | First responders, close contact (3-8) | Direct involved. Homogeneous group | Those not, directly involved. School class, employees, etc | First responders / CISM team |
| WHERE | Room – quiet, no interruption, circle chairs | Room (as before) | Room (as before) | Location no interruption, room |
| WHY | Lower stress, coping, support, triage(?) | ^ time ^ depth, reduce stress, normalize, closure, triage(?) | Event info, lower stress, coping, support. | Quick check - team status. |
| STEPS (HOW) | 1. Introduction<br>2. Exploration<br>3. Information | 1. Intro 2. Facts<br>3. Thought<br>4. Reaction<br>5. Symptom<br>6. Teaching<br>7. Re-entry | ^info give & take than L-CMB<br>-homogeneous group<br>1. Introduction<br>2. Exploration<br>3. Information | Use process, techniques of other tactics as appropriate |