

# Trauma Response Tool Kit

for People Leaders

## Definition of a Trauma or Critical Incident

A critical incident is any situation faced by employees that causes them to experience unusually strong emotional reactions that have the potential to interfere with their ability to function either at work or home. These incidents are correlated to symptoms of Post-Traumatic Stress Disorder.

Some examples of critical incidents include suicide, death of a fellow employee or family member, serious injury to an employee, mass casualty incidents, threats to safety and natural disasters.

## Understanding the Impact of a Traumatic Event

Reactions to any critical incident vary and each individual will have their own unique response to what is a sudden and unexpected event. Immediately after a critical incident there may be an initial period of shock and disbelief. The shock reaction can have different manifestations.

For any individual who is impacted by the traumatic event, the reaction will be multifaceted. The impact on individuals may be reflected not only in the feelings expressed, but also by the behaviours observed.

### Physical Shock

The first and most profound effect of being involved in a traumatic event is the effect of being physically shocked, which results from the sudden release of hormones and adrenaline into the bloodstream, and can appear as:

- Chest pain
- Dizzy spells
- Headaches
- Heart palpitations
- Lack of energy
- Neck or back pain
- Shaky feeling
- Restlessness
- Insomnia/nightmares

From an operational point of view, the first few minutes after a traumatic event are very important. Information is gathered. Any injuries are evaluated. This is also a critical time for the person in charge to observe for staff reactions and reach out in an appropriate manner to affected staff.

## Emotional Shock

People involved in traumatic events often report a wide range of emotional reactions. These generally do not happen immediately after the trauma but occur when the physical shock has worn off somewhat, usually the next day.

- Anger/rage
- Anxiety or helplessness
- Denial
- Easily started
- Flashbacks
- Inability to concentrate
- Irritability
- Heightened level of suspicion
- Loss of interest in intimacy

Emotional shock can be expressed as anger at the organization itself from what may be perceived as lack of sensitivity or preparation on the part of management. Lack of knowledge of the events can heighten reactions. The longer the event lasts, the greater the intensity of the experience of crisis. If those witnessing or hearing about the events continue to feel that their loved ones are threatened by ongoing danger, they may continue to feel in danger.

