

Surf Life Saving NSW Critical Incident Management Support Procedures

Overview

Surf Life Saving NSW (SLSNSW) manage many hundreds of incidents each year that occur at beaches across the state. Our committed network of volunteer members are often involved in these incidents, assisting members of the public.

Given the exposure of our members to these incidents, SLSNSW have sought to ensure that there is a strong framework of support in place to ensure that members are cared for and receive appropriate intervention should this be required following an incident.

Rationale of Approach

SLSNSW have adopted a best practice approach to supporting our members following a critical incident. For some people, critical incidents may be potentially traumatic events, and it is hard to predict how people may respond or be affected, and the level of support they may require.

Given this, SLSNSW have implemented a support process whereby all members that are directly involved in a critical incident as part of their Surf Life Saving duties, or who are present and witness a critical incident, will be connected with support post-incident. As part of this process, they will be provided with a range of options and resources to ensure their ongoing wellbeing and health.

Members will receive follow up support within certain timeframes to review their coping and recovery, and ensure that any strong responses or reactions post-event can be effectively assessed and managed by the appropriate person.

Key Stakeholders

- SLSNSW Members
- Duty Officers
- Family of SLSNSW members
- SLSNSW Senior Leadership Team, Membership Team, Lifesaving Team

Please note, these procedures have been developed to address the welfare and support of members involved in critical incidents as part of their Surf Life Saving duties (including approved after hour response call outs). For incidents outside of this scope, members are to contact their GP to access professional guidance and support. SLSNSW employees, including lifeguards and event safety staff are covered under SLSNSW employee procedures (contact the SLSNSW Human Resources Manager).



Roles and Responsibilities

SLSNSW have an internal Incident Notification Matrix (see Appendix item A). This matrix defines the three levels of critical incident and the notification process for each level. In addition to this, below is a summary of the roles and responsibilities of each person within SLSNSW.

Executive: SLSNSW CEO, COO and Communication and Engagement Manager

- To be aware of and briefed on Level 3 and Level 2 incidents and be prepared to address media as required.
- For Level 3 incidents, review with State Welfare Officer (SWO) (where appointed) and relevant Club or Branch President any further actions required, such as personal e-mails or calls to members.

State Operations Centre (SOC) and Lifesaving Officer

- Coordinate the rescue with the Duty Officer (DO) and external agencies.
- Determine level of incident and coordinate required resources and communications in accordance with the Incident Notification Matrix.
- Receive required paperwork from DO and confirms all members involved.
- Deliver Well Check 1 (if not completed by Duty Officer or Branch Representative)

Membership Manager (MM) and Member Welfare Officer (MWO)

- Coordinate ongoing support of each case and liaise with SWO (where appointed) to ensure all parties have been contacted, support arrangements agreed, and records have been kept.
- Maintain Critical Incident Support Procedures and resources.
- Deliver Well Check 1 (if not completed by Lifesaving Officer), and subsequent Well Checks as required.

State Welfare Officers (SWO) and Member Welfare Officer (MWO)

- Provide well-checks post-incident, screening for possible trauma reactions, indications of distress, reduced coping, or more concerning issues such as Acute Stress Disorder (ASD).
- Apply the Critical Incident Support Procedures as outlined in this document.
- Refer members on to professional support services as required.
- Case manage the referrals as required in conjunction

with the EAP provider, where there are indications of clinical issues.

Duty Officers (DO)

- Attend scene of incident and notify SOC of member involvement.
- Critical incident support activated.
- Compile a record of all members who were directly (participated) or indirectly (witnessed) involved in the incident. Ensure full name, mobile number and e-mail are obtained (where possible).
- Deliver Well Check 1 where able.

Patrol Captains and Club Captains

- Be aware of fellow members' mental health following a critical incident.
- Signpost members to additional support and resources if required.

Club or Branch Peer Support Officers or Teams

- Work with local DOs to provide member support at or immediately following a critical incident.
- Be aware of fellow members mental health following a critical incident.
- Signpost members to additional support and resources.

Patrol Members

- Respond to incidents as per training.
- Communicate and update the SOC on the incident, as per training.

