

Critical Incident Debriefing – Neonatal Intensive Care Unit

Guideline Responsibilities and Authorisation

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| Department Responsible for Guideline | Neonatal Intensive Care Unit (NICU) |
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| Document Owner Name | Diane Taylor |
| Document Owner Title | CNM |
| Target Audience | NICU Staff |
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Guideline Review History

| Version | Updated by | Date Updated | Summary of Changes |
|---------|------------------|--------------|--------------------|
| 01 | Kimberley Fraser | 2020 - 2022 | First version |
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Critical Incident Debriefing – Neonatal Intensive Care Unit

Contents

| | | |
|-----|--|----|
| 1 | Overview | 3 |
| 1.1 | Purpose..... | 3 |
| 1.2 | Objectives | 3 |
| 1.3 | Scope..... | 3 |
| 1.4 | Patient / client group | 3 |
| 1.5 | Definitions and acronyms | 4 |
| 2 | Clinical management | 5 |
| 2.1 | Roles and responsibilities | 5 |
| 2.2 | Competency required | 5 |
| 2.3 | Guideline..... | 6 |
| 2.4 | After care | 8 |
| 2.5 | Staff information..... | 8 |
| 3 | Evidence base | 8 |
| 3.1 | Bibliography | 8 |
| 3.2 | Associated Te Whatu Ora Waikato Documents | 8 |
| | Appendix A – Defuse Structure (Immediately Following Incident) | 9 |
| | Appendix B – Post Critical Event Defuse Form | 10 |
| | Appendix C – Debrief Structure (Day 7-14 post event) | 11 |
| | Appendix D – Employee Assistance Program (EAP) | 12 |

Critical Incident Debriefing – Neonatal Intensive Care Unit

1 Overview

1.1 Purpose

To provide a guideline for staff in NICU to follow after a critical incident to improve staff wellness.

This guide should be read in conjunction with the Critical Incident Support for Staff policy Ref 0175.

1.2 Objectives

- To provide a safe forum for the group to discuss and process their experience after an incident or critical event. A benefit of debriefing is that the healthy coping skills of some members of the group can be shared with other members, giving an example of healthy ways of coping for those who might cope in less effective ways.
- To acknowledge the team and thank them for participation after a crisis event, such as:
 - A clinical situation where an unexpected outcome occurred
 - An event that happened outside of NICU (e.g. Emergency Department [ED], Paediatric Ward, Car Park, Retrieval)
 - Neonatal resuscitations (Delivery Suite, NICU, retrievals, community and birth units)
 - Near misses and adverse events
 - High-acuity admissions
 - Emergent transfers
 - Challenging parent/family/whanau interactions
 - Trauma
 - Babies with chronic long term conditions that cause moral distress amongst staff
- To give the team an opportunity to discuss the sequence of events, understanding of the medical facts, reflect and evaluate what worked well, what did not go well, identify barriers and offer improvements.
- To improve staff wellness by identifying those who need support with external agencies.

1.3 Scope

Te Whatu Ora Waikato staff who work in Neonatal Intensive Care Unit.

1.4 Patient / client group

Staff that were directly involved with or affected by the incident.

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Critical Incident Debriefing – Neonatal Intensive Care Unit

