

ANNEX C

CHIEF EXECUTIVE'S ~~TEMPLATE~~ TRiM POLICY LETTER

CHIEF EXECUTIVE'S TRiM OUTLINE POLICY LETTER TRAUMA RISK MANAGEMENT

INTRODUCTION

1. Trauma Risk Management (TRiM) is a proactive, peer group delivered activity that aims to support individuals following exposure to a traumatic event. Its purpose is the early identification of the signs and symptoms of stress and where necessary assist those who require help and support to seek it. It is a management initiative and is not medical in nature.

IMPLEMENTATION

2. For many of us exposure to traumatic events is an occupational hazard, although, contrary to many media claims, estimates of psychological injury as a result of our work are low. Nevertheless, it is inevitable that some of those who are exposed to traumatic events will become psychologically unwell as a consequence of continued exposure, and times of the Covid19 pandemic should be upper most in our minds. The management of traumatic stress is primarily a management responsibility and essentially part of good leadership.

3. Within the Trust I have appointed (*****) as the Trust / Hospital TRiM Coordinator. They are to ensure the Hospital maintains sufficient numbers of TRiM trained personnel throughout all departments and that they are current and competent. They are to coordinate all matters relating to TRiM, which includes the production and management of the Trust TRiM Action Plan, see Appendix 2 for a template. Furthermore, they are to liaise closely with the line management to ensure that those requiring treatment for stress related problems receive it.

4. Departments are to nominate managers and other staff members to act as the sub-Trust TRiM Coordinators. These individuals are to liaise with the overall Trust TRiM Coordinator to ensure that TRiM is delivered coherently and consistently across the hospital. Departments are to have a minimum of 2 TRiM trained Practitioners who are to be suitably experienced and have the acumen to undertake the TRiM Practitioner role. TRiM affords commanders a number of options when dealing with a traumatic event; however staff at all levels are to fully understand and comply with the Trust TRiM Plan.

TRiM AWARENESS

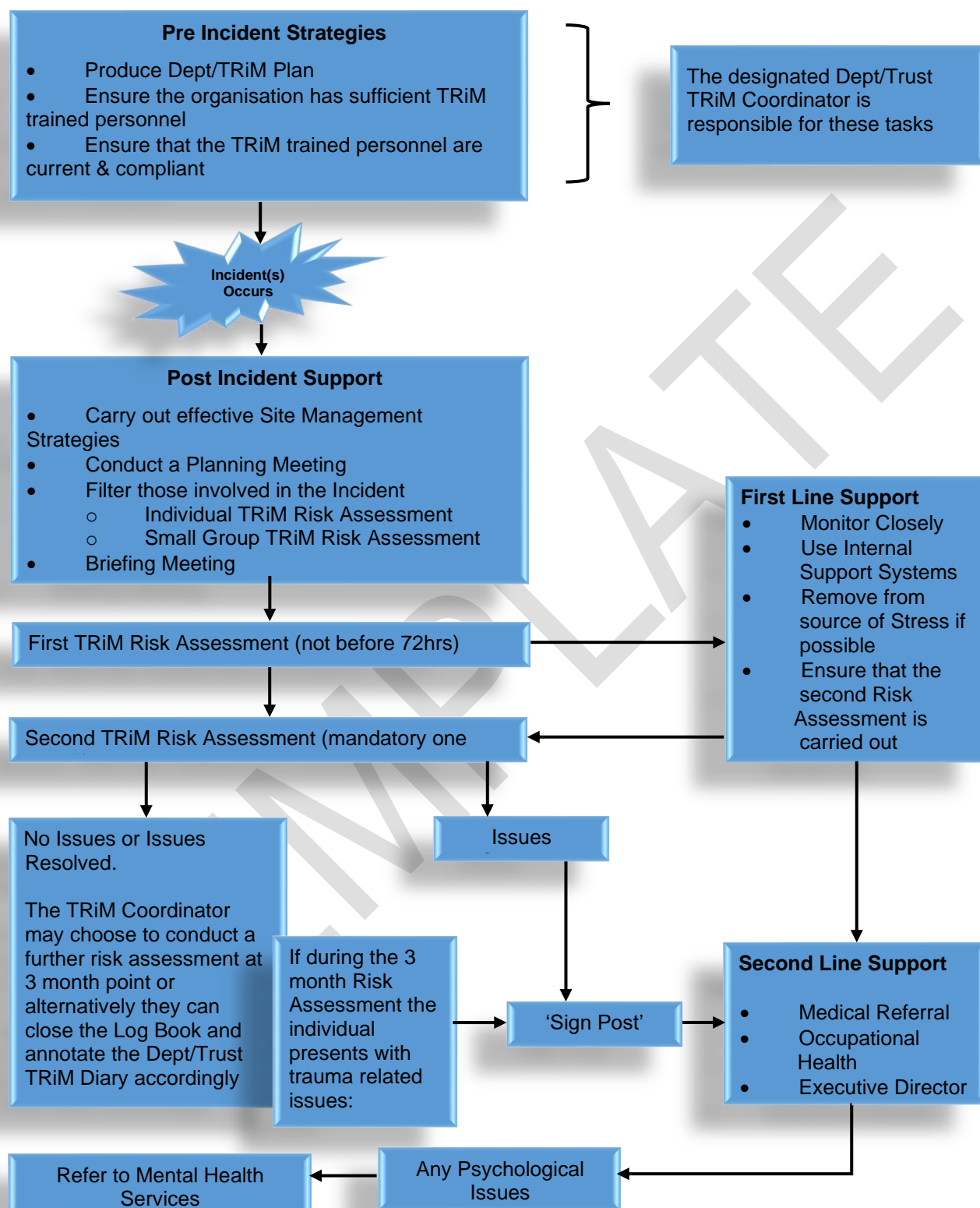
5. As soon as is practicably possible all staff are to attend a brief on TRiM in order to increase awareness of stress related issues and demonstrate how the Trust will respond to traumatic incidents. This is the immediate Response, but this is to continue throughout the Resilience and Restoration phases. Some symptoms of post-traumatic stress can be slow to develop or can be delayed; for this reason those who are deemed to be most at risk should be monitored for a minimum of three months after a traumatic incident. If these individuals or groups show signs of difficulty, they should be encouraged to seek help from medical professionals at the earliest opportunity. Particular care is to be taken over the management of those individuals who are to leave the Trust during or after the crisis.

