

Guidance for Responding to
Potentially Traumatic Incidents
in Rail

The Trauma Management Toolbox

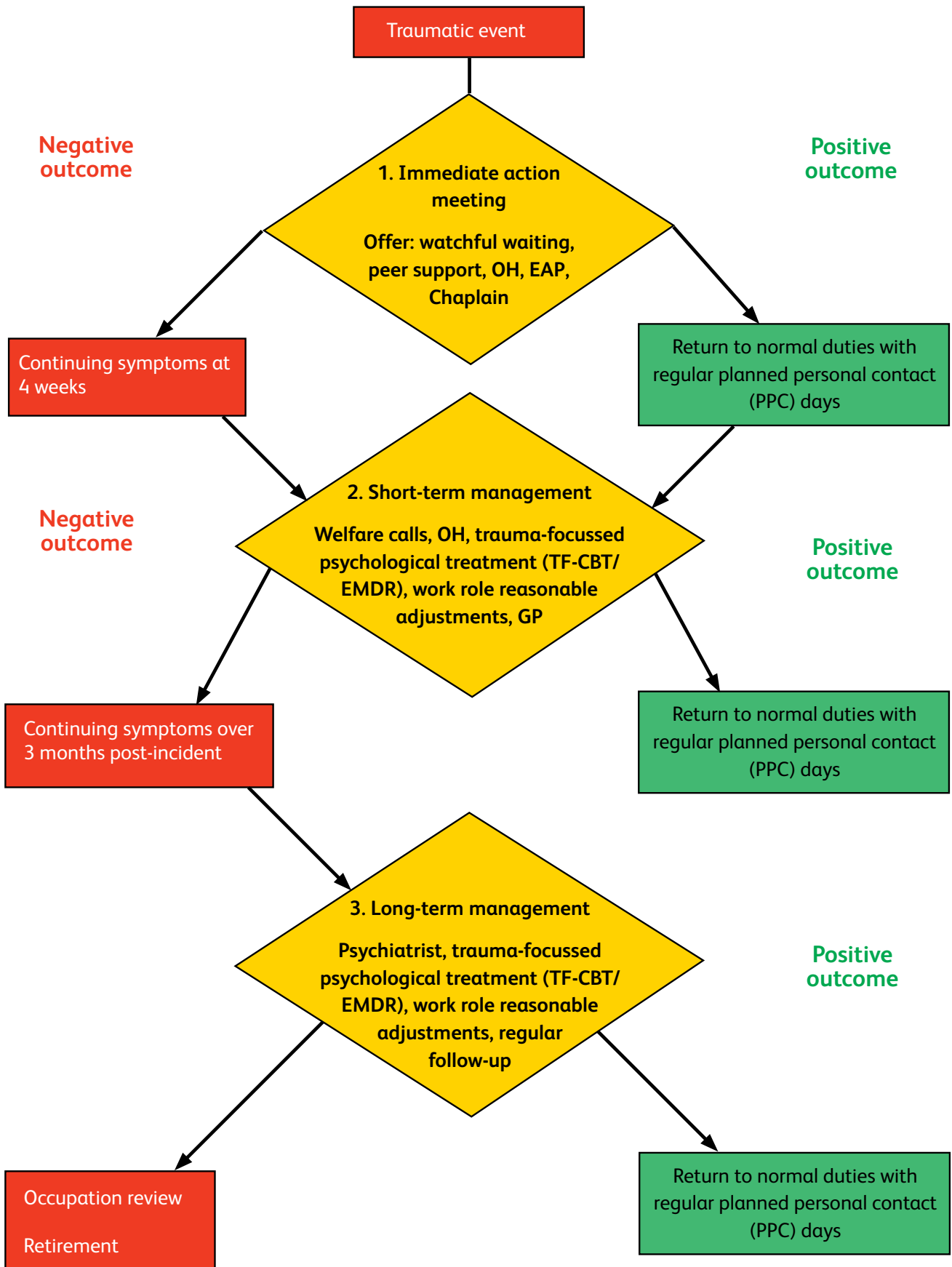


Contents

A: The trauma management flowchart	1
B: The Train Driver Manager's Post-Incident Checklist	2
C: Guidance Notes for Train Drivers	9
D: Advice to Staff Attending Coroner's Court	16
E: Guidance Notes for Non-Drivers	18
F: Non-Driver Manager's Post-Incident Checklist	24

The checklists and guidance notes included in this toolbox are available as Word files so that you can adapt them to your local needs. To ask for copies, please email enquiries@rssb.co.uk.