Employee Assistance Provider (EAP)

- Provision of professional psychological support to members as requested by SLSNSW and / or the affected members.
- Utilisation of an evidence-based approach to critical incident support and management, including post-incident assessment, psychological first-aid, and trauma focussed CBT as required.
- Reporting post-incident to document the support provided and any recommendations or concerns



Response Framework

In line with Australian best practice guidelines regarding critical incident support and management, SLSNSW utilise a framework whereby any member exposed to a potentially traumatic event (PTE), is contacted and assessed for any reactions that may indicate the need for referral to specialist support.

SLSNSW recognise that following a critical incident, many people may experience some reactions and possible changes to their physical state, thoughts, emotions and behaviours. However, in most instances, these reactions are short lived and subside relatively quickly, within a few days or weeks. Most people make a full recovery and do not go on to experience clinical disorders such as Depression or Posttraumatic Stress Disorder (PTSD), requiring specialist treatment.

However, a small percentage of the population may be more vulnerable to experiencing strong trauma reactions post-incident. This may be due to a number of reasons including prior experiences of trauma, thinking style, personality traits, limited support, or current major stress.

SLSNSW aim to identify this small proportion of our members that may not cope effectively post-incident, and ensure that they are linked to the appropriate professional services to assist them to make a full recovery.



Critical Incident Support Process

Critical Incident Occurs

The Duty Officer attends the scene and notifies the SOC of member involvement. This defines the start of the incident.

Critical incident Standard Operating Procedures (SOPs) are activated.

Following the completion of the immediate operational requirements and when the situation has stabilised, support is activated.

Onsite



Within 24 hours



Ongoing support delivered by Membership Team



** This action may be undertaken by an appropriately trained Branch Representative.*

Critical Incident Support (activated by the Duty Officer)

- Compile list of members directly and indirectly exposed to the incident
- Ensure collection of:
 - ✓ Name
 - ✓ Mobile number
 - ✓ E-mail address (where possible)
- Advise members that they will be contacted for a 'well check'.
- Advise that this is a standard process for all members to ensure they are aware of their support options and for SLSNSW to ensure that appropriate care is in place if required.

Delivery and Timeframes

Each person will be contacted on three occasions in the month post-incident. This is to ensure that any members requiring support are identified as needs may change in the days and weeks post-incident.

Well Check 1

- This will occur within 48 hours of the incident occurring
- There is a three-tiered approach:
 - a) Where possible, initial support and review is provided individually face to face on the day of the incident, ideally by the Duty Officer or Branch Representative on-site.
 - b) If this is not possible, the Lifesaving Officer should make the call within 24 hours.
 - c) If neither option A or B are possible, the member is to be called within 48 hours by a SLS Staff Member, typically the Member Welfare Officer (MWO). This may occur for example if an incident occurs on a Saturday, and no one is able to see or call the member until Monday.

Well Check 2

- This will occur approximately one-week post-incident.
- The purpose of this is to review how the Member is coping and feeling, and screen for any indications of distress, trauma or other concerning reactions eg: interrupted sleep, intrusive thoughts, anxiety or hyper-arousal.
- For some people, the reactions to the event only commence a number of days after the incident.
- The State Welfare Officer (SWO) or Member Welfare Officer (MWO) will complete Well Check 2.

Well Check 3

- This will occur approximately one-month post-incident.
- The purpose of this is to check the members well being and ensure a complete return to pre-incident function and coping.
- Should there still be trauma reactions and distress after one-month, there may be more serious clinical issues and potentially Posttraumatic Stress Disorder (PTSD).
- Should this be the case, the case can be escalated to the MWO for referral to EAP for a more detailed clinical assessment.
- The State Welfare Officer (SWO) or Member Welfare Officer (MWO) will complete Well Check 3.



Critical Incident Support Process continued

Group Briefing Session

A group briefing is recommended post-incident to bring people together and outline their support options and next steps. This would take place as part of the critical incident support steps coordinated by the Duty Officer or Branch Representative following an event. This is a separate process to an “Operational Review” which would focus more on process, errors, new learning and recommended changes to SOPs.

