

## Occupational Stress Exposure Standard Operating Guideline

### 1. Purpose

- 1.1 The purpose of the SOG is to provide general information on the use of crisis intervention for personnel that have participated in the types of incidents listed below, or who are displaying any of the physical presentations listed below; to outline educational objectives for supervisory personnel to manage the system; to outline education for all public safety professionals.

### 2. Scope

- 2.1 All public safety providers in Durham City/County.

### 3. Definitions

- 3.1 Personally disturbing incidents (PDIs) for automatic assessment/intervention
- 3.1.1 Any incident with a profound impact on one or more public safety providers
  - 3.1.2 Serious injury or death of a public safety provider
  - 3.1.3 Death of a child or serious violence to a child
  - 3.1.4 Loss of life after extreme measures were employed for rescue or resuscitation
  - 3.1.5 Multiple patient incidents
  - 3.1.6 Incidents that included a high degree of threat to public safety providers
  - 3.1.7 Suicide of a fellow public safety provider
  - 3.1.8 Public safety professional providing a death notification
  - 3.1.9 Multiple fatality incidents
  - 3.1.10 Care provider of a family member or close friend
  - 3.1.11 Clinical error with unfavorable outcome
- 3.2 Physical presentations for assessment/intervention
- 3.2.1 Nausea
  - 3.2.2 Elevated blood pressure/heart rates without normal recovery
  - 3.2.3 Confusion
  - 3.2.4 Loss of attention
  - 3.2.5 Guilt
  - 3.2.6 Intense grief
  - 3.2.7 Inappropriate emotional response
  - 3.2.8 Inability to rest/insomnia
  - 3.2.9 Overwhelmed feeling
  - 3.2.10 Irritability
  - 3.2.11 Fatigue
  - 3.2.12 Inability to concentrate on tasks
  - 3.2.13 Withdrawal
  - 3.2.14 Apprehension to continue work

#### **4. Procedure**

- 4.1 After involvement/exposure to any PDI, a peer support provider that was not involved with the PDI will automatically respond to the receiving hospital, incident location or home station to convene a brief After Action Review (AAR) about the incident. This briefing will focus on the safety and basic needs of the public safety provider and allow for assessment of any physical presentations.
- 4.2 Should the peer support provider assess any positive findings, he/she will contact the on-call administrative chief for referral.
- 4.3 The peer support provider will arrange for transportation of all public safety personnel requiring a briefing to their home station, if not already there. All impacted public safety personnel will remain out-of-service.
- 4.4 The peer support provider may contact the on-call behavioral health professional for a consult if indicated.
- 4.5 Three to four weeks after the PDI, the peer support provider should administer a Trauma Screening Questionnaire (TSQ) to determine if referral to a behavioral health professional is indicated. If more than six positive responses are recorded, a referral to a behavioral health professional is indicated.
- 4.6 If more intensive care is needed, it should be provided by a specialist (psychiatrist, doctoral-level psychologist, licensed clinical social worker or licensed professional counselor) with advanced training and supervised clinical experience in specific evidence-based treatment for PTSD, anxiety disorders and depression.

#### **5. Public Safety Provider Education**

All public safety providers will receive education to cover the following topics and objectives:

- 5.1 Under the direction of a behavioral health professional, administer a standardized survey to identify and benchmark current psychological health.
- 5.2 Participation in a session, under the direction of the behavioral health professional, to explain the survey results and provide an understanding of their current status.
- 5.3 Identify PDIs that are related to traumatic stress.
- 5.4 Recognize detrimental coping methods associated with traumatic stress.
- 5.5 Distinguishing optimal coping methods that improve psychological health & promote resiliency.
- 5.6 Understand the “traumatic stress ratio” in public safety providers.

- 5.7 Delineate the indicators of traumatic stress.
- 5.8 Comprehending the duration of traumatic stress.
- 5.9 Utilizing criteria for traumatic stress to determine if the public safety provider should be moved out-of-service and given a referral to a behavioral health professional.
- 5.10 Understand the resources the behavioral health professionals offer public safety providers.
- 5.11 Embrace the theory of resiliency in public safety providers.
- 5.12 Understand the role of their pre-existing relationship with other public safety providers and their effectiveness as a stabilizer initially.
- 5.13 Understand the entire Occupational Stress Exposure & Peer Support guidelines and it will work for them.