1.5 Definitions and acronyms

| | |
|-----------------------------------|---|
| ACE | Advanced Choice of Employment |
| ACNM | Associate Charge Nurse Manager |
| CNM | Clinical Nurse Specialist |
| Crisis Event | A clinical situation where an unexpected outcome occurred |
| Critical Incident | Critical Incidents are unusually disturbing events that have the potential to create significant human distress and may overwhelm a person's usual coping mechanisms. Such events may cause an individual to have strong emotional, cognitive, physical and/or behavioural reactions as a result of a particular event. This may be an assault, threats, unexpected poor outcomes for patient, death of a colleague, known victims/patients, events involving children, events with excessive media interests. Or any event that the staff member identifies as a critical event severe injury, deaths of multiple people, multiple trauma, terrorist attack fire or a bomb threat. |
| Critical Incident Response | The incident makes overwhelming demands on a person's coping ability, such as that the person finds it extremely difficult to cope in the short term. Refer signs and symptoms page 8. This type of reaction is a normal reaction to an abnormal event. For example, an assault on a staff member, or a patient suicide in an acute setting, unexpected death of a patient, psychological abuse etc. |
| Defusing | Defuse is a one-time, semi-structured conversation with an individual and/or group who has just experienced a stressful or traumatic event. This is co-facilitated by suitably trained individuals and is designed to bring the experience of the incident to a conclusion and provide immediate personal support. The aim is to stabilise the responses of those involved in the incident, and to provide an opportunity for them to express any immediate concerns, with the goal of providing a safe place to express feelings and introduce self-care strategies to reduce the likelihood of psychological issues occurring in the future. This would ideally take place the following day or within 48hrs at a time that suits those involved. |
| Debriefing | Debriefing is usually carried out within 7 – 14 days of the Critical Incident, when staff have had enough time to take in the experience. Debriefing is NOT counselling. It is carried out by suitably trained facilitators, one of whom is a registered mental health professional. It is a structured, voluntary discussion aimed at putting an abnormal event into perspective. It offers clarity about the event that has been experienced and assists to establish a process for recovery. A debrief may not be indicated in every Critical Event, and will be assessed once a defuse has taken place on a case-by-case basis. |
| Debrief Facilitator | Staff who have been to the Critical Incident Management Australasia (CIMA) 2 day training. |
| EAP | Employee Assistance Program |
| NICU staff | They include Nurses, Neonatal Nurse Practitioners, Clinical Nurse Specialists; Registrars; Senior Medical Officers (SMO); Healthcare assistance; Social Workers; Receptionists and other personnel |

Critical Incident Debriefing – Neonatal Intensive Care Unit

2 Clinical management

2.1 Roles and responsibilities

Managers/Senior Medical Officers

- Identify critical incidents and the signs and symptoms of a response to a critical incident related to an individual or group, and put in place the appropriate strategies to manage the process which is outlined in this guideline.
- Ensure that all staff has adequate support and follow-up and an opportunity to debrief.
- Co-ordinator to support nursing staff and/or medical staff and facilitate Employee Assistance Programme.
- Arrange for practical support for staff as needed
- Access counselling for staff member(s) if indicated via Employee Assistance Programme (EAP) on 0800 327 669
- Observe and follow up staff to assess the need for additional intervention.
- Notify the Human Resources and the Health and Safety Service following Critical Incidents.
 - The Manager, Health and Safety Service is the contact person for issues regarding the external service provider for critical incident management.
 - The Health & Safety Service is also able to assist managers to implement the [Employee Health and Rehabilitation](#) policy where required.

Staff

- Identify their needs (signs and symptoms) and ask for support.
- Participate in the critical incident defuse/debrief as required.

2.2 Competency required

- Any NICU team member that was involved in the critical incident can perform the initial Defuse.
- Trained Debrief Facilitator to lead the formal debrief sessions.

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Critical Incident Debriefing – Neonatal Intensive Care Unit

2.3 Guideline

1. Who

Determine the facilitator and the participants.

Defuse: To include all staff at initial event only.

Debrief: Voluntary for any staff that wish to have clarity around the critical incident. (See below for more explanation).

2. What

Determine what events will trigger debriefings – see Crisis Event in Section 1.2 Objectives. ACNM to identify and facilitate initial defuse and inform appropriate people if formal debrief is required.

