LONDON FIRE BRIGADE

London Fire Brigade Headquarters
169 Union Street London SE1 0LL
T 020 8555 1200 **F** 020 7960 3602
Textphone 020 7960 3629
london-fire.gov.uk

Freedom of Information request reference number: 6624.1

Date of response: 14/07/2022

Request:

LFB policies, procedures or recommended protocols for debriefing and counselling, from the 1970s onwards. In particular:

1. *How they relate to short and long-term sickness absence and eventual diagnosis as 'no longer fit for work.'*
2. *The evolution of any welfare policies relating to follow up aftercare for firefighters who have left because of service injuries due to mental health issues or post-traumatic stress disorder (PTSD).*

Response:

Please see the relevant LFB documents attached to this response below:

- **'Managing stress within the LFB'** (PN690)
- **'Recognising and coping with potentially traumatic events'** (PN915)
- '**Post Critical Incident Contact (PCIC) Policy'**
- **'Counselling & Trauma Service (CTS) Aims & Objectives'**

Also attached are previous versions of the policies. PN690 was first published in 2009 and has five previous versions; PN915 was first published in 2017 and has three previous versions. The audit trail section on the document history page at the end of each copy shows what changes were made.

There are also several training interventions now in place that are designed to support staff to better understand how working for the emergency services can impact their mental health. LFB do not have any other information relating directly to mental health from the 1970s as it is only within the last ten years or so that increased awareness of mental health issues in the emergency services has been raised.

With regard to follow up care, we advise firefighters who have left the Brigade to retain contact with the Fire Fighters Charity https://www.firefighterscharity.org.uk/ as they have a service provision for former personnel and generally access to OH and the CTS expires on their termination date. This is with the exception of those firefighters who are ill-health retired with an injury award (a payment made to those whose injury was caused by their work at LFB). Those ill-health retired with an injury award have a case review at least every five years up to their retirement age. This review, however, can be a paper review so it is possible no direct contact will be made. During any telephone or face to face review, advice and signposting will be given on how to access more support if this is required.

We have dealt with your request under the Freedom of Information Act 2000. For more information about this process please see the guidance we publish about making a request on our website: https://www.london-fire.gov.uk/about-us/transparency/request-information-from-us/

LONDON FIRE BRIGADE

Managing stress within the LFB

New policy number:	**690**
Old instruction number:	
Issue date:	**16 December 2009**
Reviewed as current:	**7 April 2016**
Owner:	**Assistant Director, People Services**
Responsible work team:	**Cultural Change**

Contents

1 Introduction

1.1 The London Fire Brigade (LFB) recognises that its people are its key resource and that employee well-being is essential to the effective performance of both the individual and the organisation. Therefore it is committed to effective management of the causes of stress for its employees.

2 Policy statement

2.1 LFB accepts its duty as an employer to create, by means of its working practices, policies and procedures, a safe and supportive working environment for its staff. It recognises that staff may face stress arising from their employment or from their personal and domestic circumstances which could impinge on their working life. It aims to prevent or reduce the causes of stress at work, as far as is reasonably practicable. It undertakes to raise staff awareness on the causes and symptoms of stress and to offer guidance on how to manage personal stress. It will offer support to individuals who are affected as a result of workplace or domestic stress.

3 LFB's responsibility under the health and safety at work etc act 1974 (HSWA)

3.1 LFB's Health and Safety Policy statement outlines LFB's commitment to, so far as is reasonably practicable, safeguarding the physical and mental well-being of all its employees. Under the HSWA, all staff have a responsibility for their own health, safety and welfare and for that of others whilst at work. The Health and Safety Policy Statement is concerned not only with preventing injury and ill health, but also with positive health and safety promotion and this includes the management of stress.

3.2 LFB already has a range of policies which aim to mitigate the occurrence of stress in the workplace within its recruitment, training and development practices. However, it recognises that it is good practice to review these policies regularly, especially in the light of experience, with a view to managing stress levels among its staff.

4 A definition of stress

4.1 Stress can be defined as *'the adverse reaction to excessive pressures or other types of demands placed on an individual'* - Health and Safety Executive (HSE). Some pressures can be stimulating; they can challenge, encourage, concentrate the mind and help to keep people motivated. Stress is a reaction to excessive, or in some cases too little, pressure. The intensity of the stress response is determined, at least in part, both by the individual's appraisal of the situation and how the individual copes with the environments they face and this is recognised as varying from person to person.

4.2 Stress is not a single, specific response or a recognised medical condition in itself; it is a general label or 'umbrella' term which is used to refer to a broad and diverse range of emotions, thoughts and behaviours.

5 Causes of stress

5.1 The LFB recognises that there are a range of contributory factors, both acute and chronic, to individual stress. It is therefore committed to a comprehensive approach to encompass the distinct areas that are contributory factors to stress. The following list, although not exhaustive, are some of the sources associated with stress:

- Personal/domestic.

- Organisational.
- Attendance at (some) operational incidents.
- Internal and external change.
- Interpersonal relationships.
- Workloads.
- Bullying and harassment.
- Unrealistic deadlines, goals and objectives.

5.2 Internal and external influences can result in increased demands on the service, and organisational sources of stress can affect staff at all levels. Among the diverse sources of stress identified above, the HSE has identified the following as key risk factors: the **demands** of the job, the level of **control** over the work, the **support** that is received, the **relationships** at work, the individual's **role** in the organisation and how well it is understood, and how **change** is managed and communicated.

5.3 It is recognised that attendance at or involvement in traumatic incidents, especially those involving multiple fatalities or the death of children or colleagues, can induce symptoms of stress and anxiety for groups or individuals. These can result in feelings of sadness and helplessness in the face of loss. Such reactions are normal, but in isolated cases these feelings can remain unresolved and undiminished and may result in an individual suffering from the medical condition known as Post Traumatic Stress Disorder (PTSD).

5.4 The sources of personal and domestic stress vary greatly from individual to individual, but some commonality can be established from the following:

- Family illness and bereavement.
- Relationships with partners, children, parents and other family members.
- Financial problems.
- Problems with dependency on alcohol, drugs, gambling or other anti-social and potentially destructive behaviour.
- The effects of being a victim of crime.

6 Symptoms and effects of stress

6.1 Stress can manifest itself in a number of ways and some symptoms associated with stress are: headaches/migraines, insomnia/changes to sleep patterns, anxiety, loss of self-esteem, susceptibility to illness and/or accidents, lack of appetite and noticeable weight loss or weight gain. Stress may also lead to an increase in the consumption of alcohol, drugs and/or cigarettes, all of which are potentially harmful to health.

6.2 Stress has also been associated with a number of serious ill health conditions such as heart disease, raised blood pressure, ulcers and depression, as well as with minor disorders such as indigestion, nausea, skin rashes, excessive tiredness and muscle pain.

6.3 The effects of stress on an organisation can include a loss of motivation in staff, declining performance, poor time keeping, becoming withdrawn or argumentative, raised sickness absence and high staff turnover.

7 Positive action to manage employee stress

7.1 The LFB cannot eliminate all internal pressures, nor would this be desirable. In addition, the LFB has little or no influence over external stressors. It is nevertheless, committed to identifying, mitigating and/or removing, where possible, inappropriate levels and sources of internal pressure which are likely to cause stress to individuals. In order to achieve this, the LFB must be clear

about risks within the organisation. It also recognises that some members of its workforce, due to their individual make-up and/or the particular nature of their work, may be potentially more exposed to such pressures than others.

7.2 The overall approach to stress management for the LFB will be one that adopts a risk-based approach. The LFB's primary focus will be to avoid undue stress in the workplace. However, all organisations are likely from time to time to have staff affected by stress and as such, measures to identify and assess sources of stress and those at most risk is needed with the necessary action taken to address the cases highlighted.

7.3 In April 2016, alongside implementation of Policy number 889 - Managing attendance policy, the Brigade adopted the Appendix 1 document 'Work-Related Stress: Guidelines', the Appendix 2 document 'Workplace Stress Questionnaire' (an electronic version of this is available via the 'Attendance Management' page on hotwire), and an updated 'Stress – risk assessment and action plan' at Appendix 3. These documents are referred to within the Guidance Note 'Managing Attendance Handbook'.

8 Assessing the risks

8.1 Risk assessment is the process of looking forward to anticipate and prevent harm before it occurs. The risk assessment process is designed to identify hazards, assess the risk to heath and safety, prevent the hazard(s) from occurring or if it cannot be avoided, controlling the risks in order that they are reduced or minimised.

8.2 A risk assessment approach represents a set of measures used to identify potential stressors within the workplace and can be carried out on both an organisational and individual level.

8.3 The aim of this process is to explore the areas that are causing stress to the individual, focusing in the first instance on performance at work and working with the individual to identify what steps can be taken to support them in their work. It may be that temporary or relatively minor changes can help to alleviate the feelings of stress.

8.4 Staff will be asked by their line manager to complete the 'Workplace Stress Questionnaire' at Appendix 2, and to discuss this with their line manager (or where the employee would prefer, another appropriate manager) in the first instance. Managers should discuss the purpose of this questionnaire with the employee and offer the option of either the employee completing the questionnaire first and then discussing it, or, alternatively, meeting with the manager and completing the questionnaire together.

8.5 Any actions or possible solutions should be noted and a date to review progress agreed on the stress - risk assessment report (Appendix 3).

8.6 Essentially the aim is to:

- Identify sources of stress.
- Evaluate the severity of stress levels identified.
- Highlight areas of risk.
- Evaluate the LFB policies and procedures for preventing and/or mitigating stress.
- Recommend interventions that would reduce employee exposure to stress.
- Satisfy health and safety law requirements.

8.7 A manager (when this is not appropriate, an alternative member of staff of the same grade as the manager) **must conduct** a risk assessment in the event of a member of staff returning to work, having been absent from work due to stress and consider as necessary, any adjustments that may be required, irrespective of whether the stress is work related or not. Risk assessments

conducted should be in line with any information/guidance provided by the LFB's Occupational Health Provider. Where a manager does not feel a risk assessment is necessary, this should be noted in the employee's return to work interview (RTWI).

8.8 A manager will **need to consider** conducting a risk assessment in the event of a member of staff presenting any or all of the following behavioural changes in the work place.

- Becoming withdrawn.
- Being aggressive.
- Manifestation of poor time keeping.
- Interpersonal problems.
- Sporadic periods of un-certificated sickness absence.
- Irrational behaviour.

8.9 The above list, although not exhaustive, contains some of the triggers for a manager to note and act upon. Exploring the areas that are causing stress, focussing in the first instance on performance at work, is a legitimate role of a manager. Listening to the individual's concerns, offering a sympathetic ear and giving reassurance may be all that is needed in some cases. Communicating with the member of staff in an open and honest way may lead on to issues outside of the working environment, which a manager may or may not be able to deal with given what is being presented. To this end, managers and staff can utilise the specialist resources available to them, as detailed in section 9 of this policy.

8.10 In summary, a stress related situation that warrants a risk assessment and suitable plan will be brought to a manager's attention in any one of the following ways:

- The member of staff raises a stress related issue with the manager.
- The manager raises concerns that a member of staff may be showing signs of stress.
- The member of staff is on sick leave with a potential stress related condition and the accompanying medical certificates confirms this e.g. - 'stress/work related stress/fatigue, nervous exhaustion/debility' (these examples are not exhaustive).

8.11 Staff are advised to discuss any issues of concern with their line manager in an open and honest manner in order to arrive at workable solutions. Issues of workloads and the ability to cope at work or with inter personal problems with colleagues, need to be brought to the line manager's attention in an open and honest manner. Even where the pressures experienced are not work-related, it is important that managers are made aware of them, given the potential for these matters to have an effect on work performance and impact on the working environment. Any information received by managers should be treated sensitively and in keeping with the principles associated with confidentiality.

8.12 In conducting risk assessments and developing associated plans, it is important that a record of the risk assessment is maintained and retained in order to monitor progress of a given stress related situation, with a view to achieving the desired positive outcome. The requisite form for completion is attached in Appendix 3 of this policy. Completed forms must be stored on the employee's electronic personal record file (e-PRF) in order that reviews of risk assessments can be undertaken as necessary. This will also provide for up to date information to be available at a given point, for case management purposes.

9 Providing support

9.1 Depending on the issue(s) presented, regardless of whether they are work related or not, staff and managers have recourse to specialist advice and support from the Equalities function within the Strategy & Risk department, People Services, and the Chaplaincy Services, who can provide appropriate guidance. Additionally, the LFB has a confidential Counselling and Trauma Service (CTS), and the Occupational Health Service (OHS) where the referral process in respect of stress related absence and related issues is effectively dealt with in accordance with extant policies and procedures on sickness absence management. While managers can recommend staff be referred to CTS in the light of particular situations, CTS also operates on a self referral basis where staff can liaise directly with the service for referral as necessary. The OHS for their part, can help in providing advice in order to facilitate a return to work identifying as necessary any adjustments that may need to be made where appropriate, while assessing any underlying co-existing medical records that may require additional consideration.

9.2 In addition to the specialist sources of advice and support mentioned above, the LFB's Health and Safety Services (HSS) can also assist in providing guidance and support to staff and managers by offering independent help and advice concerning the risk assessment process and providing advice on best practice.

10 Recommended action

10.1 By managers:

- **Communicate** – with staff regarding workloads, standards, variations and expectations and your role in supporting them. Encourage staff to say what they think and generate their own ideas for change where possible. Listen without judging. Give constructive feedback.
- **Staff Assessment** – through regular one-to-ones, or through conducting a Stress Risk Assessment with the member of staff. Do not rely solely on the appraisal process, but actively manage and provide positive support for any changed situation. Consider any reasonable adjustments that may be required to mitigate the risks identified.
- **Support/Direction/Training** – ensure that this is in place at the beginning and throughout any period of intensified workflow or new responsibilities.
- **Monitor** – make this a regular feature. If a manager has conducted a risk assessment, and implemented a plan, he/she needs to ensure that this is monitored at regular intervals and be prepared to revise any working arrangements in the short term and encourage staff to develop their abilities.
- **Action** – Be aware of specialist sources of help and advice available as per section 9 above.

10.2 By Staff:

Notwithstanding the specialist sources of assistance available to staff, there are also a number of strategies that can be adopted to alleviate the symptoms of stress and some of these include:

- **Social support**, i.e. family, friends and colleagues
- **Professional support** i.e. GP, specialist, counsellor, psychiatrist
- **Support groups**
- **Relaxation techniques**
- **Physical exercise**
- **Good nutrition**
- **Adequate sleep and rest**
- **Life style changes**
- **Talking to someone**
- **Work based solutions**

Employees should help themselves by discussing with their manager situations that may be causing them stress, to help the manager to understand any changes in behaviour. The employee should also work with the manager to determine what steps can be put into place to alleviate or help to minimise the effect of the stress being caused by completing the 'Workplace Stress Questionnaire' at Appendix 2, in order to ensure that any intervention is focused on their individual needs.

Appendix 1 - Work related stress: guidelines

1 Employees have a responsibility to raise concerns with their manager (or to the next manager if appropriate) if they believe that their job or other work related factors are making them ill or contributing to their illness.

2 Employees have a duty to take reasonable care of their own health, safety and wellbeing and that of others who may be affected by their actions. Employees may suggest ways in which the work might be organised to alleviate the stress and discuss any other adjustments with their line manager that could be made to assist them in performing their job.

3 Employers have a duty of care to employees and must take reasonable care of their health, safety and wellbeing in the workplace. A referral to the Occupational Health service is made automatically for sickness relating to stress to ensure early support for the employee. Managers should also consider a referral to Counselling and Trauma Services in cases of work-related stress.

4 In situations where work has been identified as a perceived cause of stress (whether the employee is absent or not), the employee should raise it with their line manager in the first instance.

5 In cases where line managers may be cited as the perceived cause of stress, then they should refer the matter to the next manager outlining reasons why concerns cannot be raised with their line manager. The next manager may consider an alternative designated officer as point of contact during the period of absence but only in exceptional circumstances and where there are substantial grounds for doing so. The designated officer will undertake duties relating to contact, Attendance Support Meetings or return to work interviews for as long as necessary.

6 The London Fire Brigade Managing Attendance Policy is clearly focused on supporting employees with health concerns; and where work related stress is identified as a perceived cause of absence; managers have a responsibility to discuss the perceived cause(s) with employees with a view to eliminating (or minimising) those causes to assist a return to work or to maintain attendance. Employees should fully disclose the perceived causes of work related stress to their manager in order that the issues can be addressed without delay.

7 To assist with this process the "Workplace Stress Questionnaire" (Appendix 2) should be completed by employees in all cases of reported work related stress. Managers are encouraged to discuss cases of perceived work related stress with their HR Adviser prior to meeting with the employee. If the employee's responses to the questionnaire indicate health issues, then a referral to Occupational Health should be made even if the employee has not reported sick.

8 Managers and employees should then meet to agree an action plan and review timeframe to monitor the impact of any agreed actions (Appendix 3). A copy of the completed form should also be sent to your HR Adviser.

Appendix 2 - Workplace stress questionnaire

(An electronic version of this document can be found on the Attendance Management page of hotwire)

Introduction

This questionnaire may not address all specific circumstances, but should help to assess areas for help and support.

This document provides a basic framework to help carry out an assessment of stress in order to identify and assess sources of stress (work and/or personal) to help seek measures to minimise the effects of these stressors.

The questionnaire shall be discussed with the line manager or another manager at the same or similar level of authority. It may also be necessary to discuss the checklist with the Occupational Health Physician, HR Advisor, Counsellor, and/or your own G.P.

Workplace Stress Questionnaire

The questionnaire has been split into 9 key areas - Demands, Control, Support, Work Relationships, Role, Change, Health, Relationships and Financial.

Where you identify a "NO" answer below, this may indicate an aspect, which may need some attention, this shall be discussed as part of the process and employees should refer to the sources of guidance and advice for help.

N/A - not applicable.

TYPE OF SURVEY:

TEAM: ☐ ROLE: ☐ INDIVIDUAL: ☐

TEAM/ROLE OR *INDIVIDUAL DETAILS (*NAME, ROLE, SECTION, DEPARTMENT):

_____

_____

Please rank, between 0 and 5, your perception of how the issues affect your stress levels, within the last 6 months, comments where appropriate would be particularly helpful.

Rating: **0 = No stress, 1 = Minimal stress factor, 2 = Low stress factor, 3 = Medium stress factor, 4 = High stress factor,**

5 = Intolerable stress factor

Q	Risk Factor	Y/N/NA	Current Situation/Comments	Rating 0-5
A	**DEMANDS**			
1	You/Staff are given realistic and achievable targets and deadlines?			
2	Skills and abilities match job description?			
3	You/Staff have the capability and time to carry out work activities?			
4	You/Staff are protected from verbal or physical abuse?			
5	You/Staff are able to take regular breaks during the working day?			
6	The physical environment is acceptable and conducive to productive work? e.g. lighting, noise, thermal comfort			
7	Concerns about work demands are addressed?			
8	There is generally a feeling of job satisfaction?			

B	CONTROL	Y/N/NA	Current Situation/Comments	Rating 0-5
9	Wherever possible, you/staff are able to determine how to complete tasks?			
10	You/Staff are encouraged to use skills and initiative?			
11	You/Staff are encouraged to develop new skills to help undertake new and challenging pieces of work?			
12	You/Staff have appropriate control over the pace of your work?			
13	You/Staff are considered in the planning and prioritisation of work?			
14	Concerns about the work environment are able to be aired?			
C	**SUPPORT**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
15	Support systems are in place within the workplace?			
16	There is an understanding of the services provided by Occupational Health and Counselling and Trauma Services.			

17	Support is available when undertaking new tasks/activities?			
18	Support is accessible at an early stage?			
19	There is an understanding of the current policies on Bullying and Harassment, and Equality and Work?			
20	Is regular constructive feedback provided?			
D	**WORKING RELATIONSHIPS**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
21	There are no significant concerns about bullying or harassment within the workplace?			
22	Are there suitable lines of communication between colleagues and line managers to discuss procedures and other work related issues?			
23	Do all members of the team share information relevant to their work?			
24	There are no significant work related problems or concerns within the workplace?			
25	Is there a culture of respect and trust?			

E	ROLE	Y/N/NA	Current Situation/Comments	Rating 0-5
26	Are there clearly defined roles and responsibilities within the team/function?			
27	You/Staff can manage conflicting work demands from different managers?			
28	You/Staff understand how your/their role fits into the wider running of the London Fire Brigade?			
29	There is appropriate induction/training/information to help carry out the work?			
30	Is there a clear understanding of day-to-day activities?			
F	**CHANGE**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
31	You/Staff receive timely information regarding proposed changes?			
32	You/Staff are consulted regarding major proposed changes and provided with opportunities to influence proposals?			
33	You/Staff feel suitably able to, or are supported to, cope with any significant changes, which have or may occur at work?			
34	You/Staff are aware of support available to assist with changes?			

******COMPLETE SECTION BELOW FOR INDIVIDUAL ASSESSMENTS ONLY******				
G	**HEALTH**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
35	Are you aware of the importance of keeping physically active?			
36	Do you generally manage to incorporate physical exercise into each day/week?			
37	Are you aware of the importance of a healthy balanced diet and incorporating 5 portions of fruit and vegetables into your daily diet?			
38	Do you generally manage to eat a healthy balanced diet?			
39	Are you generally in good health?			
40	Do you generally manage to have an adequate restful sleep pattern?			
H	**RELATIONSHIPS**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
41	Do you generally feel you are able to create adequate quality time with family / friends?			
42	Are you free from significant concerns regarding your close relationships (partner, relatives, friends, suffering from bereavement, family illness etc)?			
I	**FINANCIAL**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
43	Are you free from significant concerns regarding your financial security /wellbeing?			
J	**OTHER**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
44	Are you suffering from stress or mental health issues for any other reasons?			

Any other comments?

Appendix 3 - Stress - risk assessment and action plan

(An electronic version of this document can be found on the Attendance Management page of hotwire)

Member of Staff: (Print Name).....

Job Title:.....**Section**.....**Dept**.....

Line Manager: (Print Name).....

Date.....

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1. POTENTIAL WORK RELATED STRESSORS IDENTIFIED*

2. POTENTIAL NON-WORK RELATED STRESSORS IDENTIFIED*

(*from completed Workplace Stress Questionnaire and subsequent discussion)

3. SUGGESTED SUPPORT MEASURES/ACTION DISCUSSED *e.g. Temporary change in work activities, TNA, reappraisal of role, additional support required, management and peer support, team building, increase regularity of supervision, utilisation of flexible working polices.*

4. IMPLEMENTATION PLAN FOR CONTROL/ACTION MEASURES

Control(s)/Action(s) Required	Responsible Person	Estimated Completion Date	Review Date	Actual Completion Date
1.				
2.				
3.				
4.				
5.				
6.				

Signed..... .....

(Member of staff) **(Line manager)**

Document history

Assessments

An equality, sustainability or health, safety and welfare impact assessment and/or a risk assessment was last completed on:

EIA	09/12/09	SDIA	09/12/09	HSWIA		RA	

Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
Throughout	Human Resources updated to Human Resources and Development throughout in accordance with Top Management Review.	25/02/2011
Throughout	This policy has been reviewed as current, no changes were required.	14/01/2013
Page 4 paras 8.3 and 8.4 Page 4 para 8.6 Page 5 para 8.11 Page 5 para 9.1 Page 7 – Appendix 1	Minor substitution of words: 'stage' for 'process' and 'form for 'report'. Addition of the words 'immaterial of whether the stress is work related or not' and the sentence, 'Where a manager does not feel a risk assessment is necessary, this should be noted in the employee's return to work interview (RTW)'. Addition of the words 'requisite form for completion' and the sentence, 'Completed forms must be stored on the employee's electronic personal record file (e-PRF) in order that up to date information is available at given point, for case management purposes.' Addition of the words 'regardless of whether they are work related or not. Deletion of the words 'Work related' at heading.	03/05/2013
Page 8	'Subjects list' table - template update.	09/01/2015
Page 4 onwards	New paras. 7.3, 8.4, amended para 10.2, new Appendices 1 and 2, amended Appendix 3 (formerly Appendix 1). These changes are linked to the implementation of PN252 and the accompanying Guidance).	06/04/2016
Para. 9	Amendments to reflect Equalities function now within S&I, and change of name of ACS to C&W. Reviewed as current throughout.	07/04/2016
Page 1	Owner title and responsible work team details changed and changes to reflect the abolition of London Fire and Emergency Planning Authority, now replaced with London Fire Commissioner.	22/08/2018
Throughout	Counselling and wellbeing updated to Counselling and Trauma Services.	14/11/2018

Subject list

You can find this policy under the following subjects.

Personal health	Sickness
Stress	

Freedom of Information Act exemptions

This policy/procedure has been securely marked due to:

Considered by: (responsible work team)	**FOIA exemption**	**Security marking classification**

LONDON FIRE BRIGADE

Recognising and coping with potentially traumatic events

New policy number:	**915**
Old instruction number:	
Issue date:	**12 October 2017**
Reviewed as current:	
Owner:	**Assistant Director, People Services**
Responsible work team:	**Cultural Change**

Contents

1 Purpose

1.1 To assist staff in recognising and coping with potentially traumatic events and aid watch officers in deciding when and how to hold informal immediate watch debriefs following attendance at critical incidents (CI) or other potentially traumatic events (PTE), including incidents attended as co-responders. Watch officers can and will themselves be exposed to CIs or PTEs, therefore senior officers will need to be mindful of this and familiarise themselves with this policy, so that they are able to support watch officers.

2 Introduction

2.1 Individuals can react differently to critical incidents, some will find the incident traumatic and others may not. Any critical incident can be a potentially traumatic event for any individual. How a critical incident impacts on someone can be influenced by the individual's current stress levels, their personal resilience, any personal meaning the incident might evoke and cumulative previous exposure to critical incidents. **Definition of 'trauma'** trauma related stress can be experienced after exposure to any event considered to be outside of an individual's usual experience which causes physical, emotional or psychological harm.

2.2 A potentially traumatic event (PTE) is defined as:

- Threat of death or serious injury experienced by self or witnessed.
- Learning that events involved violent and/or accidental death or injury to family and/or close associates.
- Repeated or extreme exposure to details e.g. emergency services.

2.3 The Brigade's Counselling and Trauma Service (CTS) defines CIs as:

- **Any incident where the OiC considers that CTS contact may be helpful e.g. flashovers, near misses, feelings of helplessness, many CIs attended in a short period. Anyone attending a CI who feels that it might have been potentially traumatic for the crew can raise this with the OiC and/or CTS.**
- Two or more deaths of members of the public including RTCs.
- Death of a child or children.
- Death or serious injury to operational staff on duty.
- Terrorist activity, where life has been endangered or lost.
- Any serious RTA involving a Brigade appliance.
- Major/catastrophic incidents.
- Any incident where operational staff are trapped or missing

2.4 In the course of normal duties, firefighters will occasionally respond to **critical incidents** (CIs) which they may find traumatic. There are a number of factors which determine whether an individual finds any one particular incident traumatic, these include:

- The meaning the incident may have for you e.g. a road traffic collison (RTC) involving a child of similar age to your own child.
- What else is going on in your life at the time e.g. is your stress level high?
- How resilient you are/have become e.g. do you have a good network of family and friends? Are you positive with a good sense of purpose?
- Is this one more in a series of CIs that you have attended.

2.5 LFB attendance at a CI automatically triggers contact, usually a telephone call, from CTS. This is to check out how you are after the event and to give you useful information about trauma and keeping yourself safe from prolonged adverse psychological responses.

2.6 When attending a PTE the fight-flight-freeze response is triggered in everyone. This releases adrenalin and other stress hormones to assist the body to deal with the PTE. This is the body's survival mode. At such times less emphasis is placed on automatically recording precise and processed memories of the event. In the majority of cases these memories are processed naturally over the following week, with no further repercussions. During this time the individual may have some unsettling experiences such as feeling confused, exhausted, ruminating about the event, nightmares and disturbed sleep, flashbacks, feeling numb or upset (additional information in Appendix 3, Item 1).

2.7 Measures taken in the first 1-5 days following attendance at a PTE can promote normal processing, assist recovery and prevent the development of unhelpful trauma responses such as post traumatic stress disorder (PTSD - additional information in appendix 3 item 2). These interventions can include:

- Informal manager's debrief held on station immediately on return from the potentially traumatic event.
- Contact from Counselling and Trauma Service 1-5 days following the potentially traumatic event (post critical incident contact -PCIC) when appropriate.
- Strategies employed by the individual to promote event processing (additional information in appendix item 4).

3 Immediately after a critical incident

3.1 Most people tend to find that they feel 'not quite themselves' for a few days after attending a CI/PTE. Possible post CI reactions may include any of the following:

- Intense feelings: sadness, guilt, anger, shame, fear, disappointment.
- Physical symptoms: tiredness, poor sleep, nausea, headaches, neck and back aches, muscular tension, changes in habits e.g. eating, drinking.
- Psychological changes: poor concentration/motivation, nightmares, 'flashbacks', feeling 'on guard', rumination about the incident/other CIs attended.
- Behaviours: withdrawing, unable to express feelings, irritability, loss of sense of humour, impatience.

