



A Better,  
Safer  
Railway

Guidance for Responding to  
Potentially Traumatic Incidents  
in Rail  
Trauma Management  
Recommendations



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## What documents are included with this guidance?

Along with these recommendations, there are an accompanying literature review and a Trauma Management Toolbox, to support implementation.

1. Guidance Recommendations (this document)
2. Literature Review and Wider Industry Context
3. The Trauma Management Toolbox

The checklists and guidance notes in the Trauma Management toolbox are available in Word format upon request so that you can adapt them for local use. To submit a request, please register and login to our [Customer Self-Service Portal](#).

## Who is this guidance for?

RSSB has produced this guidance to help its members support their employees following a potentially traumatic incident. Potentially traumatic incidents can happen in any part of the industry. So, this is relevant to passenger and freight train operators, suppliers and those who work in infrastructure. The guidance should inform local policies and care and support systems. As such it will be of interest to management in HR, security, occupational health and wellbeing, and operational standards, as well as safety.

## Why has this guidance been developed?

The nature of the interface between the railway and the public creates a psychosocial occupational hazard for front-line staff. There is a wide range of accidents, incidents and near misses that can affect staff's mental health, including but not limited to, death of a member of the public or passenger, accidents at level crossings, incidents related to livestock on the line, and work-related violence. An RSSB report has identified that 94.1 % of frontline staff experienced workplace abuse, with 25.6 % experiencing physical assaults (RSSB, 2018). A survey from RMT reported that 98 % of train guards have had to deal with antisocial behaviour, with 63 % having tackled it over 20 times. There were 293 public fatalities on the railway in the 2017-18 financial year, 249 of these were suicides or suspected suicides, 36 trespassers, 6 occurred at level crossings and 2 at stations. Responding to a fatality affects people in roles across the railway, including train drivers, conductors, mobile and local operations managers, engineering staff and signallers, as well as those who work in depots.

As well as direct exposure to traumatic events, staff may experience indirect exposure through secondary narrative accounts or work-related media reports. Repeated or extreme exposure to aversive details of traumatic events can present a risk to an employee's mental health. For example, those who have to monitor CCTV footage, those who work in control, and managers who attend an incident and are responsible for managing the chain of care, may be affected. In addition to exposure risk, the work context can involve periods of organisational change and often loss of resources.

While most people exposed to such incidents do not suffer any adverse psychological consequences; a small proportion may meet criteria for a mental health diagnosis, including but not limited to post-traumatic stress disorder. The industry has identified the need for guidance and consistent auditable procedures to support employees following potentially traumatic incidents that aligns with the evidence base. Policies and procedures relevant to trauma management, including care and support systems, should be audited to demonstrate compliance and identify any difficulties in implementation. The aim of this guidance is to distil what we know from research into a simple yet structured process for staff and line managers following an incident, to help prevent significant psychological distress and facilitate recovery.

## How has this guidance been developed?

This guidance is the product of substantial industry collaboration and consultation. The industry Suicide Prevention Duty Holder's Group (SPDHG) identified a need to translate the latest evidence base for supporting people following a traumatic incident into clear guidance that could support rail companies in supporting their staff. East Midlands Trains (EMT) shared their learning from a review of how they support their staff with wider industry, while RSSB sought to inform guidelines through the latest research. The SPDHG, the Work-Related Violence Steering (WRV) Strategic Group, the HR Directors Forum, and industry Mental Wellbeing Subgroup, have been instrumental in providing the rail knowledge and experience that translates the research knowledge gleaned by RSSB into practice. This guidance has been reviewed and endorsed by TSSA, ASLEF, RMT, the SPDHG, the WRV Strategic Group, the HR Directors Forum, and the Mental Wellbeing Subgroup.