3. When

Determine timing-

- **Defuse:** Should take place within 48 hours of the incident, ideally immediately after the incident/shift as all involved are still present. Post event debriefings are most effective when structured and facilitated. Keep the conversation brief. Acknowledge this is not an emotional debrief but that understanding of the medical facts of the case often provides reassurance and perspective. ACE review/defuse form to be forwarded to CNM to store confidentially (Appendix A and B). Any criteria identified that require action to be completed by ACNM.
- **Debrief:** Usually carried out within seven to fourteen days of the critical incident, when staff have had enough time to take in the experience. Debriefing is not counselling. It is voluntary discussion aimed at putting abnormal/critical events into perspective. It offers clarity about the critical incident they have experienced and assists them to establish a process for recovery. ACNM/CNM/SMO to contact the Health & Safety Advisor for a trained facilitator to run the formal debrief.

4. Where

Choose a location post-event that is guided by careful balance between convenience and confidentiality. Defusing/Debriefing of clinical events is best done in a clinical (not patient facing) area to guarantee the confidentiality of the discussion.

5. Why

Determine the objectives for the critical incident debriefing:

- Improve future performance (individual, team, system),
- Improve specific NICU metrics, evaluate environment, clarification for all members involved,
- Identify staff that are struggling and require extra support. A chance to vocalise and clarify what happened.

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Critical Incident Debriefing – Neonatal Intensive Care Unit

6. How

Use a standardized format for all critical incident debriefings.

- Defuse Strategies (see [Appendix A](#) and [Appendix B](#)):
 - Review the event
 - Clarify staff's questions and concerns
 - Encourage staff to talk about what happened
 - Identify current needs
 - Offer staff advice, information and referrals to EAP (see [Appendix D](#))
 - Arrange debriefing and follow-up sessions to provide additional information about the event when available.

- Debrief strategies (see [Appendix C](#))
 - Trained debrief facilitator help the staff explore and understand a range of issues, including
 - The sequence of events
 - The causes and consequences
 - Each person's experience
 - Any memories triggered by the incident
 - Normal psychological reactions to critical incidents
 - Methods to manage emotional responses resulting from a critical incident
 - Offer staff advice, information and referrals to EAP (see [Appendix D](#))

7. Structure

- Immediately after the incident follow the Defuse Structure ([Appendix A](#) and [Appendix B](#)) and conversational prompts for initial defuse. This will indicate the need for a further Formal Debrief session to occur. Once defuse has ended, facilitator is to check all staff involved are safe to get home. Give the completed form to CNM.
- If the incident was extremely traumatic and involved different departments, e.g. Delivery Suite, ED, Radiology, Paediatric Medicine or Paediatric Surgery, Theatre; make sure the Facilitator is aware early so they can ensure all members are invited to attend the Formal Debrief ([Appendix C](#)).

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Critical Incident Debriefing – Neonatal Intensive Care Unit

2.4 After care

- **Follow up support:** Stress responses can develop over time and follow-up support may be required by some workers or groups. Perspectives may change after the first debriefing session and additional sessions may need to focus on new aspects of the incident or stress reactions.
- Where to get help:
 - Your ACNM, CNM, Head of Department
 - Your general practitioner (GP)
 - [EAP](#)
 - [Work Place Support Person](#)
 - [Health, Safety & Wellbeing Team](#)

2.5 Staff information

After a stressful incident in Theatre, Perioperative Services and Delivery Suite Pamphlet (W0584HWF)

3 Evidence base

3.1 Bibliography

- Hanna, D.R. & Romana, M. (2007). Debriefing after a crisis. What's the best way to resolve moral distress? Don't suffer in silence. *Nursing Management*. pp.38-47
- Kessler, D.O., Cheung, A., & Mullan, P.C. (2015). Debriefing in the Emergency Department After Clinical Events: A practical Guide. *The Annals of Emergency Medicine*. 65 (6) pp.690-698.
- Sawyer, T., Loren, D & Halamek. (2016). Post-event debriefings during neonatal care: why are we not doing them, and how can we start? *Journal of Perinatology*, 1-5.
- [NZNO Practise Guidelines – Incident Debriefing](#) (2014) Retrieved 23 Nov 2020,
- <https://www.nzno.org.nz/LinkClick.aspx?fileticket=mfvpMT4ns18%3D&tabid=109&portalid=0&mid=4918>

