



## Livingstones Session

# MANAGING A CRITICAL INCIDENT AT WORK



Livingstones  
A U S T R A L I A

BEST IMAGINABLE PEOPLE SOLUTIONS

## OBJECTIVES

- Understand what a critical incident is, and why we should care how we manage critical incidents
- Describe the different impacts that a critical incident can have on us, including the symptoms of Post Traumatic Stress Disorder and Acute Stress Disorder
- Be able to have a conversation around stress
- Know what to do to manage a critical incident from three stages: before, during, and after the incident

## 1. CRITICAL INCIDENTS

Being prepared for a critical incident is imperative for organisations. Never knowing when something could happen, it is best to have the knowledge of what to do and have procedures in place in case an incident does occur. Being prepared means that you will be able to better manage your staff through that difficult time, so they are able to recover more quickly, and be less likely to experience any adverse problems following the incident. This workbook will give some tips and techniques on how to best manage people before, during and following a critical incident, to help gain positive outcomes for all people involved.

### 1.1. What is a critical incident?

What constitutes a critical incident is likely to be different for different people. What one person might think of as being an extremely distressing event, another person might not see as that serious. Generally, definitions of critical incidents encompass:

- **Traumatic event, or threat of one**
- **Is a harm to life or a harm to well being**
- **Overcomes coping abilities**
- **Elicits extreme fear, stress or injury to those who experience it**

A critical incident could be something that happened to you personally (such as a car accident), or it could be something that impacts your community, or the world (a natural disaster, or a terrorist attack for example).

## 1.2. Why should we care about managing critical incidents?

Why should we care how people react following a critical incident? These types of events can have significant impacts on both individuals and on organisations. For example, individuals can be affected by stress and anxiety, while organisations can be impacted through absenteeism, lowered productivity, and increased turnover.

For many people, having a degree of stress at work is normal. Similarly, having a stress response following a critical incident is also very common. However, for some people, being exposed to a critical incident may elicit severe stress that is outside that person's capacity to cope. In some cases it can be very difficult for people to admit that they are struggling and might need help. Some people may try and hide how they are feeling, thinking that this type of reaction makes them look weak or incompetent. They need to be assured that this type of reaction is a normal human reaction to an abnormal situation. We need to know how to best manage these people, as they may be experiencing distressing symptoms. We need to remember that these effects may be just as damaging as those from a physiological illness, but may be more difficult for us to see, and may be easier to hide from others.

## 2. HOW DOES IT IMPACT US?

Being exposed to a traumatic event or a critical incident can impact people in a wide range of ways. This is not just limited to how we are feeling, but also to how we think, behave, and how our bodies respond.



Cognitive  
(thinking)

Cognitive symptoms may include difficulty concentrating, being constantly vigilant, experiencing confusion, as well as having poor problem solving and reasoning skills.



Behavioural  
(behaviours)

Behavioural symptoms can include withdrawing from usual activities, avoiding social occasions, increasing substance use (such as alcohol).



Physical  
(our bodies)

Physical symptoms might be fainting, experiencing headaches, having an increased heart rate, muscle twitches.



Emotional  
(feelings)

Emotional symptoms may include feelings of anxiety and panic, and having displays of emotional outbursts, such as anger.

## 2.1. Other signs to look out for

For most people who go through a critical incident or a traumatic event and experience some kind of distress, they are able to recover on their own, without problem. However other people may find it more difficult to overcome their stress and distress, and may go on to develop a stress disorder with more severe symptoms.

While not everyone who encounters a critical incident will go on to develop a disorder, it is worth keeping in mind that it can happen, and so it is important to know the signs and the symptoms to look out for. Two examples of these types of disorders are Post Traumatic Stress Disorder (or PTSD) and Acute Stress Disorder (or ASD).