A: The trauma management flowchart



B: The Train Driver Manager's Post-Incident Checklist

Company Reference Number

...../...../.....

This form is to be completed by the manager attending a fatality, near miss, or serious incident.
The original form must be forwarded to the employee's line manager.

Train Details:

Date: Train I.D. Dep. Time:
From: To: Incident Location:
Full name: Depot:
Contact numbers:
Full Postal Address

Postcode:
Email address

Attending Manager's Details:

Name: Depot Contact No:

Line Manager's Details:

Line Manager's Name: Line Manager emailed Yes /No

Union information:

Does the employee want their union informed? Yes / No Union:
Rep's name: Contact No:

Inform Control of other staff involved:

Name:	Grade:	Depot:
Name:	Grade:	Depot:
Name:	Grade:	Depot:

Assistance Offered / Given:First aid offered by ambulance service ☐Taxi provided for home journey ☐Accompanied home ☐Trauma pack issued ☐Accident form completed ☐Check they're not returning home to empty house ☐**Practical support offered (like: assistance completing any immediately required paperwork, relieved from work duties; please provide details in box below)?**

Please remember that everyone is different and that this document is for guidance only and must be used in conjunction with the trauma support pack and the Management Trauma RTW Flowchart. It is vital that a welfare call is made to the Train Driver within the 24 – 48 hour period as this is the start of the management recovery process.

The Trauma Support Pack should contain the following and has to be given to the Train Driver as soon as possible after the incident:

1. Guidance on the management of return to work procedure following your involvement in a fatality, assault or other serious injury.
2. Chaplain's letter.
3. Employee Assistance Programme Information.
4. Journey to Recovery Booklet.
5. Coroner's Court Information

A call should cover:

- Introduce the company's process of supporting people following an incident – what to expect
- Allow the person space to discuss distress and how they've been feeling since incident
- Discuss the range of normal reactions following such an abnormal event
- Discuss potential coping mechanisms, holding in mind that everyone has different ways of coping
- Where can they obtain further support within the organisation

Have you asked the person if it is alright to check in on them in about a week? Y/N

Is an OH referral required Y/N

Has any relevant data regarding shock/trauma been sent to the safety reporting team for inputting into SMIS? Y/N

Date: **DM Name**..... **DM Sig**.....

Welfare Call Follow Up Notes:

The employee is to be contacted weekly while off work during the first 4 weeks. If they have returned to normal duties they should be contacted at the end of the 1st, 3rd, 6th & 12th month following the incident date if required and an entry made in the welfare follow up notes. **Please avoid the actual anniversary dates as this may trigger an incident flashback (see the guidance note).**

Managers should hold in mind that staff may be anxious about and avoid seeking treatment. Reassurance should be given that if they are experiencing distress there are lots of options that can help and that they have the company's support. It is important to remember that staff should be given as much control as possible over their own treatment and referrals should only be made with staffs' consent. If there is concern over their capacity to consent please refer to the company's and/or RSSB's Fitness for Duty Guidance and ensure appropriate healthcare and work-role risk assessments are undertaken.

Weekly welfare check notes (if train driver is off work during first month):**Week 1:**

Have you asked the person if it is all right to check in on them next week? Y/N

Is an OH referral required? Y/N

Date:

DM Name:

DM Signature

Week 2:

Have you asked the person if it is all right to check in on them next week? Y/N

Is an OH referral required? Y/N

Date:

DM Name:

DM Signature

Week 3:

Have you asked the person if it is all right to check in on them next week? Y/N

Is an OH referral required? Y/N

Date:

DM Name:

DM Signature

End of First month welfare notes

Have you asked the person if it is all right to check in on them in a few months? Y/N

Is an OH referral required? Y/N

Has any relevant data regarding shock/trauma been sent to the safety reporting team to input to SMIS? Y/N

If an employee remains off after a month, regularity of welfare calls and follow-up should be decided collaboratively with the person and their clinician if appropriate.