3.2 Usually you will start to get back to normal in a period of 1-5 days following the CI. There are a number of things that you can do to help any symptoms subside, as you normally process the event. Helpful strategies in the days following a CI include:

- Check in and 'debrief' with your watch/sub/station officer/leading firefighter immediately upon returning to your fire station after the CI.
- Follow familiar routines.
- Talk to supportive family/friends/colleagues.
- Exercise and eat healthily.
- Do activities/hobbies which bring you into the 'here and now'.
- Do distracting activities (computer games, crosswords, Sudoku).
- Monitor your intake of alcohol, nicotine, caffeine.
- Balance time alone with social time.
- Understand/accept that this is a normal process.

3.3 It is useful to monitor your reactions over time and consider seeking further help from a manager or from CTS if you are experiencing any of the following persistently for 2-3 weeks after the CI:

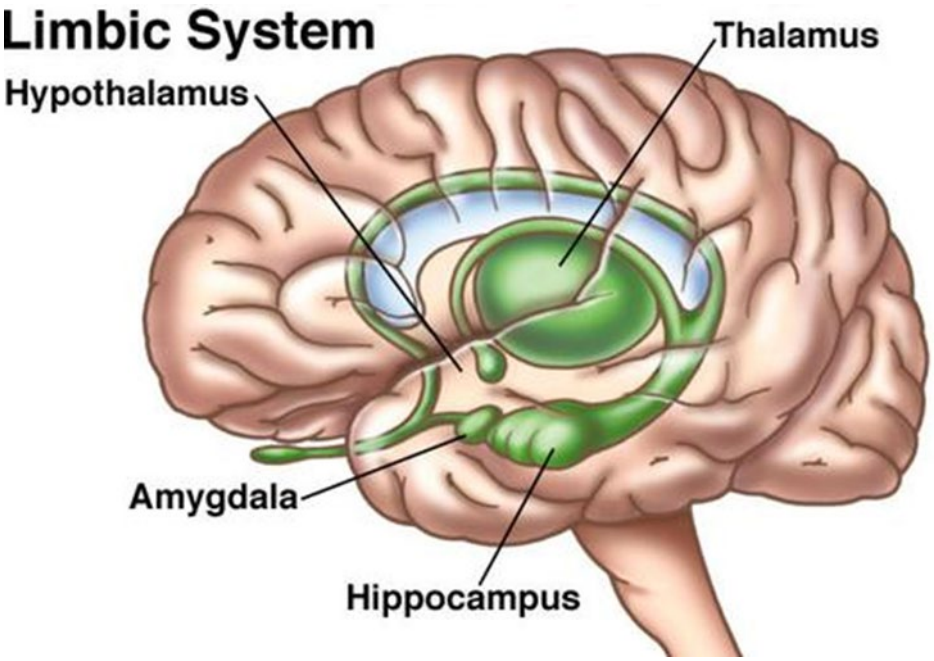
- Intense feelings, depression, exhaustion.
- Ruminative thoughts.

- Flashbacks.
- Poor sleep, nightmares.
- Difficulties focussing; accidents.
- You feel isolated.
- You cope by: constantly being busy, smoking/drinking, medication.

4 The neuroscience: why do we respond to trauma in this way

4.1 The limbic system is a part of the brain which regulates basic bodily functions such as breathing and blood flow; it controls our automatic survival instincts when we are faced with a PTE. At such a time it causes the release of stress hormones such as cortisol and adrenalin which get our bodies ready physiologically to fight, flight or freeze in order to stay safe.

4.2 Normally the recording, processing and storage of memories is the job of the hippocampus, an organ in the brain which makes sense of events in terms of date, time and narrative. This processing enables us to recall events at will.



4.3 However, when in flight/fight/freeze mode the hippocampus goes off line as the body has more important things to do than record memories such as preparing to run or fight. The job of recording events at these times is then taken over by another brain organ the amygdala, which is not so good at it. Snatches or fragments of the events get stored incorrectly in inappropriate parts of the brain and the whole event doesn't get properly processed as a complete narrative and stored away in the brain's 'filing cabinets' in the cortex.

4.4 This incomplete processing of the event is the cause of post-trauma symptoms. 1-5 days after a PTE these will usually disappear; during this time the hippocampus comes back on line again and the incident fragments stored by the amygdala pop up (the cause of flashbacks and nightmares) and are then properly processed and filed.

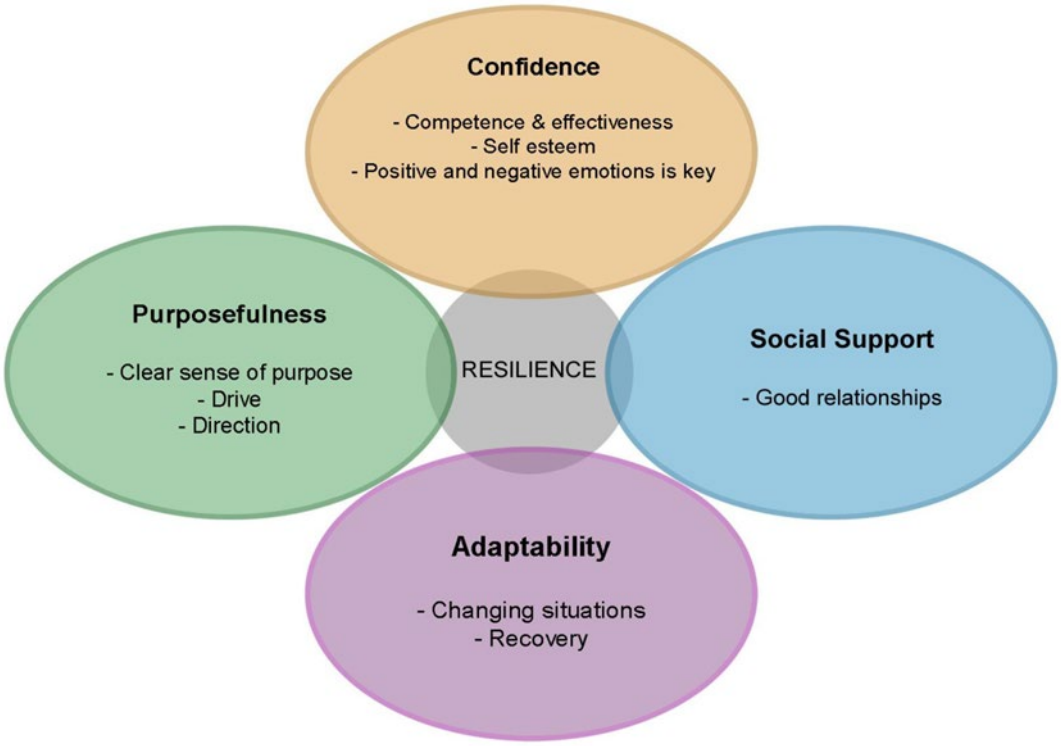
4.5 Very occasionally, normal post-trauma processing doesn't quite clear the symptoms; this can lead to the development of PTSD where the trauma related symptoms of intrusion (e.g. flashbacks, nightmares, rumination), avoidance (e.g. blocking thoughts with alcohol) hypervigilance (being on constant alert) and feeling emotionally numb persist for more than a month after the event.

4.6 Factors which protect against PTSD are good post-CI self-care and generally developing good psychological resilience.

5 Resilience and long term strategies

5.1 Psychological resilience allows us to adapt well following adversity, trauma, tragedy, threats, or significant sources of stress; it gives us the ability to 'bounce back'. Resilience is something that we can actively develop at any time and which will help to protect against developing prolonged adverse trauma responses after attending CIs.

5.2 Most of the many theories of personal resilience include having good social support networks in your life and developing the personal qualities of purposefulness, confidence and adaptability as illustrated in Robertson Cooper's model:



5.3 There are several positive steps that we can take in order to keep strengthening our resilience, these include:

- Make and maintain good relationships.
- Avoid seeing situations as insurmountable problems.
- Accept that some things are out of your control.
- Set realistic goals.
- Take decisive actions.
- Look for opportunities for personal growth.
- Nurture a positive view of yourself.
- Keep things in perspective.
- Maintain a hopeful/optimistic outlook.
- Take care of yourself: exercise, healthy lifestyle, relaxation (American Psychological Association).

6 Guidance for speaking to distressed family and friends

6.1 When dealing with PTE's it can be difficult to know what to say to those family and friends of casualties that have either died or suffered life changing injuries as a result of the incident. Below are suggested actions and language that may help in these situations.

6.2 When in attendance it is the responsibility of the London Ambulance Service (LAS) or Metropolitan Police Service (MPS) to speak to distressed family and friends, the following guidance is for brigade staff who may find themselves in a situation where either the LAS or MPS are not yet in attendance, or the destressed family member or friend has approached them. Only doctors, nurses or suitably trained ambulance clinicians can confirm that death has taken place, therefore the use of the words dead or died should be avoided unless the individual that is being spoken to has had this confirmed by someone suitably medically qualified to do so.

What to say

- Keep the language plain, concrete and unambiguous whilst remaining sensitive to the situation.
- Assume a certain formality in address, e.g. Mr and Mrs until they say otherwise.
- Try not to talk too quickly.
- Be prepared to repeat information if necessary.
- Monitor the impact of what you are saying and pace the information accordingly.
- Ensure that you only give up to date factual information.
- Allow time for the information to become absorbed.
- Try to avoid filling moments of silence, sometimes a presence alone can be supportive.
- Listen out for what the friend/ family call the casualty, check out if you can use this name too.
- There are few consoling words that people will find helpful if the casualty is very seriously ill or has died. Its OK to say things like:
  - 'I'm really sorry this has happened'.
  - 'I cannot begin to imagine how you may be feeling at the moment'.

What not to say

- Avoid ambiguous words and phrases such as someone is 'lost' or has 'passed away'. It is better to use more concrete phrases that are less likely to lead to confusion or misunderstanding.
- Avoid using words/phrases such as 'the body', 'deceased', 'victim' or 'remains'. Use the casualty's name.
- Don't provide any information that you aren't 100% sure of; don't be afraid to say "I don't know, but I will try to find out for you".
- Don't attempt to reassure them or lessen the blow with, for example:
  - 'Don't worry' or 'it could be worse'.
  - 'S/he died well'.
  - 'I understand how you feel'.
- Do not offer any false hope or try to talk the person out of their distress and grief. Try not to be led into saying things or making promises that may not be met.
- Unless initiated by the person concerned avoid physical contact as this may be intrusive and/or threatening.
- As a general rule, do not worry about saying very little; this is better than too much. Being present and able to tolerate the person's distress are often the most supportive aspects at this stage. Often unhelpful things are said in the vain hope of lessening the impact of the situation. It is much better to fully appreciate that you cannot make things better.

7 Guidance for speaking to distressed children

What to say/what to do

- Sit down with the child at eye level and say that you have something sad to tell them.
- Use language that the child will understand and be honest without giving unnecessary details.
- Use clear, concise, simple and concrete terms e.g. to explain the word 'dead'. For example, a child is more likely to understand the following statement: "Your father is very ill at the moment but we are trying to help him."
- Answer all questions honestly. It is okay to say to children "I don't know" when asked questions that seem impossible to answer.
- Provide reassurance that they are and will be kept safe.

What not to say/what not to do

- Avoid using phrases that are unclear or ambiguous such as: "…. has gone away" or "gone to a better/special place". The child will possibly wait for them to return, wish to visit them, or wonder why they were not invited to go.
- Do not assume the child has fully understood what you have just told them. Processing difficult information can take place for children over a longer period of time than for adults.

8 Manager's debrief

8.2 This should takes place on station immediately following attendance at a critical incident or potentially traumatic incident including difficult co-responder incidents.

8.3 Is an informal, routine, short meeting involving all attenders.

8.4 The purpose is to allow for mutual support in the watch, provide up to date information, give information about normal post critical incident responses and recovery, note if anyone is particularly struggling, advise of CTS contact when required and general services

8.5 It is NOT a psychological debriefing which would only ever be done by someone trained in the psychological management of people exposed to traumatic events.

8.6 Manager's debrief guidance/template can be found in Appendix 1.

9 Role of Counselling and Trauma Service

9.1 The following procedure will be carried out by CTS when any of the bullet points in 2.3 have been met, staff are reminded of point one, "any incident where the OiC considers that CTS contact may be helpful e.g. flashovers, near misses, feelings of helplessness, many CIs attended in a short period. Anyone attending a CI who feels that it might have been potentially traumatic for the crew can raise this with the OiC and/or CTS" as it is important to realise the potential for trauma that the accumulative effect of attending several PTEs/CIs over time may have.

9.2 1-5 days after a potentially traumatic event staff counsellors from CTS will contact all attending firefighters, officers and where relevant control officers and fire investigators, following CTS's PCIC protocol (available on CTS hotwire page). This is called a critical incident/potentially traumatic incident call and is done automatically when a CTS CI criterion is met or if the OiC or a crew member contacts CTS and it is agreed to follow the PCIC protocol for that CI. Every effort is made to make telephone contact, between tours where relevant. Letters are sent out to individuals inviting them to telephone CTS when initial telephone contact has been unsuccessful.

9.3 The purpose of the critical incident/potentially traumatic incident call is:

- **Normalisation:** checking individual's experience of the incident and how they have been affected in subsequent days, putting this into the context of normal post CI responses. Identifying strategies they might use to aid recovery/event processing.
- **Psycho-education:** information is given about how people respond to trauma and typical normal recovery. What 'symptoms' to look out for and when to seek further help.
- **Risk assessment:** questions are asked based on a questionnaire which measures adverse trauma responses:
  - No psychological risk detected – no further CTS action.
  - Medium risk – follow up call scheduled for 1-2 weeks later.
  - High risk – appointment with a staff counsellor will be offered/suggested.
- **Watchful waiting**: monitoring to ensure that the individual is processing the incident and recovering normally. Adverse trauma responses are indicated if symptoms persist after a week or more.

9.4 If an adverse trauma response is detected then counselling is offered using approved trauma treatment methods such as trauma-focussed cognitive behavioural therapy (CBT) or eye movement desensitisation and reprocessing (EMDR).

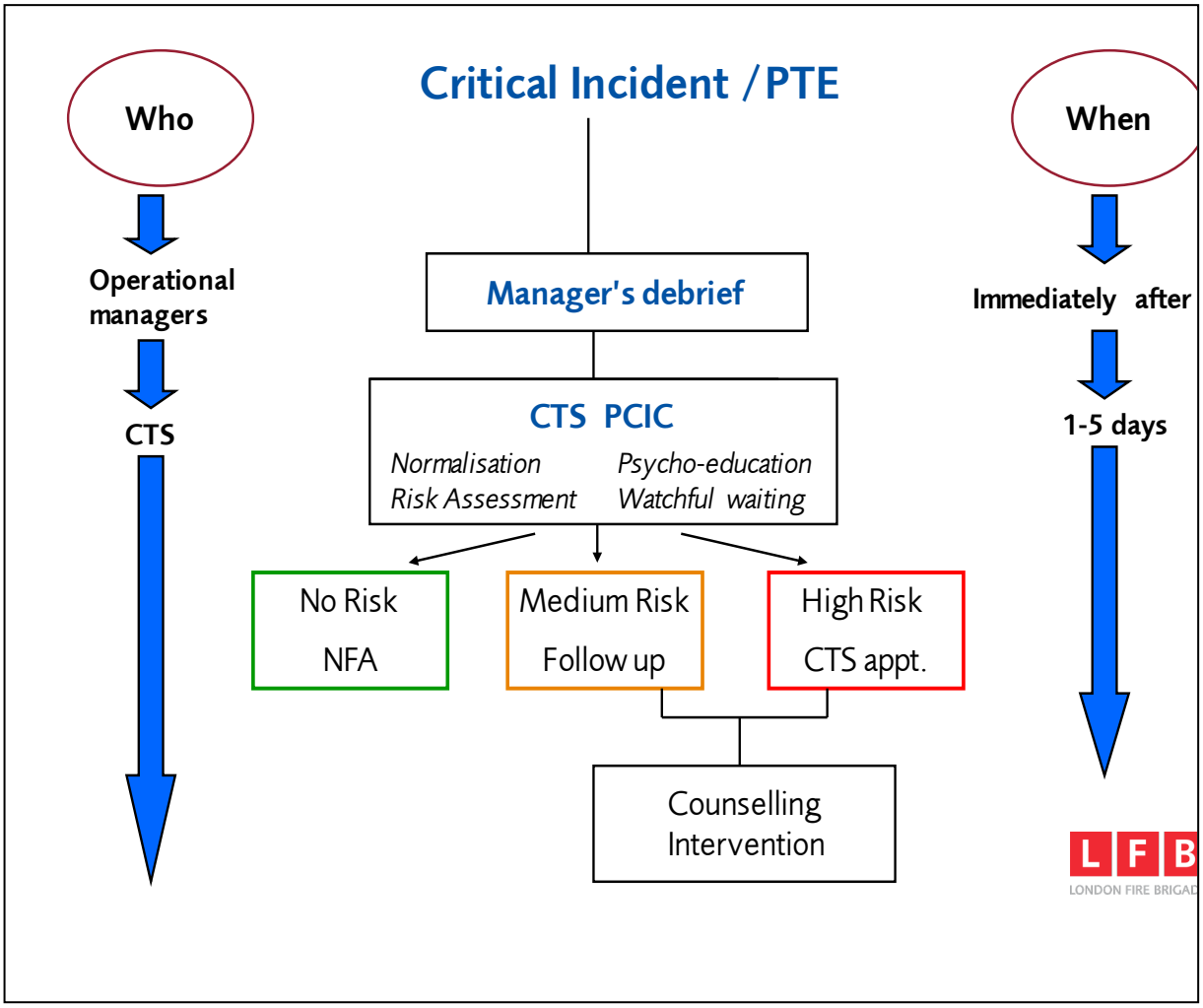
9.5 Summary of LFB's post critical incident and trauma prevention interventions can be found in Appendix 2.

9.6 Individuals wishing to seek further advice or help outside of this policy, should visit the CTS page on hotwire or call them on 020 8555 1200 ext. 35555

Appendix 1 - Manager's debrief guidance/template:

Manager's debrief following Critical Incident / Potentially Traumatic Event	
Topic	**Tasks**
1. Physical wellbeing	Check for anyone with any immediate health or first aid needs.
	Everyone had time for rehydration, food and drink?
2. The incident	Provide a brief overview of the incident.
	Give everyone the opportunity to contribute to the narrative of the incident.
	Allow for people to 'let off steam' but try to contain and stabilise the meeting to reduce stress .
	Provide additional facts and updates, particularly regarding casualties, answer questions.
3. Impact of trauma	Explain how exposure to traumatic incidents can produce temporary symptoms and what they might experience (appendix 3 item 1).
	Stress that the vast majority of people recover fully within a week and provide information of personal strategies that can assist with normal recovery (appendix item 4).
4. Further assistance	Inform the watch that CTS will be telephoning them in next 1-5 days (if this fits the CI criteria for CTS contact; 2.5 above) or if you notify CTS that you would like the attenders to be called as the incident was potentially traumatic. Encourage engagement with this contact.
	Some staff may have different cultural/faith needs. Often if someone has a strong faith background they will already have a faith leader who can provide additional support. Some however may just need short term guidance, and for that there is the Brigade Chaplain who can assist in accessing multi faith support.
	Ensure the watch have access to CTS leaflet/poster/contact details and remind them of the services available.
	Consider if any individuals appear to be immediately struggling with the incident; they may appear as very vocal, angry or quiet and withdrawn. Do they or the watch need a follow up meeting with you?
5. Ending	Reminder to monitor how they are and seek further help from CTS if symptoms persist after a week.
	Any further comments or questions.
	Encourage connection with their social support networks, self-care and talking to someone supportive if they need to.
Remember to check how you are, consider if you might need any additional support yourself.	

Appendix 2 - Summary of LFB's post critical incident and trauma prevention interventions



Appendix 3 - Additional information

[1] Symptoms which can occur after a CI/PTE (usually subside within 1-5 days)

- Feeling irritable and/or angry.
- Exhaustion.
- Poor concentration.
- Sleep difficulties.
- Avoiding places, people, thoughts and talking about the event.
- Intrusive rumination.
- Flashbacks of the incident.
- Hypervigilance, wary, watchful.
- Wanting to isolate, withdraw.
- Feeling upset.
- Disappointment.
- Feeling numb.
- Frightened.
- Confusion.
- Increased consumption of alcohol, nicotine, caffeine.
- Restlessness.

[2] Adverse trauma response, post traumatic stress disorder PTSD

PTSD is defined by some/all of these symptoms occurring 30 days or more after the PTE. It can persist for many years if not treated.

Reliving the event (as if in the 'here and now'):

Nightmares.

Flashbacks.

Intrusive rumination.

Avoiding situations that remind you of the incident:

Avoiding people or places that trigger incident memories.

Keeping very busy.

Avoiding/putting off seeking help.

Negative changes in beliefs and feelings:

Changes in the way you think about yourself or others.

Loss of trust in your safety in the world.

Difficulties in relationships.

Hypervigilant, 'keyed up':

Jittery always on alert.

Sleep difficulties .

Hard to concentrate.

Startle easily.

Appendix 4 - Trigger mechanism for requesting Counselling and Trauma Services following co-responding incidents

It is anticipated that in the vast majority of co-responding incidents that the information and methods contained within this policy will deal with any issues around potentially traumatic incidents. However now that crews have some experience of the variations of the types of co-responding calls that crews can be faced with, an additional trigger mechanism has been introduced.

Based on crews experience if a call is attended now to which in the opinion of the appliance commander they feel an intervention from Counselling & Trauma Services (post critical incident contact) is required then the following is to be adopted. **At present this trigger should only be used for co-responding calls in exceptional circumstances.**

Following a co-responding incident, where in the opinion of the appliance commander the watch would benefit from contact with Counselling & Trauma Services, the appliance commander as soon as Stop Code 7 has been sent via the Mobile Data Terminal, they are to send via RT '**Tango incident'** to control.

i.e. M2FN from F211 – Reference to co-responding call attended, this is a '**Tango incident'.**

On return to station the OIC/appliance commander should sit down with the crew and go through and follow the debrief guidance within the Manager's debrief document after potentially traumatic incidents, in preparation to receive contact with Counselling & Trauma Services within the next 1-5 days following the PCIC protocol.

On receipt of a '**Tango incident'** message control will then commence the procedure for paging the duty Counselling & Trauma representative, informing them of the following:

- CORE – plus incident number.
- Station, watch & call sign of the attending appliance.
- Name and contact number of the OIC.

The OOD will be paged and informed that a 'Tango incident' has been declared. The OOD will:

- Contact control to gather information.
- Contact the station and confirm the importance and value of a manager's debrief and encourage its completion.
- Inform the watch officer that counselling and trauma services have been notified by control and will contact the OiC before the end of the shift.
- Take contact details of all personnel affected. (name, pay number, personal mobile number). E-mail information gathered to the duty counselling and trauma officer, who will ensure contact is made with the individuals at the earliest opportunity.
- E-mail the Area DAC, borough commander and station commander of the station involved informing them a 'tango incident' has occurred.

A counselling and trauma representative will contact the OIC of the attending appliance to gather further information on the nature of the incident attended and determine with them the level of intervention required. Where possible contact from the duty counsellor will be before the end of the crews shift, this allows time for the managers debrief to take place first so the OIC will have a clear idea of what will be needed from CTS. On receipt of a 'Tango incident' message Brigade Control will not mobilise the watch in question to any further co-responding calls until the managers debrief has taken place and that the manager is confident that the crew are ready to respond to further co-responding calls.

Document history

Assessments

An equality, sustainability or health, safety and welfare impact assessment and/or a risk assessment was last completed on:

EIA	20/06/17	SDIA	19/06/17	HSWIA	23/06/17	RA	N/A

Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
Throughout	Appendix 4 missing, updated version of the policy added.	16/10/2017
Page 1	Owner title and responsible work team details changed and changes to reflect the abolition of London Fire and Emergency Planning Authority, now replaced with London Fire Commissioner.	17/08/2018
Throughout	Counselling and Wellbeing updated to Counselling and Trauma Services.	14/11/2018
Throughout	Role to rank changes made to content.	15/10/2019

Subject list

You can find this policy under the following subjects.

Stress	Trauma
Distress	

Freedom of Information Act exemptions

This policy/procedure has been securely marked due to:

Considered by: (responsible work team)	**FOIA exemption**	**Security marking classification**

LONDON FIRE BRIGADE

Counselling & Trauma Service

Post Critical Incident Contact (PCIC) Policy

Implementation date: May 2012

Last updated: March 2019

Contents

1 Introduction

This document outlines the procedure followed by Counselling and Trauma Service (CTS) after a critical incident occurs. This procedure does not relate to individual treatment (counselling) for trauma responses nor to major or catastrophic incidents.

Best practice suggests that 'psychological first aid' (PFA) delivered by managers immediately at the end of a critical incident (CI) is an important measure which promotes normal and appropriate processing of traumatic events.This is detailed in LFB Policy 815 'Recognising and coping with potentially traumatic events.' PCICs which are later conducted by CTS are aimed to be complementary to operational PFA station debriefs. CTS will contact operational staff involved in incidents which fit the PCIC criteria or at the discretion of the Officer in Charge, Senior Manager or any attending Firefighter. The criteria are shown in Appendix 1.

PCIC contact reinforces normal processing and aims to prevent the development of longer term complications such as PTSD. CTS's contact is based on psychoeducation and normalisation. These measures are preventative. This procedure also allows for CTS to follow up with individuals where there may be specific concerns and to inform them how to refer themselves to CTS for trauma-focussed treatment, should their symptoms persist.

Post-CI support delivered by CTS plus operational managers is summarised in the flow chart shown in Appendix 2.

2 Notification, co-ordination and information

2.1 Notification

CTS may receive a PCIC alert through various routes:

- LFB daily Information Bulletin (e-mailed daily to all CTS staff)
- Direct contact from Control
- Officers in Charge
- Duty officers of the day
- Watch / Crew managers
- Firefighters attending the incident
- CTS on-call counsellor
- Media sources

2.2 Co-ordination

On receipt of a PCIC alert a CTS co-ordinator will begin overseeing the CTS response. The role of the co-ordinator includes:

- Overseeing the setting up of the PCIC spreadsheet in the PCIC log for that month, located in the relevant folder in the common drive (Common > PCIC > [YEAR]).

- In consultation with the CTS managers / team, taking a decision on the tailored response to be offered based on information obtained. Possible responses include:
  - All attending individuals to be contacted, including relevant specialists (e.g. Control Officers, FIOs, Senior Officers, FRUs, USAR, Command Units, Control Officers).
  - A selective response is offered, e.g. telephone contact only with first responders, casualty handlers, 'sharp-end' participants, individuals flagged up by managers, individuals identified as possibly vulnerable (e.g. FF(D)s, stand-bys, those with personal connection to the incident).
  - Other tailored responses appropriate to the situation. In some cases this may mean letters or e-mails or no contact for some/all individuals.

- In consultation with CTS managers / team, agreeing a plan for information gathering and the initial contacting of managers (usually OiC, WMs and / or CMs).

- Requesting that managers inform crews of expected CTS routine contact and provide mobile phone numbers, where possible.

- Overseeing the collection of contact numbers for LFB staff involved.

- Agreeing the PCIC time-frame with the CTS team based on relevant shift patterns, time of incident, urgency and availability of CTS resources.

- Acting as primary recipient / co-ordinator of incoming incident information.

- Receiving information of CTS counsellor availability from all counsellors present.

- Disseminating information and updates as received, including a round-up at the next team meeting.

- Overseeing the sending of all letters.

- Updating PCIC incident documentation, including reasons for decisions taken for responses offered.

- Liaising with CTS managers or other LFB management where necessary.

- Closing and overseeing the e-filing of all PCIC documentation.

- Bringing the closed PCIC to next available CTS team meeting for debrief, learnings and closure.

2.3 Information

Information required for each PCIC will vary but may include:

- Incident number, date, time, location.
- Incident description and any complicating factors.
- Names of Officer(s) in Charge, WMs, CMs.
- Details of all crews attending, including which were the first responders and which were not directly involved.
- Details of all personnel attending, including pay numbers and mobile phone numbers (if possible).
- Details of any individuals particularly impacted or known to be having difficulties processing the incident.
- Details of any injured / hospitalised operational staff plus the named link officer.
- Updates relating to an unfolding incident or changes regarding individuals' wellbeing.

Sources of information include liaison with managers, Control, station diaries, IMS, StARS, etc. The CTS on call team may be used to gather information out of office hours if incident timing requires this.

If mobile phone numbers are not provided by managers and are unavailable on StARS, CTS can contact the Establishment Performance Team (EPT) to get the numbers (ext. 35348, 35425).