This guidance builds on T317 [Minimising the Impact of Suicides on Railway Staff](#) (2005) and draws on the [National Institute for Health and Care Excellence \(NICE\) guideline on Post-Traumatic Stress Disorder](#) (2018), World Health Organisation guidelines for the [Management of Conditions Specifically Related to Stress](#) (2013) and the UK Psychological Trauma Society's (UKPTS) [Guidance on Traumatic Stress Management](#) (2014). RSSB have also sought consultation and learning from occupational groups that may face related occupational hazards such as Royal Mail and emergency services.

## How should you implement this guidance?

Aspects of care and support systems and policies related to workplace trauma management should be reviewed and updated if needed. This guidance provides a framework which can be adapted to individual companies. There is no one size fits all. **RSSB recommends that the adoption and adaptation of this guidance be considered locally through engaging with employees and trade union representatives.**

## Purpose

This guidance is designed to:

1. provide a consistent evidence-based process for how the rail industry supports employees following traumatic incidents in the workplace
2. manage the risk from trauma related mental ill health in the workplace
3. reduce the impact of traumatic incidents at work on the mental wellbeing of employees.

# Scope

This guidance outlines procedures that help to:

1. identify employees potentially at risk immediately after a potentially traumatic incident at work and in the period following. This includes, but is not limited to, fatalities on the railway and workplace abuse
2. provide effective support to employees from the point of incident onwards
3. assess and refer employees to appropriate clinical support services
4. identify further organisational considerations, resources, training and support available to help manage potentially traumatic incidents.

After recent exposure to potentially traumatic incidents, people's reactions can be diverse. This guidance uses the term psychological distress to cover a wide range of emotional, cognitive, behavioural and psychosomatic symptoms occurring after an event.

Trauma management is one strand that needs to be considered as part of wider policies and procedures within the Safety Management System (SMS). The psychological impact of other adverse life events are beyond the scope of this document, however companies should ensure SMSs continue to take such events in consideration.

# Definitions

Employee Assistance Programme	Employee Assistance Programmes (EAP) are employee benefit programmes offered by many employers. EAPs are intended to help employees deal with personal problems that might adversely impact their work performance, health and well-being. EAPs generally include assessment, short-term counselling and referral services for employees and their immediate family.
Psychosocial hazard	Aspects of the design and management of work, and its social and organisational contexts that have the potential for causing psychological or physical harm (Cox & Griffiths, 2005).
Occupational Health	Occupational health is a branch of healthcare concerned with the relationship and interaction between health and work. <sup>1</sup>

<sup>1</sup> <https://www.rssb.co.uk/healthandwellbeingcontent/hw054-2017-03-guide-occupational-health-the-wise-buyer.pdf>

Potentially traumatic incident	An event, or series of events, that are perceived and experienced as horrific or a threat to one's safety..
Responsible person	The person in charge on site at the time of the incident. This might be the Rail Incident Officer, Mobile Operations Manager, Local Operations Manager or shift station manager (not an exhaustive list).
Watchful waiting and active monitoring	Watchful waiting and active monitoring are used synonymously in NICE guidelines, with 'watchful waiting' used in the 2005 guidance and 'active monitoring' used in the 2018 guidance. It involves carefully monitoring an individual's symptoms to see whether they improve or get worse.
Clinically important symptoms	Clinically important symptoms refer to those who are assessed as having a mental disorder on a validated scale, as indicated by baseline scores above clinical threshold, but who do not necessarily have a formal diagnosis at that point in time.
Experts by experience	Experts by Experience are people who have personal experience of working in the railway whilst experiencing mental ill-health.
Traincrew	The term 'Traincrew' includes drivers, senior conductors, conductors, train(wo)men and drivers of civil engineers' on track machines. <sup>1</sup>
Safety critical work	'Any safety critical task carried out by any person in the course of their work or voluntary work on or in relation to a transport system'. <sup>2</sup>
Trauma skilled clinician	The Crisis, Disaster and Trauma Section of the British Psychological Society define of trauma skilled as 'post graduate psychologists and qualified trauma counsellors who currently provide services to trauma survivors using evidence-based interventions'.