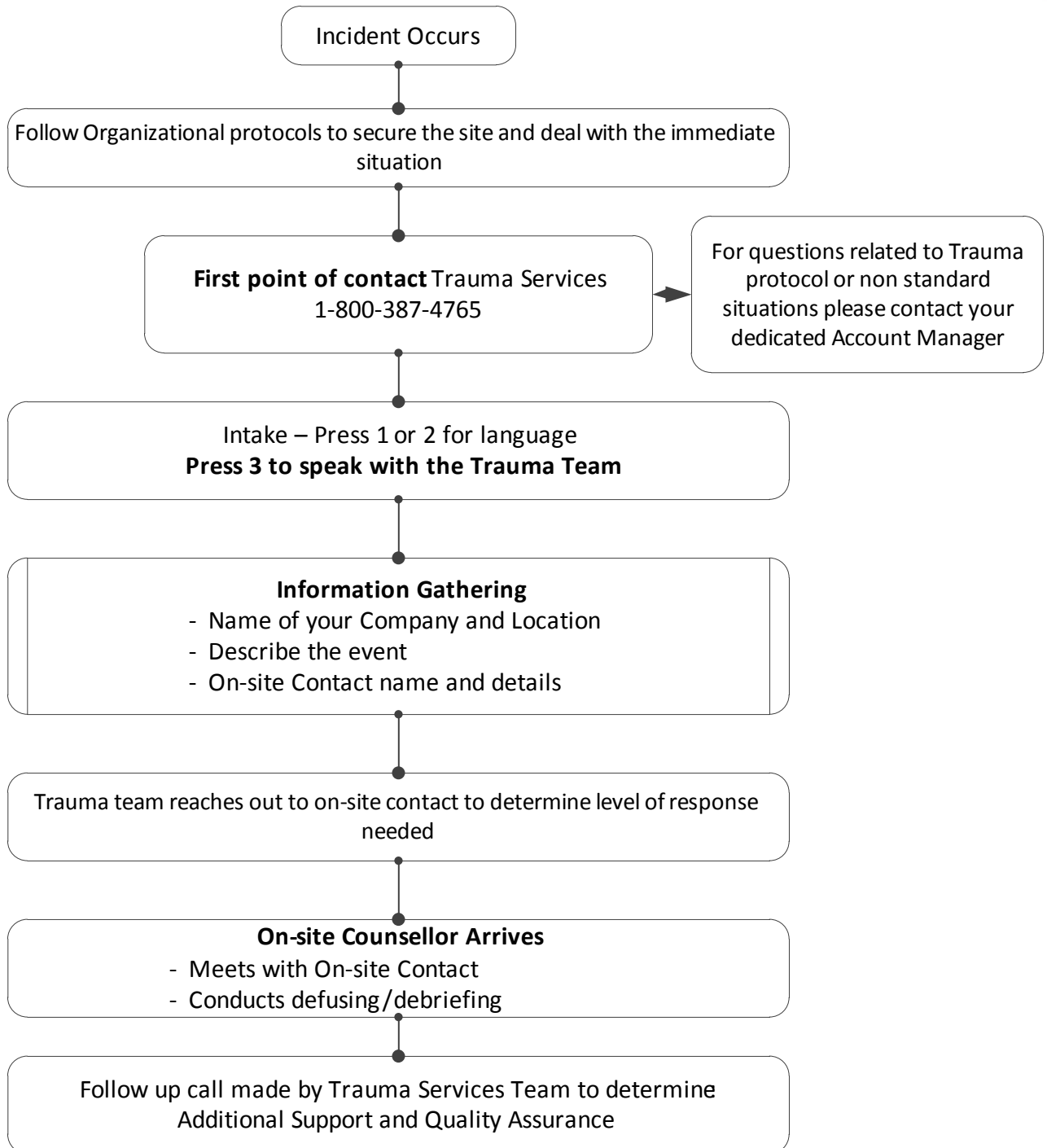
## Changes at Work

After a traumatic event, managers and supervisors need to be attentive to emotional reactions and prepare for possible behavioural changes in staff, such as:

- Daydreaming
- Decrease in quality of work
- Distraction
- Forgetfulness
- Making small errors
- Reluctance to go back to work
- Repetition of tasks already done

Memories of previous involvement in a trauma or critical incident have the potential to trigger or intensify emotional reaction to the recent critical incident. This can provoke behaviour that seems out of character, especially in traumas that can be described as uncomplicated. Managers who find themselves in this situation should make every effort to be empathetic towards employees who are strongly affected by trauma.

## Process Flow for Trauma Response



## Trauma Response Procedures

1. **Pre Incident:** It is recommended that one person or a team of identified people within the organization be appointed to initiate a Trauma Response when the organization is faced with a critical incident. The individual(s) must have the ability to co-ordinate both internally, organizational resources, and externally, with the Traumatic Event Support Team from Shepell-fgi. The individual(s) should also have the authority to make decisions that may have financial implications.
2. **An Incident:** As soon as possible after an incident has occurred, the Organizational Contact person should contact the Trauma department to provide immediate details and receive initial consultation. This service is available by calling the Care Access Centre (CAC) through the toll-free EAP hotline number. They should identify the call as one where a critical incident has occurred and/or where a Trauma Assessment or Intervention is required in order to be transferred to the on-duty Trauma Specialist.
3. **Organizational Assessment and Co-ordination:** The Trauma Specialist will assess the traumatic impact of the event, gauge and co-ordinate the type of response that will be appropriate for the organization, management and staff. The typical Trauma Services Team intervention is conducted in the workplace within 24- 48 hours of the event.
4. **Employee Assessment and Co-ordination:** The Trauma Specialist will also assess the possible impact of the event on directly affected employees. They will discuss the best method to make any recommended contact with the employees to further assess and assist those staff members through use of the EFAP counselling services.