3 CTS primary interventions

3.1 Primary telephone contact

PCIC contact should ideally take place following immediate station debrief from operational managers. This will normally be between 1 to 5 days after a critical incident. The aim of the contact is to:

- Make contact and acknowledge involvement in the incident.
- Offer support.
- Offer psychoeducation about trauma responses and normal processing.
- Check resources and other stressors.
- Use the IESr (Impact of Events Scale - Revised) framework to check the emotional wellbeing of the client.
- Assess the need for a follow up call / further intervention.
- Inform how they might know when to seek further help.
- Offer information on referral.

A basic guidance script of the primary PCIC call is shown in Appendix 3. If a voicemail has to be left, the CTS Staff Counsellor will identify themselves by name, say that they are contacting

the person in relation to the named incident and that this is a routine call. They will ask the individual to call back, leave their number and advise that they can speak to a colleague if they are unavailable.

3.2 PCIC letters

An individual will be sent a PCIC contact letter (Appendix 4) by 1st class post in the following circumstances:

- CTS is unable to obtain a working telephone number.
- The telephone call is unanswered and there is no voicemail facility.
- It is felt inappropriate to leave a message for confidentiality reasons if it was originally decided to write to the individual rather than call (balancing out the level of their involvement in the incident against the need for CTS to be non-intrusive).

3.3 Personnel injured on duty

In the case of an individual being injured on duty, the first course of action would be to establish their condition with the Senior Officer involved. It is not recommended to make contact with individuals when they are still in hospital unless they request contact.

In the case of minor injuries, a letter is to be sent to the individual. A copy of the letter is found in Appendix 5.

In the case of major injuries, a phone call is made to the person when they return home (unless they request to be contacted before) in order to check on their wellbeing. If the individual cannot be reached by phone, the same letter in Appendix 5 is sent.

3.4 Follow up

The primary PCIC call uses the IESr framework to begin to assess the individual's response to the critical incident. IESr is shown in Appendix 7. Questions are asked to check on the occurrence of symptoms connected with intrusion, hypervigilance, avoidance and emotional numbing. Possible outcomes of this verbal check may be:

- The individual seems fine: Information is given about 'normal' processing, when to consider contacting CTS for further assistance and how to self-refer.

- There are some concerns about the individual's wellbeing, critical incident response and processing: A follow up call will be suggested and a time agreed. The counsellor may consider requesting that an IESr is completed verbally on the phone to help determine the severity of symptoms the client is experiencing and the level of need for support / treatment.

- The individual is displaying symptoms to suggest that they are struggling: CTS will suggest that the individual attend CTS for an appointment and a referral will be made.

4 Documentation

All PCIC incidents are recorded on spreadsheets found in a PCIC log file for every month in the common drive (Common > PCIC > [YEAR]). The layout of the spreadsheet is shown in Appendix 6.

When the PCIC co-ordinator determines that there are no outstanding actions, they are responsible for ensuring that all relevant fields on the spreadsheet are filled in and that a PCIC incident number is entered onto the Client database. The files are retained in accordance with the CTS Confidentiality and Data Protection Policy.

Appendix 1 – PCIC criteria

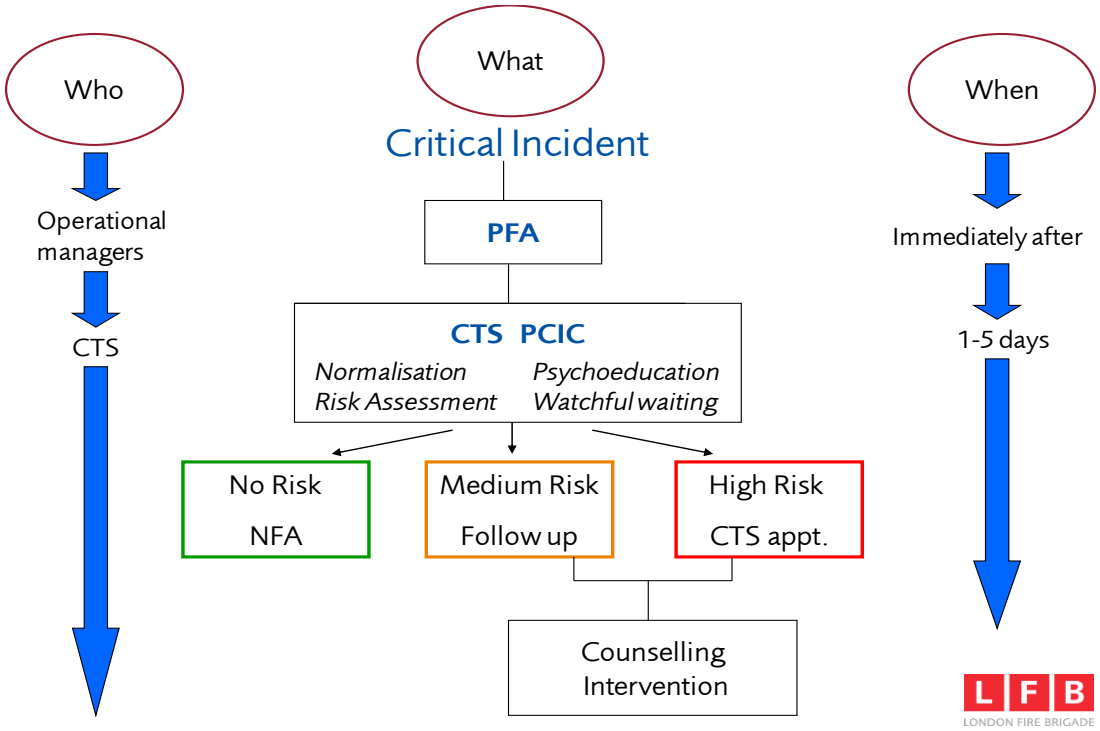
Automatic PCIC criteria:

- Death of a child or children
- Two or more deaths of members of the public, including RTCs
- Death or serious injury to operational staff on duty
- Terrorist activity, where life has been endangered or lost
- Any serious RTA involving Brigade appliance
- Major / catastrophic incidents
- Any incident where operational staff are trapped or missing

PCIC will also be done at the discretion of the Officer in Charge, senior manager or any attending Firefighter. Such incidents may include:

- Serious injury to a child or children
- Single fatalities including RTCs or serious / horrific injuries
- Attendance at a series of incidents over a short period of time, creating cumulative impact
- Incidents which are disturbing or shocking e.g. murder scenes, suicides
- Incidents involving operational difficulties e.g. flashovers, near misses, contamination
- Incidents where there may be a personal meaning of the incident / casualty to an individual or individuals
- Incidents which have had a public response / media attention
- Control staff taking difficult calls e.g. fire survival call
- Any other incident where need for CTS contact might be indicated.

Appendix 2 – PCIC support flowchart



Appendix 3 – Primary PCIC telephone contact

Aim

1. To make contact.
2. To acknowledge their involvement.
3. To use the IESr framework check emotional wellbeing of individual.
4. To offer support.
5. To offer psychoeducation about trauma responses and normal processing.
6. To offer help with resilience, resources and stressors.
7. To assess need for follow up call.
8. To inform how they might know when to seek further help.
9. To offer information regarding referral.

Introduction

My name is …… I'm calling from the Counselling and Trauma Service of the Fire Brigade.

Is it okay to speak now? If not, when would be convenient?

This is a routine call about the incident ……

I don't know if you've had one of these calls before. This is a routine call which follows certain types of incidents. It's not a counselling call, it's really just to check how you've been since.

Has your manager told you we might be calling? / Have you been expecting this call?

We're contacting everyone who attended the incident. Were you there?

Information gathering

Acknowledge involvement.

What have you and the watch done so far to process the incident?

How helpful has this been?

How have you been since the incident and what's around for you (giving them a space to talk about how it's been and for us to get a sense of how they are).

Our experience is that some people report some of the following symptoms and I wonder if anything like this is coming up for you (record answers to following questions):

Regarding intrusion:

- Have you noticed any change in your sleeping patterns, or are you dreaming about it?
- Have you had strong feelings about it?
- Do you find yourself thinking about it when you don't mean to, or are you easily reminded of it?

Regarding hypervigilance:

- Are you jumpy or easily startled?
- Have you noticed any changes in mood (e.g. irritability, anger) or difficulty concentrating?
- Do you experience any physical changes when you think about the incident (e.g., sweating, feeling sick, pounding heart, difficulty breathing)?

Regarding avoidance:

- Do you find that you avoid thinking about it?
- If you do think about it, do you try and avoid dealing with it *(numbness)?*
- Have you noticed any changes in your behaviour (e.g. drinking, drugs or any other unhelpful coping mechanisms)?

Psychoeducation

IF PERSON ANSWERS 'NO' TO THE ABOVE:

I'd like to give you some details about the things to look out for both in yourself and colleagues.

IF PERSON ANSWERS 'YES' TO THE ABOVE:

The things that you describe are normal reactions and are to be expected under the circumstances. What you will most likely find is that they will reduce and eventually disappear over the next week or two.

It's important to allow how you feel and not bottle things up as it's unhelpful to let things build up inside you. It will pass.

You may be a bit vulnerable at the moment so be careful when you're driving. Don't over-do it on alcohol or caffeine.

Resilience and resources

How long have you been in the Fire Brigade and what's your experience of attending difficult incidents?

What have you learnt about the way you cope with the incidents that have had on impact on you?

What works for you and how do you take care of yourself? Some people might describe talking to others at home or on the watch, exercising, hobbies etc.

Do more of the things that you find helpful and avoid getting into negative habits such as drinking too much, losing your temper, road rage, smoking, etc.

Outcome

OPTION 1: Low risk / no further action

It sounds like you're doing okay. But if you feel things haven't continued to improve over the next month or so, here's our number.

OPTION 2: Medium risk / follow up call

From what you've told me, it might be useful for us to talk again next week to see how you are doing. I'll give you a ring on ……

OPTION 3: High risk / CTS referral

It sounds like you're struggling a bit at the moment. Would you like to make an appointment to come in and see us?

Ending

If you find that your mood changes or you start thinking more about the incident in a way that makes you feel uncomfortable, you can always contact us to talk it through.

Should you want to get in touch with us in the future, feel free to call us on 020 8555 1200, extension 35555. In case you need to contact a counsellor for an emergency outside office hours, call Control and ask them to page the counsellor on duty.

Status at end of call to be recorded on PCIC spreadsheet in the relevant cells:

- No further action (NFA)
- Follow up call
- Referral

Appendix 4 – PCIC letter template

Only to be opened by:

Please reply to

Counselling & Trauma Service
4th floor, 69 Euston Square,
London NW1 1DH

date

Re: Incident [xxxxxxNUMBER & DESCRIPTIONxxxxxx]

Dear [xxxxxxNAMExxxxxx]

I am writing to you regarding the above incident. As you may know, after certain types of incident the Counselling & Trauma Service contacts everyone who attended. It's a routine contact which forms part of our post critical incident procedure. We always try and speak to people on the phone, but if that is not possible for some reason we make contact by letter.

The purpose for making contact with you is to see how you have been since the incident. Our experience is that individuals can have many different reactions to a particular incident and our aim is to check if there is anything left over from this one that you would like to talk through. We may also be able to give you some information that can support you in dealing with critical incidents in the future if that feels helpful.

I would be grateful if you would contact me. My number is 020 8555 1200 extension 35555. If I'm not available when you ring, please ask to speak to one of my colleagues.

With best wishes,

[xxxxxxNAMExxxxxx]

Counsellor

Appendix 5 – Letter to personnel injured on duty

Only to be opened by:

Please reply to

Counselling & Trauma Service
4th floor, 69 Euston Square,
London NW1 1DH

date

Dear [xxxxxxNAMExxxxxx]

I am sorry to hear that you have recently been injured whilst at work and I hope you are making a good recovery.

The Counselling and Trauma Service is notified when anyone has been injured. The reason for this is so that we can contact you to see how you are and whether there is any support that this service can give you at this time. Sometimes injuries can be very difficult or distressing, even if they are seemingly a minor physical injury, and at these times it can be useful to talk this through with someone. If you feel we can be of support then please do get in touch with us. We can be contacted on 020 8555 1200 x 35555. You can then either speak to me or if I'm not available please ask to speak to one of my colleagues.

Kind regards

[xxxxxxNAMExxxxxx]

Staff Counsellor

Appendix 6 – PCIC spreadsheet

Incident name *e.g. Fatal fire, Euston*	First responding watch *e.g. Euston, W*	PCIC called in by *e.g. OoD, WM Euston W*	All stations involved	CoRes?	Tango?	Fitting CTS criteria?

Date	Incident number	CTS reference number	Coordinator

Description

NFA? (Y)	Station Control Senior officer	Watch (R / B / G/ W)	Role	Name	Payroll No.	Tel number (mobile / landline)	Counsellor allocated	Tel contact (date / counsellor) *(e.g. 01/01/01 / MC)*

Manager's discretion?	No. of people contacted	No. of calls	No. of letters	Referrals	Adult fatalities	Child fatalities	Total fatalities	Complete?
	0	0	0	0			0	Yes

Comments

1st message (date / counsellor)	2nd message (date / counsellor)	Letter (date / counsellor)	Follow up call? (date / counsellor)	Referral? (Y)	Client? (Y)	Notes (date / counsellor)

Appendix 7 – Impact of Events Scale - Revised

Impact of Event Scale - Revised

Name: _____ Date: _____

Instructions: Below is a list of difficulties people sometimes have after stressful life events. Please read each item and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to _____, how much were you distressed or bothered by these difficulties?

		Not at all	A Little bit	Mode-rately	Quite a bit	Extr-emely
1	Any reminder brought back feelings about it.	0	1	2	3	4
2	I had trouble staying asleep.	0	1	2	3	4
3	Other things kept making me think about it.	0	1	2	3	4
4	I felt irritable and angry	0	1	2	3	4
5	I avoided letting myself get upset when I thought about it or was reminded about it.	0	1	2	3	4
6	I thought about it when I didn't mean to.	0	1	2	3	4
7	I felt as if it hadn't happened or wasn't real.	0	1	2	3	4
8	I stayed away from reminders about it.	0	1	2	3	4
9	Pictures about it popped into my mind.	0	1	2	3	4
10	I was jumpy and easily startled.	0	1	2	3	4
11	I tried not to think about it.	0	1	2	3	4
12	I was aware that I still had a lot of feelings about it, but I didn't deal with them.	0	1	2	3	4
13	My feelings about it were kind of numb.	0	1	2	3	4
14	I found myself acting or feeling like I was back at that time.	0	1	2	3	4
15	I had trouble falling asleep.	0	1	2	3	4
16	I had waves of strong feelings about it.	0	1	2	3	4
17	I tried to remove it from my memory.	0	1	2	3	4
18	I had trouble concentrating.	0	1	2	3	4
19	Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	0	1	2	3	4
20	I had dreams about it.	0	1	2	3	4
21	I felt watchful and on-guard.	0	1	2	3	4
22	I tried not to talk about it.	0	1	2	3	4

Scoring & interpretation:

- Avoidance questions: 5, 7, 8, 11, 12, 13, 17, 22
- Intrusion questions: 1, 2, 3, 6, 9, 14, 16, 20
- Hyperarousal questions: 4, 10, 15, 18, 19, 21

- Scores over 24 are deemed meaningful. PTSD is a clinical concern (will have some symptoms)
- Scores over 33 indicate PTSD.

LONDON FIRE BRIGADE

Counselling & Trauma Service

Aims and Objectives

Implementation date: September 2013

Last updated: July 2019

Contents

1 Statement of purpose

The provision of professionally accredited counselling and consultation to address the psychological wellbeing of employees and to contribute to systems and initiatives which create and maintain a psychologically healthy workplace within LFB's Wellbeing Strategy.

2 CTS aims

1. To promote, encourage and improve employee psychological wellbeing across the whole organisation.
2. Offer counselling services which are confidential, timely, accessible and appropriate.
3. Fulfil a role within the organisation which is preventative and developmental as well as being restorative by contributing to the design and implementation of LFB's Wellbeing Strategy.
4. Work with individuals, the organisation and the interface between the two to understand how the working environment may affect employees and how individuals' difficulties may impact on work performance.

3 CTS objectives

Provision of:

1. A professional and confidential, BACP accredited counselling service run in accordance with the Ethical Framework for the Counselling Professions (British Association for Counselling and Psychotherapy, BACP).
2. 24-hour emergency telephone access to a counsellor for all employees via an out of hours, on call procedure.
3. Post critical incident contact for operational personnel from a counsellor following critical / major incidents to normalise, offer trauma psycho-education, assess risk and promote resilience in order to prevent development of complex responses including PTSD.
4. Brigade-wide mental health initiatives as part of the LFB Wellbeing Strategy, implemented in partnership with Wellbeing Unit of People Services and the LFB user led group United Minds.
5. Advice and guidance to managers on issues relating to employees' psychological wellbeing, including resolution of interpersonal or watch / team issues.

6. Information via annual reports to corporate management and other CTS stakeholders on CTS activity including current issues and trends and apparent impact on the workforce of changes in policies and practices.

7. Regular liaison with other LFB departments such as Service Delivery, Training and Development, and Human Resources.

8. Participation on organisational committees and working groups.

9. Regular liaison with OHS in accordance with agreed protocols and when necessary, referral to other health professionals, hospitals and treatment centres.

10. CTS input into training courses for staff at all levels of the organisation on issues such as managing SAD (stress, anxiety and depression), delivering 'bad news' to families, and mental health awareness.

11. Confidential CTS client reports issued to 3rd parties, such as OHS and management, working within the CTS confidentiality policy.

12. Practical advice, support and signposting to bereaved relatives on occasion of a death in service.

13. Psychological support for LFB employees in the ongoing aftermath of an identified major incident or disaster.

14. Regular contact and specific support as required, to identified LFB specialists to support psychological wellbeing, e.g. Fire Investigation Officers and Operational Review Officers.

15. CPD inputs to watches / teams, new entrants to Control, new Firefighter recruits on mental health and resilience issues.

LONDON FIRE BRIGADE

Managing stress within the LFB

New policy number:	**690**
Old instruction number:	
Issue date:	**16 December 2009**
Reviewed as current:	**7 May 2013**
Owner:	**Head of Human Resource Management**
Responsible work team:	**HRM Policy Group**

Contents

1 Introduction

1.1 The London Fire Brigade (LFB) recognises that its people are its key resource and that employee well-being is essential to the effective performance of both the individual and the organisation. Therefore it is committed to effective management of the causes of stress for its employees.

2 Policy statement

2.1 LFB accepts its duty as an employer to create, by means of its working practices, policies and procedures, a safe and supportive working environment for its staff. It recognises that staff may face stress arising from their employment or from their personal and domestic circumstances which could impinge on their working life. It aims to prevent or reduce the causes of stress at work, as far as is reasonably practicable. It undertakes to raise staff awareness on the causes and symptoms of stress and to offer guidance on how to manage personal stress. It will offer support to individuals who are affected as a result of workplace or domestic stress.

3 LFB's responsibility under the health and safety at work etc Act 1974 (HSWA)

3.1 LFB's Health and Safety Policy statement outlines LFB's commitment to, so far as is reasonably practicable, safeguarding the physical and mental well-being of all its employees. Under the HSWA, all staff have a responsibility for their own health, safety and welfare and for that of others whilst at work. The Health and Safety Policy Statement is concerned not only with preventing injury and ill health, but also with positive health and safety promotion and this includes the management of stress.

3.2 LFB already has a range of policies which aim to mitigate the occurrence of stress in the workplace within its recruitment, training and development practices. However, it recognises that it is good practice to review these policies regularly, especially in the light of experience, with a view to managing stress levels among its staff.

4 A definition of stress

4.1 Stress can be defined as *'the adverse reaction to excessive pressures or other types of demands placed on an individual'* - Health and Safety Executive (HSE). Some pressures can be stimulating; they can challenge, encourage, concentrate the mind and help to keep people motivated. Stress is a reaction to excessive, or in some cases too little, pressure. The intensity of the stress response is determined, at least in part, both by the individual's appraisal of the situation and how the individual copes with the environments they face and this is recognised as varying from person to person.

4.2 Stress is not a single, specific response or a recognised medical condition in itself; it is a general label or 'umbrella' term which is used to refer to a broad and diverse range of emotions, thoughts and behaviours.

5 Causes of stress

5.1 The LFB recognises that there are a range of contributory factors, both acute and chronic, to individual stress. It is therefore committed to a comprehensive approach to encompass the distinct areas that are contributory factors to stress. The following list, although not exhaustive, are some of the sources associated with stress:

- Personal/domestic.

- Organisational.
- Attendance at (some) operational incidents.
- Internal and external change.
- Inter personal relationships.
- Workloads.
- Bullying and harassment.
- Unrealistic deadlines, goals and objectives.

5.2 Internal and external influences can result in increased demands on the service, and organisational sources of stress can affect staff at all levels. Among the diverse sources of stress identified above, the HSE has identified the following as key risk factors: the **demands** of the job, the level of **control** over the work, the **support** that is received, the **relationships** at work, the individual's **role** in the organisation and how well defined it is understood, and **changes**, in how it is managed and communicated.

5.3 It is recognised that attendance at or involvement in traumatic incidents, especially those involving multiple fatalities or the death of children or colleagues, can induce symptoms of stress and anxiety for groups or individuals. These can result in feelings of sadness and helplessness in the face of loss. Such reactions are normal, but in isolated cases these feelings can remain unresolved and undiminished and may result in an individual suffering from the medical condition known as Post Traumatic Stress Disorder (PTSD).

5.4 The sources of personal and domestic stress vary greatly from individual to individual, but some commonality can be established from the following:

- Family illness and bereavement;
- Relationships with partners, children, parents and other family members;
- Financial problems;
- Problems with dependency on alcohol, drugs, gambling or other anti-social and potentially destructive behaviour;
- The effects of being a victim of crime.

6 Symptoms and effects of stress

6.1 Stress can manifest itself in a number of ways and some symptoms associated with stress are: headaches/migraines, insomnia/changes to sleep patterns, anxiety, loss of self-esteem, susceptibility to illness and/or accidents, lack of appetite and noticeable weight loss or weight gain. Stress may also lead to an increase in the consumption of alcohol, drugs and/or cigarettes, all of which are potentially harmful to health.

6.2 Stress has also been associated with a number of serious ill health conditions such as heart disease, raised blood pressure, ulcers and depression, as well as with minor disorders such as indigestion, nausea, skin rashes, excessive tiredness and muscle pain.

6.3 The effects of stress on an organisation can include a loss of motivation in staff, declining performance, poor time keeping, becoming withdrawn or argumentative, raised sickness absence and high staff turnover.

7 Positive action to manage employee stress

7.1 The LFB cannot eliminate all internal pressures, nor would this be desirable. In addition, the LFB has little or no influence over external stressors. It is nevertheless, committed to identifying, mitigating and/or removing, where possible, inappropriate levels and sources of internal pressure which are likely to cause stress to individuals. In order to achieve this, the LFB must be clear

about risks within the organisation. It also recognises that some members of its workforce, due to their individual make-up and/or the particular nature of their work, may be potentially more exposed to such pressures than others.

7.2 The overall approach to stress management for the LFB will be one that adopts a risk-based approach. The LFB's primary focus will be to avoid undue stress in the workplace. However, all organisations are likely from time to time to have staff affected by stress and as such, measures to identify and assess sources of stress and those at most risk is needed with the necessary action taken to address the cases highlighted.

8 Assessing the risks

8.1 Risk assessment is the process of looking forward to anticipate and prevent harm before it occurs. The risk assessment process is designed to identify hazards, assess the risk to heath and safety, prevent the hazard(s) from occurring or if it cannot be avoided, controlling the risks in order that they are reduced or minimised.

8.2 A risk assessment approach represents a set of measures used to identify potential stressors within the workplace and can be carried out on both an organisational and individual level.

8.3 The aim of this process is to explore the areas that are causing stress to the individual, focusing in the first instance on performance at work and working with the individual to identify what steps can be taken to support them in their work. It may be that temporary or relatively minor changes can help to alleviate the feelings of stress.

8.4 Any actions or possible solutions should be noted and a date to review progress agreed on the stress - risk assessment report (Appendix 1).

8.5 Essentially the aim is to:

- Identify sources of stress.
- Evaluate the severity of stress levels identified.
- Highlight areas of risk.
- Evaluate the LFB policies and procedures for preventing and/or mitigating stress.
- Recommend interventions that would reduce employee exposure to stress.
- Satisfy health and safety law requirements.

8.6 A manager (when this is not appropriate, an alternative member of staff of the same grade as the manager) **must conduct** a risk assessment in the event of a member of staff returning to work, having been absent from work due to stress and consider as necessary, any adjustments that may be required, irrespective of whether the stress is work related or not. Risk assessments conducted should be in line with any information/guidance provided by the LFB's Occupational Health Provider. Where a manager does not feel a risk assessment is necessary, this should be noted in the employee's return to work interview (RTWI).

8.7 A manager will **need to consider** conducting a risk assessment in the event of a member of staff presenting any or all of the following behavioural changes in the work place.

- Becoming withdrawn.
- Being aggressive.
- Manifestation of poor time keeping.
- Inter personal problems.
- Sporadic periods of un-certificated sickness absence.
- Irrational behaviour.

8.8 The above list, although not exhaustive, contains some of the triggers for a manager to note and act upon. Exploring the areas that are causing stress, focussing in the first instance on performance at work, is a legitimate role of a manager. Listening to the individual's concerns, offering a sympathetic ear and giving reassurance may be all that is needed in some cases. Communicating with the member of staff in an open and honest way may lead on to issues outside of the working environment, which a manager may or may not be able to deal with given what is being presented. To this end, managers and staff can utilise the specialist resources available to them, as detailed in section 9 of this policy.

8.9 In summary, a stress related situation that warrants a risk assessment and suitable plan will be brought to a manager's attention in any one of the following ways:

- The member of staff raises a stress related issue with the manager.
- The manager raises concerns that a member of staff may be showing signs of stress.
- The member of staff is on sick leave with a potential stress related condition and the accompanying medical certificates confirms this e.g. - 'stress/work related stress/fatigue, nervous exhaustion/debility' (these examples are not exhaustive).

8.10 Staff are advised to discuss any issues of concern with their line manager in an open and honest manner in order to arrive at workable solutions. Issues of workloads and the ability to cope at work or with inter personal problems with colleagues, need to be brought to the line manager's attention in an open and honest manner. Even where the pressures experienced are not work-related, it is important that managers are made aware of them, given the potential for these matters to have an effect on work performance and impact on the working environment. Any information received by managers should be treated sensitively and in keeping with the principles associated with confidentiality.

8.11 In conducting risk assessments and developing associated plans, it is important that a record of the risk assessment is maintained and retained in order to monitor progress of a given stress related situation, with a view to achieving the desired positive outcome. The requisite form for completion is attached in Appendix 1 of this policy. Completed forms must be stored on the employee's electronic personal record file (e-PRF) in order that reviews of risk assessments can be undertaken as necessary. This will also provide for up to date information to be available at a given point, for case management purposes.

9 Providing support

9.1 Depending on the issue(s) presented, regardless of whether they are work related or not, staff and managers have recourse to specialist advice and support from the Corporate Management Team (formally Equality Services), Human Resource Management Department and the Chaplaincy Services, who can provide appropriate guidance . Additionally, the LFB has a confidential advice and support service with the Advisory and Counselling Services (ACS) and the Occupational Health Service (OHS) where the referral process in respect of stress related absence and related issues is effectively dealt with in accordance with extant policies and procedures on sickness absence management. While managers can recommend staff be referred to the ACS in the light of particular situations, the ACS also operates on a self referral basis where staff can liaise directly with the service for referral as necessary on matters not just associated with stress, but also issues to do with finance and money matters. The OHS for their part, can help in providing advice in order to facilitate a return to work identifying as necessary any adjustments that may need to be made where appropriate, while assessing any underlying co-existing medical records that may require additional consideration.

9.2 In addition to the specialist sources of advice and support mentioned above, the LFB's Health and Safety Services (HSS) can also assist in providing guidance and support to staff and managers by offering independent help and advice concerning the risk assessment process and providing advice on best practice.

10 Recommended action

10.1 By managers:

- **Communicate** – with staff regarding workloads, standards, variations and expectations and your role in supporting them. Encourage staff to say what they think and generate their own ideas for change where possible. Listen without judging. Give constructive feedback.
- **Staff Assessment** – through regular one-to-ones, or through conducting a Stress Risk Assessment with the member of staff. Do not rely solely on the appraisal process, but actively manage and provide positive support for any changed situation. Consider any reasonable adjustments that may be required to mitigate the risks identified.
- **Support/Direction/Training** – ensure that this is in place at the beginning and throughout any period of intensified workflow or new responsibilities.
- **Monitor** – make this a regular feature. If a manager has conducted a risk assessment, and implemented a plan, he/she needs to ensure that this is monitored at regular intervals and be prepared to revise any working arrangements in the short term and encourage staff to develop their abilities.
- **Action** – Be aware of specialist sources of help and advice available as per section 9 above.