1 <https://www.rssb.co.uk/rgs/standards/gootc507%20iss%201.pdf>

2 Railways and Other Guided Transport Systems (Safety) Regulations 2006: SI 2006 / 0599 (ROGS)

# Guidance recommendations

## Before an incident happens

### Risk assessment and management

Psychological distress should be considered a psychosocial occupational hazard for some roles in the rail industry and be managed accordingly. Rail companies should conduct role stress risk assessments that consider exposure to trauma alongside wider work-related stressors and put appropriate mitigation in place. This should ideally be undertaken as part of initial job design, with ongoing review processes for established roles.

Managers should not be expected to provide post incident support at times of significant loss or trauma in their own lives (bereavement, relationship breakdown, significant distress from the incident itself.)

### Critical incident management policies

Using a risk-based approach, organisations should have a local critical incident management policy and supporting procedural documents that outline the provision for mitigating the impact of trauma before, during and after the incident. Policies and procedures for managing psychosocial risk should dovetail with other crisis management and business continuity policies, as well as care and support systems, and become routine practice (UKPTS, 2014). Organisations should ensure trauma support skills are practiced whenever they practice other elements of crisis management plans (UKPTS, 2014). Example procedural documents are provided in the Toolbox. Specific mention should be made of:

- training and education
- the immediate response to an incident (including reporting mechanisms)
- follow up
- treatment and support
- absence management
- return to work
- the system for monitoring and evaluating the impact of the policy.

Management and staff responsibilities should be defined (some aspects of this will need to complement responsibilities laid down in the Rule Book).

Policies should address staff under diverse management structures, the managers themselves who may also be vulnerable to the effects of an incident, as well as other potential sources of exposure such as workplace abuse and violence.

Policies should reflect the evidence base, as well as the operational and legal frameworks with which organisations must comply. If an existing policy is already in place, organisations are encouraged to review it in the light of the current guidelines and an assessment of the potential demand for such support, with the participation of key stakeholders. Recovery from the impact of a work-related trauma encompasses sensitive areas such as absence and performance monitoring. Experts by experience, health and safety representatives, and trade union involvement in the development and review of the policy is imperative. Performance monitoring and absence management should be undertaken cognisant of the psychological impact of a traumatic event on a person. Research on trauma management is a rapidly developing field. Companies can keep up to date with emerging findings through consultation with RSSB, or consulting with trauma skilled clinicians.

The policy should consider:

- Which type of events are covered by the policy? How are they identified?
- Which staff are covered by the policy?
- How are reporting channels and responsibilities covered by the policy?
- What the policy will deliver in terms of training and support?
- Who will deliver training and support?
- Who has responsibility for implementing the terms of the policy?
- Who has responsibility for maintaining and updating the policy?
- What other guidelines and standards are relevant to the policy?
- What other information, material and assistance is available?
- Have trade union representatives, experts by experience, and other staff/stakeholders been consulted in the development/review of the policy?

## Network Rail's Standard for Traumatic Incident Management

Network Rail have developed their own internal standard for the management of traumatic incidents. As it is a standard it is an auditable document and components are classified using the red-amber-green system. This facilitates effective reviewing and monitoring of compliance.



## Recruitment

Preparedness for a traumatic event as a job-related risk may lessen the impact. It is crucial that prospective employees understand the nature of their proposed work and the physical and psychological hazards that may be foreseeable in their role.

Pre-placement screening using questionnaires or similar tools that allege to test for vulnerability to post-traumatic stress disorder (PTSD) and other mental health disorders do not have a robust evidence base to support routine use. Ineffective pre-placement mental health screening programs risk unlawful discrimination against individuals.

As the [UK Psychological Trauma Society's Guidance on Traumatic Stress Management](#) proposes, any occupational health clearance that may be required for roles that carry a high exposure risk to potentially traumatic incidents should be undertaken by either a clinician who can demonstrate competency in the management of traumatic stress or has access to trauma-skilled clinicians who can provide supervision.