Date:

DM Name

DM Signature

Third month welfare notes

Have you asked the person if it is all right to check in on them in a few months? Y/N

Is an OH referral required? Y/N

Has any relevant data regarding shock/trauma been sent to the safety reporting team to input to SMIS? Y/N

If an employee remains off after a month, regularity of welfare calls and follow-up should be decided collaboratively with the person and their clinician if appropriate.

Date:

DM Name

DM Signature

Sixth month welfare notes

Have you asked the person if it is all right to check in on them in a few months? Y/N

Is an OH referral required? Y/N

Has any relevant data regarding shock/trauma been sent to the safety reporting team to input to SMIS? Y/N

If an employee remains off after a month, regularity of welfare calls and follow-up should be decided collaboratively with the person and their clinician if appropriate.

Date:

DM Name

DM Signature

Twelfth month welfare notes

Have you asked the person if it is all right to check in on them in a few months? Y/N

Is an OH referral required? Y/N

Has any relevant data regarding shock/trauma been sent to the safety reporting team to input to SMIS? Y/N

If an employee remains off after a month, regularity of welfare calls and follow-up should be decided collaboratively with the person and their clinician if appropriate.

Date:

DM Name

DM Signature

If an individual declines being followed up, ask them how they can let you know how they are doing.
Is there someone else in the company that they would prefer to check in on them? (Consider someone from within the peer support system, or another colleague.)

C: Guidance Notes for Train Drivers

Guidance on the Management Procedure Following Your Involvement in a Potential Fatality or Other Serious 'On The Line' Incident

1. After reporting an incident to the signaller, you have the option of speaking with the BTP immediately via the Drivers Hotline. The Drivers Hotline is for train drivers only and is answered by the Inspector or Sergeant in one of BTP's Force Control Rooms who are sensitive to the distress that may be experienced following a serious incident. They will ask you a series of questions to find out if you need medical assistance and to establish what has happened.
2. The emergency services automatically attend any fatality. The BTP will ask you to give a first account of what happened either on the phone or in person. The ambulance staff may check on your wellbeing and may carry out a blood pressure check etc.
3. A Driver Manager or other manager will attend the site on being notified to offer their support and guidance.
4. BTP will always require a full statement for the file they submit to the coroner's court. BTP will aim to do this at a time when you feel ready and it is practicable. You have the option to speak with your union first before giving a statement to the police. The statement can be given in whatever private space you feel comfortable and you may have someone such as your union rep, manager, or partner, there to support you if you wish. If the death is suspicious, then timescales may be shortened.
5. In the unlikely event that BTP cannot attend the incident, a local officer may be asked to manage the scene.
6. In some circumstances it may be necessary to undergo drug/alcohol screening.
7. To aid your return to work you will have a welfare interview with your manager and at this time you will have the opportunity to discuss the available options for psychological support if it's felt necessary. If you would like counselling or it is felt you may benefit from it, you will be referred to Occupational Health. You will also be advised that support is available via your GP.
8. It may be that a phased return to work programme will be necessary for you, taking into account any retraining required, shifts and your routes.
9. First trip – on your first trip out following the incident either a Driver Manager or a Driver Instructor will accompany you.

After the Event

What is psychological trauma?

Psychological trauma is a type of damage to the psyche that occurs as a result of a severely distressing event. Trauma, which means 'injured' in Greek, is often the result of an overwhelming amount of stress that exceeds one's ability to cope or integrate the emotions involved with that experience which may make you feel vulnerable. Not all potentially traumatic incidents lead to lasting emotional and psychological damage. Some people rebound quickly from even the most tragic and shocking experiences. Others are devastated by experiences that, on the surface, appear to be less upsetting. A number of risk factors make people susceptible to emotional and psychological trauma. People are more likely to be traumatised by a stressful experience if they're already under a heavy stress load or have recently suffered a series of losses.

How you feel

After the trauma of a critical incident you are bound to experience a range of overwhelming feelings and thoughts, many of which could be very distressing. This is normal and most people will find that they gradually go away over time. During the first 24 hours your emotions may feel very intense.

It is common to have symptoms of distress. This is also perfectly normal; it is the result of the experience you have been through. These symptoms can become more pronounced when you tell your story to management, police or your family. These symptoms may also take you by surprise at night, when you are alone, or if you go back to the place of incident. Again, this is normal; it does not mean you are losing control.