**It is generally recommended that organizations encourage employees who are directly involved in a critical incident, to speak with a Trauma counsellor regardless of whether an employee feels it is needed or not. This helps to support the healing process, to identify any possible risks / reactions and to proactively address any issues.**

5. **Post-Intervention Follow-up:** Contact between the Organizational Contact and Traumatic Event Support Team will be maintained after any on-site intervention. The follow up discussion is an opportunity to assess lingering impact of the event on the organization and employees. If a need is expressed for further intervention, an assessment and co-ordination of services will occur.

## Guidelines for Key Personnel Following a Traumatic Event

You have just experienced an event that has created an unusual amount of distress and anxiety for yourself and the employees. Many of those around you may have strong reactions, which can create a range of feelings including distress, anxiety and agitation. The reactions you witness can be unsettling and disruptive. However, as the individual in charge, there are some concrete steps you can take to assist others.

- ✓ Keep in mind that the reactions you observe are normal, given the circumstance that the group has just experienced and that not everyone will have a severe reaction.
- ✓ Individuals who cannot be calmed or are perceived to be excessively agitated and anxious should be supported individually. If necessary, there is a counselor available by telephone that can assist in arranging immediate intervention. Provide them with the **Shepell·fgi** EFAP number, **1-800-387-4765** with the understanding that they may call 24 hours a day for confidential support.
- ✓ Arrange for employees to have an opportunity to talk with one another following the event. This can be facilitated by providing something nutritious to eat and drink. Caffeine should be avoided.
- ✓ Distribute copies of the handout *"Taking Care after a Traumatic Event"* that will be made available to you. This will discuss the preliminary stages and reactions your staff may anticipate, while offering simple, clear suggestions about what they can do in the next few days. It will also prepare them for the defusing or debriefing which **Shepell·fgi** is in the process of arranging for you.
- ✓ Ensure that employees who are most seriously affected are accompanied home. It is advisable for staff to car pool, or go home in a taxi. Employees should avoid using public transit or going home alone.
- ✓ It is not recommended to send an unsettled employee home. If there are concerns about the well-being of one of the staff, **Shepell·fgi** invites you to speak with a counsellor in order to determine the most beneficial plan of action.
- ✓ As the contact person, there has been some pressure placed on you to be in control, calm and collected. This may be difficult as you too may be experiencing some of the reactions you are observing in those around you. This is normal. You are encouraged to talk with one of the **Shepell·fgi** counselling staff on the telephone or with the on-site trauma counsellor.

You can reach us anytime by calling our Care Access Centre at **1-800-387-4765**.

# Preparing Employees for a Defusing/Debriefing

## DEFUSING

During the period immediately following a traumatic incident, employees are often in a state of shock and may need some time before they are prepared to talk in detail about their reactions. If you have requested that a counsellor be on site immediately, the counsellor will provide an opportunity for staff to understand their initial reactions to a critical incident. The major focus will be to provide information about what employees may experience over the next several days and offer suggestions regarding self-care during the initial recovery period. Employees will also have the opportunity to meet with the counsellor individually. If required, the counsellor will assist with referrals to an appropriate resource through the Employee & Family Assistance Program, family physician or other community resources.

## DEBRIEFING

Ideally, a debriefing should occur 24 to 72 hours following a traumatic incident, although there are sometimes reasons why there needs to be a longer delay. Debriefings, which run generally 1.5 to 2 hours, give staff an opportunity to share their reactions to the trauma they have experienced. This will meet two main objectives. The debriefing will allow for mutual support while, at the same time, help the participants recognize that the feelings and thoughts they are experiencing are normal reactions to an abnormal incident. The counsellor will provide information on self-care and staff will learn successful coping skills from each other. As in the case of a defusing, the counsellor will be available to meet with staff individually and assist with appropriate referrals, if needed.