## Induction and training

Rail companies should devise a strategy for raising awareness of the risk of experiencing a potentially traumatic incident in the workplace and the available organisational support that is supported by a risk assessment. Induction and training for all staff in positions that make them vulnerable to exposure to potentially traumatic incidents should raise the possibility of such an event, provide information about the support that is available in those circumstances, and the access points to that support. The likelihood of encountering a potentially traumatic incident will be lower in some jobs than in others. Companies should, therefore, target training according to the perceived probability. Too much emphasis on the likelihood of encountering a traumatic incident and the possibility of a pathological response could be counter-productive. Companies need to ensure that such training is informative and balanced but not alarmist.

Affected staff who are experts by experience can provide valuable input to training if willing and supported in doing so.

The training strategy should consider:

- Which staff groups will require training?
- What kind of training is appropriate for each staff group?
- Who should deliver the training?
- How frequently should the training be delivered or refreshed?
- What written material, if any, should be available for staff and managers?

## Induction of Staff in At-Risk Roles

Along with information about the support that is available, induction training should indicate that emotional reactions might be experienced, and that these are to be expected and treatable. Positive coping strategies such as relaxation and exercise should be promoted and negative strategies such as increased alcohol use discouraged. The Samaritans one day Trauma Support Training (Journey to Recovery for those supporting train drivers and Back on Track for those in other roles) can provide some practical guidance for rail staff on supporting an individual following an incident.

Advance awareness of the [Work-Related Deaths Protocol](#) and likely police procedures may be helpful in reducing future concerns.

## Training for those in pastoral, management and leadership roles

Leaders, managers, welfare staff, peer supporters, and health and safety and union representatives should receive awareness training on the effects of trauma and the most appropriate methods of response, support, and self-care. They should also be equipped to conduct post-incident conversations sensitively, as well as recognise challenging reactions and behaviours that may emerge in staff exposed to trauma. They should have the training and resources, including Trauma Support Packs (see Trauma Management Toolbox), available to consistently implement the local policies and procedures.

The core management skills of communication, motivation, staff support, and team building are centrally relevant to post-incident support. The aim of training specific to traumatic incidents should be to reinforce and build on these.

Managers who have dealt with potentially traumatic incidents can be encouraged to share their experiences with others if they wish to do so; this could provide valuable preparation.

### Northern Rail's Trauma Awareness Training

- Northern Rail recognised a need for enhanced trauma awareness training for their staff, particularly those attending a call out. Following consultation with a clinical psychologist, they have been delivering training that covers:
  - What psychological trauma is... and isn't
  - Common psychological issues arising from a trauma and how to support people when attending a call out
  - Assessing if a staff member is at risk from psychological trauma
  - Local policies and procedures to support staff, including information on case flexibility in early access to trauma focussed therapy if appropriate
  - Supporting an employee to return to work and with reasonable adjustments
- Northern has ensured that on-call managers have been prioritised for training. Delegates also have online access to resources after the workshop.

## Data and reporting

Aggregate company and industry-wide data on potentially traumatic incidents and consequent adverse reactions should be consistently gathered and inputted into the industry's Safety Management Intelligence System (SMIS) by companies in line with industry standard RIS-8047-TOM.

Companies should consider recording fatalities or other serious potentially traumatic incidents in an employees' safety record, clearly marked as a 'no fault incident'. This may help companies monitor staff welfare and risk associated with serious incidents, particularly in the case of multiple traumas which can have a cumulative effect.

## When an incident happens

The operational response to a critical incident that may lead to a traumatic response on the railway is, to a large extent, governed by operational standards, for example, Rule Book (notably Module M1: Dealing with a Train Accident or Train evacuation). Companies must ensure compliance with industry standards and should include them in any local policy review. There are, however, some aspects of managing incidents that fall to the discretion of duty holders. Companies have a duty to ensure that other potentially traumatic incidents, such as the abuse of staff, is managed in a consistent way that aligns with the evidence base. Key activities include completing the investigative requirements, assessing and managing the welfare of witnesses and victims, and relieving those that are not fit to continue with their duties. Prompt practical support in dealing with the situation must be a priority.