On the first day returning to work it is normal to feel apprehensive but remember there is support in the workplace.

Remember

Everyone is different and you did what you could at the time. Don't be in a rush to feel better, the thoughts and feelings will naturally reduce although the memories may return from time to time.

Symptoms

No two people will feel the same way after an incident, but these after effects are common during the days and weeks after a trauma.

Physical symptoms

- exhaustion
- sleeplessness or too much sleeping
- loss of appetite or too much eating
- loss of sexual interest
- nausea and/or diarrhoea
- tension and headaches
- lowered immune system
- enhanced or loss of senses. such as sense of smell to becoming stronger or the temporary loss of colour perception.
- shaking
- being easily startled.

Emotional and psychological symptoms of trauma; these symptoms are unseen!

Feelings of:

- numbness – you may sense a blockage in your feelings; withdrawal from feelings, interests, people and activity
- denial or disbelief
- irritability
- poor concentration
- mood swings
- guilt – that you didn't do more
- profound sadness about the event
- helplessness – the feeling of being overwhelmed and powerlessness
- fear – new worries and fears may start to feature in your life. The fear of breaking down or losing control may be intense
- anger at your powerlessness to prevent the incident from happening
- anger with people for not understanding what it was like
- nightmares or feeling like it is happening again
- wanting to avoid things that remind you of the incident.

What can you do?

At first:

- take it easy for a while
- take extra care of yourself physically
 - try to get plenty of rest and sleep
 - keep to a healthy balanced diet. Stable blood sugar levels are important for coping at difficult times
 - spend time outside. Although going out may feel difficult, spending time in environments such as green spaces may help your wellbeing
 - regular exercise can be very beneficial with coping through distressing times
- avoid alcohol, it tends to make your symptoms worse
- spend time with people who support you
- try to maintain a daily routine
- take time and care in what you do, accidents tend to happen more easily after a trauma because you are in a distracted state of mind
- don't expect an immediate return to how you were before
- if you wake up in the night don't lie in a dark room and mull over the incident. Get up and have a hot drink (non-caffeinated), read a book...

Moving on

These symptoms and feelings typically last from a few days to a few months, gradually fading as you process the trauma. But even when you're feeling better, you may be troubled from time to time by painful memories or emotions especially in response to triggers such as an anniversary of the event or an image, sound, or situation that reminds you of the traumatic experience.

- don't expect too much of yourself but do:
- return to your routine activities as soon as possible
- express your feelings with those that are supporting you
- you may find it helpful to talk to other people that were involved in the incident
- find mutual support and keep in mind that it was an unusual incident and unlikely to happen again
- make a mental note of the good hours and days – as time goes on your symptoms will come less and often and they will be less acute. This will tell you that you are recovering.

Getting back to feeling like yourself

Within a few days or weeks, usually symptoms become less acute and less frequent. Continue with your usual routine and you will find that although the memories linger you will become less preoccupied by them. It is normal for memories to become stronger if they are triggered by having to make statements or hearing about a similar incident. This does not mean that the thoughts and feelings are permanently returning, they will subside again.

If you don't feel ready to return to your normal work activities, your manager can support you with a gradual return and make adjustments to your activities.

Problems

Recovering from a traumatic event takes time and everyone heals at their own pace, occasionally people get 'stuck' in the process of recovering from an incident or traumatic experience. After 30 days it is strongly advisable to seek professional help. Speak to your manager who will advise on the available support but it is vitally important that you speak to your GP.

Coroner's Court

- This does not happen at a set time but usually occurs within 6 months. It may take longer due to the circumstances of the death and in some cases even longer depending on the Coroner's availability.
- When taking a statement, the BTP hope that this evidence will be sufficient so that a Train Driver does not have to attend the Coroner's Court.
- Sometimes it may be necessary for the Train Driver to attend the Coroner's Court as you were the last person to see the deceased alive.
- The Coroner's Court will contact you directly by letter. In most cases your company will not be aware of this, therefore it is important that you tell them if you would like their support.