10.2 By Staff:

Notwithstanding the specialist sources of assistance available to staff, there are also a number of strategies that can be adopted to alleviate the symptoms of stress and some of these include:

- **Social support**, i.e. family, friends and colleagues
- **Professional support** i.e. GP, specialist, counsellor, psychiatrist
- **Support groups**
- **Relaxation techniques**
- **Physical exercise**
- **Good nutrition**
- **Adequate sleep and rest**
- **Life style changes**
- **Talking to someone**
- **Work based solutions**

Employees should help themselves by discussing with their manager situations that may be causing them stress, to help the manager to understand any changes in behaviour. The employee should also work with the manager to determine what steps can be put into place to alleviate or help to minimise the effect of the stress being caused.

Appendix 1 - Stress - risk assessment report

Member of Staff: (Print Name)……

Job Title:……..**Section**……..……**Dept**……..……

Line Manager: (Print Name)……

Date……

---

1. POTENTIAL WORK RELATED STRESSORS IDENTIFIED

2. POTENTIAL NON-WORK RELATED STRESSORS IDENTIFIED

3. SUGGESTED SUPPORT MEASURES/ACTION DISCUSSED *e.g. Temporary change in work activities, TNA, reappraisal of role, additional support required, management and peer support, team building, increase regularity of supervision, utilisation of flexible working polices*

4. IMPLEMENTATION PLAN FOR CONTROL/ACTION MEASURES

Action agreed	To be actioned by:	To start from:	Review date:
1.			
2.			
3.			
4.			
5.			
6.			

Signed…… ……

(Member of staff) **(Line manager)**

Document history

Assessments

An equality, sustainability or health, safety and welfare impact assessment and/or a risk assessment was last completed on:

EIA	09/12/2009	SDIA	09/12/2009	HSWIA		RA	

Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
Throughout	Human Resources updated to Human Resources and Development throughout in accordance with Top Management Review.	25/02/2011
Throughout	This policy has been reviewed as current, no changes were required.	14/01/2013
Page 4 paras 8.3 and 8.4 Page 4 para 8.6 Page 5 para 8.11 Page 5 para 9.1 Page 7 – Appendix 1	Minor substitution of words: 'stage' for 'process' and 'form for 'report'. Addition of the words 'immaterial of whether the stress is work related or not' and the sentence, 'Where a manager does not feel a risk assessment is necessary, this should be noted in the employee's return to work interview (RTW)'. Addition of the words 'requisite form for completion' and the sentence, 'Completed forms must be stored on the employee's electronic personal record file (e-PRF) in order that up to date information is available at given point, for case management purposes.' Addition of the words 'regardless of whether they are work related or not. Deletion of the words 'Work related' at heading.	03/05/2013
Page 8	'Subjects list' table - template update.	09/01/2015

Subject list

You can find this policy under the following subjects.

Personal health	Sickness
Stress	

Freedom of Information Act exemptions

This policy/procedure has been securely marked due to:

Considered by: (responsible work team)	**FOIA exemption**	**Security marking classification**

LONDON FIRE BRIGADE

Managing stress within the LFB

New policy number:	**690**
Old instruction number:	
Issue date:	**16 December 2009**
Reviewed as current:	**14 January 2013**
Owner:	**Head of Human Resources and Development**
Responsible work team:	**HRD Policy Group**

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- Bullying and harassment.
- Unrealistic deadlines, goals and objectives.

5.2 Internal and external influences can result in increased demands on the service and organisational sources of stress can affect staff at all levels. Among the diverse sources of stress identified within an organisation and those that have featured regularly and have been identified by the HSE as key risk factors are: the **demands** of the job, the level of **control** over the work, the **support** that is received, the **relationships** at work, the **role** in the organisation and how well defined it is and **changes**, and how it is managed.

5.3 It is recognised that attendance at or involvement with traumatic incidents, especially those involving multiple fatalities or the death of children or colleagues, can induce symptoms of stress and anxiety for groups or individuals. These can result in feelings of sadness and helplessness in the face of loss. Such reactions are normal, but in isolated cases these feelings can remain unresolved and undiminished and may result in an individual suffering from the medical condition known as Post Traumatic Stress Disorder (PTSD).

5.4 The sources of personal and domestic stress vary greatly from individual to individual, but some commonality can be established from the following:

- Family illness and bereavement.
- Relationships with partners, children, parents and other family members.
- Financial problems.
- Problems with dependency on alcohol, drugs, gambling or other anti-social and potentially destructive behaviour.
- The effects of being a victim of crime.

6 Symptoms and effects of stress

6.1 Stress can manifest itself in a number of ways and some symptoms associated with stress are: headaches/migraines, insomnia/changes to sleep patterns, anxiety, loss of self-esteem, susceptibility to illness and/or accidents, lack of appetite and noticeable weight loss or weight gain. Stress may also lead to an increase in the consumption of alcohol, drugs and cigarettes, all of which are potentially harmful to health.

6.2 Stress has also been associated with a number of serious ill health conditions such as heart disease, raised blood pressure, ulcers and depression, as well as with minor disorders such as indigestion, nausea, skin rashes, excessive tiredness and muscle pain.

6.3 The effects of stress on an organisation can include a loss of motivation in staff, declining performance, poor time keeping, becoming withdrawn or argumentative, raised sickness absence and high staff turnover.

7 Positive action to manage employee stress

7.1 The LFB cannot eliminate all internal pressures, nor would this be desirable. In addition, the LFB has little or no influence over external stressors. It is nevertheless, committed to identifying, mitigating and/or removing, where possible, inappropriate levels and sources of pressure which are likely to cause stress to individuals. In order to achieve this, the LFB must be clear about risks

within the organisation. It also recognises that some members of its workforce, due to their individual make-up and/or the particular nature of their work, may be potentially more exposed to such pressures than others.

7.2 The overall approach to stress management for the LFB will be one that adopts a risk-based approach. The LFB's primary focus will be to avoid stress in the workplace. However, all organisations are likely from time to time to have staff affected by stress and as such, measures to identify and assess sources of stress and those at most risk is needed with the necessary action taken to address the cases highlighted.

8 Assessing the risks

8.1 Risk assessment has been described as the process of looking forward to anticipate and prevent harm before it occurs. The risk assessment process is designed to identify hazards, assess the risk to heath and safety, prevent the hazard(s) from occurring or if it cannot be avoided, controlling the risks in order that they are reduced or minimised.

8.2 A risk assessment approach represents a set of measures used to identify potential stressors within the workplace and can be carried out on both an organisational and individual level.

8.3 The aim of this stage is to explore the areas that are causing stress to the individual, focusing in the first instance on performance at work and working with the individual to identify what steps can be taken to support them in their work. It may be that temporary or relatively minor changes can help to alleviate the feelings of stress.

8.4 Any actions or possible solutions should be noted and a date to review progress agreed on the risk assessment form (Appendix 1).

8.5 Essentially the aim is to:

- Identify sources of workplace stress.
- Evaluate the severity of stress levels identified.
- Highlight areas of risk.
- Evaluate the LFB arrangements for preventing and/or mitigating stress.
- Recommend interventions that would reduce employee exposure to stress.
- Satisfy health and safety law requirements.

8.6 A manager (when this is not appropriate an alternative member of staff of the same grade as the manager) **must conduct** a risk assessment in the event of a member of staff returning to work, having been absent from work due to stress and consider as necessary, any adjustments that maybe required. Risk assessments conducted should be in line with any information/guidance provided by the LFB's Occupational Health Provider.

8.7 A manager will **need to consider** conducting a risk assessment in the event of a member of staff presenting any or all of the following behavioural changes in the work place.

- Becoming withdrawn.
- Being aggressive.
- Manifestation of poor time keeping.
- Inter personal problems.
- Sporadic periods of un-certificated sickness absence.
- Irrational behaviour.

8.8 The above list, although not exhaustive, contains some of the triggers for a manager to note and act upon. Exploring the areas that are causing stress, focussing in the first instance on performance at work, is a legitimate role of a manager. Listening to the individual's concerns,

offering a sympathetic ear and giving reassurance may be all that is needed in some cases. Communicating with the member of staff in an open and honest way may lead on to issues outside of the working environment which a manager may or may not be able to deal with given what is being presented. To this end, managers can avail themselves of the specialist resources available to them and the member of staff as detailed in section 9 of this policy.

8.9 In summary, a stress related situation that warrants a risk assessment and suitable plan will be brought to a managers attention in any one of the following ways:

- The member of staff raises a stress related issue with the manager
- The manager raises concerns that a member of staff maybe showing signs of stress
- The member of staff is on sick leave with a potential stress related condition and the accompanying medical certificates confirms this e.g. - 'stress, work related stress, fatigue, nervous exhaustion or debility'.

8.10 Staff are advised to discuss any issues of concern with their line manager in an open and honest manner in order to arrive at workable solutions. Issues of workloads and the ability to cope at work or inter personal problems with colleagues need to be brought to their line manager's attention in a forthright manner. Even where the pressures experienced are outside of work, it is important that managers are made aware of them, given the potential for these matters to have an effect on work performance and impact on the working environment. This information needs to be treated sensitively and in confidence.

8.11 In conducting risk assessments and developing associated plans, it is important that a record of the assessment is maintained and retained in order to monitor progress of a given stress related situation with a view to achieving the desired positive outcome. The risk assessment form is attached as an Appendix to this policy.

9 Providing support

9.1 Depending on the issue(s) presented, staff and managers have recourse to specialist advice and support from the Equality Services, Human Resources and Development Department, the Advisory and Counselling Services and the Chaplaincy Services, who can provide guidance on either spiritual or otherwise. Additionally, the LFB has a confidential advice and support service with the Occupational Health Service (OHS) where the referral process in respect of stress related absence and related issues is effectively dealt with in accordance with extant policies and procedures on sickness absences management. The OHS can help in providing advice in order to facilitate a return to work identifying as necessary any adjustments that may need to be made where appropriate, while assessing any underlying co-existing medical records that may require additional consideration.

9.2 In addition to the specialist sources mentioned above, the LFB's Health and Safety Services (HSS) can also assist in providing guidance and support to staff and managers by offering independent help and advice concerning the risk assessment process and providing advice on best practice.

10 Recommended action

10.1 By Managers:

- **Communicate** – with staff regarding workloads, standards, variations and expectations and your role in supporting them. Encourage staff to say what they think and generate their own ideas for change where possible. Listen without judging. Give constructive feedback.
- **Staff Assessment** – through regular one-to-ones, or through conducting a Stress Risk Assessment with the member of staff. Do not rely solely on the appraisal process, but actively

manage and provide positive support for any changed situation. Consider any reasonable adjustments that may be required to mitigate the risks identified.

- **Support/Direction/Training** – ensure that this is in place at the beginning and throughout any period of intensified workflow or new responsibilities.
- **Monitor** – make this a regular feature. If a manager has conducted a risk assessment, and implemented a plan, he/she needs to ensure that this is monitored at regular intervals and be prepared to revise any working arrangements in the short term and encourage staff to develop their abilities.
- **Action** – Be aware of specialist sources of help and advice available as per section 10 above.

10.2 By Staff:

Notwithstanding the specialist sources of assistance available to staff, there are also a number of strategies that can be adopted to alleviate the symptoms of stress and some of these include:

- **Social support**, i.e. family, friends and colleagues
- **Professional support** i.e. GP, specialist, counsellor, psychiatrist
- **Support groups**
- **Relaxation techniques**
- **Physical exercise**
- **Good nutrition**
- **Adequate sleep and rest**
- **Life style changes**
- **Talking to someone**
- **Work based solutions**

Employees should help themselves by discussing with their manager situations that may be causing them stress and work together to decide on a realistic action plan.

Appendix 1 - Work related stress - risk assessment report

Member of Staff: (Print Name)……

Job Title:……..**Section**……..……**Dept**……..……

Line Manager: (Print Name)……

Date……

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1. POTENTIAL WORK RELATED STRESSORS IDENTIFIED

2. POTENTIAL NON-WORK RELATED STRESSORS IDENTIFIED

3. SUGGESTED SUPPORT MEASURES/ACTION DISCUSSED *e.g. Temporary change in work activities, TNA, reappraisal of role, additional support required, management and peer support, team building, increase regularity of supervision, utilisation of flexible working polices*

4. IMPLEMENTATION PLAN FOR CONTROL/ACTION MEASURES

Action agreed	To be actioned by:	To start from:	Review date:
1.			
2.			
3.			
4.			
5.			
6.			

Signed…… ……

(Member of staff) **(Line manager)**

Document history

Impact assessments

An Equality or Sustainability Impact Assessment was completed on:

Equality Impact Assessment	09/12/2009.	Sustainability Impact Assessment	09/12/2009.

Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
Throughout	Human Resources updated to Human Resources and Development throughout in accordance with Top Management Review.	25/02/2011
Throughout	This policy has been reviewed as current, no changes were required.	14/01/2013

Corporate subject list

You can find this policy under the following subjects.

Level 1	Level 2
People	Sickness

LONDON FIRE BRIGADE

Managing stress within the LFB

New policy number:	**690**
Old instruction number:	
Issue date:	**16 December 2009**
Reviewed as current:	**7 April 2016**
Owner:	**Head of Human Resource Management**
Responsible work team:	**HRM Policy Group**

Contents

1 Introduction

1.1 The London Fire Brigade (LFB) recognises that its people are its key resource and that employee well-being is essential to the effective performance of both the individual and the organisation. Therefore it is committed to effective management of the causes of stress for its employees.

2 Policy statement

2.1 LFB accepts its duty as an employer to create, by means of its working practices, policies and procedures, a safe and supportive working environment for its staff. It recognises that staff may face stress arising from their employment or from their personal and domestic circumstances which could impinge on their working life. It aims to prevent or reduce the causes of stress at work, as far as is reasonably practicable. It undertakes to raise staff awareness on the causes and symptoms of stress and to offer guidance on how to manage personal stress. It will offer support to individuals who are affected as a result of workplace or domestic stress.

3 LFB's responsibility under the health and safety at work etc Act 1974 (HSWA)

3.1 LFB's Health and Safety Policy statement outlines LFB's commitment to, so far as is reasonably practicable, safeguarding the physical and mental well-being of all its employees. Under the HSWA, all staff have a responsibility for their own health, safety and welfare and for that of others whilst at work. The Health and Safety Policy Statement is concerned not only with preventing injury and ill health, but also with positive health and safety promotion and this includes the management of stress.

3.2 LFB already has a range of policies which aim to mitigate the occurrence of stress in the workplace within its recruitment, training and development practices. However, it recognises that it is good practice to review these policies regularly, especially in the light of experience, with a view to managing stress levels among its staff.

4 A definition of stress

4.1 Stress can be defined as *'the adverse reaction to excessive pressures or other types of demands placed on an individual'* - Health and Safety Executive (HSE). Some pressures can be stimulating; they can challenge, encourage, concentrate the mind and help to keep people motivated. Stress is a reaction to excessive, or in some cases too little, pressure. The intensity of the stress response is determined, at least in part, both by the individual's appraisal of the situation and how the individual copes with the environments they face and this is recognised as varying from person to person.

4.2 Stress is not a single, specific response or a recognised medical condition in itself; it is a general label or 'umbrella' term which is used to refer to a broad and diverse range of emotions, thoughts and behaviours.

5 Causes of stress

5.1 The LFB recognises that there are a range of contributory factors, both acute and chronic, to individual stress. It is therefore committed to a comprehensive approach to encompass the distinct areas that are contributory factors to stress. The following list, although not exhaustive, are some of the sources associated with stress:

- Personal/domestic.

- Organisational.
- Attendance at (some) operational incidents.
- Internal and external change.
- Interpersonal relationships.
- Workloads.
- Bullying and harassment.
- Unrealistic deadlines, goals and objectives.

5.2 Internal and external influences can result in increased demands on the service, and organisational sources of stress can affect staff at all levels. Among the diverse sources of stress identified above, the HSE has identified the following as key risk factors: the **demands** of the job, the level of **control** over the work, the **support** that is received, the **relationships** at work, the individual's **role** in the organisation and how well it is understood, and how **change** is managed and communicated.

5.3 It is recognised that attendance at or involvement in traumatic incidents, especially those involving multiple fatalities or the death of children or colleagues, can induce symptoms of stress and anxiety for groups or individuals. These can result in feelings of sadness and helplessness in the face of loss. Such reactions are normal, but in isolated cases these feelings can remain unresolved and undiminished and may result in an individual suffering from the medical condition known as Post Traumatic Stress Disorder (PTSD).

5.4 The sources of personal and domestic stress vary greatly from individual to individual, but some commonality can be established from the following:

- Family illness and bereavement.
- Relationships with partners, children, parents and other family members.
- Financial problems.
- Problems with dependency on alcohol, drugs, gambling or other anti-social and potentially destructive behaviour.
- The effects of being a victim of crime.

6 Symptoms and effects of stress

6.1 Stress can manifest itself in a number of ways and some symptoms associated with stress are: headaches/migraines, insomnia/changes to sleep patterns, anxiety, loss of self-esteem, susceptibility to illness and/or accidents, lack of appetite and noticeable weight loss or weight gain. Stress may also lead to an increase in the consumption of alcohol, drugs and/or cigarettes, all of which are potentially harmful to health.

6.2 Stress has also been associated with a number of serious ill health conditions such as heart disease, raised blood pressure, ulcers and depression, as well as with minor disorders such as indigestion, nausea, skin rashes, excessive tiredness and muscle pain.

6.3 The effects of stress on an organisation can include a loss of motivation in staff, declining performance, poor time keeping, becoming withdrawn or argumentative, raised sickness absence and high staff turnover.

7 Positive action to manage employee stress

7.1 The LFB cannot eliminate all internal pressures, nor would this be desirable. In addition, the LFB has little or no influence over external stressors. It is nevertheless, committed to identifying, mitigating and/or removing, where possible, inappropriate levels and sources of internal pressure which are likely to cause stress to individuals. In order to achieve this, the LFB must be clear

about risks within the organisation. It also recognises that some members of its workforce, due to their individual make-up and/or the particular nature of their work, may be potentially more exposed to such pressures than others.

7.2 The overall approach to stress management for the LFB will be one that adopts a risk-based approach. The LFB's primary focus will be to avoid undue stress in the workplace. However, all organisations are likely from time to time to have staff affected by stress and as such, measures to identify and assess sources of stress and those at most risk is needed with the necessary action taken to address the cases highlighted.

7.3 In April 2016, alongside implementation of Policy number 889 - Managing attendance policy, the Brigade adopted the Appendix 1 document 'Work-Related Stress: Guidelines', the Appendix 2 document 'Workplace Stress Questionnaire'(an electronic version of this is available via the 'Attendance Management' page on hotwire), and an updated 'Stress – risk assessment and action plan' at Appendix 3. These documents are referred to within the Guidance Note 'Managing Attendance Handbook'.

8 Assessing the risks

8.1 Risk assessment is the process of looking forward to anticipate and prevent harm before it occurs. The risk assessment process is designed to identify hazards, assess the risk to heath and safety, prevent the hazard(s) from occurring or if it cannot be avoided, controlling the risks in order that they are reduced or minimised.

8.2 A risk assessment approach represents a set of measures used to identify potential stressors within the workplace and can be carried out on both an organisational and individual level.

8.3 The aim of this process is to explore the areas that are causing stress to the individual, focusing in the first instance on performance at work and working with the individual to identify what steps can be taken to support them in their work. It may be that temporary or relatively minor changes can help to alleviate the feelings of stress.

8.4 Staff will be asked by their line manager to complete the 'Workplace Stress Questionnaire' at Appendix 2, and to discuss this with their line manager (or where the employee would prefer, another appropriate manager) in the first instance. Managers should discuss the purpose of this questionnaire with the employee and offer the option of either the employee completing the questionnaire first and then discussing it, or, alternatively, meeting with the manager and completing the questionnaire together.

8.5 Any actions or possible solutions should be noted and a date to review progress agreed on the stress - risk assessment report (Appendix 3).

8.6 Essentially the aim is to:

- Identify sources of stress.
- Evaluate the severity of stress levels identified.
- Highlight areas of risk.
- Evaluate the LFB policies and procedures for preventing and/or mitigating stress.
- Recommend interventions that would reduce employee exposure to stress.
- Satisfy health and safety law requirements.

8.7 A manager (when this is not appropriate, an alternative member of staff of the same grade as the manager) **must conduct** a risk assessment in the event of a member of staff returning to work, having been absent from work due to stress and consider as necessary, any adjustments that may be required, irrespective of whether the stress is work related or not. Risk assessments

conducted should be in line with any information/guidance provided by the LFB's Occupational Health Provider. Where a manager does not feel a risk assessment is necessary, this should be noted in the employee's return to work interview (RTWI).

8.8 A manager will **need to consider** conducting a risk assessment in the event of a member of staff presenting any or all of the following behavioural changes in the work place.

- Becoming withdrawn.
- Being aggressive.
- Manifestation of poor time keeping.
- Interpersonal problems.
- Sporadic periods of un-certificated sickness absence.
- Irrational behaviour.

8.9 The above list, although not exhaustive, contains some of the triggers for a manager to note and act upon. Exploring the areas that are causing stress, focussing in the first instance on performance at work, is a legitimate role of a manager. Listening to the individual's concerns, offering a sympathetic ear and giving reassurance may be all that is needed in some cases. Communicating with the member of staff in an open and honest way may lead on to issues outside of the working environment, which a manager may or may not be able to deal with given what is being presented. To this end, managers and staff can utilise the specialist resources available to them, as detailed in section 9 of this policy.

8.10 In summary, a stress related situation that warrants a risk assessment and suitable plan will be brought to a manager's attention in any one of the following ways:

- The member of staff raises a stress related issue with the manager.
- The manager raises concerns that a member of staff may be showing signs of stress.
- The member of staff is on sick leave with a potential stress related condition and the accompanying medical certificates confirms this e.g. - 'stress/work related stress/fatigue, nervous exhaustion/debility' (these examples are not exhaustive).

8.11 Staff are advised to discuss any issues of concern with their line manager in an open and honest manner in order to arrive at workable solutions. Issues of workloads and the ability to cope at work or with inter personal problems with colleagues, need to be brought to the line manager's attention in an open and honest manner. Even where the pressures experienced are not work-related, it is important that managers are made aware of them, given the potential for these matters to have an effect on work performance and impact on the working environment. Any information received by managers should be treated sensitively and in keeping with the principles associated with confidentiality.

8.12 In conducting risk assessments and developing associated plans, it is important that a record of the risk assessment is maintained and retained in order to monitor progress of a given stress related situation, with a view to achieving the desired positive outcome. The requisite form for completion is attached in Appendix 3 of this policy. Completed forms must be stored on the employee's electronic personal record file (e-PRF) in order that reviews of risk assessments can be undertaken as necessary. This will also provide for up to date information to be available at a given point, for case management purposes.

9 Providing support

9.1 Depending on the issue(s) presented, regardless of whether they are work related or not, staff and managers have recourse to specialist advice and support from the Equalities function within the Strategy & Inclusion department, Human Resource Management Department, and the

Chaplaincy Services, who can provide appropriate guidance. Additionally, the LFB has a confidential Counselling & Wellbeing (C&W) service, and the Occupational Health Service (OHS) where the referral process in respect of stress related absence and related issues is effectively dealt with in accordance with extant policies and procedures on sickness absence management. While managers can recommend staff be referred to C&W in the light of particular situations, C&W also operates on a self referral basis where staff can liaise directly with the service for referral as necessary. The OHS for their part, can help in providing advice in order to facilitate a return to work identifying as necessary any adjustments that may need to be made where appropriate, while assessing any underlying co-existing medical records that may require additional consideration.

9.2 In addition to the specialist sources of advice and support mentioned above, the LFB's Health and Safety Services (HSS) can also assist in providing guidance and support to staff and managers by offering independent help and advice concerning the risk assessment process and providing advice on best practice.

10 Recommended action

10.1 By managers:

- **Communicate** – with staff regarding workloads, standards, variations and expectations and your role in supporting them. Encourage staff to say what they think and generate their own ideas for change where possible. Listen without judging. Give constructive feedback.
- **Staff Assessment** – through regular one-to-ones, or through conducting a Stress Risk Assessment with the member of staff. Do not rely solely on the appraisal process, but actively manage and provide positive support for any changed situation. Consider any reasonable adjustments that may be required to mitigate the risks identified.
- **Support/Direction/Training** – ensure that this is in place at the beginning and throughout any period of intensified workflow or new responsibilities.
- **Monitor** – make this a regular feature. If a manager has conducted a risk assessment, and implemented a plan, he/she needs to ensure that this is monitored at regular intervals and be prepared to revise any working arrangements in the short term and encourage staff to develop their abilities.
- **Action** – Be aware of specialist sources of help and advice available as per section 9 above.

10.2 By Staff:

Notwithstanding the specialist sources of assistance available to staff, there are also a number of strategies that can be adopted to alleviate the symptoms of stress and some of these include:

- **Social support**, i.e. family, friends and colleagues
- **Professional support** i.e. GP, specialist, counsellor, psychiatrist
- **Support groups**
- **Relaxation techniques**
- **Physical exercise**
- **Good nutrition**
- **Adequate sleep and rest**
- **Life style changes**
- **Talking to someone**
- **Work based solutions**

Employees should help themselves by discussing with their manager situations that may be causing them stress, to help the manager to understand any changes in behaviour. The employee should also work with the manager to determine what steps can be put into place to alleviate or help to minimise the

effect of the stress being caused by completing the 'Workplace Stress Questionnaire' at Appendix 2, in order to ensure that any intervention is focused on their individual needs.

Appendix 1 - Work Related Stress: Guidelines

1 Employees have a responsibility to raise concerns with their manager (or to the next manager if appropriate) if they believe that their job or other work related factors are making them ill or contributing to their illness.

2 Employees have a duty to take reasonable care of their own health, safety and wellbeing and that of others who may be affected by their actions. Employees may suggest ways in which the work might be organised to alleviate the stress and discuss any other adjustments with their line manager that could be made to assist them in performing their job.

3 Employers have a duty of care to employees and must take reasonable care of their health, safety and wellbeing in the workplace. A referral to the Occupational Health service is made automatically for sickness relating to stress to ensure early support for the employee. Managers should also consider a referral to Counselling and Wellbeing in cases of work-related stress.

4 In situations where work has been identified as a perceived cause of stress (whether the employee is absent or not), the employee should raise it with their line manager in the first instance.

5 In cases where line managers may be cited as the perceived cause of stress, then they should refer the matter to the next manager outlining reasons why concerns cannot be raised with their line manager. The next manager may consider an alternative designated officer as point of contact during the period of absence but only in exceptional circumstances and where there are substantial grounds for doing so. The designated officer will undertake duties relating to contact, Attendance Support Meetings or return to work interviews for as long as necessary.

6 The London Fire Brigade Managing Attendance Policy is clearly focused on supporting employees with health concerns; and where work related stress is identified as a perceived cause of absence; managers have a responsibility to discuss the perceived cause(s) with employees with a view to eliminating (or minimising) those causes to assist a return to work or to maintain attendance. Employees should fully disclose the perceived causes of work related stress to their manager in order that the issues can be addressed without delay.

7 To assist with this process the "Workplace Stress Questionnaire" (Appendix 2) should be completed by employees in all cases of reported work related stress. Managers are encouraged to discuss cases of perceived work related stress with their HR Adviser prior to meeting with the employee. If the employee's responses to the questionnaire indicate health issues, then a referral to Occupational Health should be made even if the employee has not reported sick.

8 Managers and employees should then meet to agree an action plan and review timeframe to monitor the impact of any agreed actions (Appendix 3). A copy of the completed form should also be sent to your HR Adviser.

Appendix 2 - Workplace stress questionnaire

(An electronic version of this document can be found on the Attendance Management page of hotwire)

Introduction

This questionnaire may not address all specific circumstances, but should help to assess areas for help and support.

This document provides a basic framework to help carry out an assessment of stress in order to identify and assess sources of stress (work and/or personal) to help seek measures to minimise the effects of these stressors.

The questionnaire shall be discussed with the line manager or another manager at the same or similar level of authority. It may also be necessary to discuss the checklist with the Occupational Health Physician, HR Advisor, Counsellor, and/or your own G.P.

Workplace Stress Questionnaire

The questionnaire has been split into 9 key areas - Demands, Control, Support, Work Relationships, Role, Change, Health, Relationships and Financial.

Where you identify a "NO" answer below, this may indicate an aspect, which may need some attention, this shall be discussed as part of the process and employees should refer to the sources of guidance and advice for help.

N/A - not applicable.

TYPE OF SURVEY:

TEAM: ☐ ROLE: ☐ INDIVIDUAL: ☐

TEAM/ROLE OR *INDIVIDUAL DETAILS (*NAME, ROLE, SECTION, DEPARTMENT):

_____

_____

Please rank, between 0 and 5, your perception of how the issues affect your stress levels, within the last 6 months, comments where appropriate would be particularly helpful.

