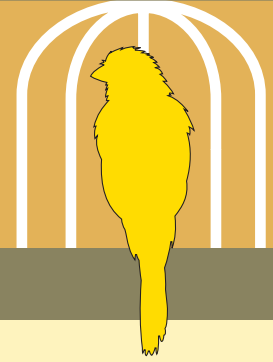


Critical incidents and critical incident stress



HEALTH AND SAFETY FACT SHEET

CUPE / Canadian Union
of Public Employees

What are critical incidents and critical incident stress?

Critical incident stress is a term used to describe the normal reactions of workers who experience or witness an abnormal, shocking critical incident or traumatic event. Being involved in or responding to severe accidents, a direct injury to a worker or witnessing a catastrophic event such as the effects of a hurricane or terrorist attack can cause critical incident stress.

CUPE members' work often involves the risk of witnessing or being part of critical incidents. Whether members work as first responders and dispatchers or work in hospitals, schools, airlines, libraries or municipal facilities, critical incident stress is a very real health and safety hazard for front line workers.

Examples that cause critical incident stress in the workplace are:

- Death of a co-worker, either in the line-of-duty or other workplace incident
- Serious or life-threatening injury to oneself or to co-workers
- A near miss that threatens the health and safety of oneself or of co-workers
- Suicide of a co-worker
- Loss of a patient after rescue attempts
- Death of or critical incident involving children
- Violence inflicted on oneself or on a co-worker
- Violent crime in or near the workplace
- Events with excessive media interest
- Natural disasters that affect work

Some workers are more prone to be exposed to a critical incident due to the nature of their occupation. CUPE members who work as paramedics, security guards, or in child safety related fields are far more likely to report experiencing a critical incident. It is incumbent upon employers of these workers to recognize that the higher risk an implement control measures that prevent the development of critical incident stress.

First Responders

Many CUPE members work as first responders, such as paramedics, police and security, firefighters and dispatchers. Their jobs put them at a much higher risk to experience critical injury stress, that when left untreated, can lead to PTSD and depression. It has been reported that between April 29 and December 31, 2014, 27 first responders died by suicide, and in the first six months of 2015, another 28 took their own life¹. Many workers are not afforded time off after a critical incident to take care of their own mental health which is negatively impacted by events they must face as part of their job. As a result, many first responders continue to work, being exposed to more critical incidents while they are trying to recover from previous incidents, thereby compounding the problem.

Also compounding the problem is the internal 'macho' culture of the workplace of many first responders. It is common for workers to be actively discouraged by their workplace culture to express their feelings, or ask for help, on and off the job. This culture reduces reporting, and prevents workers from seeking help.

¹ <http://www.tema.ca/>

Reactions to critical incidents

Some CUPE members who experience critical incident stress could become overwhelmed and unable to cope with daily activities. After a critical incident, members' attitudes about their work and workplace can change drastically.

Symptoms of critical incident stress can vary significantly between workers, even when they have witnessed or experienced the same traumatic event. Some people will experience symptoms immediately, while others will have symptoms develop gradually. They include such diverse symptomatology as shock, denial, anger, rage, sadness, confusion, terror, shame, humiliation, grief, sorrow and even suicidal thoughts. Other responses include restlessness, fatigue, frustration, fear, guilt, blame, grief, moodiness, sleep disturbances, eating disturbances, depression, nightmares, profuse sweating episodes, hyper-vigilance, paranoia, phobic reaction and problems with concentration or anxiety. Workers may experience flashbacks and mental images of the event(s). Some people will withdraw socially, and interpersonal relations can become strained. Absenteeism may increase and, in extreme situations, workers may attempt suicide. If workers are still experiencing symptoms of critical incident stress 30 days after the initial traumatizing event, they can then be diagnosed by a professional with post-traumatic stress disorder.

Frequently, employers believe that workers should be able to deal with critical incidents without help. This shifts blame and responsibility on the worker for an event beyond their control. Instead, the real responsibility for assisting workers is the employer's.

If there is no support from the employer or the worker's concerns are dismissed, workers can feel let down by their workplace. Poor morale, increased workplace accidents, staff turnover, depression and even suicide can result.

What are additional systemic causes for critical incidents and critical incident stress?

While we usually think about critical incident stress occurring in occupations that deal with potential injury or death. However, an unsafe workplace can lead to critical injuries and related stress in other workplaces. For example, poor safety procedures may lead to critical incidents in any work place, like a fall from a roof or death while working alone. Understaffing and poor safety procedures can increase the likelihood of violent outbreaks by clients. Poor working conditions, excessive workloads and overtime can increase the safety hazards of lots of kinds of work. Proper health and safety policies and practices in all workplaces will reduce the likelihood of critical incidents.

What can be done about critical incidents and critical incident stress?