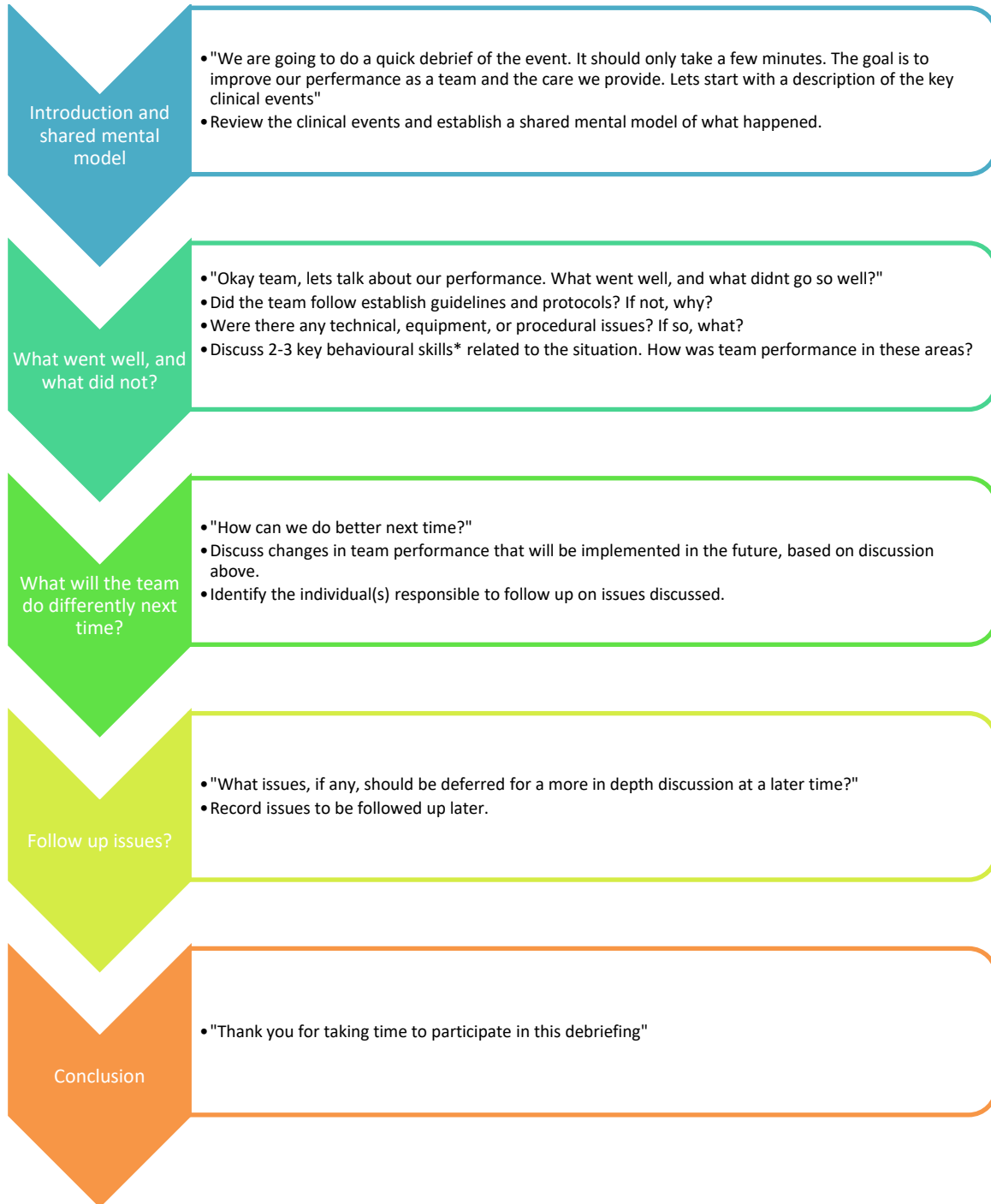
3.2 Associated Te Whatu Ora Waikato Documents