Rating: **0 = No stress, 1 = Minimal stress factor, 2 = Low stress factor, 3 = Medium stress factor, 4 = High stress factor,**

5 = Intolerable stress factor

Q	Risk Factor	Y/N/NA	Current Situation/Comments	Rating 0-5
A	**DEMANDS**			
1	You/Staff are given realistic and achievable targets and deadlines?			
2	Skills and abilities match job description?			
3	You/Staff have the capability and time to carry out work activities?			
4	You/Staff are protected from verbal or physical abuse?			
5	You/Staff are able to take regular breaks during the working day?			
6	The physical environment is acceptable and conducive to productive work? e.g. lighting, noise, thermal comfort			
7	Concerns about work demands are addressed?			
8	There is generally a feeling of job satisfaction?			

B	CONTROL	Y/N/NA	Current Situation/Comments	Rating 0-5
9	Wherever possible, you/staff are able to determine how to complete tasks?			
10	You/Staff are encouraged to use skills and initiative?			
11	You/Staff are encouraged to develop new skills to help undertake new and challenging pieces of work?			
12	You/Staff have appropriate control over the pace of your work?			
13	You/Staff are considered in the planning and prioritisation of work?			
14	Concerns about the work environment are able to be aired?			
C	**SUPPORT**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
15	Support systems are in place within the workplace?			
16	There is an understanding of the services provided by Occupational Health and Counselling & Wellbeing.			

17	Support is available when undertaking new tasks/activities?			
18	Support is accessible at an early stage?			
19	There is an understanding of the current policies on Bullying and Harassment, and Equality and Work?			
20	Is regular constructive feedback provided?			
D	**WORKING RELATIONSHIPS**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
21	There are no significant concerns about bullying or harassment within the workplace?			
22	Are there suitable lines of communication between colleagues and line managers to discuss procedures and other work related issues?			
23	Do all members of the team share information relevant to their work?			
24	There are no significant work related problems or concerns within the workplace?			
25	Is there a culture of respect and trust?			

E	ROLE	Y/N/NA	Current Situation/Comments	Rating 0-5
26	Are there clearly defined roles and responsibilities within the team/function?			
27	You/Staff can manage conflicting work demands from different managers?			
28	You/Staff understand how your/their role fits into the wider running of the London Fire Brigade?			
29	There is appropriate induction/training/information to help carry out the work?			
30	Is there a clear understanding of day-to -day activities?			
F	**CHANGE**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
31	You/Staff receive timely information regarding proposed changes?			
32	You/Staff are consulted regarding major proposed changes and provided with opportunities to influence proposals?			
33	You/Staff feel suitably able to, or are supported to, cope with any significant changes, which have or may occur at work?			
34	You/Staff are aware of support available to assist with changes?			

******COMPLETE SECTION BELOW FOR INDIVIDUAL ASSESSMENTS ONLY******				
G	**HEALTH**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
35	Are you aware of the importance of keeping physically active?			
36	Do you generally manage to incorporate physical exercise into each day/week?			
37	Are you aware of the importance of a healthy balanced diet and incorporating 5 portions of fruit and vegetables into your daily diet?			
38	Do you generally manage to eat a healthy balanced diet?			
39	Are you generally in good health?			
40	Do you generally manage to have an adequate restful sleep pattern?			
H	**RELATIONSHIPS**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
41	Do you generally feel you are able to create adequate quality time with family / friends?			
42	Are you free from significant concerns regarding your close relationships (partner, relatives, friends, suffering from bereavement, family illness etc)?			
I	**FINANCIAL**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
43	Are you free from significant concerns regarding your financial security /wellbeing?			
J	**OTHER**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
44	Are you suffering from stress or mental health issues for any other reasons?			

Any other comments?

Appendix 3 - Stress - risk assessment and action plan

(An electronic version of this document can be found on the Attendance Management page of hotwire)

Member of Staff: (Print Name)……

Job Title:……..**Section**……**Dept**……

Line Manager: (Print Name)……

Date……

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1. POTENTIAL WORK RELATED STRESSORS IDENTIFIED*

2. POTENTIAL NON-WORK RELATED STRESSORS IDENTIFIED*

(* from completed Workplace Stress Questionnaire and subsequent discussion)

3. SUGGESTED SUPPORT MEASURES/ACTION DISCUSSED *e.g. Temporary change in work activities, TNA, reappraisal of role, additional support required, management and peer support, team building, increase regularity of supervision, utilisation of flexible working polices.*

4. IMPLEMENTATION PLAN FOR CONTROL/ACTION MEASURES

Control(s)/Action(s) Required	Responsible Person	Estimated Completion Date	Review Date	Actual Completion Date
1.				
2.				
3.				
4.				
5.				
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Signed…… ……

(Member of staff) **(Line manager)**

Document history

Assessments

An equality, sustainability or health, safety and welfare impact assessment and/or a risk assessment was last completed on:

EIA	09/12/09	SDIA	09/12/09	HSWIA		RA	

Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
Throughout	Human Resources updated to Human Resources and Development throughout in accordance with Top Management Review.	25/02/2011
Throughout	This policy has been reviewed as current, no changes were required.	14/01/2013
Page 4 paras 8.3 and 8.4 Page 4 para 8.6 Page 5 para 8.11 Page 5 para 9.1 Page 7 – Appendix 1	Minor substitution of words: 'stage' for 'process' and 'form for 'report'. Addition of the words 'immaterial of whether the stress is work related or not' and the sentence, 'Where a manager does not feel a risk assessment is necessary, this should be noted in the employee's return to work interview (RTW)'. Addition of the words 'requisite form for completion' and the sentence, 'Completed forms must be stored on the employee's electronic personal record file (e-PRF) in order that up to date information is available at given point, for case management purposes.' Addition of the words 'regardless of whether they are work related or not. Deletion of the words 'Work related' at heading.	03/05/2013
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Subject list

You can find this policy under the following subjects.

Personal health	Sickness
Stress	

Freedom of Information Act exemptions

This policy/procedure has been securely marked due to:

Considered by: (responsible work team)	**FOIA exemption**	**Security marking classification**

LONDON FIRE BRIGADE

Managing stress within the LFB

New policy number:	**690**
Old instruction number:	
Issue date:	**16 December 2009**
Reviewed as current:	**7 April 2016**
Owner:	**Assistant Director, People Services**
Responsible work team:	**Cultural Change**

Contents

1 Introduction

1.1 The London Fire Brigade (LFB) recognises that its people are its key resource and that employee well-being is essential to the effective performance of both the individual and the organisation. Therefore it is committed to effective management of the causes of stress for its employees.

2 Policy statement

2.1 LFB accepts its duty as an employer to create, by means of its working practices, policies and procedures, a safe and supportive working environment for its staff. It recognises that staff may face stress arising from their employment or from their personal and domestic circumstances which could impinge on their working life. It aims to prevent or reduce the causes of stress at work, as far as is reasonably practicable. It undertakes to raise staff awareness on the causes and symptoms of stress and to offer guidance on how to manage personal stress. It will offer support to individuals who are affected as a result of workplace or domestic stress.

3 LFB's responsibility under the health and safety at work etc Act 1974 (HSWA)

3.1 LFB's Health and Safety Policy statement outlines LFB's commitment to, so far as is reasonably practicable, safeguarding the physical and mental well-being of all its employees. Under the HSWA, all staff have a responsibility for their own health, safety and welfare and for that of others whilst at work. The Health and Safety Policy Statement is concerned not only with preventing injury and ill health, but also with positive health and safety promotion and this includes the management of stress.

3.2 LFB already has a range of policies which aim to mitigate the occurrence of stress in the workplace within its recruitment, training and development practices. However, it recognises that it is good practice to review these policies regularly, especially in the light of experience, with a view to managing stress levels among its staff.

4 A definition of stress

4.1 Stress can be defined as *'the adverse reaction to excessive pressures or other types of demands placed on an individual'* - Health and Safety Executive (HSE). Some pressures can be stimulating; they can challenge, encourage, concentrate the mind and help to keep people motivated. Stress is a reaction to excessive, or in some cases too little, pressure. The intensity of the stress response is determined, at least in part, both by the individual's appraisal of the situation and how the individual copes with the environments they face and this is recognised as varying from person to person.

4.2 Stress is not a single, specific response or a recognised medical condition in itself; it is a general label or 'umbrella' term which is used to refer to a broad and diverse range of emotions, thoughts and behaviours.

5 Causes of stress

5.1 The LFB recognises that there are a range of contributory factors, both acute and chronic, to individual stress. It is therefore committed to a comprehensive approach to encompass the distinct areas that are contributory factors to stress. The following list, although not exhaustive, are some of the sources associated with stress:

- Personal/domestic.

- Organisational.
- Attendance at (some) operational incidents.
- Internal and external change.
- Interpersonal relationships.
- Workloads.
- Bullying and harassment.
- Unrealistic deadlines, goals and objectives.

5.2 Internal and external influences can result in increased demands on the service, and organisational sources of stress can affect staff at all levels. Among the diverse sources of stress identified above, the HSE has identified the following as key risk factors: the **demands** of the job, the level of **control** over the work, the **support** that is received, the **relationships** at work, the individual's **role** in the organisation and how well it is understood, and how **change** is managed and communicated.

5.3 It is recognised that attendance at or involvement in traumatic incidents, especially those involving multiple fatalities or the death of children or colleagues, can induce symptoms of stress and anxiety for groups or individuals. These can result in feelings of sadness and helplessness in the face of loss. Such reactions are normal, but in isolated cases these feelings can remain unresolved and undiminished and may result in an individual suffering from the medical condition known as Post Traumatic Stress Disorder (PTSD).

5.4 The sources of personal and domestic stress vary greatly from individual to individual, but some commonality can be established from the following:

- Family illness and bereavement.
- Relationships with partners, children, parents and other family members.
- Financial problems.
- Problems with dependency on alcohol, drugs, gambling or other anti-social and potentially destructive behaviour.
- The effects of being a victim of crime.

6 Symptoms and effects of stress

6.1 Stress can manifest itself in a number of ways and some symptoms associated with stress are: headaches/migraines, insomnia/changes to sleep patterns, anxiety, loss of self-esteem, susceptibility to illness and/or accidents, lack of appetite and noticeable weight loss or weight gain. Stress may also lead to an increase in the consumption of alcohol, drugs and/or cigarettes, all of which are potentially harmful to health.

6.2 Stress has also been associated with a number of serious ill health conditions such as heart disease, raised blood pressure, ulcers and depression, as well as with minor disorders such as indigestion, nausea, skin rashes, excessive tiredness and muscle pain.

6.3 The effects of stress on an organisation can include a loss of motivation in staff, declining performance, poor time keeping, becoming withdrawn or argumentative, raised sickness absence and high staff turnover.

7 Positive action to manage employee stress

7.1 The LFB cannot eliminate all internal pressures, nor would this be desirable. In addition, the LFB has little or no influence over external stressors. It is nevertheless, committed to identifying, mitigating and/or removing, where possible, inappropriate levels and sources of internal pressure which are likely to cause stress to individuals. In order to achieve this, the LFB must be clear

about risks within the organisation. It also recognises that some members of its workforce, due to their individual make-up and/or the particular nature of their work, may be potentially more exposed to such pressures than others.

7.2 The overall approach to stress management for the LFB will be one that adopts a risk-based approach. The LFB's primary focus will be to avoid undue stress in the workplace. However, all organisations are likely from time to time to have staff affected by stress and as such, measures to identify and assess sources of stress and those at most risk is needed with the necessary action taken to address the cases highlighted.

7.3 In April 2016, alongside implementation of Policy number 889 - Managing attendance policy, the Brigade adopted the Appendix 1 document 'Work-Related Stress: Guidelines', the Appendix 2 document 'Workplace Stress Questionnaire'(an electronic version of this is available via the 'Attendance Management' page on hotwire), and an updated 'Stress – risk assessment and action plan' at Appendix 3. These documents are referred to within the Guidance Note 'Managing Attendance Handbook'.

8 Assessing the risks

8.1 Risk assessment is the process of looking forward to anticipate and prevent harm before it occurs. The risk assessment process is designed to identify hazards, assess the risk to heath and safety, prevent the hazard(s) from occurring or if it cannot be avoided, controlling the risks in order that they are reduced or minimised.

8.2 A risk assessment approach represents a set of measures used to identify potential stressors within the workplace and can be carried out on both an organisational and individual level.

8.3 The aim of this process is to explore the areas that are causing stress to the individual, focusing in the first instance on performance at work and working with the individual to identify what steps can be taken to support them in their work. It may be that temporary or relatively minor changes can help to alleviate the feelings of stress.

8.4 Staff will be asked by their line manager to complete the 'Workplace Stress Questionnaire' at Appendix 2, and to discuss this with their line manager (or where the employee would prefer, another appropriate manager) in the first instance. Managers should discuss the purpose of this questionnaire with the employee and offer the option of either the employee completing the questionnaire first and then discussing it, or, alternatively, meeting with the manager and completing the questionnaire together.

8.5 Any actions or possible solutions should be noted and a date to review progress agreed on the stress - risk assessment report (Appendix 3).

8.6 Essentially the aim is to:

- Identify sources of stress.
- Evaluate the severity of stress levels identified.
- Highlight areas of risk.
- Evaluate the LFB policies and procedures for preventing and/or mitigating stress.
- Recommend interventions that would reduce employee exposure to stress.
- Satisfy health and safety law requirements.

8.7 A manager (when this is not appropriate, an alternative member of staff of the same grade as the manager) **must conduct** a risk assessment in the event of a member of staff returning to work, having been absent from work due to stress and consider as necessary, any adjustments that may be required, irrespective of whether the stress is work related or not. Risk assessments

conducted should be in line with any information/guidance provided by the LFB's Occupational Health Provider. Where a manager does not feel a risk assessment is necessary, this should be noted in the employee's return to work interview (RTWI).

8.8 A manager will **need to consider** conducting a risk assessment in the event of a member of staff presenting any or all of the following behavioural changes in the work place.

- Becoming withdrawn.
- Being aggressive.
- Manifestation of poor time keeping.
- Interpersonal problems.
- Sporadic periods of un-certificated sickness absence.
- Irrational behaviour.

8.9 The above list, although not exhaustive, contains some of the triggers for a manager to note and act upon. Exploring the areas that are causing stress, focussing in the first instance on performance at work, is a legitimate role of a manager. Listening to the individual's concerns, offering a sympathetic ear and giving reassurance may be all that is needed in some cases. Communicating with the member of staff in an open and honest way may lead on to issues outside of the working environment, which a manager may or may not be able to deal with given what is being presented. To this end, managers and staff can utilise the specialist resources available to them, as detailed in section 9 of this policy.

8.10 In summary, a stress related situation that warrants a risk assessment and suitable plan will be brought to a manager's attention in any one of the following ways:

- The member of staff raises a stress related issue with the manager.
- The manager raises concerns that a member of staff may be showing signs of stress.
- The member of staff is on sick leave with a potential stress related condition and the accompanying medical certificates confirms this e.g. - 'stress/work related stress/fatigue, nervous exhaustion/debility' (these examples are not exhaustive).

8.11 Staff are advised to discuss any issues of concern with their line manager in an open and honest manner in order to arrive at workable solutions. Issues of workloads and the ability to cope at work or with inter personal problems with colleagues, need to be brought to the line manager's attention in an open and honest manner. Even where the pressures experienced are not work-related, it is important that managers are made aware of them, given the potential for these matters to have an effect on work performance and impact on the working environment. Any information received by managers should be treated sensitively and in keeping with the principles associated with confidentiality.

8.12 In conducting risk assessments and developing associated plans, it is important that a record of the risk assessment is maintained and retained in order to monitor progress of a given stress related situation, with a view to achieving the desired positive outcome. The requisite form for completion is attached in Appendix 3 of this policy. Completed forms must be stored on the employee's electronic personal record file (e-PRF) in order that reviews of risk assessments can be undertaken as necessary. This will also provide for up to date information to be available at a given point, for case management purposes.

9 Providing support

9.1 Depending on the issue(s) presented, regardless of whether they are work related or not, staff and managers have recourse to specialist advice and support from the Equalities function within the Strategy & Inclusion department, Human Resource Management Department, and the

Chaplaincy Services, who can provide appropriate guidance. Additionally, the LFB has a confidential Counselling & Wellbeing (C&W) service, and the Occupational Health Service (OHS) where the referral process in respect of stress related absence and related issues is effectively dealt with in accordance with extant policies and procedures on sickness absence management. While managers can recommend staff be referred to C&W in the light of particular situations, C&W also operates on a self referral basis where staff can liaise directly with the service for referral as necessary. The OHS for their part, can help in providing advice in order to facilitate a return to work identifying as necessary any adjustments that may need to be made where appropriate, while assessing any underlying co-existing medical records that may require additional consideration.

9.2 In addition to the specialist sources of advice and support mentioned above, the LFB's Health and Safety Services (HSS) can also assist in providing guidance and support to staff and managers by offering independent help and advice concerning the risk assessment process and providing advice on best practice.

10 Recommended action

10.1 By managers:

- **Communicate** – with staff regarding workloads, standards, variations and expectations and your role in supporting them. Encourage staff to say what they think and generate their own ideas for change where possible. Listen without judging. Give constructive feedback.
- **Staff Assessment** – through regular one-to-ones, or through conducting a Stress Risk Assessment with the member of staff. Do not rely solely on the appraisal process, but actively manage and provide positive support for any changed situation. Consider any reasonable adjustments that may be required to mitigate the risks identified.
- **Support/Direction/Training** – ensure that this is in place at the beginning and throughout any period of intensified workflow or new responsibilities.
- **Monitor** – make this a regular feature. If a manager has conducted a risk assessment, and implemented a plan, he/she needs to ensure that this is monitored at regular intervals and be prepared to revise any working arrangements in the short term and encourage staff to develop their abilities.
- **Action** – Be aware of specialist sources of help and advice available as per section 9 above.

10.2 By Staff:

Notwithstanding the specialist sources of assistance available to staff, there are also a number of strategies that can be adopted to alleviate the symptoms of stress and some of these include:

- **Social support**, i.e. family, friends and colleagues
- **Professional support** i.e. GP, specialist, counsellor, psychiatrist
- **Support groups**
- **Relaxation techniques**
- **Physical exercise**
- **Good nutrition**
- **Adequate sleep and rest**
- **Life style changes**
- **Talking to someone**
- **Work based solutions**

Employees should help themselves by discussing with their manager situations that may be causing them stress, to help the manager to understand any changes in behaviour. The employee should also work with the manager to determine what steps can be put into place to alleviate or help to minimise the

effect of the stress being caused by completing the 'Workplace Stress Questionnaire' at Appendix 2, in order to ensure that any intervention is focused on their individual needs.

Appendix 1 - Work Related Stress: Guidelines

1 Employees have a responsibility to raise concerns with their manager (or to the next manager if appropriate) if they believe that their job or other work related factors are making them ill or contributing to their illness.

2 Employees have a duty to take reasonable care of their own health, safety and wellbeing and that of others who may be affected by their actions. Employees may suggest ways in which the work might be organised to alleviate the stress and discuss any other adjustments with their line manager that could be made to assist them in performing their job.

3 Employers have a duty of care to employees and must take reasonable care of their health, safety and wellbeing in the workplace. A referral to the Occupational Health service is made automatically for sickness relating to stress to ensure early support for the employee. Managers should also consider a referral to Counselling and Wellbeing in cases of work-related stress.

4 In situations where work has been identified as a perceived cause of stress (whether the employee is absent or not), the employee should raise it with their line manager in the first instance.

5 In cases where line managers may be cited as the perceived cause of stress, then they should refer the matter to the next manager outlining reasons why concerns cannot be raised with their line manager. The next manager may consider an alternative designated officer as point of contact during the period of absence but only in exceptional circumstances and where there are substantial grounds for doing so. The designated officer will undertake duties relating to contact, Attendance Support Meetings or return to work interviews for as long as necessary.

6 The London Fire Brigade Managing Attendance Policy is clearly focused on supporting employees with health concerns; and where work related stress is identified as a perceived cause of absence; managers have a responsibility to discuss the perceived cause(s) with employees with a view to eliminating (or minimising) those causes to assist a return to work or to maintain attendance. Employees should fully disclose the perceived causes of work related stress to their manager in order that the issues can be addressed without delay.

7 To assist with this process the "Workplace Stress Questionnaire" (Appendix 2) should be completed by employees in all cases of reported work related stress. Managers are encouraged to discuss cases of perceived work related stress with their HR Adviser prior to meeting with the employee. If the employee's responses to the questionnaire indicate health issues, then a referral to Occupational Health should be made even if the employee has not reported sick.

8 Managers and employees should then meet to agree an action plan and review timeframe to monitor the impact of any agreed actions (Appendix 3). A copy of the completed form should also be sent to your HR Adviser.

Appendix 2 - Workplace stress questionnaire

(An electronic version of this document can be found on the Attendance Management page of hotwire)

Introduction

This questionnaire may not address all specific circumstances, but should help to assess areas for help and support.

This document provides a basic framework to help carry out an assessment of stress in order to identify and assess sources of stress (work and/or personal) to help seek measures to minimise the effects of these stressors.

The questionnaire shall be discussed with the line manager or another manager at the same or similar level of authority. It may also be necessary to discuss the checklist with the Occupational Health Physician, HR Advisor, Counsellor, and/or your own G.P.

Workplace Stress Questionnaire

The questionnaire has been split into 9 key areas - Demands, Control, Support, Work Relationships, Role, Change, Health, Relationships and Financial.

Where you identify a "NO" answer below, this may indicate an aspect, which may need some attention, this shall be discussed as part of the process and employees should refer to the sources of guidance and advice for help.

N/A - not applicable.

TYPE OF SURVEY:

TEAM: ☐ ROLE: ☐ INDIVIDUAL: ☐

TEAM/ROLE OR *INDIVIDUAL DETAILS (*NAME, ROLE, SECTION, DEPARTMENT):

_____

_____

Please rank, between 0 and 5, your perception of how the issues affect your stress levels, within the last 6 months, comments where appropriate would be particularly helpful.

Rating: **0 = No stress, 1 = Minimal stress factor, 2 = Low stress factor, 3 = Medium stress factor, 4 = High stress factor,**

5 = Intolerable stress factor

Q	Risk Factor	Y/N/NA	Current Situation/Comments	Rating 0-5
A	**DEMANDS**			
1	You/Staff are given realistic and achievable targets and deadlines?			
2	Skills and abilities match job description?			
3	You/Staff have the capability and time to carry out work activities?			
4	You/Staff are protected from verbal or physical abuse?			
5	You/Staff are able to take regular breaks during the working day?			
6	The physical environment is acceptable and conducive to productive work? e.g. lighting, noise, thermal comfort			
7	Concerns about work demands are addressed?			
8	There is generally a feeling of job satisfaction?			

B	CONTROL	Y/N/NA	Current Situation/Comments	Rating 0-5
9	Wherever possible, you/staff are able to determine how to complete tasks?			
10	You/Staff are encouraged to use skills and initiative?			
11	You/Staff are encouraged to develop new skills to help undertake new and challenging pieces of work?			
12	You/Staff have appropriate control over the pace of your work?			
13	You/Staff are considered in the planning and prioritisation of work?			
14	Concerns about the work environment are able to be aired?			
C	**SUPPORT**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
15	Support systems are in place within the workplace?			
16	There is an understanding of the services provided by Occupational Health and Counselling & Wellbeing.			

17	Support is available when undertaking new tasks/activities?			
18	Support is accessible at an early stage?			
19	There is an understanding of the current policies on Bullying and Harassment, and Equality and Work?			
20	Is regular constructive feedback provided?			
D	**WORKING RELATIONSHIPS**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
21	There are no significant concerns about bullying or harassment within the workplace?			
22	Are there suitable lines of communication between colleagues and line managers to discuss procedures and other work related issues?			
23	Do all members of the team share information relevant to their work?			
24	There are no significant work related problems or concerns within the workplace?			
25	Is there a culture of respect and trust?			

E	ROLE	Y/N/NA	Current Situation/Comments	Rating 0-5
26	Are there clearly defined roles and responsibilities within the team/function?			
27	You/Staff can manage conflicting work demands from different managers?			
28	You/Staff understand how your/their role fits into the wider running of the London Fire Brigade?			
29	There is appropriate induction/training/information to help carry out the work?			
30	Is there a clear understanding of day-to -day activities?			
F	**CHANGE**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
31	You/Staff receive timely information regarding proposed changes?			
32	You/Staff are consulted regarding major proposed changes and provided with opportunities to influence proposals?			
33	You/Staff feel suitably able to, or are supported to, cope with any significant changes, which have or may occur at work?			
34	You/Staff are aware of support available to assist with changes?			

******COMPLETE SECTION BELOW FOR INDIVIDUAL ASSESSMENTS ONLY******				
G	**HEALTH**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
35	Are you aware of the importance of keeping physically active?			
36	Do you generally manage to incorporate physical exercise into each day/week?			
37	Are you aware of the importance of a healthy balanced diet and incorporating 5 portions of fruit and vegetables into your daily diet?			
38	Do you generally manage to eat a healthy balanced diet?			
39	Are you generally in good health?			
40	Do you generally manage to have an adequate restful sleep pattern?			
H	**RELATIONSHIPS**	**Y/N/NA**	**Current Situation/Comments**	**Rating 0-5**
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Job Title:……..**Section**……**Dept**……

Line Manager: (Print Name)……

Date……

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Page 1	Owner title and responsible work team details changed and changes to reflect the abolition of London Fire and Emergency Planning Authority, now replaced with London Fire Commissioner.	22/08/2018

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Considered by: (responsible work team)	**FOIA exemption**	**Security marking classification**

LONDON FIRE BRIGADE

Managing stress within the LFB

New policy number:	**690**
Old instruction number:	
Issue date:	**16 December 2009**
Reviewed as current:	
Owner:	**Head of Human Resources and Development**
Responsible work team:	**HRD Policy Group**

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3.2 LFB already has a range of policies which mitigate the occurrence of stress in the workplace within its recruitment, training and development practices. However, it recognises that it is good practice to review these policies regularly, especially in the light of experience, with a view to managing stress levels among its staff.

4 A definition of stress

4.1 Stress can be defined as *'the adverse reaction to excessive pressures or other types of demands placed on an individual'* - Health and Safety Executive (HSE). Some pressures can be stimulating; they can challenge, encourage, concentrate the mind and help to keep people motivated. Stress is a reaction to excessive, or in some cases too little, pressure. The intensity of the stress response is determined, at least in part, both by the individual's appraisal of the situation and how the individual copes with the environments they face and this is recognised as varying from person to person.

4.2 Stress is not a single, specific response or a recognised medical condition in itself; it is a general label or 'umbrella' term which is used to refer to a broad and diverse range of emotions, thoughts and behaviours.

5 Causes of stress

5.1 The LFB recognises that there are a range of contributory factors, both acute and chronic, to individual stress. It is therefore committed to a comprehensive approach to encompass the distinct areas that are contributory factors to stress. The following list, although not exhaustive, are some of the sources associated with stress:

- Personal/domestic.

- Organisational.
- Attendance at (some) operational incidents.
- Internal and external change.
- Inter personal relationships.
- Workloads.
- Bullying and harassment.
- Unrealistic deadlines, goals and objectives.

5.2 Internal and external influences can result in increased demands on the service and organisational sources of stress can affect staff at all levels. Among the diverse sources of stress identified within an organisation and those that have featured regularly and have been identified by the HSE as key risk factors are: the **demands** of the job, the level of **control** over the work, the **support** that is received, the **relationships** at work, the **role** in the organisation and how well defined it is and **changes**, and how it is managed.

5.3 It is recognised that attendance at or involvement with traumatic incidents, especially those involving multiple fatalities or the death of children or colleagues, can induce symptoms of stress and anxiety for groups or individuals. These can result in feelings of sadness and helplessness in the face of loss. Such reactions are normal, but in isolated cases these feelings can remain unresolved and undiminished and may result in an individual suffering from the medical condition known as Post Traumatic Stress Disorder (PTSD).

5.4 The sources of personal and domestic stress vary greatly from individual to individual, but some commonality can be established from the following:

- Family illness and bereavement.
- Relationships with partners, children, parents and other family members.
- Financial problems.
- Problems with dependency on alcohol, drugs, gambling or other anti-social and potentially destructive behaviour.
- The effects of being a victim of crime.

6 Symptoms and effects of stress

6.1 Stress can manifest itself in a number of ways and some symptoms associated with stress are: headaches/migraines, insomnia/changes to sleep patterns, anxiety, loss of self-esteem, susceptibility to illness and/or accidents, lack of appetite and noticeable weight loss or weight gain. Stress may also lead to an increase in the consumption of alcohol, drugs and cigarettes, all of which are potentially harmful to health.

6.2 Stress has also been associated with a number of serious ill health conditions such as heart disease, raised blood pressure, ulcers and depression, as well as with minor disorders such as indigestion, nausea, skin rashes, excessive tiredness and muscle pain.

6.3 The effects of stress on an organisation can include a loss of motivation in staff, declining performance, poor time keeping, becoming withdrawn or argumentative, raised sickness absence and high staff turnover.