PTSD is characterised by re-experiencing a traumatic event, and experiencing unwanted symptoms, such as trouble falling asleep, difficulty concentrating, and having outbursts of anger. To receive a diagnosis, there must be a significant interference with the person's life, whether that be their work life or personal life. Evidence suggests that between 15-25% of those who experience a traumatic event may develop PTSD. This tells us that not everyone who has been exposed to a critical incident will go on to develop PTSD or a stress disorder. The symptoms of PTSD experienced can be acute (where the symptoms are experienced for less than six months), chronic (where the symptoms are experienced for six months or longer) or the person may not even display symptoms until six months after the traumatic event (which is then referred to as a delayed onset).



There are specified criteria that are used to make a diagnosis of PTSD. Here is an adapted list of this criteria:

- The person has been exposed to a traumatic event in which their response involved fear, helplessness, or horror
- The traumatic event is persistently re-experienced (for example, through intrusive thoughts, recurrent dreams, feeling the event is re-occurring, etc.)
- Persistent avoidance of aspects associated with the trauma and numbing of general responsiveness (not present before the trauma) (seen through avoiding feelings or people that bring back memories of the trauma, being less interested in participating in activities, etc.)
- Persistent symptoms that were not present before the trauma, such as trouble falling asleep, difficulty concentrating, anger outbursts, etc.
- Duration of these disturbances is more than a month
- Having these disturbances causes the person significant distress, or impairs their social or occupational functioning

Acute Stress Disorder is another disorder that may be experienced following exposure to a critical event. Compared to PTSD, ASD is more short term, and can start during or immediately following experiencing a trauma. The duration of the disturbance can be from two days to a month, and must occur within one month of experiencing the traumatic event to be classified as ASD. Note that ASD may turn into PTSD if the sufficient time period is reached.

The key idea here is to realise that different people will react differently to the same situation. Some people will be relatively unaffected, while some will experience more severe symptoms. Understanding what can happen, and keeping this in mind will help you to manage people following a critical incident.

## 2.2. How to talk about stress

For those people that may be experiencing difficulties following exposure to a critical incident, some might not want to discuss how they are feeling or might not feel comfortable talking about their stress. It can be difficult to know how to start that conversation around stress. Talking about the stress someone is feeling lets that person know that it is alright to be feeling that way, and increases the likelihood of them seeking help (as well as letting them know *where* they can go to seek help).

When talking to someone about the stress they are feeling, it is important to be approachable, make them feel comfortable, and really listen to what they have to say. Remember, you do not need to be able to solve all of their problems, just be there to listen. Just having someone to listen to them is all that might be needed, but you should know when it might be necessary to suggest extra help (such as an Employee Assistance Program provider).

Here are a couple of ways you might start a conversation with someone who is experiencing stress:

**“ I have noticed  
that you have  
been acting  
\_\_\_\_\_ ”**

**“ Lately it seems that  
you have been feeling  
\_\_\_\_\_, is that  
right? ”**

What are some other ways you could begin a conversation about stress in the workplace?

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### 3. WHAT CAN WE DO?



Being able to effectively manage a critical incident does not just mean that you can help people who may need assistance afterwards; it encompasses much more than just that. When thinking about how to manage an incident, we need to consider three levels – what to do before a critical incident occurs (PRE), what to do when the incident is happening (IMMEDIATE), and then also what needs to be done once the critical incident is over (POST). Considering each of these three levels will help us be better prepared to manage such an incident, should one occur.

#### 3.1. Before the Critical Incident - Planning



Planning may involve:

- Having a critical incident management plan in place
- Actively monitoring your workplace health and safety (prevention is always better than treatment)
- Being aware of practical issues, such as keeping all personnel emergency contact details up to date
- Consider what your legal obligations are – what is legally expected of you?
- Think about drawing up an organisation policy around critical incidents, which should be reviewed and updated regularly. Thinking about these important aspects *before* an incident occurs will give you help and guidance should something happen.

### 3.2. When the incident is happening – Action



If you have thought about these actions before an incident occurs, you are likely to keep a more level head, and will be less panicked if something does happen. These immediate actions should take the form of practical support.