The group session occurring post-incident should be very clear on the objectives and process. It is important to do the following:

- Acknowledge the incident
- Recognise that some people may be affected, both physically and mentally
- Confirm SLSNSW critical incident support process
- Advise individual support is available and people will be contacted for a well-check
- Provide any positive feedback on what was done well
- Highlight resources available to members such as written material, web-site, apps.

The group session should not:

- Move toward becoming a group counselling or therapy session
- Encourage people to ventilate or air their experiences or emotions
- Probe further into what people saw, heard or felt
- Suggest or imply that people may become unwell or suffer long-term effects
- Minimise the incident or potential impact on some people
- Delve into the details of the operational component and individual actions or decisions made, when people may still be in shock or potentially traumatised.
- Imply blame, identify errors, reprimand people. Review of failures in response can occur at a separate distinct operational review, once some of the initial reaction and emotion has subsided.

Well Check

Following the group briefing, a well check is conducted with all members either directly or indirectly involved in the critical incident. Well check is preferably conducted on a one-to-one basis and consists of:

- Assessment of how the person is presenting and appears to be coping
- N.B. Do not actively prompt or encourage the person to talk about what they saw, heard or experienced. This is not necessarily helpful and can cause harm.
- Review of the person’s support network. Confirm that there is someone available to provide support.
- Overview of coping mechanisms. How does the person usually cope and manage stress?
- Tips for adrenalin reduction. Provide education on reducing the shock response through:
 - ✓ Exercise to burn off the adrenalin
 - ✓ Controlled breathing to aid relaxation
 - ✓ Distraction to help settle the thoughts
- Options to get home. Consider safety and capacity to drive if visibly shaken and distressed.
- Overview of the support available from SLSNSW
 - ✓ Sessions with a psychologist through EAP (phone, face to face or video)
 - ✓ Written information and psycho-education from SLSNSW
 - ✓ Resources available online through EAP
 - ✓ Regular follow-up over the first month post-incident
 - ✓ Internal support through the SWO, Club and Patrol Captains and Peer Support Officers
- Next steps and expectations around further review and follow-up

Below are some suggestions that may aid the person / team providing the Well Check and psychological first aid. These are suggestions only and it is important to find your own approach and style that feels natural and authentic, but also empathetic and focussed on the person.



Critical Incident Support Process continued

Suggested Script

Well Check One – On the Day or Within 48 Hours

- It has been a big day, tell me, how are you going?
- What works for you when you are under pressure or having a tough day?
- How do you relax and look after yourself?
- Is there someone that you talk to if you need support?
- Anything else going on in your life at the moment that is major / challenging?
- Who is at home / who do you live with?
- Will there be someone around when you get home if needed?
- How are you getting home? (watch for safety if driving)

Once some initial review and check in has occurred, provide some basic information about possible reactions.

- Following an incident some people have a few strong reactions that can last for a few hours, days or weeks.
- These could be things such as feeling “pumped” or on edge, feeling “racy” or feeling in shock
- Some people feel other things such as sadness, fear or uncertainty
- People often have thoughts around “what if” and hypothetical scenarios
- There can be changes in your thoughts, body, feelings or actions
- Sometimes sleep can be a bit funny for a few nights
- In most cases, within a short period of time things settle down and go back to normal
- Exercise usually helps and burns off some of the tension
- If you feel like talking to people, do so. If not, that is fine too
- Sometimes people just need downtime and recovery
- There is no right or wrong answer about what you have to do or what works for everyone
- Often, doing some relaxation can help. Yoga, slow breathing, and rest
- Sometimes distraction is useful, watch some TV, read a book, play some music or games

Finish by reminding the person of the various resources and support options noted above

- Any concerns or other things you would like to discuss?
- We will follow up with you over the next week
- If you need anything in the meantime or have any questions, please get in touch straight away

Well Check Two (one week) and Three (one month)