7 Positive action to manage employee stress

7.1 The LFB cannot eliminate all internal pressures, nor would this be desirable. In addition, the LFB has little or no influence over external stressors. It is nevertheless, committed to identifying, mitigating and/or removing, where possible, inappropriate levels and sources of pressure which are likely to cause stress to individuals. In order to achieve this, the LFB must be clear about risks

within the organisation. It also recognises that some members of its workforce, due to their individual make-up and/or the particular nature of their work, may be potentially more exposed to such pressures than others.

7.2 The overall approach to stress management for the LFB will be one that adopts a risk-based approach. The LFB's primary focus will be to avoid stress in the workplace. However, all organisations are likely from time to time to have staff affected by stress and as such, measures to identify and assess sources of stress and those at most risk is needed with the necessary action taken to address the cases highlighted.

8 Assessing the risks

8.1 Risk assessment has been described as the process of looking forward to anticipate and prevent harm before it occurs. The risk assessment process is designed to identify hazards, assess the risk to heath and safety, prevent the hazard(s) from occurring or if it cannot be avoided, controlling the risks in order that they are reduced or minimised.

8.2 A risk assessment approach represents a set of measures used to identify potential stressors within the workplace and can be carried out on both an organisational and individual level.

8.3 The aim of this stage is to explore the areas that are causing stress to the individual, focusing in the first instance on performance at work and working with the individual to identify what steps can be taken to support them in their work. It may be that temporary or relatively minor changes can help to alleviate the feelings of stress.

8.4 Any actions or possible solutions should be noted and a date to review progress agreed on the risk assessment form (Appendix 1).

8.5 Essentially the aim is to:

- Identify sources of workplace stress.
- Evaluate the severity of stress levels identified.
- Highlight areas of risk.
- Evaluate the LFB arrangements for preventing and/or mitigating stress.
- Recommend interventions that would reduce employee exposure to stress.
- Satisfy health and safety law requirements.

8.6 A manager (when this is not appropriate an alternative member of staff of the same grade as the manager) **must conduct** a risk assessment in the event of a member of staff returning to work, having been absent from work due to stress and consider as necessary, any adjustments that maybe required. Risk assessments conducted should be in line with any information/guidance provided by the LFB's Occupational Health Provider.

8.7 A manager will **need to consider** conducting a risk assessment in the event of a member of staff presenting any or all of the following behavioural changes in the work place.

- Becoming withdrawn.
- Being aggressive.
- Manifestation of poor time keeping.
- Inter personal problems.
- Sporadic periods of un-certificated sickness absence.
- Irrational behaviour.

8.8 The above list, although not exhaustive, contains some of the triggers for a manager to note and act upon. Exploring the areas that are causing stress, focussing in the first instance on performance at work, is a legitimate role of a manager. Listening to the individual's concerns,

offering a sympathetic ear and giving reassurance may be all that is needed in some cases. Communicating with the member of staff in an open and honest way may lead on to issues outside of the working environment which a manager may or may not be able to deal with given what is being presented. To this end, managers can avail themselves of the specialist resources available to them and the member of staff as detailed in section 9 of this policy.

8.9 In summary, a stress related situation that warrants a risk assessment and suitable plan will be brought to a managers attention in any one of the following ways:

- The member of staff raises a stress related issue with the manager
- The manager raises concerns that a member of staff maybe showing signs of stress
- The member of staff is on sick leave with a potential stress related condition and the accompanying medical certificates confirms this e.g. - 'stress, work related stress, fatigue, nervous exhaustion or debility'.

8.10 Staff are advised to discuss any issues of concern with their line manager in an open and honest manner in order to arrive at workable solutions. Issues of workloads and the ability to cope at work or inter personal problems with colleagues need to be brought to their line manager's attention in a forthright manner. Even where the pressures experienced are outside of work, it is important that managers are made aware of them, given the potential for these matters to have an effect on work performance and impact on the working environment. This information needs to be treated sensitively and in confidence.

8.11 In conducting risk assessments and developing associated plans, it is important that a record of the assessment is maintained and retained in order to monitor progress of a given stress related situation with a view to achieving the desired positive outcome. The risk assessment form is attached as an Appendix to this policy.

9 Providing support

9.1 Depending on the issue(s) presented, staff and managers have recourse to specialist advice and support from the Equality Services, Human Resources and Development Department, the Advisory and Counselling Services and the Chaplaincy Services, who can provide guidance on either spiritual or otherwise. Additionally, the LFB has a confidential advice and support service with the Occupational Health Service (OHS) where the referral process in respect of stress related absence and related issues is effectively dealt with in accordance with extant policies and procedures on sickness absences management. The OHS can help in providing advice in order to facilitate a return to work identifying as necessary any adjustments that may need to be made where appropriate, while assessing any underlying co-existing medical records that may require additional consideration.

9.2 In addition to the specialist sources mentioned above, the LFB's Health and Safety Services (HSS) can also assist in providing guidance and support to staff and managers by offering independent help and advice concerning the risk assessment process and providing advice on best practice.

10 Recommended action

10.1 By Managers:

- **Communicate** – with staff regarding workloads, standards, variations and expectations and your role in supporting them. Encourage staff to say what they think and generate their own ideas for change where possible. Listen without judging. Give constructive feedback.
- **Staff Assessment** – through regular one-to-ones, or through conducting a Stress Risk Assessment with the member of staff. Do not rely solely on the appraisal process, but actively

manage and provide positive support for any changed situation. Consider any reasonable adjustments that may be required to mitigate the risks identified.

- **Support/Direction/Training** – ensure that this is in place at the beginning and throughout any period of intensified workflow or new responsibilities.
- **Monitor** – make this a regular feature. If a manager has conducted a risk assessment, and implemented a plan, he/she needs to ensure that this is monitored at regular intervals and be prepared to revise any working arrangements in the short term and encourage staff to develop their abilities.
- **Action** – Be aware of specialist sources of help and advice available as per section 10 above.

10.2 By Staff:

Notwithstanding the specialist sources of assistance available to staff, there are also a number of strategies that can be adopted to alleviate the symptoms of stress and some of these include:

- **Social support**, i.e. family, friends and colleagues
- **Professional support** i.e. GP, specialist, counsellor, psychiatrist
- **Support groups**
- **Relaxation techniques**
- **Physical exercise**
- **Good nutrition**
- **Adequate sleep and rest**
- **Life style changes**
- **Talking to someone**
- **Work based solutions**

Employees should help themselves by discussing with their manager situations that may be causing them stress and work together to decide on a realistic action plan.

Appendix 1 - Work related stress - risk assessment report

Member of Staff: (Print Name)……

Job Title:……..**Section**……**Dept**……

Line Manager: (Print Name)……

Date……

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1. POTENTIAL WORK RELATED STRESSORS IDENTIFIED

2. POTENTIAL NON-WORK RELATED STRESSORS IDENTIFIED

3. SUGGESTED SUPPORT MEASURES/ACTION DISCUSSED *e.g. Temporary change in work activities, TNA, reappraisal of role, additional support required, management and peer support, team building, increase regularity of supervision, utilisation of flexible working polices*

4. IMPLEMENTATION PLAN FOR CONTROL/ACTION MEASURES

Action agreed	To be actioned by:	To start from:	Review date:
1.			
2.			
3.			
4.			
5.			
6.			

Signed…… ……

(Member of staff) **(Line manager)**

Document history

Impact assessments

An Equality or Sustainability Impact Assessment was completed on:

Equality Impact Assessment	09/12/2009.	Sustainability Impact Assessment	09/12/2009.

Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
Throughout	Human Resources updated to Human Resources and Development throughout in accordance with Top Management Review.	25/02/2011

Corporate subject list

You can find this policy under the following subjects.

Level 1	Level 2
People	Sickness

LONDON FIRE BRIGADE

Recognising and coping with potentially traumatic events

New policy number:	**915**
Old instruction number:	
Issue date:	**12 October 2016**
Reviewed as current:	
Owner:	**Assistant Director, People Services**
Responsible work team:	**Cultural Change**

Contents

1 Purpose

1.1 To assist staff in recognising and coping with potentially traumatic events and aid watch officers in deciding when and how to hold informal immediate watch debriefs following attendance at critical incidents (CI) or other potentially traumatic events (PTE), including incidents attended as co-responders. Watch officers can and will themselves be exposed to CIs or PTEs, therefore senior officers will need to be mindful of this and familiarise themselves with this policy, so that they are able to support watch officers.

2 Introduction

2.1 Individuals can react differently to critical incidents, some will find the incident traumatic and others may not. Any critical incident can be a potentially traumatic event for any individual. How a critical incident impacts on someone can be influenced by the individual's current stress levels, their personal resilience, any personal meaning the incident might evoke and cumulative previous exposure to critical incidents. **Definition of 'trauma'** trauma related stress can be experienced after exposure to any event considered to be outside of an individual's usual experience which causes physical, emotional or psychological harm.

2.2 A potentially traumatic event (PTE) is defined as:

- Threat of death or serious injury experienced by self or witnessed.
- Learning that events involved violent and/or accidental death or injury to family and/or close associates.
- Repeated or extreme exposure to details e.g. emergency services.

2.3 The Brigade's Counselling and Wellbeing Service (C&W) defines CIs as:

- **Any incident where the OiC considers that C&W contact may be helpful e.g. flashovers, near misses, feelings of helplessness, many CIs attended in a short period. Anyone attending a CI who feels that it might have been potentially traumatic for the crew can raise this with the OiC and/or C&W.**
- Two or more deaths of members of the public including RTCs.
- Death of a child or children.
- Death or serious injury to operational staff on duty.
- Terrorist activity, where life has been endangered or lost.
- Any serious RTA involving a Brigade appliance.
- Major/catastrophic incidents.
- Any incident where operational staff are trapped or missing

2.4 In the course of normal duties, firefighters will occasionally respond to **critical incidents** (CIs) which they may find traumatic. There are a number of factors which determine whether an individual finds any one particular incident traumatic, these include:

- The meaning the incident may have for you e.g. a road traffic collison (RTC) involving a child of similar age to your own child.
- What else is going on in your life at the time e.g. is your stress level high?
- How resilient you are/have become e.g. do you have a good network of family and friends? Are you positive with a good sense of purpose?
- Is this one more in a series of CIs that you have attended.

2.5 LFB attendance at a CI automatically triggers contact, usually a telephone call, from C&W. This is to check out how you are after the event and to give you useful information about trauma and keeping yourself safe from prolonged adverse psychological responses.

2.6 When attending a PTE the fight-flight-freeze response is triggered in everyone. This releases adrenalin and other stress hormones to assist the body to deal with the PTE. This is the body's survival mode. At such times less emphasis is placed on automatically recording precise and processed memories of the event. In the majority of cases these memories are processed naturally over the following week, with no further repercussions. During this time the individual may have some unsettling experiences such as feeling confused, exhausted, ruminating about the event, nightmares and disturbed sleep, flashbacks, feeling numb or upset (additional information in Appendix 3, Item 1).

2.7 Measures taken in the first 1-5 days following attendance at a PTE can promote normal processing, assist recovery and prevent the development of unhelpful trauma responses such as post traumatic stress disorder (PTSD - additional information in appendix 3 item 2). These interventions can include:

- Informal manager's debrief held on station immediately on return from the potentially traumatic event.
- Contact from Counselling and Wellbeing 1-5 days following the potentially traumatic event (post critical incident contact -PCIC) when appropriate.
- Strategies employed by the individual to promote event processing (additional information in appendix item 4).

3 Immediately after a critical incident

3.1 Most people tend to find that they feel 'not quite themselves' for a few days after attending a CI/PTE. Possible post CI reactions may include any of the following:

- Intense feelings: sadness, guilt, anger, shame, fear, disappointment.
- Physical symptoms: tiredness, poor sleep, nausea, headaches, neck and back aches, muscular tension, changes in habits e.g. eating, drinking.
- Psychological changes: poor concentration/motivation, nightmares, 'flashbacks', feeling 'on guard', rumination about the incident/other CIs attended.
- Behaviours: withdrawing, unable to express feelings, irritability, loss of sense of humour, impatience.

3.2 Usually you will start to get back to normal in a period of 1-5 days following the CI. There are a number of things that you can do to help any symptoms subside, as you normally process the event. Helpful strategies in the days following a CI include:

- Check in and 'debrief' with your watch/watch manager/crew manager immediately upon returning to your fire station after the CI.
- Follow familiar routines.
- Talk to supportive family/friends/colleagues.
- Exercise and eat healthily.
- Do activities/hobbies which bring you into the 'here and now'.
- Do distracting activities (computer games, crosswords, Sudoku).
- Monitor your intake of alcohol, nicotine, caffeine.
- Balance time alone with social time.
- Understand/accept that this is a normal process.

3.3 It is useful to monitor your reactions over time and consider seeking further help from a manager or from C&W if you are experiencing any of the following persistently for 2-3 weeks after the CI:

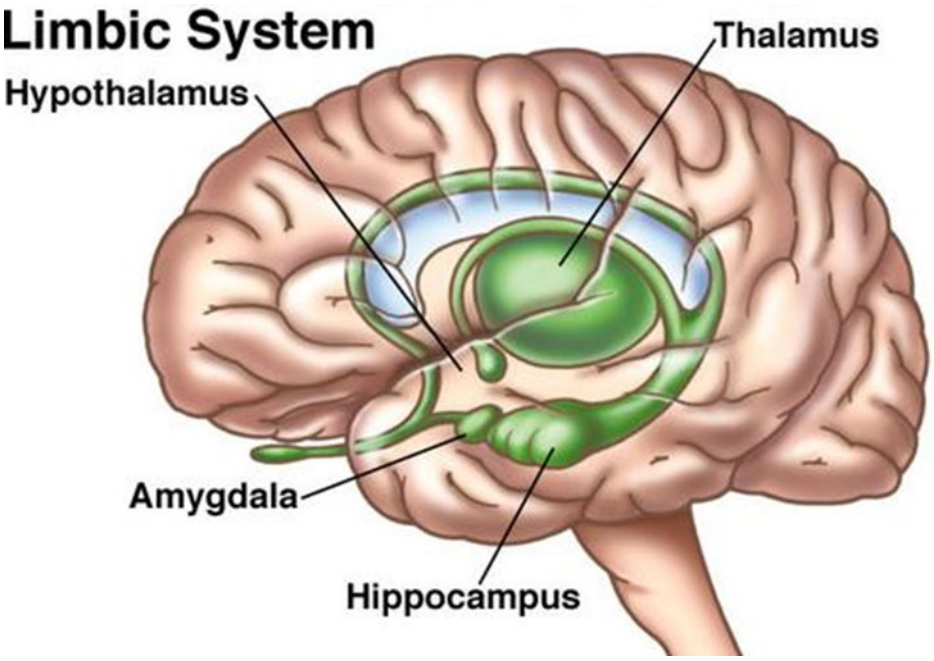
- Intense feelings, depression, exhaustion.
- Ruminative thoughts.

- Flashbacks.
- Poor sleep, nightmares.
- Difficulties focussing; accidents.
- You feel isolated.
- You cope by: constantly being busy, smoking/drinking, medication.

4 The neuroscience: why do we respond to trauma in this way

4.1 The limbic system is a part of the brain which regulates basic bodily functions such as breathing and blood flow; it controls our automatic survival instincts when we are faced with a PTE. At such a time it causes the release of stress hormones such as cortisol and adrenalin which get our bodies ready physiologically to fight, flight or freeze in order to stay safe.

4.2 Normally the recording, processing and storage of memories is the job of the hippocampus, an organ in the brain which makes sense of events in terms of date, time and narrative. This processing enables us to recall events at will.



4.3 However, when in flight/fight/freeze mode the hippocampus goes off line as the body has more important things to do than record memories such as preparing to run or fight. The job of recording events at these times is then taken over by another brain organ the amygdala, which is not so good at it. Snatches or fragments of the events get stored incorrectly in inappropriate parts of the brain and the whole event doesn't get properly processed as a complete narrative and stored away in the brain's 'filing cabinets' in the cortex.

4.4 This incomplete processing of the event is the cause of post-trauma symptoms. 1-5 days after a PTE these will usually disappear; during this time the hippocampus comes back on line again and the incident fragments stored by the amygdala pop up (the cause of flashbacks and nightmares) and are then properly processed and filed.

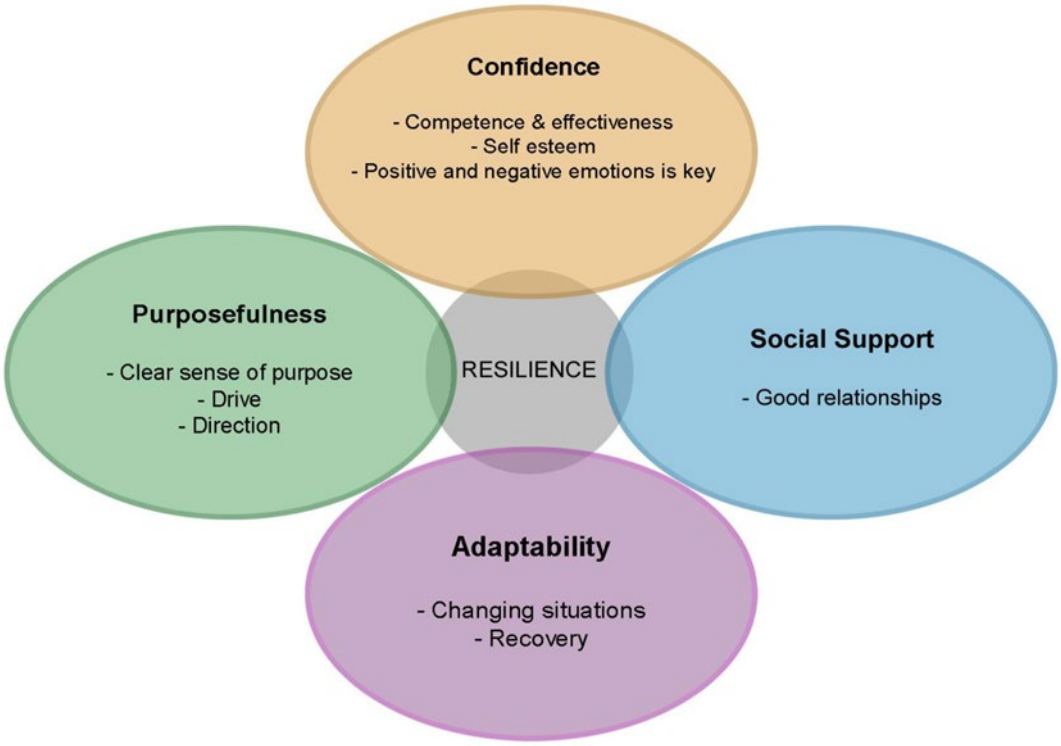
4.5 Very occasionally, normal post-trauma processing doesn't quite clear the symptoms; this can lead to the development of PTSD where the trauma related symptoms of intrusion (e.g. flashbacks, nightmares, rumination), avoidance (e.g. blocking thoughts with alcohol) hypervigilance (being on constant alert) and feeling emotionally numb persist for more than a month after the event.

4.6 Factors which protect against PTSD are good post-CI self-care and generally developing good psychological resilience.

5 Resilience and long term strategies

5.1 Psychological resilience allows us to adapt well following adversity, trauma, tragedy, threats, or significant sources of stress; it gives us the ability to 'bounce back'. Resilience is something that we can actively develop at any time and which will help to protect against developing prolonged adverse trauma responses after attending CIs.

5.2 Most of the many theories of personal resilience include having good social support networks in your life and developing the personal qualities of purposefulness, confidence and adaptability as illustrated in Robertson Cooper's model:



5.3 There are several positive steps that we can take in order to keep strengthening our resilience, these include:

- Make and maintain good relationships.
- Avoid seeing situations as insurmountable problems.
- Accept that some things are out of your control.
- Set realistic goals.
- Take decisive actions.
- Look for opportunities for personal growth.
- Nurture a positive view of yourself.
- Keep things in perspective.
- Maintain a hopeful/optimistic outlook.
- Take care of yourself: exercise, healthy lifestyle, relaxation (American Psychological Association).

6 Guidance for speaking to distressed family and friends

6.1 When dealing with PTE's it can be difficult to know what to say to those family and friends of casualties that have either died or suffered life changing injuries as a result of the incident. Below are suggested actions and language that may help in these situations.

6.2 When in attendance it is the responsibility of the London Ambulance Service (LAS) or Metropolitan Police Service (MPS) to speak to distressed family and friends, the following guidance is for brigade staff who may find themselves in a situation where either the LAS or MPS are not yet in attendance, or the destressed family member or friend has approached them. Only doctors, nurses or suitably trained ambulance clinicians can confirm that death has taken place, therefore the use of the words dead or died should be avoided unless the individual that is being spoken to has had this confirmed by someone suitably medically qualified to do so.

What to say

- Keep the language plain, concrete and unambiguous whilst remaining sensitive to the situation.
- Assume a certain formality in address, e.g. Mr and Mrs until they say otherwise.
- Try not to talk too quickly.
- Be prepared to repeat information if necessary.
- Monitor the impact of what you are saying and pace the information accordingly.
- Ensure that you only give up to date factual information.
- Allow time for the information to become absorbed.
- Try to avoid filling moments of silence, sometimes a presence alone can be supportive.
- Listen out for what the friend/ family call the casualty, check out if you can use this name too.
- There are few consoling words that people will find helpful if the casualty is very seriously ill or has died. Its OK to say things like:
  - 'I'm really sorry this has happened'.
  - 'I cannot begin to imagine how you may be feeling at the moment'.

What not to say

- Avoid ambiguous words and phrases such as someone is 'lost' or has 'passed away'. It is better to use more concrete phrases that are less likely to lead to confusion or misunderstanding.
- Avoid using words/phrases such as 'the body', 'deceased', 'victim' or 'remains'. Use the casualty's name.
- Don't provide any information that you aren't 100% sure of; don't be afraid to say "I don't know, but I will try to find out for you".
- Don't attempt to reassure them or lessen the blow with, for example:
  - 'Don't worry' or 'it could be worse'.
  - 'S/he died well'.
  - 'I understand how you feel'.
- Do not offer any false hope or try to talk the person out of their distress and grief. Try not to be led into saying things or making promises that may not be met.
- Unless initiated by the person concerned avoid physical contact as this may be intrusive and/or threatening.
- As a general rule, do not worry about saying very little; this is better than too much. Being present and able to tolerate the person's distress are often the most supportive aspects at this stage. Often unhelpful things are said in the vain hope of lessening the impact of the situation. It is much better to fully appreciate that you cannot make things better.

7 Guidance for speaking to distressed children

What to say/what to do

- Sit down with the child at eye level and say that you have something sad to tell them.
- Use language that the child will understand and be honest without giving unnecessary details.
- Use clear, concise, simple and concrete terms e.g. to explain the word 'dead'. For example, a child is more likely to understand the following statement: "Your father is very ill at the moment but we are trying to help him."
- Answer all questions honestly. It is okay to say to children "I don't know" when asked questions that seem impossible to answer.
- Provide reassurance that they are and will be kept safe.

What not to say/what not to do

- Avoid using phrases that are unclear or ambiguous such as: "…. has gone away" or "gone to a better/special place". The child will possibly wait for them to return, wish to visit them, or wonder why they were not invited to go.
- Do not assume the child has fully understood what you have just told them. Processing difficult information can take place for children over a longer period of time than for adults.

8 Manager's debrief

8.2 This should takes place on station immediately following attendance at a critical incident or potentially traumatic incident including difficult co-responder incidents.

8.3 Is an informal, routine, short meeting involving all attenders.

8.4 The purpose is to allow for mutual support in the watch, provide up to date information, give information about normal post critical incident responses and recovery, note if anyone is particularly struggling, advise of C&W contact when required and general services

8.5 It is NOT a psychological debriefing which would only ever be done by someone trained in the psychological management of people exposed to traumatic events.

8.6 Manager's debrief guidance/template can be found in Appendix 1.

9 Role of Counselling and Wellbeing

9.1 The following procedure will be carried out by C&W when any of the bullet points in 2.3 have been met, staff are reminded of point one, "any incident where the OiC considers that C&W contact may be helpful e.g. flashovers, near misses, feelings of helplessness, many CIs attended in a short period. Anyone attending a CI who feels that it might have been potentially traumatic for the crew can raise this with the OiC and/or C&W" as it is important to realise the potential for trauma that the accumulative effect of attending several PTEs/CIs over time may have.

9.2 1-5 days after a potentially traumatic event staff counsellors from C&W will contact all attending firefighters, officers and where relevant control officers and fire investigators, following C&W's PCIC protocol (available on C&W hotwire page). This is called a critical incident/potentially traumatic incident call and is done automatically when a C&W CI criterion is met or if the OiC or a crew member contacts C&W and it is agreed to follow the PCIC protocol for that CI. Every effort is made to make telephone contact, between tours where relevant. Letters are sent out to individuals inviting them to telephone C&W when initial telephone contact has been unsuccessful.

9.3 The purpose of the critical incident/potentially traumatic incident call is:

- **Normalisation:** checking individual's experience of the incident and how they have been affected in subsequent days, putting this into the context of normal post CI responses. Identifying strategies they might use to aid recovery/event processing.
- **Psycho-education:** information is given about how people respond to trauma and typical normal recovery. What 'symptoms' to look out for and when to seek further help.
- **Risk assessment:** questions are asked based on a questionnaire which measures adverse trauma responses:
  - No psychological risk detected – no further C&W action.
  - Medium risk – follow up call scheduled for 1-2 weeks later.
  - High risk – appointment with a staff counsellor will be offered/suggested.
- **Watchful waiting**: monitoring to ensure that the individual is processing the incident and recovering normally. Adverse trauma responses are indicated if symptoms persist after a week or more.

9.4 If an adverse trauma response is detected then counselling is offered using approved trauma treatment methods such as trauma-focussed cognitive behavioural therapy (CBT) or eye movement desensitisation and reprocessing (EMDR).

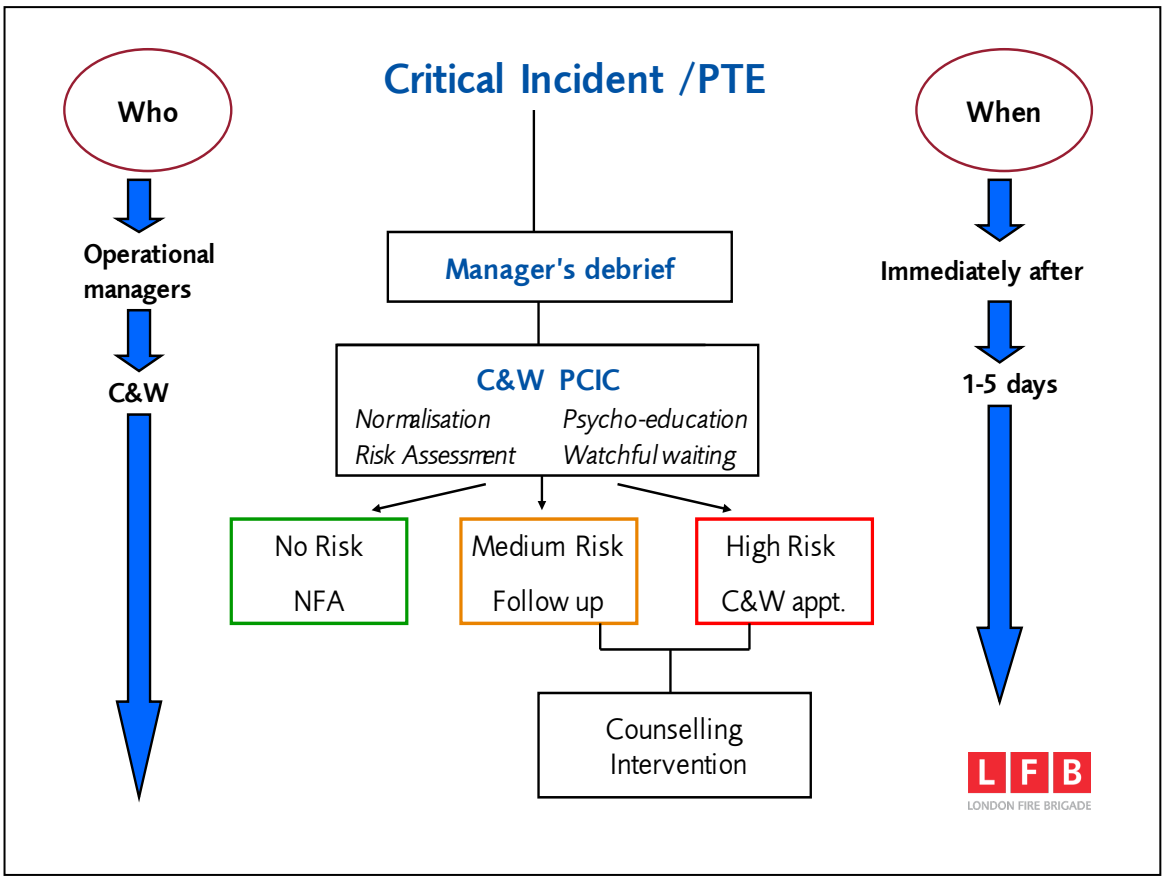
9.5 Summary of LFB's post critical incident and trauma prevention interventions can be found in Appendix 2.

