

Trauma - FAQs

These FAQs have been added to provide additional guidance to those seeking to support colleagues following their involvement in a potentially traumatic incident.

Trauma support is not an exact science and for even the most experienced of line managers can be difficult to understand and deliver. It is important to remember that a group of professionals are always available to assist in ensuring that the right level of support for each individual is provided. General practitioners and occupational health providers form part of this network but central to it are human resources teams who should always be contacted in the first instance for advice.

I know family members of the employee involved in the potentially traumatic event are struggling to cope emotionally. Is there anything I can do for them?

Pass advice on to them that they can use the company's EAP.

A loved one of the employee involved in the potentially traumatic event works for me and is struggling to cope emotionally. Is there anything I can do for them?

Have a discussion with them about the process you are following to help support their loved one through this difficult time – remember don't share personal information though.

Share with them appropriate trauma support material so that they can understand what their loved one may be experiencing, help normalise their lives and understand how they may themselves be feeling.

Tell them not to lose any routines they have in their lives. Remind them that the EAP is available to them and urge them to use it or seek support from their general practitioner, a colleague or yourself. Remind them that friends and family can also be a great source of support.

Referral to an occupational health specialist is also an option should you consider there to be a need.

I've heard there may be legal issues around me having an 'informal conversation' with an employee that's been involved in a potentially traumatic event if police are investigating the incident?

If the police are investigating the event then the member of staff may be a key witness. It is therefore important not to go into the detail of the event with them and possibly influence any statement they may give.

However the purpose of the informal conversation is not to go over the detail of the event but to acknowledge that the employee has been involved in it, outline the various avenues of support available to them including your own as their line manager.

Sections 5.2.2 to 5.2.4 of this guidance note provide more detail about informal conversations.

The support being offered by the employee's general practitioner and the EAP doesn't seem to be having any impact. What should I do?

Liaise with your human resources team and consider an occupational health referral for the individual.

Should I expect the Trauma Screening Questionnaire score to fall to 0?

Yes. But remember that for some it may take longer to return to 0 than others. Be aware though that if the score has not returned to 0 when you complete the Questionnaire for the second time you should refer the employee to Employee Assistance and an occupational health specialist as per section 5.3.5 of this guidance.

How many times might I be expected to complete the Trauma Screening Questionnaire for a particular employee?

A maximum of twice only - at four and eight weeks after the event and only then depending on how the employee is/has recovered.

If following the second occasion the score still remains above 0 the employee should be referred to Employee Assistance and an occupational health specialist as per section 5.3.5 of this guidance. This is because the score would suggest that medical intervention may be required.

If the Trauma Screening Questionnaire score is between 0 and 6 can the employee carry on their normal duties?

It very much depends what those duties are. In non-safety critical roles the answer is most likely to be yes. In safety critical roles probably not.

In safety critical roles it is essential that a discussion has taken place with the employee and a risk assessment undertaken to assess a persons ability to carry out the safety critical aspects of their role. A referral for an occupational health opinion may be beneficial. Alternative duties (non safety critical) should be considered as an interim measure, to protect the member of staff and the public if there is any question of safety being compromised.

In the latter case if the individual is able to be at work their on-going attendance should be encouraged and alternative duties found for them. Research shows that an individual's recovery improves when they remain at work and keep to simple routines. With this in mind you should not to send any employee home who considers themselves able to be at work.

It is important that anyone who is at work following a potentially traumatic event is appropriately supported in the workplace. To establish how this is best achieved a case conference involving human resources, an occupational health specialist and the individual themselves is recommended.

What should I do if approached by an employee that's been involved in a potentially traumatic event but says they're unaffected by it and happy to come back to work immediately?

It can be beneficial for the individual to come straight back to work and keep to a regular routine. The type of work they do will need to be considered in terms of how they are integrated back into the workplace (see Q7).

Whilst at work the arrangements set out in this guidance note should be delivered in relation to the employee concerned.

How do I best integrate someone back into the workplace after they have been away from it following involvement in a potentially traumatic event?

This is best done by holding a case conference involving human resources, an occupational health specialist and the individual themselves.

The support being offered by the employee's general practitioner and the EAP doesn't seem to be having any effect. What should I do?

Liaise with your human resources team and consider an occupational health referral for the individual.

I've read this guidance but I still need more help. Who can I turn to?

Your human resources team.

What should I do if an employee approaches me months or years after their involvement in a potentially traumatic event and says "It's all coming back to me and I'm struggling to cope"?

In the first instance outline the level of support available to them and refer them on to your EAP. You should then contact your human resources team to discuss the case and consider next steps. These might include a referral to an occupational health specialist and modifying the individual's duties until the issue has been appropriately addressed.

In this case the principle of watchful waiting set out in this guidance will not apply if the employee comes to you eight weeks after the event.

I hear there is readily available trauma support material from within the industry. Where can I get it from?

Yes, that material does exist. It comprises of two booklets and supporting video material as set out below:

- Journey to Recovery – a trauma support guide for train crew in the form of a short booklet
- Back on Track – a trauma guide for all staff (excluding train crew) in the form of a short booklet
- The Learning Tool – short video presentations capturing the contents of the booklets described above

All the material can be obtained free of charge by emailing suicidepreventionprogramme@networkrail.co.uk.