- How have things been over the past week/month?
- How are you going generally?
- Any concerns or worries?
- Any observations or changes that you have noticed?
- How is your sleep? Normal? Sleeping through the night?
- Any thoughts about the incident?
 - If yes, how often? What is the nature of them?
 - How are you managing / coping with them?
- How would you describe your mood?
- Do you feel as if you are back into your normal routine? (we are looking here for any avoidance or normal duties as a result of the incident and resulting fear)
- Remind again on support options and any future planned follow up



Referring for Psychological Support

If during the check in process, the person is clearly having difficulty and not coping and adjusting, explain they have a referral to the EAP service for professional psychological support. Recommend strongly that they give the EAP a call, as sometimes things work themselves out, but often early intervention gets the best outcome.

SLSNSW's EAP provider is currently Assure Programs (details below). Assure are available to provide support 24 x 7, and employ a team of psychologists trained in Critical Incident Management. You can call them at any time, day, night, weekends and public holidays, for immediate support and advice as required.

Alternatively, people can go and see their GP and get a referral under Medicare to see a psychologist. People may be eligible for up to 10 sessions per calendar year. People can also just book in directly with any psychologist and pay directly and claim back through private health insurance if they have it.

As soon as it feels as if you are getting into the realm of counselling and supporting the person with significant issues, we need to recognise this quickly and refer them on. The issues may include:

- Mental health issues such as depression and anxiety
- Alcohol or substance abuse issues
- Past traumatic experiences. This may include issues such as abuse or violence
- Current major life stress such as relationship break up, family break up, financial stress or major health issues

Ultimately, if the person presents as being distressed and emotional, or very shut down and not able to engage, focus or communicate, we should strongly suggest a review with a psychologist to ensure safety, support and appropriate treatment as needed.

Reporting, Record Keeping and Privacy

Throughout the support process, some records should be kept. This is for the following reasons:

- To provide a better service to the member, as there is recorded history of what has happened and what has been discussed to date
- To ensure consistency and continuity of support, if someone leaves the organisation or the support needs to be handed over to someone else
- To provide a more detailed and useful handover to a psychologist or health professional if required
- To protect the organisation as there is a record and evidence to show support was provided

Records do not need to be detailed and should not be extensive clinical records with a lot of personal information. They should be very brief and it is recommended that a few basic notes be kept with the following information:

- Date of contact
- One sentence on what was discussed or recommended
- Any agreed next steps eg: the next follow up date or referral to someone else

Records could be:

- a) Hand written; ensure notes are legible
- b) Typed straight into a program. This could be a database, online platform or other program such as word or excel.

Regardless, there needs to be some consideration around the security of this information as it is personal and private information.

- This information can not be readily accessible by people within the organisation
- If written, notes should be securely stored somewhere that is locked eg: filing cabinet
- If typed, notes should be stored in a folder that is password protected and backed up
- The back up could be on a server or in the cloud. Either way, the back up should be secure in line with existing SLSNSW IT requirements and policy.

SLS NSW should reinforce with all leaders and the team providing critical incident support, that all information regarding an individual and their wellbeing remain confidential, unless there are clear and specific indications of risk of harm toward themselves or other people. The exception to this is when consent has been provided by the member, for SLSNSW to talk to other parties. This could be written or verbal. If verbal, a note should be made on the person's record or file.



Dual Relationships

In some instances it may not be appropriate for a certain person to do the Well Check with the member. Examples of this include:

- When the person is their boss and they report to that person formally in the workplace. This could influence the process and issues such as openness and sense of safety.
- When the parties are family members
- When the parties are in a romantic relationship with each other
- When the parties are close friends
- If there is a history of conflict or interpersonal difficulty

In these instances, the member should be linked in with an alternate person for the Well Check.

Working with Minors

Below are guidelines regarding working with young people. For the purpose of this guide, 'young people', or 'young person' refers to members under the age of 18 years (based on the health records and Information privacy act). 'Parent' refers to the people who holds responsibility for the young person.

Informed Consent For Young People

Informed consent is the granting of permission by an individual based on having full knowledge of the possible consequences. Members should be given the right to informed consent before participating in the Well Check process.