Whether preparing staff for a defusing or debriefing, please make sure that employees are aware of the following:

- Participation is voluntary. No staff member should be required to attend.
- Information that is shared in the session is confidential and not reported to the employer.
- Defusings and debriefings are not to be confused with group therapy. They are intended to give practical, helpful information and recommendations to participants while providing a safe, confidential forum for sharing coping strategies.
- A defusing will usually last between 30 and 45 minutes. Debriefings will usually run between 1.5 and 2 hours, but may be slightly shorter or longer depending on the size of the group and the nature of the incident. Counsellors may stay onsite for up to 4 hours.
- All members of the work team, including those who may not have been present at the time of the incident, should be offered the opportunity to participate.
- Depending on the nature of the incident, the counsellor will discuss with you whether management staff should be included or have a separate session.



# People Leader Support Resources



## TRAUMA RESPONSE

### “How do you feel?”

An event just occurred. It is unexpected, certainly senseless and sometimes violent. It affects both you, the victim, and your co-workers. This single incident can take away your sense of security and wellbeing; and will, for a short time, impair your ability to function normally.

#### COMMON REACTIONS:

You may experience one or more of the following reactions...

##### A. Physical:

1. Changes in appetite
2. Chest pain
3. Dizzy spells
4. Headaches
5. Heart palpitation
6. Insomnia/nightmares
7. Lack of energy
8. Neck and back pain
9. Restlessness
10. Shaky feeling

##### B. EMOTIONAL:

11. Anger/rage
12. Anxiety or helplessness
13. Denial
14. Easy startled
15. Flashbacks
16. Heightened level of suspicion
17. Inability to concentrate
18. Irritability
19. Overprotection of children
20. Lack of interest in intimacy
21. Loosing trust in those you've trusted
22. Loss of interest in sex

##### C. CHANGES AT WORK:

23. Daydreaming
24. Decrease in quality of work
25. Distraction
26. Forgetfulness
27. Making small errors
28. Reluctance to go back to work
29. Repetition of work task already done
30. Tendency to over-work

#### D. Things you can do:

One or more of the following tips may help you get through the period following the trauma event:

1. Avoid excess caffeine or alcohol.
2. Drink lots of water.
3. Get a good night's sleep.
4. Include fiber and green vegetables in your meals.
5. Participate in moderate exercise; take a walk at lunch/break.
6. Discuss the group process with your supervisor scheduling a structured daily routine.
7. Encourage yourself to go back to work.
8. Keep to your normal routine as much as possible.
9. Maintain regular activities outside of your home (i.e. work, errands, appointments, volunteer work, sports, etc).
10. Maintain social activities-do not isolate yourself.
11. Return physical surroundings to its original appearance.
12. Talk about the specifics of the event with your friends, family and co-workers – tell them it's important for you to talk it out.
13. Take a warm (not hot) bath.
14. Write down your thoughts.

#### E. SUPPORT THE FAMILY CAN GIVE:

**LISTEN.** Encourage openness and listen to whatever they need to say, however many times it needs to be said. Don't give a lot of advice, just listen. Don't minimize. Remember, the person needs to repeat the story.

**CONTROL YOUR REACTIONS.** Maintain focus on what actually occurred, and how the person is feeling.

**ENCOURAGE YOUR FAMILY MEMBER TO GO BACK TO WORK.** Although he or she may feel like quitting, it will not change what has already happened and may prevent full recovery.

**INCLUDE THE WHOLE FAMILY IN THE HEALING PROCESS.** Include all family members in discussions so that they can gain perspective and cope with their feelings as well as the person affected.

**WATCH FOR SIGNS OF STRAIN IN YOUR RELATIONSHIP.** Marital problems are common after a traumatic event. Family members can access counselling through your Employee Assistance program.

**TAKE CARE OF YOURSELF.** Don't take more than you can handle to support and protect the affected family member. Ask your friends and other family members to help.

#### F. SUPPORT A CO-WORKER CAN GIVE:

**ACKNOWLEDGE THE EVENT.** Don't pretend it didn't happen. Be an attentive listener. Don't ask a lot of questions, let your co-worker set the pace.

**Offer long-term support.** There is no set recovery period for this type of experience.

**OFFER PRACTICAL SUPPORT.** “Do you want some company at lunch?” or “would you like a ride home?” rather than “let me know if I can help.”

**BE OBSERVANT.** Look for signs of prolonged emotional distress (more than 4 to 6 weeks). Suggest additional support or counselling if this distress remains.