- [Critical Incident Management for Staff](#) policy (0175)
- [Employee Assistance Programme](#) policy (0286)
- [Employee Health and Rehabilitation](#) policy (0188)
- [Incident Management](#) policy (0104)
- After a stressful incident in Theatre, Perioperative Services and Delivery Suite W0584HWF

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Critical Incident Debriefing – Neonatal Intensive Care Unit

Appendix A – Defuse Structure (Immediately Following Incident)



***Key Behavioural Skills:**

Knowledge of environment
Anticipation and Planning
Leadership
Communication
Delegation of workload
Attention allocation
Use of available information

Use of available resources
Calling for help when needed
Professional behaviour

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Critical Incident Debriefing – Neonatal Intensive Care Unit

Appendix B – Post Critical Event Defuse Form

DO NOT SCAN OR PUT INTO PATIENT CHART

PEER REVIEW DEBRIEFING FORM – NICU

Post Critical Incident DEFUSE Debriefing

****This information is privileged and confidential****

Advice for Team Defuse Debriefing:

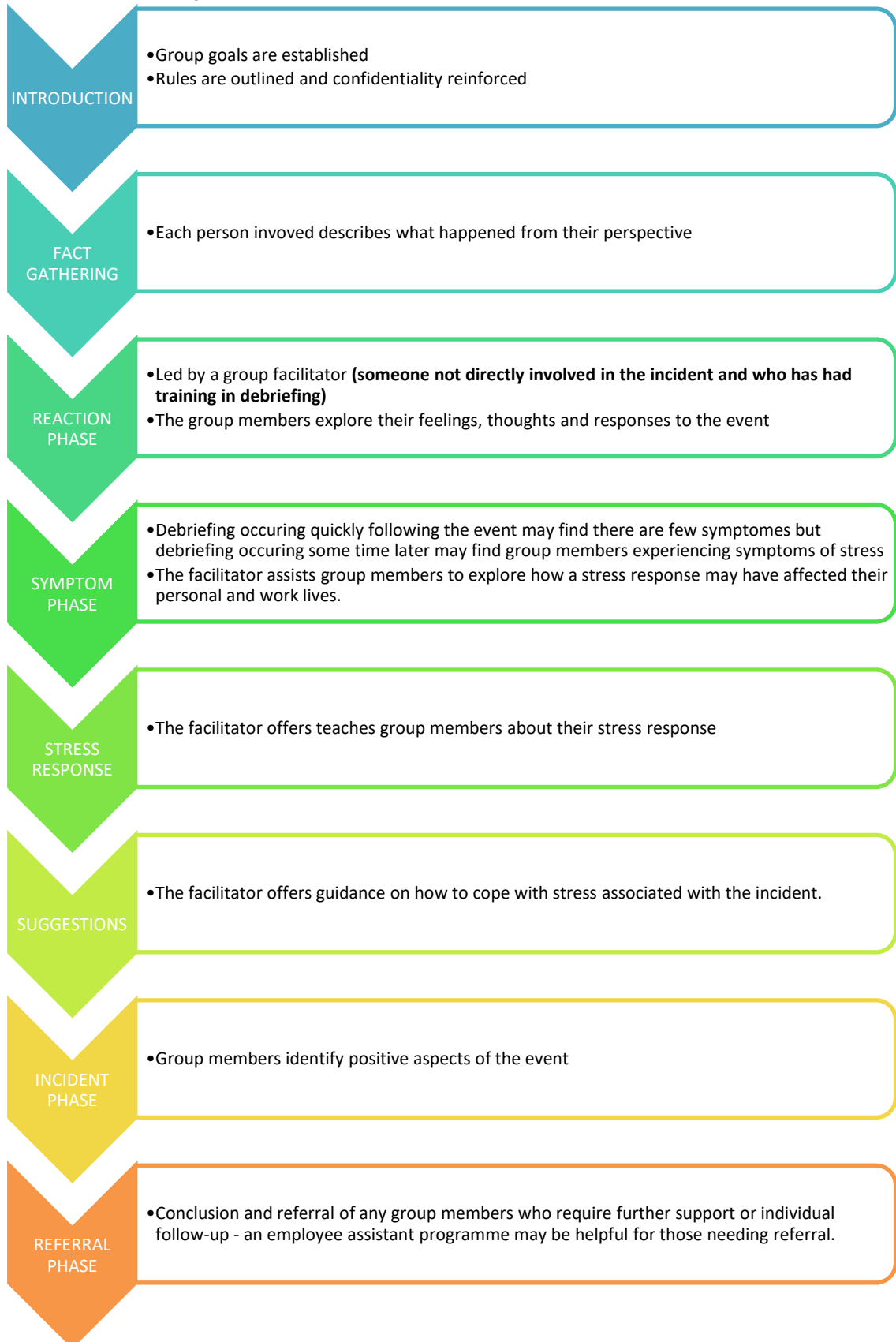
1. Try to find a quiet, isolated place. Anyone present during the event may lead the debriefing. Debriefing leader should start by thanking the team members for being present.
2. State: "The purpose of this debriefing is to improve the quality of medical care by us; it is not a blaming session. Everyone's participation is welcomed and encouraged."
3. State: "We will briefly review the patient's summary and then we can discuss what went well and what could have gone better. Please feel free to ask any questions".
4. State: " All information discussed during the debrief is confidential".
5. Please limit the debriefing to 10 minutes. Give completed form to ACNM/CNM