## Relieving staff

Relieving applies to the process of extricating employees from the incident and ensuring their safe movement to a suitable area within the workplace, home or hospital. The arrangements for relieving staff will vary according to whether the affected staff have any responsibility for managing the incident or are witnesses to it.

Any response should identify all employees that might require support, including non-driving staff, supervisors and managers and those dealing with the aftermath of an incident.

In all reasonable circumstances, affected staff undertaking safety critical tasks should not be required to continue their duties. If unable to relieve an employee, the responsible person at the scene should jointly assess with them their fitness to continue to work safely. Arrangements should be put in place to ensure they are not working alone with the role and expectations on the supporter defined. The Trauma Management Toolbox has example checklists that can be used by managers during and following incidents that align with this guidance.

## Southeastern: The Value of Timely Support from a Line Manager

Mick Carney, a member of station staff for Southeastern, has shared how the immediate practical support he received from his line manager was integral to getting back to normal after a fatality at the station. Mick's line manager immediately came down to the station to offer both practical as well as emotional support. Having his line manager there enabled him to feel supported enough to continue with his work.

*'It was a big help, the fact that somebody just stopped everything, just took the time out and came to talk to you.'*

You can see the full video on Mick's experience here: <https://play.buto.tv/bjkvG>

## After an incident

One of the principal concerns in the aftermath of a potentially traumatic incident is to minimise the risk to the affected staff from the potentially adverse effects of the trauma. Providing an effective response depends on identifying interventions that are appropriate to the circumstances and the affected individuals. Some interventions may not be provided directly by the employers and in some cases may require specialist clinical intervention. It is important for the organisation to allocate responsibility to someone within the organisation who can ensure that the programmes of support are appropriate for the affected individuals, and to assure follow-up on agreed actions. Rail companies should adopt active support for those who experience adverse reactions, by using practical support, watchful waiting, normalising reactions, risk assessment, regular monitoring and peer support frameworks. The Trauma Management Toolbox has example psychoeducational and practical information for employees that align with this guidance. This includes a Trauma Management Flowchart for rail staff. The industry 'Journey to Recovery' and 'Back on Track' booklets also have important advice and support for staff who have been involved in a traumatic event. You can order copies of these booklets by emailing [suicideprevention@raildeliverygroup.com](mailto:suicideprevention@raildeliverygroup.com)

Whatever support or interventions are offered, employees are not obliged to take advantage of them and may wish to seek their own forms of support, such as from their general practitioner (GP). Attendance at any post trauma intervention should be voluntary. The priority for any support should be that it is informed by the needs of the individual, allowing them to regain control after a distressing event. The role of the organisation is to monitor the recovery of the individual through regular contact, follow up and liaison between the Occupational Health service and the GP, and to facilitate access to specialist support if wanted and appropriate. Rail companies should endeavour to build relationships with local NHS services if necessary to facilitate referral pathways.

## 1. After the Incident and up to four weeks post-event

Most people who experience a traumatic incident recover naturally with time and formal treatment is not required. Policies should allow for the early referral of individuals with a known history of prior traumatic events, high levels of stress, or where the traumatic response is severe, as per NICE Guidance (2018). Early referral should be agreed collaboratively with the individual and occupational health. In accordance with NICE (2018), trauma-focussed cognitive behavioural therapy (TF CBT) for PTSD can be offered to individuals who present with clinically important symptoms of PTSD within the first month. Eight to 12 sessions are usually required, with longer sessions (90 minutes) required on occasion.

Drug treatments for sleep disturbance and depression may also be offered in the presence of trauma symptoms but should not replace trauma-focused psychological therapy. For those who perform safety critical tasks, any prescribed medications should be declared in line with the company's drug and alcohol policy and impact on fitness to work assessed in accordance to the Office of Rail and Road's (2017) [guidance on Fitness for Work](#).