## Tips for Managers

1. Remain as calm as possible. Someone needs to take charge and provide stability during what can be a time of chaos.
2. As managers, it is important to recognize that you are not immune to the trauma and therefore may require your own support network in time.
3. Do not minimize the trauma in an attempt to make you or your staff feel better.
4. Be available to listen to what your staff needs to talk about. This is important to begin the recovery process.
5. Do not hide. After a trauma, your staff needs to know that the organization cares for their well-being and safety.
6. The most helpful way to address physical shock is to offer something to eat and drink that is low in carbohydrates, sugar and caffeine. Foods high in fats and caffeine can aggravate the physical shock, causing increased states of agitation and hyperactivity. Instead provide your staff foods that will rehydrate and replace vitamins and minerals, such as fruits, fruit juices, vegetables and mineral water. Also, take the time to explain why you are offering these choices.
7. The Employee & Family Assistance Program is available for support and consultation. The professional counsellors in the Traumatic Event Support department will help you assess the need for group or individual counselling and debriefing, and will organize this with you. Our counsellors are also available to offer on-going support and consultation with managers and supervisors.

## Counselling for Individual Employees and their Families

All employees and their family members who are covered under the Benefits Plan are eligible to access the EFAP for counselling and services. If an employee or family member has experienced trauma in his/her own personal life, he or she can call the EFAP 1-800 number to speak by telephone to a counsellor or to book an appointment for in-person assistance.

**To access an EFAP counsellor or to seek consultation  
with Shepell-fgi Trauma Services, call:  
1-800-387-4765  
24 hours a day, 7 days a week.**

## Bereavement in the Workplace

Grief in the workplace is usually handled differently than in our private lives. At work we tend to see crying or displays of emotions as signs of weakness and as nonprofessional. Consequently, we deny ourselves the need to grieve and we try to carry on the best way we can. Employers and employees often underestimate how the death of a colleague may impact them. They may not appreciate some of the problems associated with grief in the workplace. The grief process is a very individual one. The time one individual spends grieving depends on the relationship and emotional attachment he or she had with the deceased. A person might feel much better one day and worse the next.

Some reactions that grieving employees will demonstrate will be immediate, others will occur later. It is important to remember that there are also long-term reactions to the death of an employee/colleague.

### Immediate reactions

- **Crying.** Crying is the most common reaction to grief. Sometimes we will cry not knowing why. Usually it is related to a flashback or a trigger that was not recognized. Spontaneous crying could also be a reaction to exhaustion from lack of sleep (often caused by grief).

\* It is OK to let your colleague cry and give him/her time to be alone or to simply seek the presence of a co-worker to share the grief with. It is important that the individual monitors his/her sleeping patterns closely. If the person is not returning to a usual pattern of sleep it may be important to go see their doctor.

- **Guilt** is often more experienced than we would like to acknowledge. After the funeral a co-worker may want to undertake some tasks usually handled by the deceased but may not get around to following through on them (i.e. creating guilt). We may feel guilty for being happy or for laughing when other co-workers are still sad. In situations where there was a suicide, it is not unusual for co-workers to feel that they did not do enough to prevent this tragedy from happening; “why did we not see this coming?” or “maybe if we had insisted more this would not have happened”, etc. If you or a colleague feel guilty for not having done enough to prevent the death, it is important to be reassured that everything possible was done to help the person. Be careful to not blame yourself.

When the death is sudden / unexpected we may feel guilty or angry for not having the time to say goodbye. In retrospective we may wish we were at a specific place instead of where we were at the time of the death or shortly before the death. We have no control over such sad events and there is nothing we can do to change what happened. It is important however to share these feelings with a caring person.

\* Remember that grief is a very individual process. We must respect everyone's need to grieve. We must also respect and acknowledge our individual needs. It is appropriate to share times of happiness with others.

- **Anger.** "Why did you leave me/us?" "We told him not to go there and he did not listen". These are examples of statements made by grieving staff angry at circumstances that they associate with their co-worker's death. This anger can be more intense if the death was an accident, suspected foul play or a confirmed suicide. Often, we will have no closure until the investigation is completed.