| Fill out this section BEFORE the DEFUSE debriefing Team discuss whether to do a debrief | Fill out this section DURING the debrief (Person completing the form is <u>not</u> the person leading debriefing) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|----------|--------------------------|--|--------------------------|---------------------|--------------------------|-------------------|--------------------------|-----------------------|--------------------------|--------|--------------------------|--------------------|--------------------------|----------|--------------------------|--------|--------------------------|--|---|--------------------------|-----------|--------------------------|---------------|--------------------------|------------|--------------------------|-------------------------|--------------------------|---|--------------------------|-----------|--------------------------|---------------|--------------------------|------------|--------------------------|-------------------------|--------------------------|
| <ol style="list-style-type: none"> 1. Patient NHI: _____ 2. Date: _____ 3. Location: _____ 4. ACNM: _____ 5. Recording Nurse: _____ 6. If debriefing did not occur please state reason(s) why: _____ | <ol style="list-style-type: none"> 1. Debriefing Start Time: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ol style="list-style-type: none"> 7. Event type: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td>Medical</td><td><input type="checkbox"/></td></tr> <tr><td>Surgical</td><td><input type="checkbox"/></td></tr> <tr><td>Trauma</td><td><input type="checkbox"/></td></tr> </table> 8. Circumstances: (select all that apply) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td>Resuscitation event</td><td><input type="checkbox"/></td></tr> <tr><td>Respiratory event</td><td><input type="checkbox"/></td></tr> <tr><td>High-Aquity Admission</td><td><input type="checkbox"/></td></tr> <tr><td>Trauma</td><td><input type="checkbox"/></td></tr> <tr><td>Psychosocial event</td><td><input type="checkbox"/></td></tr> <tr><td>Transfer</td><td><input type="checkbox"/></td></tr> <tr><td>Other:</td><td><input type="checkbox"/></td></tr> </table> | Medical | <input type="checkbox"/> | Surgical | <input type="checkbox"/> | Trauma | <input type="checkbox"/> | Resuscitation event | <input type="checkbox"/> | Respiratory event | <input type="checkbox"/> | High-Aquity Admission | <input type="checkbox"/> | Trauma | <input type="checkbox"/> | Psychosocial event | <input type="checkbox"/> | Transfer | <input type="checkbox"/> | Other: | <input type="checkbox"/> | <ol style="list-style-type: none"> 2. What went well during our care for the patient? Why? Please select all that apply and add comments as necessary. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td>Clinical Care (eg. Airway, access, CPR)</td><td><input type="checkbox"/></td></tr> <tr><td>Team Work</td><td><input type="checkbox"/></td></tr> <tr><td>Communication</td><td><input type="checkbox"/></td></tr> <tr><td>Leadership</td><td><input type="checkbox"/></td></tr> <tr><td>Other (please specify):</td><td><input type="checkbox"/></td></tr> </table> 3. What could have improved during our care for the patient? Please select all that apply and add comments as necessary <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td>Clinical Care (eg. Airway, access, CPR)</td><td><input type="checkbox"/></td></tr> <tr><td>Team Work</td><td><input type="checkbox"/></td></tr> <tr><td>Communication</td><td><input type="checkbox"/></td></tr> <tr><td>Leadership</td><td><input type="checkbox"/></td></tr> <tr><td>Other (please specify):</td><td><input type="checkbox"/></td></tr> </table> | Clinical Care (eg. Airway, access, CPR) | <input type="checkbox"/> | Team Work | <input type="checkbox"/> | Communication | <input type="checkbox"/> | Leadership | <input type="checkbox"/> | Other (please specify): | <input type="checkbox"/> | Clinical Care (eg. Airway, access, CPR) | <input type="checkbox"/> | Team Work | <input type="checkbox"/> | Communication | <input type="checkbox"/> | Leadership | <input type="checkbox"/> | Other (please specify): | <input type="checkbox"/> |