1. Identify the problem

The first step is to recognize that critical incidents are a serious health and safety hazards. If a critical incident has happened or can happen in your workplace, critical incident stress is likely to affect CUPE members. Surveys and mapping techniques are excellent tools to identify critical incident stress.

2. Preventive Actions

Where possible, the first goal should be to prevent the critical incident. For some occupations, critical incident stress is very hard to avoid or engineer away. Paramedics and other front line workers may experience very negative incidents that affect them as part of their job. Dealing with critical incidents will be discussed in the next section, it is important to recognize that in many workplaces, critical incident stress hazards can be prevented. The following actions can help reduce the likelihood of critical incidents in all workplaces.

- Refuse unsafe working conditions and unnecessary overtime.
- Conduct a full review of work organization and conditions that lead to critical incidents.
- Conduct regular workplace inspections to prevent critical incidents and critical incident stress hazards.
- Demand that employers take action on improving working conditions and hazards that can cause critical incidents and critical incident stress.
- Insist employers manage work processes and organization so that critical incidents and critical incident stress are eliminated.

3. Dealing with a critical incident

Many CUPE members will face critical incidents during the course of their work and planning for them ahead of time is the most important step that can be taken. The following actions can help combat critical incident stress when an incident has occurred:

- Implement a workplace critical incident stress program that puts the health and safety of workers first. Make sure a critical incident stress program includes the standard defusing and debriefing stages in addressing the critical incident stress needs of members (see below for more information).
- Create a critical incident and critical incident stress policy for CUPE workplaces. A policy starts with the premise that critical incidents and critical incident stress are health and safety hazards and that all steps should be taken to prevent them.
- Keep critical incidents and critical incident stress issues on the health and safety committee agenda until they are resolved.

- Negotiate contract language where legislation does not provide for specific critical incident and critical incident stress controls, monitoring, or access to information about critical incidents and critical incident stress.
- Sponsor CUPE education around the issue of critical incidents and critical incident stress and its effects.

Critical Incident Response Plans

Any critical incident response plan must involve qualified, well trained personnel. These should include specially-trained mental health professionals and sufficient peer assistance from the workplace. Their focus is to lessen the impact of the critical incident through helping the members understand and obtain support to properly manage their emotional responses to these workplace hazards.

Peer counselling or mental health professional counselling is often needed after a critical incident has occurred. This counselling is part of a critical incident stress program that should be coordinated by CUPE-trained health and safety representatives. It involves defusing, debriefing and follow-up.

The first step after a critical incident is defusing to relieve acute stress. Defusing usually happens three to eight hours after the incident. A counsellor or peer worker meets with one or more affected workers. Workers remain anonymous in any reports. The counsellor or peer worker provides information on normal reactions and how workers can take care of their emotional and physical health. The counsellor or peer worker also outlines resources available to workers who need more assistance.

Debriefing usually happens 24 to 72 hours after the incident. It is a process where workers talk about the emotional impact of the event. Debriefing is usually done by a mental health professional and involves letting workers talk about their reactions to reveal and release their emotions.

Defusing and debriefing are not substitutes for therapy. They are part of a larger process that attempts to let workers know that their reactions are normal and provide them with the necessary resources to seek professional help.

The follow-up process of a critical incident should be designed to provide contact and support for workers over the long term. As critical incident stress reactions can happen immediately after, a few hours after or a few months after a critical incident, follow-up procedures are vital to workers' health, and the workers' family members are usually included in the follow-up stage to make sure they can cope with the effects of critical incident stress at home.

Employee Assistance Programs (EAP) should have critical incident stress provisions. An EAP should also address violence, stress, overwork, depression, addictions, relationship and family problems, death, financial pressures and physical illness. A comprehensive EAP can identify and address problems before they lead to the critical incident stress getting out of hand and leading to worse mental health conditions. Along with a good EAP, workers need to be educated about the full range of resources available to them as well as how to use them.

It's important to note that the best EAP will be of little assistance to members if working conditions are not fixed and workplace hazards not eliminated. The focus must be on preventing critical incidents from happening in order to prevent critical incident stress.

Summary

The harm caused by critical incident stress is significant for CUPE members. It is hard to fully gauge the extent and effect of critical incident stress due to under-reporting, employers' ignorance about critical incident stress, and a lack of employer support for critical incident stress programs that help workers recover. CUPE needs to lead the way, educating workers and employers on the effects of critical incident stress.

Employers have the responsibility to provide a healthy and safe workplace. This legal responsibility is known as the general duty clause. Eliminating critical incident hazards and critical incident stress is an important part of maintaining a healthy workplace. Ending critical incident stress requires the participation of CUPE members. Through education and action, we can make our workplaces safe and healthy.

FIND MORE RESOURCES: cupe.ca/health-and-safety

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