\* To begin integrating the reality of their colleague's sudden death, it is important that staff be provided with appropriate, accurate and factual information about the situation (\* keeping in mind confidentiality and the family's wishes in sensitive situations such as suicide). Upset co-workers need the opportunity to speak and share concerns with a colleague, HR or an EFAP professional for healthy emotional support. They will also need time to integrate the reality of carrying out duties, without the co-worker who has left them.

- **Fear** is also a very common reaction to grief in the workplace. Some may want to remove pictures or personal items from the deceased's office thinking it is not appropriate to leave them there. Others may not be able to walk in front of "his/her office" without crying or without seeing him/her there and they may not want anyone to sit in that office.

\* Someone who is comfortable to do this should remove personal items. They can be sent to a family member or you could simply invite a family member to come and get them. There is no rule about when this should be done; it could be a decision by consensus. With the family's permission, keeping a personal item as a remembrance of a deceased colleague is acceptable.

- **Sadness** - walking in front of the office or seeing someone else assigned to the work area used by the deceased colleague can bring on feelings of sadness. As a manager/supervisor, it is important to keep staff informed when a decision has been made to hire for the position. Let them know your intentions and the time frame you need. The hired person should be made aware that the deceased employee previously occupied the position. It is important to help employees understand and accept that the new person is not a "replacement" but a new hire for the position. Both staff and the new person may need support with their reactions to the change.

### **Later reactions**

While the above reactions will subside with time, grieving is a very individual process. It is important to let each employee go through it at his /her own pace. However tension or conflict can arise when individuals are at different stages of grieving. It is essential to meet privately with an employee and explore what is going on. Counselling or other EFAP services may be helpful to the reacting employee(s). Some will be doing fine and will return to normal duties. Others will still be struggling with the loss and be less ready to deal with change.

A frequent period of tension is when there has been a new hire to assume duties and obligations carried out by the deceased co-worker. Staff may react strongly and have difficulty accepting this “new” person as an integral, permanent part of the company. If the “new” person is in a managerial position, some staff could have difficulties accepting his/her authority or accepting any advice from him/her. Some employees may even compare the new manager to the deceased and make statements such as to how the deceased would have dealt differently with this situation.

### **Long term reactions**

There is no time limit to long-term reactions. Reactions depend on the relationship the employee had with the deceased and how he/she has dealt with grief in the past. They usually occur at any time. However moments such as the first year anniversary of the death, special occasions such as Christmas and office parties can bring intensity to any reactions observed or experienced. A picture, a phrase, a specific situation, all could be triggers to a sad reaction for the employee - bringing him/her back in time and reliving painful moments of the colleague’s death.

\* These long-term reactions happen to most people who go through a grief process but they are easily controlled and generally disappear in a very short time. Some people may need more time to recover from such reactions. They may need to see their own doctor or may need to seek counselling.

*If you are struggling with the loss of your colleague and/or friend, remember that you have access to the EFAP program. A counsellor may provide you with more suggestions in dealing with your situation.*

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## Supporting Colleagues through a Loss

It is often difficult for us to know what to say to someone who we know has lost a loved one. Sometimes, people avoid contact and limit conversations with the person who is struggling with a loss out of concern that they might say the "wrong thing". Typically, grievors have a heightened awareness of what is going on around them and are very sensitive to changes in their relationships with colleagues, friends and family. Avoidance therefore, can increase their sense of isolation and their ability to receive comfort from those they most trust.

Some people may feel that the individual grieving a loss, may in fact prefer/need to be alone. It is more often the case that they need people to treat them "normally". Many of us are afraid to talk to our colleagues/friends who have experienced a loss. Therefore, our own fear will cause us to avoid the individual or avoid the subject of their illness/loss. Fear is one of the most common responses to loss. Fear may cause grievors to isolate and avoid contact as well.