Young people should be assessed for their capacity to give informed consent. In Australia, a young person is capable of giving informed consent when they 'achieve a sufficient understanding and intelligence to enable him or her to understand fully what is proposed'. It is not as simple as a young person being a certain age and being able to give informed consent. Typically however, informed consent can generally be understood and given around the age of 14 or 15.

If it is deemed that the young person can give informed consent, then there may not be a need to involve the parents of the young person. This includes where the young person does not consent to, or explicitly states, the parents are not to be involved. If deemed that the young person is unable to give informed consent, informed consent should be sought from the parent before the young person can participate in the Well Check process.

How Can We Assess Whether Young People Understand The Well Check Process?

Ask if they would like their parent contacted

- If they say no, ask them why – this may indicate lack of ability to give informed consent (i.e. understanding, intellect, maturity)

Ask young person if they understand why they are having this meeting

- If they don't know, may indicate lack of ability to give informed consent (ie, understanding, intellect, maturity)

Having A Parent Involved In The Process

Parents have responsibility of a young person's day to day issues and major long-term issues, including the health of the young person. In the absence of information to the contrary, both parents are presumed to have equal responsibility for a young person whether the parents are together, separated or divorced.

If a young person is deemed able to give informed consent, consent should be gained from the young person before the parent can be present during the Well Check process. If consent is not given, this choice should be respected, and the parent should not be present during the process.

If not deemed able to give informed consent, a parent should be contacted prior to commencing the Well Check process. The parent may deem it appropriate for them to be present during the process, but it is not a requirement.

Confidentiality For Young People

Confidentiality of information obtained during the Well Check process should be safeguarded by those involved in the process. Young people, like adults, should be afforded the right to confidentiality.

If the young person has been assessed to be able to give informed consent to the Well Check process and understands the nature of access to their information, the parent should not be given information gained during the process unless consent is given to do so from the young person.

If the young person has been assessed as not able to give informed consent, the parents may be given access to the young person's information. The young person should be made aware if the information is supplied to the parents.

Risk Of Harm

If it is believed there is a risk of harm to anyone based on information provided by a young person during the Well Check process, this information can be disclosed to the relevant parties. This includes parents, but may also include health services where risk of suicide may be present, or relevant authorities when child abuse or neglect is made aware of. If you are releasing information to someone about a young person, your actions should be disclosed to the young person, unless further harm can be foreseen by making this disclosure to the young person.



Training and Education

All SLSNSW personnel involved in providing critical incident support should undergo and complete some standard training in the area of critical incident management and psychological first aid. Please refer to the Member Welfare Officer for further information and learning options.



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Resources

In addition to these Critical Incident Support Procedures, there are a number of other resources available that provide further information in the area of Critical Incident Management and Trauma.

- [Assure Programs \(EAP Provider\)](#)
- [Personal Resiliency Builder](#)
- R. Brooks & S. Goldstein (2004). The Power of Resilience. McGraw-Hill.
- [Mental Help Net](#)
- [Helping Someone Else – Black Dog Institute](#)

Videos

- [Effects of Trauma](#)
Phoenix Australia – 2.11
- [Building Resilience](#)
The Black Dog Institute – 1:32
- [How Mentally Healthy is Your Workplace](#)
The Black Dog Institute – 1.10
- [How to Have a Conversation](#)
The Black Dog Institute – 1.11
- [Recognising Anxiety](#)
The Black Dog Institute – 2.44
- [Personal Recount of How to Seek Help](#)
The Black Dog Institute – 1.53
- [Keeping Your Team Healthy](#)
The Black Dog Institute – 2.09
- [The Effect of Trauma on the Brain and How it Affects Behaviours](#)
TEDx – 28.01

Apps



Breathe2Relax

Breathing techniques to help you relax.



HeadSpace

Mindfulness training – meditative routine/ breathing exercises/cognitive diffusion.



Self-Help Anxiety Management (SAM)

Monitor anxious thoughts and behaviour, self-help exercises.



Panic Relief

Techniques to help manage panic and panic attacks.



Optimism

Track your thoughts and feelings, identify personal triggers.