SUMMARY

6. The numbers of staff who have been and will continue to be exposed to traumatic incidents over the phases of the Covid19 pandemic is significant and whilst not all will develop chronic psychological problems as a result, we must be cognisant of this. For this reason the problem should not be overstated, but an awareness of the symptoms and the identification of the small minority who may need support is extremely important. Others may experience adjustment difficulties and these members of staff may also need our assistance. TRiM should be regarded as an essential wellbeing tool available to support our members of staff during this crisis. The management of stress is the responsibility of all leaders and managers at all levels.

A N Example
Chief Executive Officer
Trust

APPENDIX 1 TO ANNEX C SUMMARY OF TRiM PROCESS



APPENDIX 2 TO ANNEX C CHIEF EXECUTIVE'S TRiM ACTION PLAN

TRUST TRiM ACTION PLAN

1. The actions set out in the plan below should be used where appropriate for any event that has the potential to cause distress or trauma to a member of staff.

Ser (a)	Phase/Event (b)	Time Scale (c)	Action (d)	Attendance (e)	Remarks (f)
1	Response	Immediately	TRiM education brief.	All staff	May be delivered by an appropriately trained TRiM Team Leader. Continuation training/revision for TRiM trained personnel is also to be carried out.
2	Restoration				Hospitals to have sufficient TRiM Practitioners working at all levels and in all departments available on all shifts.
a	Incident Occurs	ASAP	If the incident / event is ongoing consider psychological impact. Reduce exposure, screen scene, rotate tasks etc as necessary.	Team Leader e.g. Nurse in Charge	Consider on-site defusing if appropriate. Careful selection of those required.
b	Post incident	First 24hrs	Convene planning meeting where possible. Filter the event, identify individuals and groups. Decide upon strategy to manage the incident.	Line Managers, TRiM reps. Those with knowledge of people or event	Options: a. Briefing meeting to group. b. Individual risk assessment. c. Group risk assessment. All three options may be used Open TRiM Incident log
c		72 hrs	Start to conduct the strategy decided upon at the planning meeting. Where possible inform TRiM Team Leader of planned	TRiM trained personnel	Assistance from Line Managers required for briefing meeting. The aim is to provide support, education and points of contact.

			actions. Risk assessments are voluntary and written records only retained with consent.		Risk assessments for minimum numbers. Scores and relevant details entered in incident log and retained.
d		72hrs+	Support and monitoring for those involved.	All	Early identification of those with problems and signposting where appropriate.
e		28 days	Follow up risk assessments where required.	TRiM trained personnel	Those risk assessed must be followed up at the 1 month point and scores compared to initial RA. Details entered in incident log and forwarded to TRiM Team Leader.
f		28 days+	Continued support and monitoring by Line Managers.	All	Signposting as required. Advice and guidance from Line Managers.
g		3 months	Follow up risk assessment where required		Recommended for all who have been risk assessed.
3	Restoration		Communication with all staff in the form of briefings.	All	Period of decompression. Identify those groups who may be most at risk due to recent exposure. Consolidate all records and documentation. Documents to be stored securely (consent required) ID those personnel; who are leaving the Trust and formulate a separate management plan if required.
a		Prior to any extended time away, leave.	Educational brief on the effects of stress if required. Issue leaflets. Possible brief to families on effects of stress. Provide contact details and education leaflets as required. This could be done online or via post.	All Families (brief by a senior leader)	Aim- increase awareness in order to spot early problems, introduce support agencies, provide points of contact. May be appropriate to address at risk groups separately Issue info leaflet.