- Before you attend you will be given a full briefing about expectations and how a Coroner's Court is set up.
- Support is available through this part of the process from your Train Driver Manager and/or Union Rep.
- Please see the BTP guidance notes regarding the Coroner's Court.

Help and support that may be an option:

Inside the company:

- structured duties
- counselling through EAP (specific to issue, like trauma)
- medical
- phone calls or home visits
- periodic meetings with manager
- referral for medical guidance
- positive coping strategies
- referral to union lawyer.

Outside the company

- referral to solicitor or lawyer
- referral to Clinical Psychologist for trauma focussed psychological therapy (trauma focussed CBT or Eye movement desensitisation and reprocessing)
- psychiatrist
- stress management

Useful Contact Details:

- Your local EAP provider is:

Your Employee Assistance Programme is open to all members of staff and is designed to help people with all kinds of practical and emotional issues such as Wellbeing, family matters, relationships, debt management, workplace issues, and much more.–

Your OH Provider is:

Your OH team's priority is your wellbeing at work. They can help support you accessing further services.

- The Samaritans: Tel 116 123

The Samaritans offer a safe place for people to talk any time they like, in their own way – about whatever's getting to them. 24/7 support for people who are in despair or suicidal.

- Mind Infoline: Tel: 0300 123 3393 (or text 86463)

Mind can provide information on a range of topics including types of mental health problem, where to get help, and alternative treatments.

- The Railway Mission

The Railway Mission is a Christian charity whose chaplains can provide a listening ear for anyone connected with UK rail. You can find contact details for your local chaplain at www.railwaymission.org

- Train Driver Manager's office

D: Advice to Staff Attending Coroner's Court



The purpose of an inquest

An inquest is a public fact finding inquiry into the circumstances of a person's death. They are required when a person has suffered a violent or unnatural death. They inquire into unexpected, unexplained or suspicious death so that the facts may be confirmed and the public reassured that any necessary action by the authorities is promptly taken to ensure that similar avoidable deaths do not occur in the future.

A Coroner will lead the inquiry, but it is vitally important to understand the inquest is not a trial and the coroner will not allocate blame.

Providing a statement

BTP has a duty to investigate the circumstances of all deaths on the railway in order to establish who the person was and how they met their death. Evidence is usually in the form of a witness statement. Statements can be taken from anyone who last saw the person.

It is rare for drivers to be called to give evidence and your statements can be read out in court without you being present. BTP understand that this may be distressing and can help guide you through the process.

Inquest Procedure

BTP Coroners Enquiry Co-ordinators (CEC) usually attend the inquest so on the rare occasion you are required to attend they can be contacted and offer advice and support for this procedure.

The main inquest date is likely to be between 3 to 6 months after the incident but could be longer if other agencies are involved up to or over a year.

Inquests are held in public which means there may be members of the press/media, general public and family there, as well as other interested parties in attendance. The coroner's court comes in many forms from a small room, with everyone in attendance sitting around the same table, to a room laid out similar to other court rooms.

Examination in Chief

When it is your turn to give evidence, you'll go to either a witness box or stand at a table. You will always be asked to swear an oath or make an affirmation, this is to confirm that the evidence you give will be a true and honest account of the incident. You will be led through your evidence by the coroner who is aware of how distressing this may be for you but also how what you could say could be very distressing for the family. You may also be asked questions by any interested person, the family or their representative. You may also hear upsetting/personal information about the deceased and it is also asked that you do not discuss openly outside the inquest.

Tips on giving evidence:

- be familiar with your evidence
- arrive in good time to settle your nerves
- direct your comments and answers to the coroner
- take your time – It's normal to be nervous
- consider your answers, pause to think!
- ask if you need clarification of a question
- if you can't remember – say so – it's not a test!
- say it in your own words – it's far easier
- don't give opinions - stick to facts unless asked.

The end of the Inquest

After giving your evidence you may be released by the coroner and allowed to leave or you may elect to stay to the conclusion.