9.6 Individuals wishing to seek further advice or help outside of this policy, should visit the C&W page on hotwire or call them on 020 8555 1200 ext. 35555

Appendix 1 - Manager's debrief guidance/template:

Manager's debrief following Critical Incident / Potentially Traumatic Event	
Topic	**Tasks**
1. Physical wellbeing	Check for anyone with any immediate health or first aid needs.
	Everyone had time for rehydration, food and drink?
2. The incident	Provide a brief overview of the incident.
	Give everyone the opportunity to contribute to the narrative of the incident.
	Allow for people to 'let off steam' but try to contain and stabilise the meeting to reduce stress .
	Provide additional facts and updates, particularly regarding casualties, answer questions.
3. Impact of trauma	Explain how exposure to traumatic incidents can produce temporary symptoms and what they might experience (appendix 3 item 1).
	Stress that the vast majority of people recover fully within a week and provide information of personal strategies that can assist with normal recovery (appendix item 4).
4. Further assistance	Inform the watch that C&W will be telephoning them in next 1-5 days (if this fits the CI criteria for C&W contact; 2.5 above) or if you notify C&W that you would like the attenders to be called as the incident was potentially traumatic. Encourage engagement with this contact.
	Some staff may have different cultural/faith needs. Often if someone has a strong faith background they will already have a faith leader who can provide additional support. Some however may just need short term guidance, and for that there is the Brigade Chaplain who can assist in accessing multi faith support.
	Ensure the watch have access to C&W leaflet/poster/contact details and remind them of the services available.
	Consider if any individuals appear to be immediately struggling with the incident; they may appear as very vocal, angry or quiet and withdrawn. Do they or the watch need a follow up meeting with you?
5. Ending	Reminder to monitor how they are and seek further help from C&W if symptoms persist after a week.
	Any further comments or questions.
	Encourage connection with their social support networks, self-care and talking to someone supportive if they need to.
Remember to check how you are, consider if you might need any additional support yourself.	

Appendix 2 - Summary of LFB's post critical incident and trauma prevention interventions



Appendix 3 - Additional information

[1] Symptoms which can occur after a CI/PTE (usually subside within 1-5 days)

- Feeling irritable and/or angry.
- Exhaustion.
- Poor concentration.
- Sleep difficulties.
- Avoiding places, people, thoughts and talking about the event.
- Intrusive rumination.
- Flashbacks of the incident.
- Hypervigilance, wary, watchful.
- Wanting to isolate, withdraw.
- Feeling upset.
- Disappointment.
- Feeling numb.
- Frightened.
- Confusion.
- Increased consumption of alcohol, nicotine, caffeine.
- Restlessness.

[2] Adverse trauma response, post traumatic stress disorder PTSD

PTSD is defined by some/all of these symptoms occurring 30 days or more after the PTE. It can persist for many years if not treated.

Reliving the event (as if in the 'here and now'):

Nightmares.

Flashbacks.

Intrusive rumination.

Avoiding situations that remind you of the incident:

Avoiding people or places that trigger incident memories.

Keeping very busy.

Avoiding/putting off seeking help.

Negative changes in beliefs and feelings:

Changes in the way you think about yourself or others.

Loss of trust in your safety in the world.

Difficulties in relationships.

Hypervigilant, 'keyed up':

Jittery always on alert.

Sleep difficulties .

Hard to concentrate.

Startle easily.

Appendix 4 - Trigger mechanism for requesting Counselling and Wellbeing following co-responding incidents

It is anticipated that in the vast majority of co-responding incidents that the information and methods contained within this policy will deal with any issues around potentially traumatic incidents. However now that crews have some experience of the variations of the types of co-responding calls that crews can be faced with, an additional trigger mechanism has been introduced.

Based on crews experience if a call is attended now to which in the opinion of the appliance commander they feel an intervention from Counselling & Wellbeing (post critical incident contact) is required then the following is to be adopted. **At present this trigger should only be used for co-responding calls in exceptional circumstances.**

Following a co-responding incident, where in the opinion of the appliance commander the watch would benefit from contact with Counselling & Wellbeing, the appliance commander as soon as Stop Code 7 has been sent via the Mobile Data Terminal, they are to send via RT '**Tango incident'** to control.

i.e. M2FN from F211 – Reference to co-responding call attended, this is a '**Tango incident'.**

On return to station the OIC/appliance commander should sit down with the crew and go through and follow the debrief guidance within the Manager's debrief document after potentially traumatic incidents, in preparation to receive contact with Counselling & Wellbeing within the next 1-5 days following the PCIC protocol.

On receipt of a '**Tango incident'** message control will then commence the procedure for paging the duty Counselling & Wellbeing representative, informing them of the following:

- CORE – plus incident number.
- Station, watch & call sign of the attending appliance.
- Name and contact number of the OIC.

The OOD will be paged and informed that a 'Tango incident' has been declared. The OOD will:

- Contact control to gather information.
- Contact the station and confirm the importance and value of a manager's debrief and encourage its completion.
- Inform the watch officer that counselling and wellbeing have been notified by control and will contact the OiC before the end of the shift.
- Take contact details of all personnel affected. (name, pay number, personal mobile number). E-mail information gathered to the duty counselling and wellbeing officer, who will ensure contact is made with the individuals at the earliest opportunity.
- E-mail the Area DAC, borough commander and station manager of the station involved informing them a 'tango incident' has occurred.

A counselling and wellbeing representative will contact the OIC of the attending appliance to gather further information on the nature of the incident attended and determine with them the level of intervention required. Where possible contact from the duty counsellor will be before the end of the crews shift, this allows time for the managers debrief to take place first so the OIC will have a clear idea of what will be needed from C&W. On receipt of a 'Tango incident' message Brigade Control will not mobilise the watch in question to any further co-responding calls until the managers debrief has taken place and that the manager is confident that the crew are ready to respond to further co-responding calls.

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Audit trail

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Page/para nos.	Brief description of change	Date
Throughout	Appendix 4 missing, updated version of the policy added.	16/10/2017
Page 1	Owner title and responsible work team details changed and changes to reflect the abolition of London Fire and Emergency Planning Authority, now replaced with London Fire Commissioner.	17/08/2018

Subject list

You can find this policy under the following subjects.

Stress	Trauma
Distress	

Freedom of Information Act exemptions

This policy/procedure has been securely marked due to:

Considered by: (responsible work team)	FOIA exemption	Security marking classification

LONDON FIRE BRIGADE

Recognising and coping with potentially traumatic events

New policy number:	**915**
Old instruction number:	
Issue date:	**12 October 2016**
Reviewed as current:	
Owner:	**Human Resource Management**
Responsible work team:	**HRM policy group**

Contents

1 Purpose

1.1 To assist staff in recognising and coping with potentially traumatic events and aid watch officers in deciding when and how to hold informal immediate watch debriefs following attendance at critical incidents (CI) or other potentially traumatic events (PTE), including incidents attended as co-responders. Watch officers can and will themselves be exposed to CIs or PTEs, therefore senior officers will need to be mindful of this and familiarise themselves with this policy, so that they are able to support watch officers.

2 Introduction

2.1 Individuals can react differently to critical incidents, some will find the incident traumatic and others may not. Any critical incident can be a potentially traumatic event for any individual. How a critical incident impacts on someone can be influenced by the individual's current stress levels, their personal resilience, any personal meaning the incident might evoke and cumulative previous exposure to critical incidents. **Definition of 'trauma'** trauma related stress can be experienced after exposure to any event considered to be outside of an individual's usual experience which causes physical, emotional or psychological harm.

2.2 A potentially traumatic event (PTE) is defined as:

- Threat of death or serious injury experienced by self or witnessed.
- Learning that events involved violent and/or accidental death or injury to family and/or close associates.
- Repeated or extreme exposure to details e.g. emergency services.

2.3 The Brigade's Counselling and Wellbeing Service (C&W) defines CIs as:

- **Any incident where the OiC considers that C&W contact may be helpful e.g. flashovers, near misses, feelings of helplessness, many CIs attended in a short period. Anyone attending a CI who feels that it might have been potentially traumatic for the crew can raise this with the OiC and/or C&W.**
- Two or more deaths of members of the public including RTCs.
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2.4 In the course of normal duties, firefighters will occasionally respond to **critical incidents** (CIs) which they may find traumatic. There are a number of factors which determine whether an individual finds any one particular incident traumatic, these include:

- The meaning the incident may have for you e.g. a road traffic collison (RTC) involving a child of similar age to your own child.
- What else is going on in your life at the time e.g. is your stress level high?
- How resilient you are/have become e.g. do you have a good network of family and friends? Are you positive with a good sense of purpose?
- Is this one more in a series of CIs that you have attended.

2.5 LFB attendance at a CI automatically triggers contact, usually a telephone call, from C&W. This is to check out how you are after the event and to give you useful information about trauma and keeping yourself safe from prolonged adverse psychological responses.

2.6 When attending a PTE the fight-flight-freeze response is triggered in everyone. This releases adrenalin and other stress hormones to assist the body to deal with the PTE. This is the body's survival mode. At such times less emphasis is placed on automatically recording precise and processed memories of the event. In the majority of cases these memories are processed naturally over the following week, with no further repercussions. During this time the individual may have some unsettling experiences such as feeling confused, exhausted, ruminating about the event, nightmares and disturbed sleep, flashbacks, feeling numb or upset (additional information in Appendix 3, Item 1).

2.7 Measures taken in the first 1-5 days following attendance at a PTE can promote normal processing, assist recovery and prevent the development of unhelpful trauma responses such as post traumatic stress disorder (PTSD - additional information in appendix 3 item 2). These interventions can include:

- Informal manager's debrief held on station immediately on return from the potentially traumatic event.
- Contact from Counselling and Wellbeing 1-5 days following the potentially traumatic event (post critical incident contact -PCIC) when appropriate.
- Strategies employed by the individual to promote event processing (additional information in appendix item 4).

3 Immediately after a critical incident

3.1 Most people tend to find that they feel 'not quite themselves' for a few days after attending a CI/PTE. Possible post CI reactions may include any of the following:

- Intense feelings: sadness, guilt, anger, shame, fear, disappointment.
- Physical symptoms: tiredness, poor sleep, nausea, headaches, neck and back aches, muscular tension, changes in habits e.g. eating, drinking.
- Psychological changes: poor concentration/motivation, nightmares, 'flashbacks', feeling 'on guard', rumination about the incident/other CIs attended.
- Behaviours: withdrawing, unable to express feelings, irritability, loss of sense of humour, impatience.

3.2 Usually you will start to get back to normal in a period of 1-5 days following the CI. There are a number of things that you can do to help any symptoms subside, as you normally process the event. Helpful strategies in the days following a CI include:

- Check in and 'debrief' with your watch/watch manager/crew manager immediately upon returning to your fire station after the CI.
- Follow familiar routines.
- Talk to supportive family/friends/colleagues.
- Exercise and eat healthily.
- Do activities/hobbies which bring you into the 'here and now'.
- Do distracting activities (computer games, crosswords, Sudoku).
- Monitor your intake of alcohol, nicotine, caffeine.
- Balance time alone with social time.
- Understand/accept that this is a normal process.

3.3 It is useful to monitor your reactions over time and consider seeking further help from a manager or from C&W if you are experiencing any of the following persistently for 2-3 weeks after the CI:

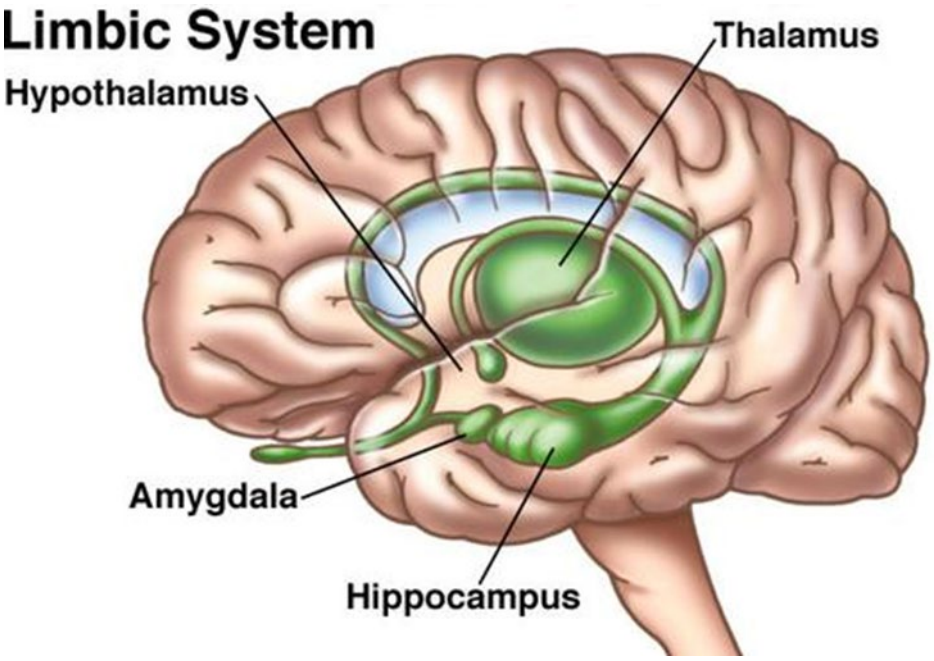
- Intense feelings, depression, exhaustion.
- Ruminative thoughts.

- Flashbacks.
- Poor sleep, nightmares.
- Difficulties focussing; accidents.
- You feel isolated.
- You cope by: constantly being busy, smoking/drinking, medication.

4 The neuroscience: why do we respond to trauma in this way

4.1 The limbic system is a part of the brain which regulates basic bodily functions such as breathing and blood flow; it controls our automatic survival instincts when we are faced with a PTE. At such a time it causes the release of stress hormones such as cortisol and adrenalin which get our bodies ready physiologically to fight, flight or freeze in order to stay safe.

4.2 Normally the recording, processing and storage of memories is the job of the hippocampus, an organ in the brain which makes sense of events in terms of date, time and narrative. This processing enables us to recall events at will.



4.3 However, when in flight/fight/freeze mode the hippocampus goes off line as the body has more important things to do than record memories such as preparing to run or fight. The job of recording events at these times is then taken over by another brain organ the amygdala, which is not so good at it. Snatches or fragments of the events get stored incorrectly in inappropriate parts of the brain and the whole event doesn't get properly processed as a complete narrative and stored away in the brain's 'filing cabinets' in the cortex.

4.4 This incomplete processing of the event is the cause of post-trauma symptoms. 1-5 days after a PTE these will usually disappear; during this time the hippocampus comes back on line again and the incident fragments stored by the amygdala pop up (the cause of flashbacks and nightmares) and are then properly processed and filed.

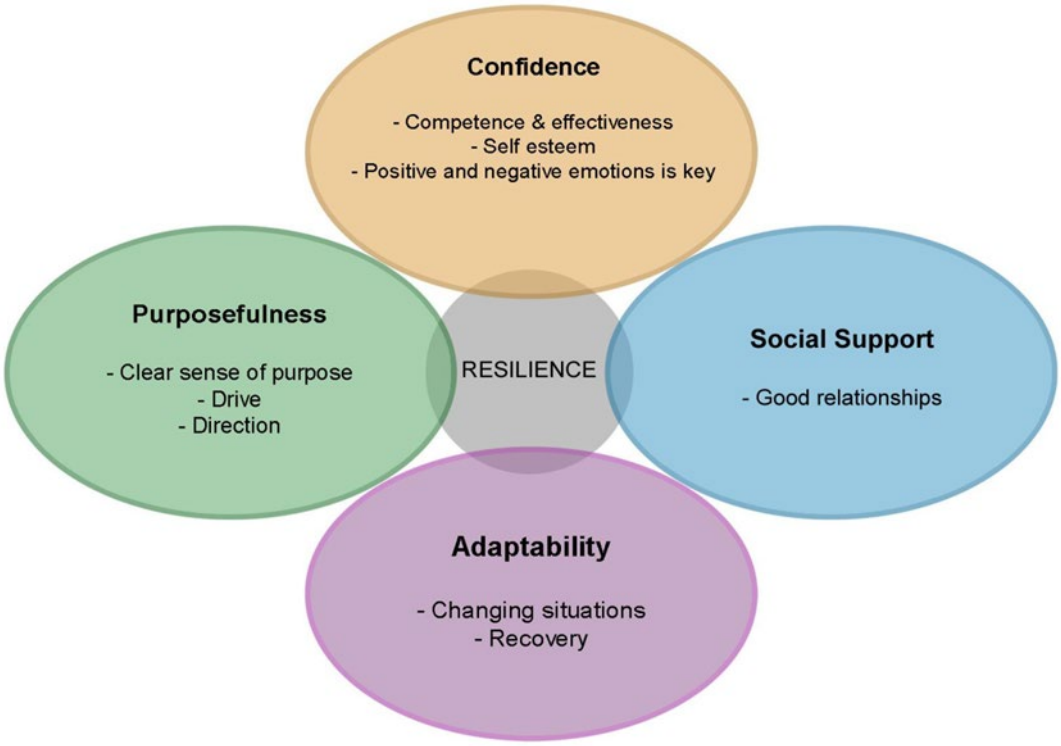
4.5 Very occasionally, normal post-trauma processing doesn't quite clear the symptoms; this can lead to the development of PTSD where the trauma related symptoms of intrusion (e.g. flashbacks, nightmares, rumination), avoidance (e.g. blocking thoughts with alcohol) hypervigilance (being on constant alert) and feeling emotionally numb persist for more than a month after the event.

4.6 Factors which protect against PTSD are good post-CI self-care and generally developing good psychological resilience.

5 Resilience and long term strategies

5.1 Psychological resilience allows us to adapt well following adversity, trauma, tragedy, threats, or significant sources of stress; it gives us the ability to 'bounce back'. Resilience is something that we can actively develop at any time and which will help to protect against developing prolonged adverse trauma responses after attending CIs.

5.2 Most of the many theories of personal resilience include having good social support networks in your life and developing the personal qualities of purposefulness, confidence and adaptability as illustrated in Robertson Cooper's model:



5.3 There are several positive steps that we can take in order to keep strengthening our resilience, these include:

- Make and maintain good relationships.
- Avoid seeing situations as insurmountable problems.
- Accept that some things are out of your control.
- Set realistic goals.
- Take decisive actions.
- Look for opportunities for personal growth.
- Nurture a positive view of yourself.
- Keep things in perspective.
- Maintain a hopeful/optimistic outlook.
- Take care of yourself: exercise, healthy lifestyle, relaxation (American Psychological Association).

6 Guidance for speaking to distressed family and friends

6.1 When dealing with PTE's it can be difficult to know what to say to those family and friends of casualties that have either died or suffered life changing injuries as a result of the incident. Below are suggested actions and language that may help in these situations.

6.2 When in attendance it is the responsibility of the London Ambulance Service (LAS) or Metropolitan Police Service (MPS) to speak to distressed family and friends, the following guidance is for brigade staff who may find themselves in a situation where either the LAS or MPS are not yet in attendance, or the destressed family member or friend has approached them. Only doctors, nurses or suitably trained ambulance clinicians can confirm that death has taken place, therefore the use of the words dead or died should be avoided unless the individual that is being spoken to has had this confirmed by someone suitably medically qualified to do so.

What to say

- Keep the language plain, concrete and unambiguous whilst remaining sensitive to the situation.
- Assume a certain formality in address, e.g. Mr and Mrs until they say otherwise.
- Try not to talk too quickly.
- Be prepared to repeat information if necessary.
- Monitor the impact of what you are saying and pace the information accordingly.
- Ensure that you only give up to date factual information.
- Allow time for the information to become absorbed.
- Try to avoid filling moments of silence, sometimes a presence alone can be supportive.
- Listen out for what the friend/ family call the casualty, check out if you can use this name too.
- There are few consoling words that people will find helpful if the casualty is very seriously ill or has died. Its OK to say things like:
  - 'I'm really sorry this has happened'.
  - 'I cannot begin to imagine how you may be feeling at the moment'.

What not to say

- Avoid ambiguous words and phrases such as someone is 'lost' or has 'passed away'. It is better to use more concrete phrases that are less likely to lead to confusion or misunderstanding.
- Avoid using words/phrases such as 'the body', 'deceased', 'victim' or 'remains'. Use the casualty's name.
- Don't provide any information that you aren't 100% sure of; don't be afraid to say "I don't know, but I will try to find out for you".
- Don't attempt to reassure them or lessen the blow with, for example:
  - 'Don't worry' or 'it could be worse'.
  - 'S/he died well'.
  - 'I understand how you feel'.
- Do not offer any false hope or try to talk the person out of their distress and grief. Try not to be led into saying things or making promises that may not be met.
- Unless initiated by the person concerned avoid physical contact as this may be intrusive and/or threatening.
- As a general rule, do not worry about saying very little; this is better than too much. Being present and able to tolerate the person's distress are often the most supportive aspects at this stage. Often unhelpful things are said in the vain hope of lessening the impact of the situation. It is much better to fully appreciate that you cannot make things better.

7 Guidance for speaking to distressed children

What to say/what to do

- Sit down with the child at eye level and say that you have something sad to tell them.
- Use language that the child will understand and be honest without giving unnecessary details.
- Use clear, concise, simple and concrete terms e.g. to explain the word 'dead'. For example, a child is more likely to understand the following statement: "Your father is very ill at the moment but we are trying to help him."
- Answer all questions honestly. It is okay to say to children "I don't know" when asked questions that seem impossible to answer.
- Provide reassurance that they are and will be kept safe.

What not to say/what not to do

- Avoid using phrases that are unclear or ambiguous such as: "…. has gone away" or "gone to a better/special place". The child will possibly wait for them to return, wish to visit them, or wonder why they were not invited to go.
- Do not assume the child has fully understood what you have just told them. Processing difficult information can take place for children over a longer period of time than for adults.

8 Manager's debrief

8.2 This should takes place on station immediately following attendance at a critical incident or potentially traumatic incident including difficult co-responder incidents.

8.3 Is an informal, routine, short meeting involving all attenders.

8.4 The purpose is to allow for mutual support in the watch, provide up to date information, give information about normal post critical incident responses and recovery, note if anyone is particularly struggling, advise of C&W contact when required and general services

8.5 It is NOT a psychological debriefing which would only ever be done by someone trained in the psychological management of people exposed to traumatic events.

8.6 Manager's debrief guidance/template can be found in Appendix 1.

9 Role of Counselling and Wellbeing

9.1 The following procedure will be carried out by C&W when any of the bullet points in 2.3 have been met, staff are reminded of point one, "any incident where the OiC considers that C&W contact may be helpful e.g. flashovers, near misses, feelings of helplessness, many CIs attended in a short period. Anyone attending a CI who feels that it might have been potentially traumatic for the crew can raise this with the OiC and/or C&W" as it is important to realise the potential for trauma that the accumulative effect of attending several PTEs/CIs over time may have.

9.2 1-5 days after a potentially traumatic event staff counsellors from C&W will contact all attending firefighters, officers and where relevant control officers and fire investigators, following C&W's PCIC protocol (available on C&W hotwire page). This is called a critical incident/potentially traumatic incident call and is done automatically when a C&W CI criterion is met or if the OiC or a crew member contacts C&W and it is agreed to follow the PCIC protocol for that CI. Every effort is made to make telephone contact, between tours where relevant. Letters are sent out to individuals inviting them to telephone C&W when initial telephone contact has been unsuccessful.

9.3 The purpose of the critical incident/potentially traumatic incident call is:

- **Normalisation:** checking individual's experience of the incident and how they have been affected in subsequent days, putting this into the context of normal post CI responses. Identifying strategies they might use to aid recovery/event processing.
- **Psycho-education:** information is given about how people respond to trauma and typical normal recovery. What 'symptoms' to look out for and when to seek further help.
- **Risk assessment:** questions are asked based on a questionnaire which measures adverse trauma responses:
  - No psychological risk detected – no further C&W action.
  - Medium risk – follow up call scheduled for 1-2 weeks later.
  - High risk – appointment with a staff counsellor will be offered/suggested.
- **Watchful waiting**: monitoring to ensure that the individual is processing the incident and recovering normally. Adverse trauma responses are indicated if symptoms persist after a week or more.

9.4 If an adverse trauma response is detected then counselling is offered using approved trauma treatment methods such as trauma-focussed cognitive behavioural therapy (CBT) or eye movement desensitisation and reprocessing (EMDR).

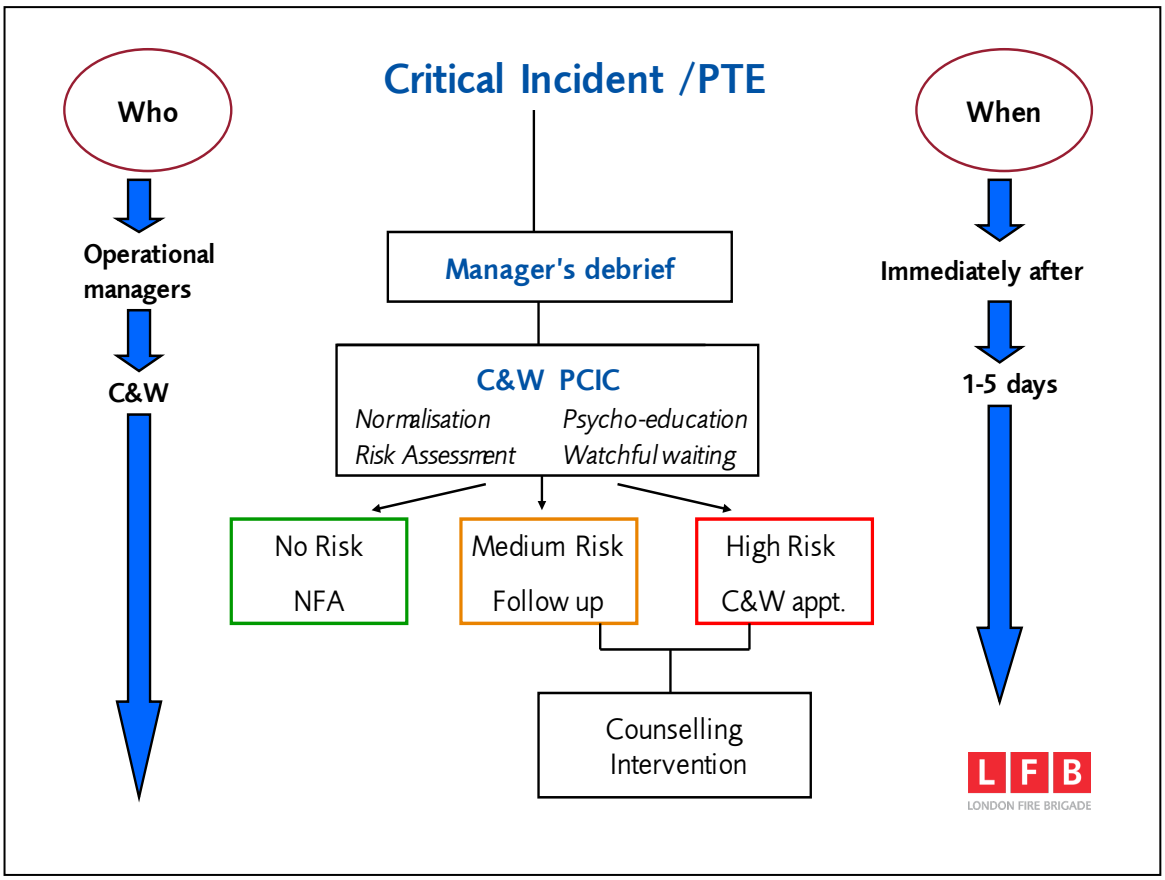
9.5 Summary of LFB's post critical incident and trauma prevention interventions can be found in Appendix 2.

9.6 Individuals wishing to seek further advice or help outside of this policy, should visit the C&W page on hotwire or call them on 020 8555 1200 ext. 35555

Appendix 1 - Manager's debrief guidance/template:

Manager's debrief following Critical Incident / Potentially Traumatic Event	
Topic	**Tasks**
1. Physical wellbeing	Check for anyone with any immediate health or first aid needs.
	Everyone had time for rehydration, food and drink?
2. The incident	Provide a brief overview of the incident.
	Give everyone the opportunity to contribute to the narrative of the incident.
	Allow for people to 'let off steam' but try to contain and stabilise the meeting to reduce stress .
	Provide additional facts and updates, particularly regarding casualties, answer questions.
3. Impact of trauma	Explain how exposure to traumatic incidents can produce temporary symptoms and what they might experience (appendix 3 item 1).
	Stress that the vast majority of people recover fully within a week and provide information of personal strategies that can assist with normal recovery (appendix item 4).
4. Further assistance	Inform the watch that C&W will be telephoning them in next 1-5 days (if this fits the CI criteria for C&W contact; 2.5 above) or if you notify C&W that you would like the attenders to be called as the incident was potentially traumatic. Encourage engagement with this contact.
	Some staff may have different cultural/faith needs. Often if someone has a strong faith background they will already have a faith leader who can provide additional support. Some however may just need short term guidance, and for that there is the Brigade Chaplain who can assist in accessing multi faith support.
	Ensure the watch have access to C&W leaflet/poster/contact details and remind them of the services available.
	Consider if any individuals appear to be immediately struggling with the incident; they may appear as very vocal, angry or quiet and withdrawn. Do they or the watch need a follow up meeting with you?
5. Ending	Reminder to monitor how they are and seek further help from C&W if symptoms persist after a week.
	Any further comments or questions.
	Encourage connection with their social support networks, self-care and talking to someone supportive if they need to.
Remember to check how you are, consider if you might need any additional support yourself.	