In the event of any potentially traumatic incident, managers and other relevant personnel should be sympathetic and express explicit concern for the affected individual's well-being. Support from outside the organisation, such as social and family support, is an important part of recovery. Organisations may wish to consider whether it can offer assistance to family members providing that support, such as guidance literature.

Employees should be encouraged and supported to return to a routine and engage with activities of daily living at a pace that they feel comfortable with. It is important that employees are supported in regaining a sense of control in their daily lives. Organisations can support this by ensuring decisions related to how they are supported following an incident are collaborative with the employee, this includes returning to work and access to healthcare. Staff should be given the time and the support that they need in order to recover in a 'low-stress' environment. This may range from returning to normal duties if the individual perceives that the stress level is manageable, having some of their duties or workload temporarily adapted, moving from their current role to a different role that they find fulfilling, or taking time off work if clinically appropriate. If an employee is moved or on leave it is important that the social support is maintained, and they are not left feeling isolated.



a. Watchful waiting, active monitoring and peer support frameworks

Line managers should maintain primary responsibility for follow-up of the individual. With the employee's consent, line managers may get support in following up the individual from the peer support network and occupational health. The Trauma Management Toolbox includes example checklists for managers to record follow-up actions that align with this guidance.

Some form of timely post-incident review is an effective means of demonstrating an organisation's commitment to the welfare and recovery of staff. This should include:

- an empathic response from the line manager
- prompt practical support in dealing with the situation
- help getting back to routine
- information about where to get further support within the organisation; identification of symptoms individuals might experience after an incident; and information about common reactions to trauma and coping-mechanisms.

### Transport for London: Reaching Out as a Manager

Allan Gardner, Head of Piccadilly Line Customer Service, was responsible for over 200 employees at the time of the 7/7 London bombings. Alan was mindful that he did not directly know all affected employees. He knew he needed to reach out sensitively, show concern and organisational commitment, as well as ensuring the appropriate chain of care was activated. Allan got in contact with the local union reps and asked for their support bridging out to those he did not know at the time. This helped staff who didn't know Allan feel more secure with his engagement at a time when they were experiencing considerable distress.

Where managers do not have established relationships with staff, union reps and peer supporters can provide an invaluable trusted bridge.

Natural recovery will begin within a few days and symptoms can be expected to have significantly subsided within 2 to 4 weeks. Line manager follow-up should capture this period with time stamped record keeping to establish that recovery is taking place and evidence improvement or deterioration (see checklists in the Trauma Management Toolbox ). Follow-up should also be in place to capture delayed reactions. Organisations should ensure that employees have swift access to specialist interventions if symptoms do not abate naturally. The possibility of some staff requiring treatment should be considered in advance and the means of assessing staff and securing treatment anticipated. Rail companies should ensure that psychological providers are offering TF CBT when clinically important symptoms of PTSD are present in the first month.

Rail companies should ensure that their chain of care and mental health service providers do not include the more controversial methods of psychological debriefing and Critical Incident Stress Debriefing (CISD); these are counter to current recommendations from NICE (2018). In view of the confusion over 'debriefing' and as some forms are potentially harmful, rail companies might wish to consider adopting a different term to describe any follow up sessions that are offered to staff, such as 'support post-trauma meeting' or 'welfare check'.

Peer support networks should be actively encouraged and supported by rail companies. For those companies that provide peer support, appropriate and regularly updated training and supervision should be provided to the volunteer supporters.

EAP providers should be trauma skilled and have the competencies required to determine what support is appropriate. Generic counselling should not be offered as an indiscriminate response.

#### b. Data and reporting

Anonymised evaluation data should be obtained from all EAP and psychological therapy providers. All trauma management initiatives undertaken should be routinely evaluated to ensure they are fit for purpose.