So what are the alternatives to avoidance? Allow the individual grieving a loss to decide whether they wish to talk about it. If you are speaking with someone who has recently lost a loved one, something as simple as "I was sorry to hear about your loss" allows the griever to simply say "thank you" or to take the opportunity to talk about their loss. Give them the opportunity to make that decision. When no-one ever mentions the loss, they can be left feeling even more isolated and unsupported. Trust yourself! You will know if the individual simply does not want to continue the conversation. Listen and they will tell you.

### **Helping the bereaved person immediately after the death - Support goes beyond words**

There are many practical and respectful ways of helping colleagues/friends who have experienced a loss.

*(Your present relationship will denote which suggestions are most comfortable for you)*

- Offer to notify family/friends about funeral arrangements.
- House-sit if the bereaved will be travelling for the service.
- Help answer the phone and greet visitors.
- Keep a record of who calls, visits or has been contacted.
- Keep records of who sends letters, flowers or helps in anyway.
- Help co-ordinate the food and drink.
- Help arrange housing and transportation for out-of-town visitors.
- Keep the house cleaned and the dishes washed.
- Grocery shop/errands.

- Offer company going to the funeral home (if there are no family members).
- Arrange care for the children and transportation.
- Allow the bereaved to be alone, if desired.
- Remind him/her to rest and eat.
- Prepare meals and pull resources from friends and neighbours.

### **Helping the bereaved person after the Funeral or Memorial Service**

- Be especially sensitive to help with tasks that the deceased did in the household (car upkeep, cooking, bill paying etc.).
- Offer help with meals (Do not decide this is what you will do - Ask).
- Write notes of support, bring (not send) flowers.
- Offer to help with the thank you notes.
- Offer transportation support if necessary.
- Visit or contact your colleague or friend during difficult times like birthdays, holidays and acknowledge the anniversary of the death.
- Listen.

These are but a few examples. Your interest in helping will generate a longer list of how you might be able to help. Remember, if you don't ask, you won't know how supportive you can be. Ask before you assume what will be helpful. When someone has lost a partner, family member including children, they feel that their life is no longer in their control. Let the person tell you what will be helpful.

Keep in mind that you cannot take on all the responsibilities for your colleague/friend and your involvement will in some part be based on your existing relationship.

*To support effectively, it is important to manage your involvement and not become exhausted yourself.*

*If you are struggling with how to support a colleague or friend through a loss, remember that you have access to the EFAP program. A counsellor may provide you with more suggestions in dealing with your situation.*

**Our support is provided on a 24-hour basis, 7 days a week:  
1-800-387-4765**



## I Don't Know What To Say: Unhelpful Comments, And Helpful Alternatives

Do Not Say:	Instead Say:
I know just how you feel.	I am so sorry.
It is God's will.	I know this is very painful for you.
You can always have more children (or at least you have more children)	He/she was very special.
He/ She had a very full life.	I know you will miss her/him.
It's time to move on with your life.	Take all the time you need.
Be strong.	<Hug>/or This must be very hard.
Something good always comes out of tragedy (Or every cloud has a silver lining).	<Silence> Listen
They are better off.	We will all miss her/him.
Call me if you need me.	I will call you tomorrow. In the meantime if you need me here is my number.
You must be strong for your children.	How are you managing with the children. Do you need some "downtime", Can I help?

Another comment that will likely be unhelpful is "You should be over it by now". While their grief process may frustrate you, concern you, even irritate you, it is ultimately their process and you may support but not direct their journey. Remember: Coping with grief takes the time that it takes.

Do not underestimate the value of **listening** as a sign of support and caring. Your colleague will also give you cues on their philosophy regarding death and grief which will be helpful to you in providing support. Culture and religious beliefs play an important role in how individuals cope with illness and death.

If in doubt, be honest. Some of the best conversations and learning experiences may occur when you simply state "**I don't know what to say**". Your vulnerability will be genuine and will allow your colleague/friend to be honest with you without fear.

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## Suicide Risk Investigation: A Guide for Managers

As a Manager/Supervisor there are times when you may be speaking with employees and hear comments that raise your level of concern. These comments may include statements like:

I just want to end it.

I don't know why I go on.

If this happens, that's it.

I have nothing to live for.

Don't bother with me; I'm not worth it.