Appendix 2 - Summary of LFB's post critical incident and trauma prevention interventions



Appendix 3 - Additional information

[1] Symptoms which can occur after a CI/PTE (usually subside within 1-5 days)

- Feeling irritable and/or angry.
- Exhaustion.
- Poor concentration.
- Sleep difficulties.
- Avoiding places, people, thoughts and talking about the event.
- Intrusive rumination.
- Flashbacks of the incident.
- Hypervigilance, wary, watchful.
- Wanting to isolate, withdraw.
- Feeling upset.
- Disappointment.
- Feeling numb.
- Frightened.
- Confusion.
- Increased consumption of alcohol, nicotine, caffeine.
- Restlessness.

[2] Adverse trauma response, post traumatic stress disorder PTSD

PTSD is defined by some/all of these symptoms occurring 30 days or more after the PTE. It can persist for many years if not treated.

Reliving the event (as if in the 'here and now'):

Nightmares.

Flashbacks.

Intrusive rumination.

Avoiding situations that remind you of the incident:

Avoiding people or places that trigger incident memories.

Keeping very busy.

Avoiding/putting off seeking help.

Negative changes in beliefs and feelings:

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On receipt of a '**Tango incident'** message control will then commence the procedure for paging the duty Counselling & Wellbeing representative, informing them of the following:

- CORE – plus incident number.
- Station, watch & call sign of the attending appliance.
- Name and contact number of the OIC.

The OOD will be paged and informed that a 'Tango incident' has been declared. The OOD will:

- Contact control to gather information.
- Contact the station and confirm the importance and value of a manager's debrief and encourage its completion.
- Inform the watch officer that counselling and wellbeing have been notified by control and will contact the OiC before the end of the shift.
- Take contact details of all personnel affected. (name, pay number, personal mobile number). E-mail information gathered to the duty counselling and wellbeing officer, who will ensure contact is made with the individuals at the earliest opportunity.
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Considered by: (responsible work team)	**FOIA exemption**	**Security marking classification**

LONDON FIRE BRIGADE

Recognising and coping with potentially traumatic events

New policy number:	**915**
Old instruction number:	
Issue date:	**12 October 2017**
Reviewed as current:	
Owner:	**Assistant Director, People Services**
Responsible work team:	**Cultural Change**

Contents

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- How resilient you are/have become e.g. do you have a good network of family and friends? Are you positive with a good sense of purpose?
- Is this one more in a series of CIs that you have attended.

2.5 LFB attendance at a CI automatically triggers contact, usually a telephone call, from CTS. This is to check out how you are after the event and to give you useful information about trauma and keeping yourself safe from prolonged adverse psychological responses.

2.6 When attending a PTE the fight-flight-freeze response is triggered in everyone. This releases adrenalin and other stress hormones to assist the body to deal with the PTE. This is the body's survival mode. At such times less emphasis is placed on automatically recording precise and processed memories of the event. In the majority of cases these memories are processed naturally over the following week, with no further repercussions. During this time the individual may have some unsettling experiences such as feeling confused, exhausted, ruminating about the event, nightmares and disturbed sleep, flashbacks, feeling numb or upset (additional information in Appendix 3, Item 1).

2.7 Measures taken in the first 1-5 days following attendance at a PTE can promote normal processing, assist recovery and prevent the development of unhelpful trauma responses such as post traumatic stress disorder (PTSD - additional information in appendix 3 item 2). These interventions can include:

- Informal manager's debrief held on station immediately on return from the potentially traumatic event.
- Contact from Counselling and Trauma Service 1-5 days following the potentially traumatic event (post critical incident contact -PCIC) when appropriate.
- Strategies employed by the individual to promote event processing (additional information in appendix item 4).

3 Immediately after a critical incident

3.1 Most people tend to find that they feel 'not quite themselves' for a few days after attending a CI/PTE. Possible post CI reactions may include any of the following:

- Intense feelings: sadness, guilt, anger, shame, fear, disappointment.
- Physical symptoms: tiredness, poor sleep, nausea, headaches, neck and back aches, muscular tension, changes in habits e.g. eating, drinking.
- Psychological changes: poor concentration/motivation, nightmares, 'flashbacks', feeling 'on guard', rumination about the incident/other CIs attended.
- Behaviours: withdrawing, unable to express feelings, irritability, loss of sense of humour, impatience.

3.2 Usually you will start to get back to normal in a period of 1-5 days following the CI. There are a number of things that you can do to help any symptoms subside, as you normally process the event. Helpful strategies in the days following a CI include:

- Check in and 'debrief' with your watch/watch manager/crew manager immediately upon returning to your fire station after the CI.
- Follow familiar routines.
- Talk to supportive family/friends/colleagues.
- Exercise and eat healthily.
- Do activities/hobbies which bring you into the 'here and now'.
- Do distracting activities (computer games, crosswords, Sudoku).
- Monitor your intake of alcohol, nicotine, caffeine.
- Balance time alone with social time.
- Understand/accept that this is a normal process.

3.3 It is useful to monitor your reactions over time and consider seeking further help from a manager or from CTS if you are experiencing any of the following persistently for 2-3 weeks after the CI:

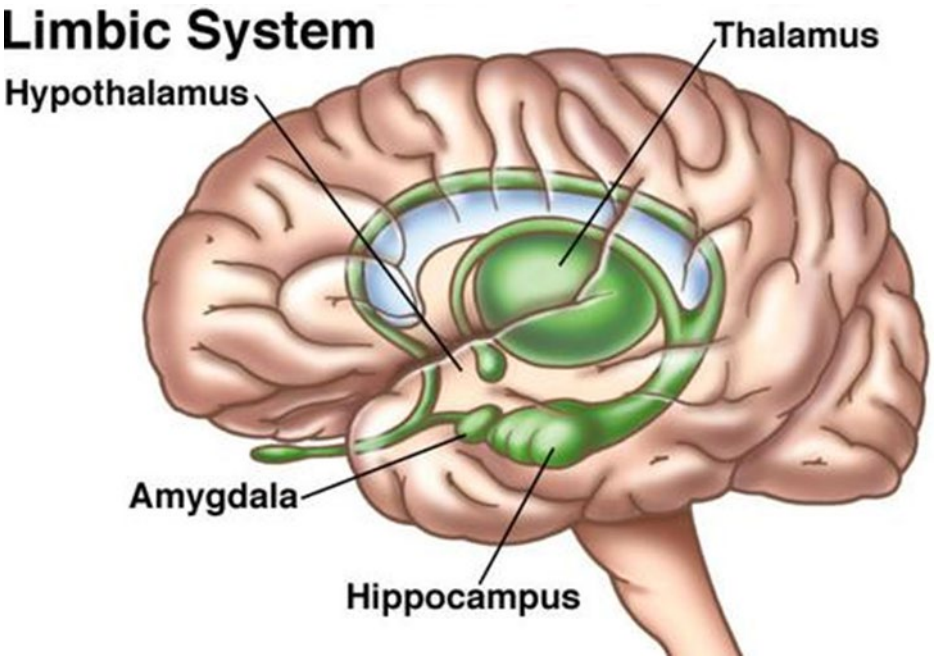
- Intense feelings, depression, exhaustion.
- Ruminative thoughts.

- Flashbacks.
- Poor sleep, nightmares.
- Difficulties focussing; accidents.
- You feel isolated.
- You cope by: constantly being busy, smoking/drinking, medication.

4 The neuroscience: why do we respond to trauma in this way

4.1 The limbic system is a part of the brain which regulates basic bodily functions such as breathing and blood flow; it controls our automatic survival instincts when we are faced with a PTE. At such a time it causes the release of stress hormones such as cortisol and adrenalin which get our bodies ready physiologically to fight, flight or freeze in order to stay safe.

4.2 Normally the recording, processing and storage of memories is the job of the hippocampus, an organ in the brain which makes sense of events in terms of date, time and narrative. This processing enables us to recall events at will.



4.3 However, when in flight/fight/freeze mode the hippocampus goes off line as the body has more important things to do than record memories such as preparing to run or fight. The job of recording events at these times is then taken over by another brain organ the amygdala, which is not so good at it. Snatches or fragments of the events get stored incorrectly in inappropriate parts of the brain and the whole event doesn't get properly processed as a complete narrative and stored away in the brain's 'filing cabinets' in the cortex.

4.4 This incomplete processing of the event is the cause of post-trauma symptoms. 1-5 days after a PTE these will usually disappear; during this time the hippocampus comes back on line again and the incident fragments stored by the amygdala pop up (the cause of flashbacks and nightmares) and are then properly processed and filed.

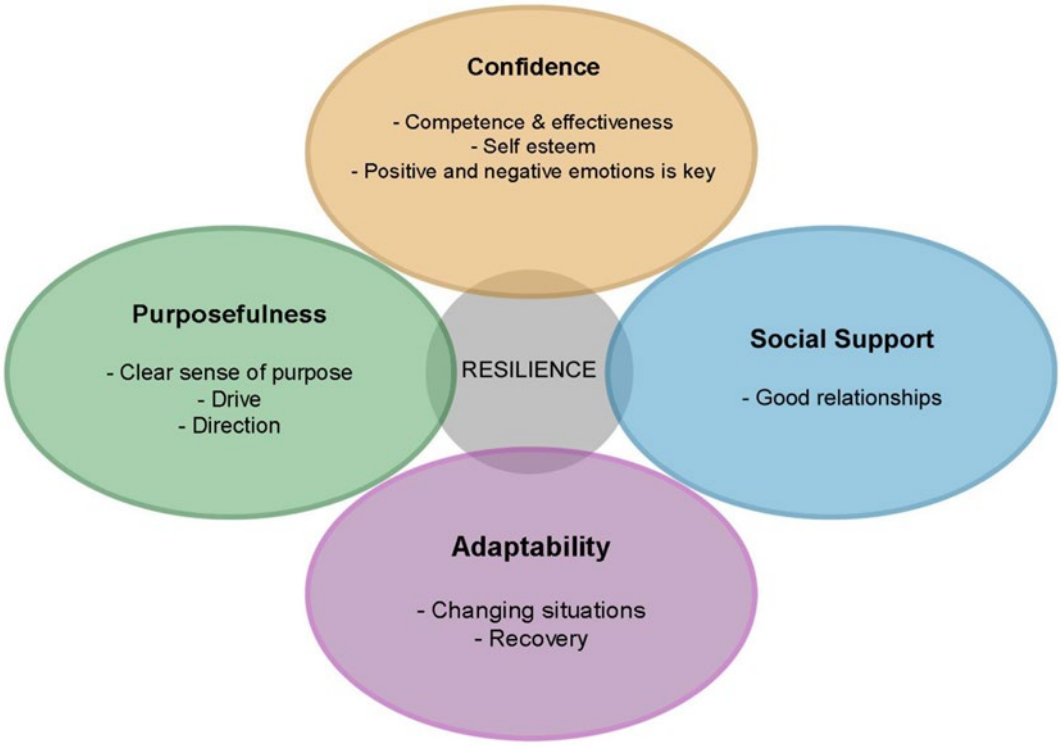
4.5 Very occasionally, normal post-trauma processing doesn't quite clear the symptoms; this can lead to the development of PTSD where the trauma related symptoms of intrusion (e.g. flashbacks, nightmares, rumination), avoidance (e.g. blocking thoughts with alcohol) hypervigilance (being on constant alert) and feeling emotionally numb persist for more than a month after the event.

4.6 Factors which protect against PTSD are good post-CI self-care and generally developing good psychological resilience.

5 Resilience and long term strategies

5.1 Psychological resilience allows us to adapt well following adversity, trauma, tragedy, threats, or significant sources of stress; it gives us the ability to 'bounce back'. Resilience is something that we can actively develop at any time and which will help to protect against developing prolonged adverse trauma responses after attending CIs.

5.2 Most of the many theories of personal resilience include having good social support networks in your life and developing the personal qualities of purposefulness, confidence and adaptability as illustrated in Robertson Cooper's model:



5.3 There are several positive steps that we can take in order to keep strengthening our resilience, these include:

- Make and maintain good relationships.
- Avoid seeing situations as insurmountable problems.
- Accept that some things are out of your control.
- Set realistic goals.
- Take decisive actions.
- Look for opportunities for personal growth.
- Nurture a positive view of yourself.
- Keep things in perspective.
- Maintain a hopeful/optimistic outlook.
- Take care of yourself: exercise, healthy lifestyle, relaxation (American Psychological Association).

6 Guidance for speaking to distressed family and friends

6.1 When dealing with PTE's it can be difficult to know what to say to those family and friends of casualties that have either died or suffered life changing injuries as a result of the incident. Below are suggested actions and language that may help in these situations.

6.2 When in attendance it is the responsibility of the London Ambulance Service (LAS) or Metropolitan Police Service (MPS) to speak to distressed family and friends, the following guidance is for brigade staff who may find themselves in a situation where either the LAS or MPS are not yet in attendance, or the destressed family member or friend has approached them. Only doctors, nurses or suitably trained ambulance clinicians can confirm that death has taken place, therefore the use of the words dead or died should be avoided unless the individual that is being spoken to has had this confirmed by someone suitably medically qualified to do so.

What to say

- Keep the language plain, concrete and unambiguous whilst remaining sensitive to the situation.
- Assume a certain formality in address, e.g. Mr and Mrs until they say otherwise.
- Try not to talk too quickly.
- Be prepared to repeat information if necessary.
- Monitor the impact of what you are saying and pace the information accordingly.
- Ensure that you only give up to date factual information.
- Allow time for the information to become absorbed.
- Try to avoid filling moments of silence, sometimes a presence alone can be supportive.
- Listen out for what the friend/ family call the casualty, check out if you can use this name too.
- There are few consoling words that people will find helpful if the casualty is very seriously ill or has died. Its OK to say things like:
  - 'I'm really sorry this has happened'.
  - 'I cannot begin to imagine how you may be feeling at the moment'.

What not to say

- Avoid ambiguous words and phrases such as someone is 'lost' or has 'passed away'. It is better to use more concrete phrases that are less likely to lead to confusion or misunderstanding.
- Avoid using words/phrases such as 'the body', 'deceased', 'victim' or 'remains'. Use the casualty's name.
- Don't provide any information that you aren't 100% sure of; don't be afraid to say "I don't know, but I will try to find out for you".
- Don't attempt to reassure them or lessen the blow with, for example:
  - 'Don't worry' or 'it could be worse'.
  - 'S/he died well'.
  - 'I understand how you feel'.
- Do not offer any false hope or try to talk the person out of their distress and grief. Try not to be led into saying things or making promises that may not be met.
- Unless initiated by the person concerned avoid physical contact as this may be intrusive and/or threatening.
- As a general rule, do not worry about saying very little; this is better than too much. Being present and able to tolerate the person's distress are often the most supportive aspects at this stage. Often unhelpful things are said in the vain hope of lessening the impact of the situation. It is much better to fully appreciate that you cannot make things better.

7 Guidance for speaking to distressed children

What to say/what to do

- Sit down with the child at eye level and say that you have something sad to tell them.
- Use language that the child will understand and be honest without giving unnecessary details.
- Use clear, concise, simple and concrete terms e.g. to explain the word 'dead'. For example, a child is more likely to understand the following statement: "Your father is very ill at the moment but we are trying to help him."
- Answer all questions honestly. It is okay to say to children "I don't know" when asked questions that seem impossible to answer.
- Provide reassurance that they are and will be kept safe.

What not to say/what not to do

- Avoid using phrases that are unclear or ambiguous such as: "…. has gone away" or "gone to a better/special place". The child will possibly wait for them to return, wish to visit them, or wonder why they were not invited to go.
- Do not assume the child has fully understood what you have just told them. Processing difficult information can take place for children over a longer period of time than for adults.

8 Manager's debrief

8.2 This should takes place on station immediately following attendance at a critical incident or potentially traumatic incident including difficult co-responder incidents.

8.3 Is an informal, routine, short meeting involving all attenders.

8.4 The purpose is to allow for mutual support in the watch, provide up to date information, give information about normal post critical incident responses and recovery, note if anyone is particularly struggling, advise of CTS contact when required and general services

8.5 It is NOT a psychological debriefing which would only ever be done by someone trained in the psychological management of people exposed to traumatic events.

8.6 Manager's debrief guidance/template can be found in Appendix 1.

9 Role of Counselling and Trauma Service

9.1 The following procedure will be carried out by CTS when any of the bullet points in 2.3 have been met, staff are reminded of point one, "any incident where the OiC considers that CTS contact may be helpful e.g. flashovers, near misses, feelings of helplessness, many CIs attended in a short period. Anyone attending a CI who feels that it might have been potentially traumatic for the crew can raise this with the OiC and/or CTS" as it is important to realise the potential for trauma that the accumulative effect of attending several PTEs/CIs over time may have.

9.2 1-5 days after a potentially traumatic event staff counsellors from CTS will contact all attending firefighters, officers and where relevant control officers and fire investigators, following CTS's PCIC protocol (available on CTS hotwire page). This is called a critical incident/potentially traumatic incident call and is done automatically when a CTS CI criterion is met or if the OiC or a crew member contacts CTS and it is agreed to follow the PCIC protocol for that CI. Every effort is made to make telephone contact, between tours where relevant. Letters are sent out to individuals inviting them to telephone CTS when initial telephone contact has been unsuccessful.

9.3 The purpose of the critical incident/potentially traumatic incident call is:

- **Normalisation:** checking individual's experience of the incident and how they have been affected in subsequent days, putting this into the context of normal post CI responses. Identifying strategies they might use to aid recovery/event processing.
- **Psycho-education:** information is given about how people respond to trauma and typical normal recovery. What 'symptoms' to look out for and when to seek further help.
- **Risk assessment:** questions are asked based on a questionnaire which measures adverse trauma responses:
  - No psychological risk detected – no further CTS action.
  - Medium risk – follow up call scheduled for 1-2 weeks later.
  - High risk – appointment with a staff counsellor will be offered/suggested.
- **Watchful waiting**: monitoring to ensure that the individual is processing the incident and recovering normally. Adverse trauma responses are indicated if symptoms persist after a week or more.

9.4 If an adverse trauma response is detected then counselling is offered using approved trauma treatment methods such as trauma-focussed cognitive behavioural therapy (CBT) or eye movement desensitisation and reprocessing (EMDR).

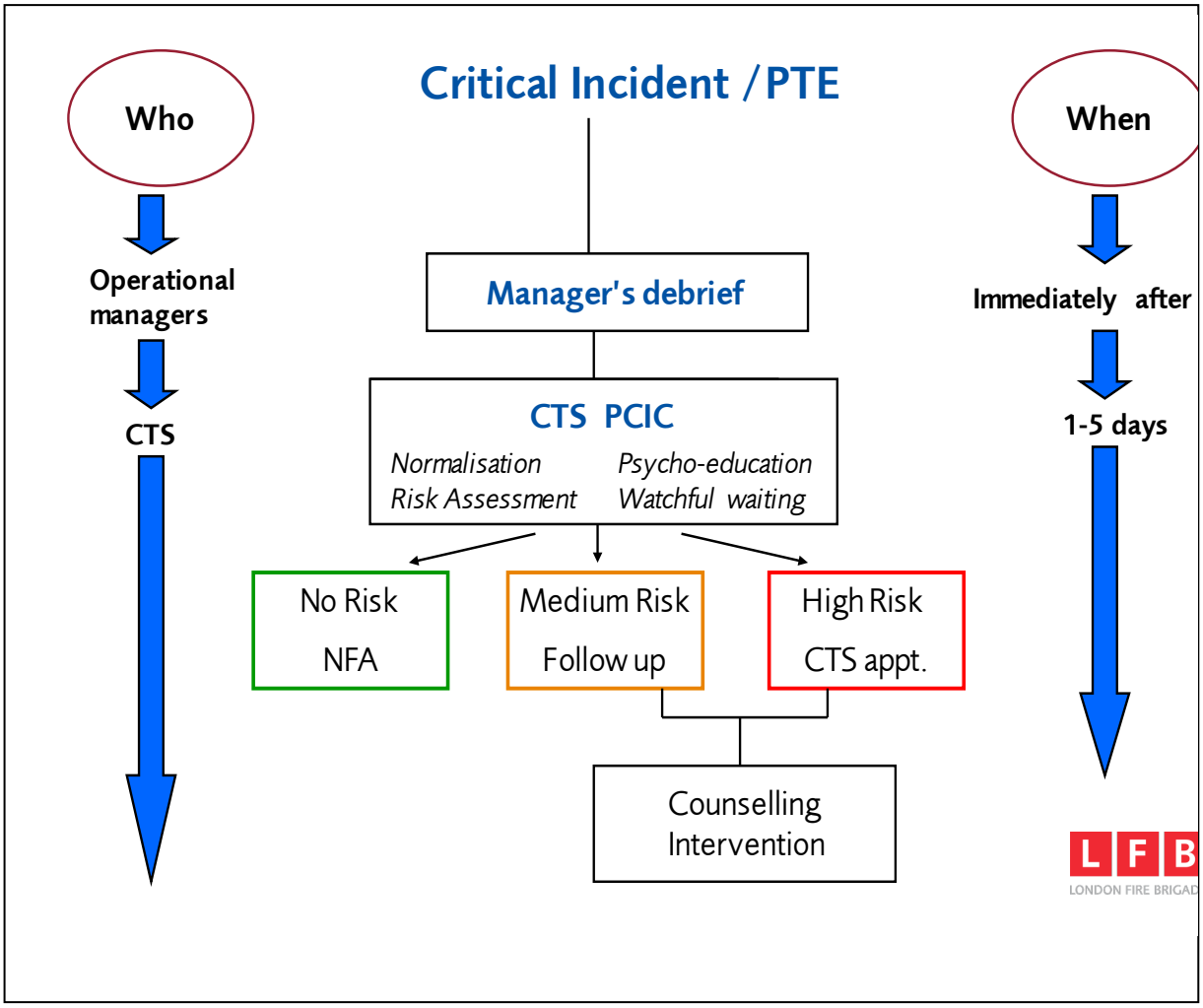
9.5 Summary of LFB's post critical incident and trauma prevention interventions can be found in Appendix 2.

9.6 Individuals wishing to seek further advice or help outside of this policy, should visit the CTS page on hotwire or call them on 020 8555 1200 ext. 35555

Appendix 1 - Manager's debrief guidance/template:

Manager's debrief following Critical Incident / Potentially Traumatic Event	
Topic	**Tasks**
1. Physical wellbeing	Check for anyone with any immediate health or first aid needs.
	Everyone had time for rehydration, food and drink?
2. The incident	Provide a brief overview of the incident.
	Give everyone the opportunity to contribute to the narrative of the incident.
	Allow for people to 'let off steam' but try to contain and stabilise the meeting to reduce stress .
	Provide additional facts and updates, particularly regarding casualties, answer questions.
3. Impact of trauma	Explain how exposure to traumatic incidents can produce temporary symptoms and what they might experience (appendix 3 item 1).
	Stress that the vast majority of people recover fully within a week and provide information of personal strategies that can assist with normal recovery (appendix item 4).
4. Further assistance	Inform the watch that CTS will be telephoning them in next 1-5 days (if this fits the CI criteria for CTS contact; 2.5 above) or if you notify CTS that you would like the attenders to be called as the incident was potentially traumatic. Encourage engagement with this contact.
	Some staff may have different cultural/faith needs. Often if someone has a strong faith background they will already have a faith leader who can provide additional support. Some however may just need short term guidance, and for that there is the Brigade Chaplain who can assist in accessing multi faith support.
	Ensure the watch have access to CTS leaflet/poster/contact details and remind them of the services available.
	Consider if any individuals appear to be immediately struggling with the incident; they may appear as very vocal, angry or quiet and withdrawn. Do they or the watch need a follow up meeting with you?
5. Ending	Reminder to monitor how they are and seek further help from CTS if symptoms persist after a week.
	Any further comments or questions.
	Encourage connection with their social support networks, self-care and talking to someone supportive if they need to.
Remember to check how you are, consider if you might need any additional support yourself.	

Appendix 2 - Summary of LFB's post critical incident and trauma prevention interventions



Appendix 3 - Additional information

[1] Symptoms which can occur after a CI/PTE (usually subside within 1-5 days)

- Feeling irritable and/or angry.
- Exhaustion.
- Poor concentration.
- Sleep difficulties.
- Avoiding places, people, thoughts and talking about the event.
- Intrusive rumination.
- Flashbacks of the incident.
- Hypervigilance, wary, watchful.
- Wanting to isolate, withdraw.
- Feeling upset.
- Disappointment.
- Feeling numb.
- Frightened.
- Confusion.
- Increased consumption of alcohol, nicotine, caffeine.
- Restlessness.

[2] Adverse trauma response, post traumatic stress disorder PTSD

PTSD is defined by some/all of these symptoms occurring 30 days or more after the PTE. It can persist for many years if not treated.

Reliving the event (as if in the 'here and now'):

Nightmares.

Flashbacks.

Intrusive rumination.

Avoiding situations that remind you of the incident:

Avoiding people or places that trigger incident memories.

Keeping very busy.

Avoiding/putting off seeking help.

Negative changes in beliefs and feelings:

Changes in the way you think about yourself or others.

Loss of trust in your safety in the world.

Difficulties in relationships.

Hypervigilant, 'keyed up':

Jittery always on alert.

Sleep difficulties .

Hard to concentrate.

Startle easily.

Appendix 4 - Trigger mechanism for requesting Counselling and Trauma Services following co-responding incidents

It is anticipated that in the vast majority of co-responding incidents that the information and methods contained within this policy will deal with any issues around potentially traumatic incidents. However now that crews have some experience of the variations of the types of co-responding calls that crews can be faced with, an additional trigger mechanism has been introduced.

Based on crews experience if a call is attended now to which in the opinion of the appliance commander they feel an intervention from Counselling & Trauma Services (post critical incident contact) is required then the following is to be adopted. **At present this trigger should only be used for co-responding calls in exceptional circumstances.**

Following a co-responding incident, where in the opinion of the appliance commander the watch would benefit from contact with Counselling & Trauma Services, the appliance commander as soon as Stop Code 7 has been sent via the Mobile Data Terminal, they are to send via RT '**Tango incident'** to control.

i.e. M2FN from F211 – Reference to co-responding call attended, this is a '**Tango incident'.**

On return to station the OIC/appliance commander should sit down with the crew and go through and follow the debrief guidance within the Manager's debrief document after potentially traumatic incidents, in preparation to receive contact with Counselling & Trauma Services within the next 1-5 days following the PCIC protocol.

On receipt of a '**Tango incident'** message control will then commence the procedure for paging the duty Counselling & Trauma representative, informing them of the following:

- CORE – plus incident number.
- Station, watch & call sign of the attending appliance.
- Name and contact number of the OIC.

The OOD will be paged and informed that a 'Tango incident' has been declared. The OOD will:

- Contact control to gather information.
- Contact the station and confirm the importance and value of a manager's debrief and encourage its completion.
- Inform the watch officer that counselling and trauma services have been notified by control and will contact the OiC before the end of the shift.
- Take contact details of all personnel affected. (name, pay number, personal mobile number). E-mail information gathered to the duty counselling and trauma officer, who will ensure contact is made with the individuals at the earliest opportunity.
- E-mail the Area DAC, borough commander and station manager of the station involved informing them a 'tango incident' has occurred.

A counselling and trauma representative will contact the OIC of the attending appliance to gather further information on the nature of the incident attended and determine with them the level of intervention required. Where possible contact from the duty counsellor will be before the end of the crews shift, this allows time for the managers debrief to take place first so the OIC will have a clear idea of what will be needed from CTS. On receipt of a 'Tango incident' message Brigade Control will not mobilise the watch in question to any further co-responding calls until the managers debrief has taken place and that the manager is confident that the crew are ready to respond to further co-responding calls.

Document history

Assessments

An equality, sustainability or health, safety and welfare impact assessment and/or a risk assessment was last completed on:

EIA	20/06/17	SDIA	19/06/17	HSWIA	23/06/17	RA	N/A

Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
Throughout	Appendix 4 missing, updated version of the policy added.	16/10/2017
Page 1	Owner title and responsible work team details changed and changes to reflect the abolition of London Fire and Emergency Planning Authority, now replaced with London Fire Commissioner.	17/08/2018
Throughout	Counselling and Wellbeing updated to Counselling and Trauma Services.	14/11/2018

Subject list

You can find this policy under the following subjects.

Stress	Trauma
Distress	

Freedom of Information Act exemptions

This policy/procedure has been securely marked due to:

Considered by: (responsible work team)	**FOIA exemption**	**Security marking classification**