## Rail Accident Investigation Branch (RAIB): Implementing the Trauma Risk Management (TRiM) Model

In the aftermath of its investigation into the serious tram accident at Sandilands, RAIB decided that it needed to make improvements in the support that it offered to staff exposed to potentially traumatic events. RAIB recognised that this support needed to be offered not only to those individuals who had been deployed to the site, but also to those involved in certain aspects of the investigation.

RAIB looked at a number of different options for managing this risk and selected the TRiM programme as the one which most closely matched their needs. TRiM is a proactive, peer led system aimed at providing general support and advice on the management of traumatic stress and at identifying anyone who isn't coping to ensure they are signposted to professional sources of help. RAIB have found it is easy to implement, and now have trained three TRiM practitioners and one TRiM manager.

Where colleagues may have been exposed to a potentially traumatic incident (either on site or during an investigation) the TRiM practitioners will offer the individual(s) concerned an initial risk assessment and a follow up one month later. Implementing the programme has given the reassurance that practical support is available to colleagues when carrying out their jobs, particularly in those areas which can be more challenging.

## 2. Four weeks up to three months post event

Individuals experiencing symptoms of psychological distress for longer than one month should be referred for an assessment with a trauma skilled clinician with a view to providing specialist treatment. The treatment provided should be in accordance with current clinical guidelines for the identified condition. TF-CBT should be offered to people who receive a diagnosis of PTSD one month following a traumatic event (NICE, 2018). Eye Movement Desensitisation Reprogramming (EMDR) may be offered if the person has a preference for EMDR between one and three months post-event (NICE, 2018).

Line managers should maintain primary responsibility for follow-up of the individual during the 4 weeks to 3-month period. With employee consent, line managers may get support in following up the individual from the peer support network and occupational health.



### 3. Three months post-incident

NICE guidance (2018) emphasises that all individuals with PTSD three months post-incident should have access to TF CBT or EMDR. The duration of trauma-focused psychological treatment should normally be 8–12 sessions when the PTSD results from a single event. When the trauma is discussed in the treatment session, longer sessions may be necessary (up to 90 minutes). Treatment should be regular and continuous (usually at least once a week) and delivered by the same person with whom the employee is happy to engage with therapeutically. In complex cases (such as multiple traumas, co-morbid disorders, or where there are significant social problems) the treatment may need to be extended. In less severe cases, TF computerised CBT can be offered to individuals who have a preference over face to face (NICE, 2018). CBT interventions targeted at specific symptoms such as sleep or anger may be offered to individuals at three months post-incident if they have been unable or unwilling to engage in a TF interventions or have residual symptoms after a TF intervention (NICE, 2018).

Employees exposed to a trauma should be subjected to regular follow up; so, at 1 week, 1 month, 3 months, 6 months and 1 year, regardless of their state of recovery. Follow-up should be coordinated by the line manager, who should have an understanding of trauma and recovery. The progress of an individual towards recovery should be regularly recorded and held within one designated function to ensure consistent and structured management of the post-trauma support. The Trauma Management Toolbox includes example post-incident checklists that can be used for recording and monitoring. Information about an individual's recovery should avoid personal details, access should be restricted to relevant parties, and compliance with General Data Protection Regulation (GDPR) must be ensured.

#### East Midlands Trains Post-event procedures

Like many rail companies, EMT are well versed in the support that drivers needed following a potentially traumatic incident. Treating it as an occupational hazard led those processes to be formalised and has helped ensure that everybody gets the same standard of care. This formalisation has facilitated the process being rolled out to non-drivers.

Historically, it wasn't uncommon for drivers to take time off and be left at home, isolated and worrying about what they were feeling. Tanya Stacy, OH Manager for EMT, explained, 'For me, it felt like we weren't supporting them. If someone was having a problem they were just being left to self-manage. You didn't get the watchful waiting. If you have that contact, you are ready in case things aren't progressing normally and you're looking for the red flags.'