E: Guidance Notes for Non-Drivers

Guidance on the Management Procedure Following Your Involvement in a Fatality, Assault or Other Serious Incident

1. The emergency services automatically attend any fatality, assault or other serious incident. The police may ask you a series of questions to find out if you need medical assistance and to establish what has happened. This may be either the local police or the British Transport Police (BTP).
2. A manager will attend the site on being notified to offer their support and guidance.
3. To aid your return to work you will have a welfare interview with your manager and at this you will have the opportunity to discuss the available counselling options if it's felt necessary. If you would like counselling or it is felt you may benefit from it, you will be referred to Occupational Health. You will also be advised to see your GP.
4. It may be that a phased return to work programme will be necessary for you, taking into account any retraining required, shifts and your routes.
5. BTP may require a full statement. They will aim to do this at a time when you feel ready and it is practicable. You have the option to speak with your union first before giving a statement to the police. The statement can be given in whatever private space you feel comfortable and you may have someone such as your union rep, manager, or partner, there to support you if you wish.

After the event

What is psychological trauma?

Psychological trauma is a type of damage to the psyche that occurs as a result of a severely distressing event. Trauma, which means 'injured' in Greek, is often the result of an overwhelming amount of stress that exceeds one's ability to cope or integrate the emotions involved with that experience which may make you feel vulnerable. Not all potentially traumatic incidents lead to lasting emotional and psychological damage. Some people rebound quickly from even the most tragic and shocking experiences. Others are devastated by experiences that, on the surface, appear to be less upsetting. A number of risk factors make people susceptible to emotional and psychological trauma. People are more likely to be traumatised by a stressful experience if they're already under a heavy stress load or have recently suffered a series of losses.

How you feel

After the trauma of a critical incident you are bound to experience a range of overwhelming feelings and thoughts, many of which could be very distressing. This is normal and most people will find that they gradually go away over time. During the first 24 hours your emotions may feel very intense.

It is common to have symptoms of distress. This is also perfectly normal; it is the result of the experience you have been through. These symptoms can become more pronounced when you tell your story to management, police or your family. These symptoms may also take you by surprise at night, when you are alone, or if you go back to the place of incident. Again, this is normal; it does not mean you are losing control.

On the first day returning to work it is normal to feel apprehensive but remember there is support in the workplace.

Remember

Everyone is different and you did what you could at the time. Don't be in a rush to feel better, the thoughts and feelings will naturally reduce although the memories may return from time to time.

Symptoms

No two people will feel the same way after an incident, but these after effects are common during the days and weeks after a trauma.

Physical symptoms

- exhaustion
- sleeplessness or too much sleeping
- loss of appetite or too much eating
- loss of sexual interest
- nausea and/or diarrhoea
- tension and headaches
- lowered immune system
- enhanced or loss of senses. such as sense of smell to becoming stronger or the temporary loss of colour perception.
- shaking
- being easily startled.

Emotional and psychological symptoms of trauma; these symptoms are unseen!

Feelings of:

- numbness – you may sense a blockage in your feelings; withdrawal from feelings, interests, people and activity
- denial or disbelief
- irritability
- poor concentration
- mood swings
- guilt – that you didn't do more
- profound sadness about the event
- helplessness – the feeling of being overwhelmed and powerlessness
- fear – new worries and fears may start to feature in your life. The fear of breaking down or losing control may be intense
- anger at your powerlessness to prevent the incident from happening
- anger with people for not understanding what it was like
- nightmares or feeling like it is happening again
- wanting to avoid things that remind you of the incident.

What can you do?

At first:

- take it easy for a while
- take extra care of yourself physically
 - try to get plenty of rest and sleep
 - keep to a healthy balanced diet. Stable blood sugar levels are important for coping at difficult times
 - spend time outside. Although going out may feel difficult, spending time in environments such as green spaces may help your wellbeing
 - regular exercise can be very beneficial with coping through distressing times
- avoid alcohol, it tends to make your symptoms worse
- spend time with people who support you
- try to maintain a daily routine
- take time and care in what you do, accidents tend to happen more easily after a trauma because you are in a distracted state of mind
- don't expect an immediate return to how you were before
- if you wake up in the night don't lie in a dark room and mull over the incident. Get up and have a hot drink (non-caffeinated), read a book...

Moving on

These symptoms and feelings typically last from a few days to a few months, gradually fading as you process the trauma. But even when you're feeling better, you may be troubled from time to time by painful memories or emotions especially in response to triggers such as an anniversary of the event or an image, sound, or situation that reminds you of the traumatic experience.