| Medical | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgical | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trauma | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Resuscitation event | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respiratory event | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High-Aquity Admission | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trauma | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Psychosocial event | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transfer | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Care (eg. Airway, access, CPR) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Team Work | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Communication | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leadership | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (please specify): | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Care (eg. Airway, access, CPR) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Team Work | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Communication | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leadership | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (please specify): | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ol style="list-style-type: none"> 9. Debrief Leader Role: (circle one) RN/ACNM/SMO/NNP/REG/SW/Other: _____ 10. Debriefing Documenter Role: (circle one) RN/ACNM/SMO/NNP/REG/SW/Other: _____ | <ol style="list-style-type: none"> 4. How can we improve for next time? _____ _____ 5. What issues, if any, should be deferred for a more in depth discussion at a later time? _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ol style="list-style-type: none"> 11. Multidisciplinary Debriefing? <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td>Yes</td><td><input type="checkbox"/></td></tr> <tr><td>No</td><td><input type="checkbox"/></td></tr> </table> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <ol style="list-style-type: none"> 6. Debriefing End Time: _____ <p style="text-align: right; margin-top: 10px;"> *Can staff get home safely? <input type="checkbox"/> ACNM/CNM to check *Do they need more support now? <input type="checkbox"/> *Do they need their next shift off? <input type="checkbox"/> </p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Critical Incident Debriefing – Neonatal Intensive Care Unit

Appendix C – Debrief Structure (Day 7-14 post event)

To be performed by a trained Facilitator



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Critical Incident Debriefing – Neonatal Intensive Care Unit

Appendix D – Employee Assistance Program (EAP)

EAP contact is made via 0800327669 and is made by the person seeking EAP or by accessing the EAP website: <https://www.eapservices.co.nz/>

- EAP is a counselling service.
- EAP is a process for supporting employees whose problems may, or are, adversely affecting their work performance.
- EAP is provided by an external service provider.
- The service provision is confidential to the individual and EAP (unless disclosure is authorised)
- Sessions are tailored (but not limited) to address issues, such as work related issues, personal issues, career development, and grief. EAP does not include cultural or clinical supervision.
- EAP is available for psychological first aid (refer to Te Whatu Ora Waikato Critical Incident Management for Staff Policy).
- EAP is also available for group sessions.
- Further information relating to service provision is available via the internet: <https://www.eapservices.co.nz/>

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