'Historically trauma support was over-medicalised and all employees were sent to Occupational Health without thinking. The training they get now explains they are having a normal reaction to a horrible event and they are followed up

by their own managers for a year post incident using a standardised contact form. This gives control back to the individual as to whether they want to come to Occupational Health.'

Within the procedures there is flexibility to respond on a case-by-case basis. OH work closely with managers to determine the best way forward in sensitive cases, 'the managers can pick up the phone to me and ask can they be seen directly to the psychologist and we refer them instantly.'

'All employees deserve the same quality of service. It is important to keep training the new managers into the business about trauma support so there is consistency of practice across all functions.'

'One of the biggest initial challenges was getting people to understand it's not just for the driver function and trying to make sure staff in all the different areas have the information. You don't want to be the company that has all the lovely policies and procedures, and no one knows they are there. It's about having materials that are easy to find, easy to use, and easy to implement.' Embedding these changes can be difficult in functions where there is higher turnover. EMT have utilised groups to support dissemination in other functions.

### Returning to work

Tanya shared that people were initially concerned that they wouldn't get the time off they need after an incident. Rather, they get clinically informed time off with a recovery purpose instead of being left at a loose end. Return to work and reasonable adjustments are given careful consideration. 'Can a person do all of their job? A part of their job? And if it's only part of their job how do we support them? I think it's important that people are in a productive role and not just attending the workplace to sit in a coffee room. I don't think that's meaningful for them. When you are structuring a rehabilitation plan it's important that it's a meaningful plan and that it can be supported by the business. There's a positive to being at work so that even if you're struggling with mental ill-health., having structure to your day, something to get up for is really positive.'

### Buddy scheme

Complimenting line manager support, EMT have a buddy scheme. After putting up posters advertising the scheme, buddies volunteered themselves. Buddies haven't necessarily been through a traumatic incident themselves, it's their interpersonal qualities that count. 'It's about having the right person who's giving the right support at the right time. They're someone to check in, you don't always want your manager knowing everything about you'. There are buddies available at all depots, and they are available for everything from a chat, to supporting adaptation of rosters.

#### 4. Return to work and rehabilitation

A measure of an individual's recovery is their ability to return to work and this process has some inevitable overlap with systems for follow-up. Staff with no clinical symptoms should be encouraged to return to work as part of the recovery process.

A suitable and sufficient risk assessment should be undertaken before return to work for all employees who have been exposed to a potentially traumatic incident. Risk associated with continued exposure to trauma-inducing environments or triggers for people with PTSD must be considered and appropriate mitigation put in place. This should consider environmental and contextual factors that were present at the time of the incident (time of day, type of traction). The presence of memorials should be monitored and sensitively discouraged in the areas where affected staff carry out their duties.

Time off work should be guided through collaboration with the individual and clinical guidance. In appropriate cases, alternative duties should be offered as a means of graded re-entry to normal duties. The health and welfare of staff returning to work should be regularly monitored. A graded and supported process for staff returning to duty should be in place, particularly for those undertaking safety critical tasks and lone workers.

As well as a return to normal duties, staff may be required to attend inquests and be interviewed by various authorities which may cause psychological distress. Number of interviews should be minimised where possible. Coroners may be asked to accept a written statement from staff to manage the risk of psychological distress.<sup>1</sup> Any staff who are required to attend an inquest should be accompanied if they wish and briefed on what to expect. Staff are contacted directly by the Coroner's Court and should be advised that they will need to inform their employer of the inquest if they wish to be accompanied. The Trauma Management Toolbox includes example Advice to Staff Attending Coroner's Court.

#### East Midlands Trains – Building a Relationship with Coroners

Attending the coroner's court after a death can be significantly distressing for staff. Seeing the impact on their staff, EMT took the coroner on a ride out to help them understand drivers' unique working conditions. Not only has this increased the coroner's understanding of a fatality, but it has reduced the need for drivers to attend the coroner's court and the associated distress.

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<sup>1</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/363879/guide-to-coroner-service.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/363879/guide-to-coroner-service.pdf)