- don't expect too much of yourself but do:
- return to your routine activities as soon as possible
- express your feelings with those that are supporting you
- you may find it helpful to talk to other people that were involved in the incident
- find mutual support and keep in mind that it was an unusual incident and unlikely to happen again
- make a mental note of the good hours and days – as time goes on your symptoms will come less and often and they will be less acute. This will tell you that you are recovering.

Getting back to feeling like yourself

Within a few days or weeks, usually symptoms become less acute and less frequent. Continue with your usual routine and you will find that although the memories linger you will become less preoccupied by them. It is normal for memories to become stronger if they are triggered by having to make statements or hearing about a similar incident. This does not mean that the thoughts and feelings are permanently returning, they will subside again.

If you don't feel ready to return to your normal work activities, your manager can support you with a gradual return and make adjustments to your activities.

Problems

Recovering from a traumatic event takes time and everyone heals at their own pace, occasionally people get 'stuck' in the process of recovering from an incident or traumatic experience. After 30 days it is strongly advisable to seek professional help. Speak to your manager who will advise on the available support but it is vitally important that you speak to your GP.

Coroner's Court

- This does not happen at a set time but usually occurs within 6 months. It may take longer due to the circumstances of the death and in some cases even longer depending on the Coroner's availability.
- When taking a statement, the BTP hope that this evidence will be sufficient so that a Train Driver does not have to attend the Coroner's Court.
- Sometimes it may be necessary for the Train Driver to attend the Coroner's Court as you were the last person to see the deceased alive.
- The Coroner's Court will contact you directly by letter. In most cases your company will not be

- aware of this, therefore it is important that you tell them if you would like their support.
- Before you attend you will be given a full briefing about expectations and how a Coroner's Court is set up.
- Support is available through this part of the process from your Train Driver Manager and/or Union Rep.
- Please see the BTP guidance notes regarding the Coroner's Court.

Help and support that may be an option:

Inside the company:

- structured duties
- counselling through EAP (specific to issue, like trauma)
- medical
- phone calls or home visits
- periodic meetings with manager
- referral for medical guidance
- positive coping strategies
- referral to union lawyer.

Outside the company

- referral to solicitor or lawyer
- referral to Clinical Psychologist for trauma focussed psychological therapy (trauma focussed CBT or Eye movement desensitisation and reprocessing)
- psychiatrist
- stress management

Useful Contact Details:

- Your local EAP provider is:

Your Employee Assistance Programme is open to all members of staff and is designed to help people with all kinds of practical and emotional issues such as Wellbeing, family matters, relationships, debt management, workplace issues, and much more.–

Your OH Provider is:

Your OH team's priority is your wellbeing at work. They can help support you accessing further services.

- The Samaritans: Tel 116 123

The Samaritans offer a safe place for people to talk any time they like, in their own way – about whatever's getting to them. 24/7 support for people who are in despair or suicidal.

- Mind Infoline: Tel: 0300 123 3393 (or text 86463)

Mind can provide information on a range of topics including types of mental health problem, where to get help, and alternative treatments.

- The Railway Mission

The Railway Mission is a Christian charity whose chaplains can provide a listening ear for anyone connected with UK rail. You can find contact details for your local chaplain at www.railwaymission.org

- Train Driver Manager's office

F: Non-Driver Manager's Post-Incident Checklist

Company Reference Number

...../...../.....

This form is to be completed by the manager attending a fatality, near miss, or serious incident.
The original form must be forwarded to the employee’s line manager.

Train Details:

Date: Train I.D. Dep. Time:
From: To: Incident Location:
Full name: Depot:
Contact numbers:
Full Postal Address

Postcode:
Emai address

Attending Manager’s Details:

Name: Depot Contact No:

Line Manager’s Details:

Line Manager’s Name: Line Manager emailed Yes /No

Union information:

Does the employee want their union informed? Yes / No Union:
Rep’s name: Contact No:

Inform Control of other staff involved:

Name: Grade: Depot:
Name: Grade: Depot:
Name: Grade: Depot:

Assistance Offered / Given:

First aid offered by ambulance service ☐ Taxi provided for home journey ☐
Accompanied home ☐ Trauma pack issued ☐
Accident form completed ☐ Check they're not returning home to empty house ☐

Practical support offered (like: assistance completing any immediately required paperwork, relieved from work duties; please provide details in box below)?