These kinds of comments often leave the other person wondering "What do they mean?" and it is important to get clarification when you are in a situation where someone is communicating with you in this way, especially if you feel that this person is anxious, emotional or distraught. To clarify, ask questions like **"What does that mean?"** The key is to ask questions that are open ended so that they require more than a yes or no answer. Often, in situations where there may in fact be risk for the individual, the person will speak in generalities. Clarifying questions enable us to help them be more specific about their intent.

If the employee does admit that they have been thinking about "ending it" (or uses any terminology that leads you to believe that they are contemplating suicide or harm to another) then you will need to do further investigation to determine the seriousness of the risk. In some cases, the person may be having thoughts of suicide based on situational issues and/or a sense of hopelessness. If, by clarifying through further questions, you become reassured that while the person may have said this comment, it is not their intent to act, then strongly recommending the need to seek help is an important step. A situation is always serious when someone feels this kind of hopelessness.

If the answers to specific questions lead you to suspect that this person may in fact harm themselves or others, then you have a responsibility to take immediate action. The individual is in need of a thorough risk assessment and must be taken to hospital at once. This may involve calling supports (i.e. family or friends) to bring the person to the hospital emergency department or for a Manager / HR to accompany the individual or to **call 911**.

Calling 911 may be seen as an “exaggerated” action. The importance in calling 911 is in providing both yourself and the person you are concerned about another resource to assist in a difficult situation. If person you are concerned about is talking about suicide, that person is also making a cry for help. Your calling 911 is in support of that person’s cry for help.

If you are unsure of the appropriate action, you always have the option of calling your EFAP to discuss the situation by calling the EFAP hotline number 1-800-387-4765 and asking for a Trauma counsellor to provide this type of consultation.

## Risk Investigation Questions

1. What does that mean to you?
2. Is there a plan (to hurt yourself, to hurt someone else)
3. Describe it to me?
4. Have you done this (attempted suicide, been violent, threatened violence) before? If yes, (details) what happened at that time?
5. Do you have access to a weapon(s)? If they have described a plan, also ask them specifically about the weapons/tools that they mentioned in their plan (ie rope, gun)
6. Have you been using alcohol and/or drugs recently? When?
7. Do you believe that you are actually going to follow through with it this time?
8. Are there any things that keep you from doing it?
9. Are you alone at present? Is there someone who could be with you? (get a sense of any supports - and ask questions like “where do they live?” - this may lead to some help)
10. Is anyone else aware of the situation? (you may discover other resources helpful to the process - is their family doctor aware? /are they already in counselling?)

The more "yes" answers, and the more lethal the plan/previous incidents, the greater the present risk. If, based on this risk assessment, you determine that there may be high risk then you need to take action.

### Action Examples:

1. If you know the employees' supports (e.g. family member), call to see if they are available to take the employee to the hospital emergency and ensure the employee is safe and not alone.
2. If you or someone else is going to accompany the employee to an Emergency Room, make sure you call ahead with explanation so that they are expecting you.
3. If there is no one to accompany the employee to go to the hospital emergency, you must call 911 and let them know that you have concerns that this individual may harm him/herself and provide them with your reasons.
4. **Do not** let the employee go to the hospital on his or her own. Make sure the employee is accompanied by: family/friend; Manager/HR; or police/ambulance (911).

### Additional Points to Remember:

1. **Do** take suicide statements and threats seriously – be cautious; do not take chances.
2. **Do not** refuse to talk about “those silly thoughts”.
3. **Do not** act shocked, dismayed, or frightened.
4. **Do not** try to convince the individual that there's a lot to live for.
5. **Do not** make comparison with other “cases”, for example, “Look at Mr. X with all his problems. He should be the one who wants to kill himself.” (Besides, this would be a breach of confidence!)
6. **Do** “stay with” the employee.
7. **Do** listen and accept the right of the employee to feel as he/she does.
8. **Do** show genuine interest and provide support.

**Remember that confidentiality, even in a counselling experience, is not maintained in situations where there may be harm to life.**

**Your EFAP service is available for consultation 24/7  
1-800-387-4765**