Some actions that you may wish to take:

- Consider any immediate danger to yourself or other people – safety and security needs to be the first priority
- Contact relevant emergency services
- Work to contain the situation – this might involve removing other people from the area, asking them to not contact outside people (for example, friends) to talk about the incident before it has been dealt with
- Normalise the work environment as soon as is practically possible – getting people back to what they see as their normal work environment is an important part of helping people recover quickly

### 3.3. After the incident - Assess



Once the incident is over, there are still many aspects that need to be considered. A key priority is assisting those people who may be feeling distressed by the incident. This is what is called Psychological First Aid. Psychological First Aid seeks to reduce distress and provide basic needs following a traumatic event, such as comfort, information, support and immediate practical and emotional assistance (definition from Queensland Health).

So, what should we be doing following a critical incident? Some guidelines for what you might be able to do to help are provided below. These are only a few suggestions, and you might need a more specific and longer program to give more detailed and in-depth information. And of course, specific strategies will depend on the specific situation.

- Firstly, be careful to not make it worse – talk to people initially, but over discussing the event can embed the incident in people’s minds, which can make levels of stress even worse. This is why traditional methods of critical incident management are now no longer seen as appropriate. Be aware that you should not ask people to talk about the event if they are unwilling to. For some people, talking about what happened can be useful, and they can do this. For people who do not want to talk about it voluntarily, do not force them. This can re-embed the incident in their minds. Give them time, so they can discuss it when they are ready to be able to handle the distress that may accompany such a conversation.
- If a critical incident does occur, one of the first things you need to do is to provide immediate support. This can include both practical support and social support, but of course the specifics will depend on the certain situation. Examples of support might be helping to provide for personal safety, helping with transport home from work following an incident, and so on.
- It is important to offer access to an Employee Assistance Program, or an Employee Support Service, and make this available to those people who request it. This will provide professional services to those who need it, in a confidential way. Making these services available to those who want to use them is crucial following an incident.

- Something else to consider is how much information to provide to people. In situations, people have a need to know information – what is happening? Is it bad? What is being done to help? This needs to be done in a timely and official manner. Providing such information can help make employees feel more connected to the organisation in difficult times.
- Be careful of your use of terminology around an event. For example, be careful of the use of the term “critical incident” when discussing what has happened. For some people this can make things seem worse than they really are, and can lead to unnecessary panic.
- People may feel more in control and more mastery over situations if they are able to think up their own problem solving strategies, rather than just being told them. Evidence suggests that those who feel more in control are less likely to experience negative outcomes following stressful events. The exception to this is for discouraging strategies that are counter-productive, such as not turning to alcohol consumption as a way to solve problems.
- Be sure to monitor how individuals are going. Some people may need a follow up for additional help, four to fourteen days after the incident. This would need to be done in consultation with an EAP provider.
- For those individuals who have much distress, early intervention is key. But be sure that the person doing this intervention is qualified, such as an EAP provider, or a psychologist.

These guidelines have been adapted from work of Devilly and Cotton (2003) and Devilly, Gist and Cotton (2006).

## 4. FURTHER READING

### Information on Psychological First Aid:

Queensland Health Factsheet

[www.health.qld.gov.au/mentalhealth/docs/PFA\\_coreactions\\_11.pdf](http://www.health.qld.gov.au/mentalhealth/docs/PFA_coreactions_11.pdf)

### General resource on Post Traumatic Stress Disorder and Acute Stress Disorder:

Australian Centre for Post Traumatic Mental Health fact Sheet

[www.psychology.org.au/Assets/Files/PTSD\\_Algorithm.pdf](http://www.psychology.org.au/Assets/Files/PTSD_Algorithm.pdf)

### Guidelines resources:

Devilley, G. J., & Cotton, P. (2003). Psychological debriefing and the workplace: Defining a concept, controversies and guidelines for intervention. *Australian Psychologist*, 38(2), 144-150.

Devilley, G. J., Gist, R., & Cotton, P. (2006). Ready, fire aim. The status of psychological debriefing and therapeutic interventions: In the workplace and after disasters. *Review of General Psychology*, 10(4), 318-345.

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