Please remember that everyone is different and that this document is for guidance only and must be used in conjunction with the trauma support pack and the Management Trauma RTW Flowchart. It is vital that a welfare call is made to the Train Driver within the 24 – 48 hour period as this is the start of the management recovery process.

The Trauma Support Pack should contain the following and has to be given to the Train Driver as soon as possible after the incident:

1. Guidance on the management of return to work procedure following your involvement in a fatality, assault or other serious injury.
2. Chaplain's letter.
3. Employee Assistance Programme Information.
4. Journey to Recovery Booklet.
5. Coroner's Court Information

A call should cover:

- Introduce the company's process of supporting people following an incident – what to expect
- Allow the person space to discuss distress and how they've been feeling since incident
- Discuss the range of normal reactions following such an abnormal event
- Discuss potential coping mechanisms, holding in mind that everyone has different ways of coping
- Where can they obtain further support within the organisation

Have you asked the person if it is alright to check in on them in about a week? Y/N

Is an OH referral required Y/N

Has any relevant data regarding shock/trauma been sent to the safety reporting team for inputting into SMIS? Y/N

Date: Manager Name..... Signature.....

Welfare Call Follow Up Notes:

The employee is to be contacted weekly while off work during the first 4 weeks. If they have returned to normal duties they should be contacted at the end of the 1st, 3rd, 6th & 12th month following the incident date if required and an entry made in the welfare follow up notes. **Please avoid the actual anniversary dates as this may trigger an incident flashback (see the guidance note).**

Managers should hold in mind that staff may be anxious about and avoid seeking treatment. Reassurance should be given that if they are experiencing distress there are lots of options that can help and that they have the company's support. It is important to remember that staff should be given as much control as possible over their own treatment and referrals should only be made with staffs' consent. If there is concern over their capacity to consent please refer to the company's and/or RSSB's Fitness for Duty Guidance and ensure appropriate healthcare and work-role risk assessments are undertaken.

Weekly welfare check notes (if train driver is off work during first month):**Week 1:**

Have you asked the person if it is all right to check in on them next week? Y/N

Is an OH referral required? Y/N

Date:

Manager Name:

Signature

Week 2:

Have you asked the person if it is all right to check in on them next week? Y/N

Is an OH referral required? Y/N

Date:

Manager Name:

Signature

Week 3:

Have you asked the person if it is all right to check in on them next week? Y/N

Is an OH referral required? Y/N

Date:

Manager Name:

Signature

End of First month welfare notes

Have you asked the person if it is all right to check in on them in a few months? Y/N

Is an OH referral required? Y/N

Has any relevant data regarding shock/trauma been sent to the safety reporting team to input to SMIS? Y/N

If an employee remains off after a month, regularity of welfare calls and follow-up should be decided collaboratively with the person and their clinician if appropriate.

Date:

Manager Name

Signature

Third month welfare notes

Have you asked the person if it is all right to check in on them in a few months? Y/N

Is an OH referral required? Y/N

Has any relevant data regarding shock/trauma been sent to the safety reporting team to input to SMIS? Y/N

If an employee remains off after a month, regularity of welfare calls and follow-up should be decided collaboratively with the person and their clinician if appropriate.

Date:

Manager Name

Signature

Sixth month welfare notes

Have you asked the person if it is all right to check in on them in a few months? Y/N

Is an OH referral required? Y/N

Has any relevant data regarding shock/trauma been sent to the safety reporting team to input to SMIS? Y/N

If an employee remains off after a month, regularity of welfare calls and follow-up should be decided collaboratively with the person and their clinician if appropriate.

Date:

Manager Name

Signature

Twelfth month welfare notes

Have you asked the person if it is all right to check in on them in a few months? Y/N

Is an OH referral required? Y/N

Has any relevant data regarding shock/trauma been sent to the safety reporting team to input to SMIS? Y/N

If an employee remains off after a month, regularity of welfare calls and follow-up should be decided collaboratively with the person and their clinician if appropriate.

Date:

Manager Name

Signature

If an individual declines being followed up, ask them how they can let you know how they are doing.
Is there someone else in the company that they would prefer to check in on them? (Consider someone from within the peer support system, or another colleague.)