					Brief to families should aim to reassure and signpost to support agencies.
b		On return from extended leave.	Support and monitoring.		<p>Line Managers to be aware of delayed symptoms and/or adjustment difficulties. Review of at risk categories at 3 month point. Subsequent briefs can be organised as required.</p> <p>It is recommended that Line Managers and TRiM Team Leader hold meetings to ensure that at risk personnel are proactively managed.</p>

APPENDIX 3 TO ANNEX C TRiM LOG BOOK

This Incident Log Book is 14 pages long and therefore will not be included in this guide but can be sent as a separate document.

TRiM Incident Log Book

OFFICIAL- SENSITIVE PERSONAL

Log Book"/>

<p>Department</p> <input style="width: 95%;" type="text"/> <p>TRiM Team Co-ordinator</p> <input style="width: 95%;" type="text"/>	<p>Incident Date</p> <input style="width: 95%;" type="text"/> <p>Time (00:00 format)</p> <input style="width: 95%;" type="text"/> <p>Incident Number</p> <input style="width: 95%;" type="text"/> <p>COVID Log Reference</p> <input style="width: 95%;" type="text"/>
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INSTRUCTIONS:

Please fill out all of the relevant fields electronically. The Signature fields are not editable, because an actual signature is required on a printed hard copy.
 All of the greyed-out fields are populated automatically from elsewhere in the form (for example, the Incident Number from this page will automatically fill in to the relevant boxes on the other pages).
 To create new Risk Assessment forms for each person, please add names into the table in SECTION 2 - PERSONNEL LIST and this will automatically create them.
 There are shortcut buttons at the bottom of the pages, to enable you to navigate quickly to the different sections in the document.

CONTENTS:

SECTION 1: DIARY OF EVENTS: Fill in time, date and comment for each event.
 SECTION 2: INCIDENT RECORD: Fill in full details of the incident and the planning meeting in this section.
 SECTION 3: PERSONNEL LIST: Add details of all personnel involved in the incident. This will then create the individual Risk Assessment Sheets.
 SECTION 4: 72 HOUR RISK ASSESSMENT: Consolidation sheet and Individual Risk Assessment sheets for the 72 Hour Assessment are in this section.
 SECTION 5: 1 MONTH RISK ASSESSMENT: Consolidation sheet and Individual Risk Assessment sheets for the 1 month review are in this section.
 SECTION 6: 3 MONTH RISK ASSESSMENT: Consolidation sheet and Individual Risk Assessment sheets for the 3 month review are in this section.
 SECTION 7: NOTES: Please read the **Notes at the back of this document before completing this document.**

DISPOSAL INSTRUCTIONS:

This Log Book is to be printed and the hard copy retained by the Department for no longer than 6 months after the incident being closed. The hard copy must then be forwarded by recorded delivery to: Insert the name of manager.
 The electronic copy can be held by the Department, if required, for their future reference.

APPENDIX 4 TO ANNEX C TRiM DIARY

TRAUMA RISK MANAGEMENT - ## TRUST DIARY															
Department:															Author: Example of an Individual Risk Assessment
Ser	Staff Number	Name	Incident Date	OPLOG Reference	Initial Risk Assessment	Risk Assessment Completed	Assessor	Action	One Month Follow Up	Risk Assessment Completed	Assessor	Action	3 Month Follow Up	Remarks	
1	23356700	JARVIS	22/05/2016	NearMiss/01/XX	25/05/2016	Y	WHITE	M	26/06/2016	Y	WHITE	NFR			
2	24658970	PETERS	01/08/2016	COVID/02/XX	04/08/2016	Y	FINN	D	05/09/2016	Y	FINN	D		Refused TRiM RA	
3		MACK	02/08/2016	ChildDeath/02/XX	05/08/2016	Y	FINN	M	06/09/2016	Y	FINN	NFR			
4		SINTON	03/08/2016	Incident/02/XX	06/08/2016	Y	FINN	M	07/09/2016	Y	FINN	NFR			
5		PETRIECK	04/08/2016	Incident/02/XX	07/08/2016	Y	FINN	M	08/09/2016	Y	FINN	NFR			
6															
7															
8															
9															
10															
Key:															
Action: M = (Monitor) Med = (Med Chain) S = (Signpost) D = (Decline)															
Notes:															
OPLOG Ref is the units ref and should contain unit/fmn short name, name of incident (RTC, IED, etc) and dd/mm/yy.															