Responding to Traumatic Incidents

Evidence-based Practices for ICU Nurses:

Family Presence, Staff Support & Recovery Strategies

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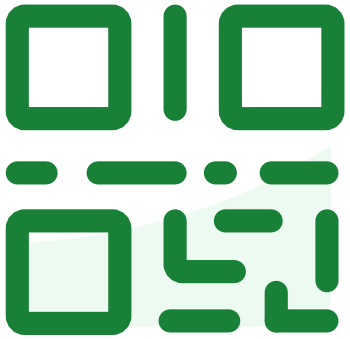

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Aims of the session today...

What are traumatic incidences?

What is the best evidence for responding to incidences ?

What is best practice for post incident care for:

- Staff
- Patients
- Relatives and visitors

What counts as a traumatic incidence?

What do YOU think of as traumatic incidences?

Briefly - what event has impacted you and why?

Why did it stick with you?

What do YOU think of as a traumatic incidence?

Briefly - what event has impacted you and why?

Why did it stick with you

What counts as a traumatic incidence....research

Sudden or unexpected death

Performing or witnessing CPR

Violence, verbal abuse, and racial harassment

Medical errors or complications

Moral distress when care conflicts with values

Mass incidences and major trauma

Psychological Impact of Traumatic Incidents in ICU Staff

PTSD, anxiety, depression risk in relatives and staff

(Highfield et al., 2022)

Burnout and compassion fatigue among nurses

(Intensive Care Society, 2023)

Risk of staff moral injury

(Intensive Care Society, 2023)

Psychological Impact of Traumatic Incidents for Families

Impact of poor communication on grief

Disrupted grief processes in families if communication is poor

PTSD and mood disorders, hospital anxiety/fear

(Resuscitation Council UK, 2024)

What are the barriers to following these guidelines in your workplace?

Family Witnessed Resuscitation (FWR) — What Does ALS Research Say?

ALS guidelines (Resuscitation Council UK, 2024) support offering families the choice to witness CPR.

FWR reduces PTSD symptoms in relatives without impacting resuscitation success.

Presence accompanied by a dedicated staff member improves family coping.

Best Practice Guidelines for Supporting Relatives During Patient Deterioration and CPR

Offer the option of family presence, never mandate it

(Resuscitation Council UK, 2024)

Assign a trained liaison/staff member to prepare, support, and explain

Use clear, compassionate communication before, during, and after

Debrief with family post-event, offer ongoing grief support

Respect cultural preferences and family wishes

Abuse, Harassment, and Racial Trauma Among Critical Care Nurses

High Rates of Abuse: over 28% report bullying/harassment (NHS Staff Survey 2023)

Includes racism, sexual harassment, and verbal abuse

Such experiences are recognized as traumatic, contributing to psychological distress and burnout

Impacts: withdrawal, stress, attrition

Research advocates for zero tolerance policies, clear reporting pathways, and active managerial support (King et al., 2023)

Team culture, bystander training, and organizational accountability are essential supports

What is Impact of Vicarious Trauma on ICU Nurses?

- Vicarious trauma: secondary exposure to others' trauma
- Symptoms: emotional numbness, intrusive thoughts, detachment
- Can lead to compassion fatigue and burnout
- BUT....

What promotes recovery and supports ICU Nurses?

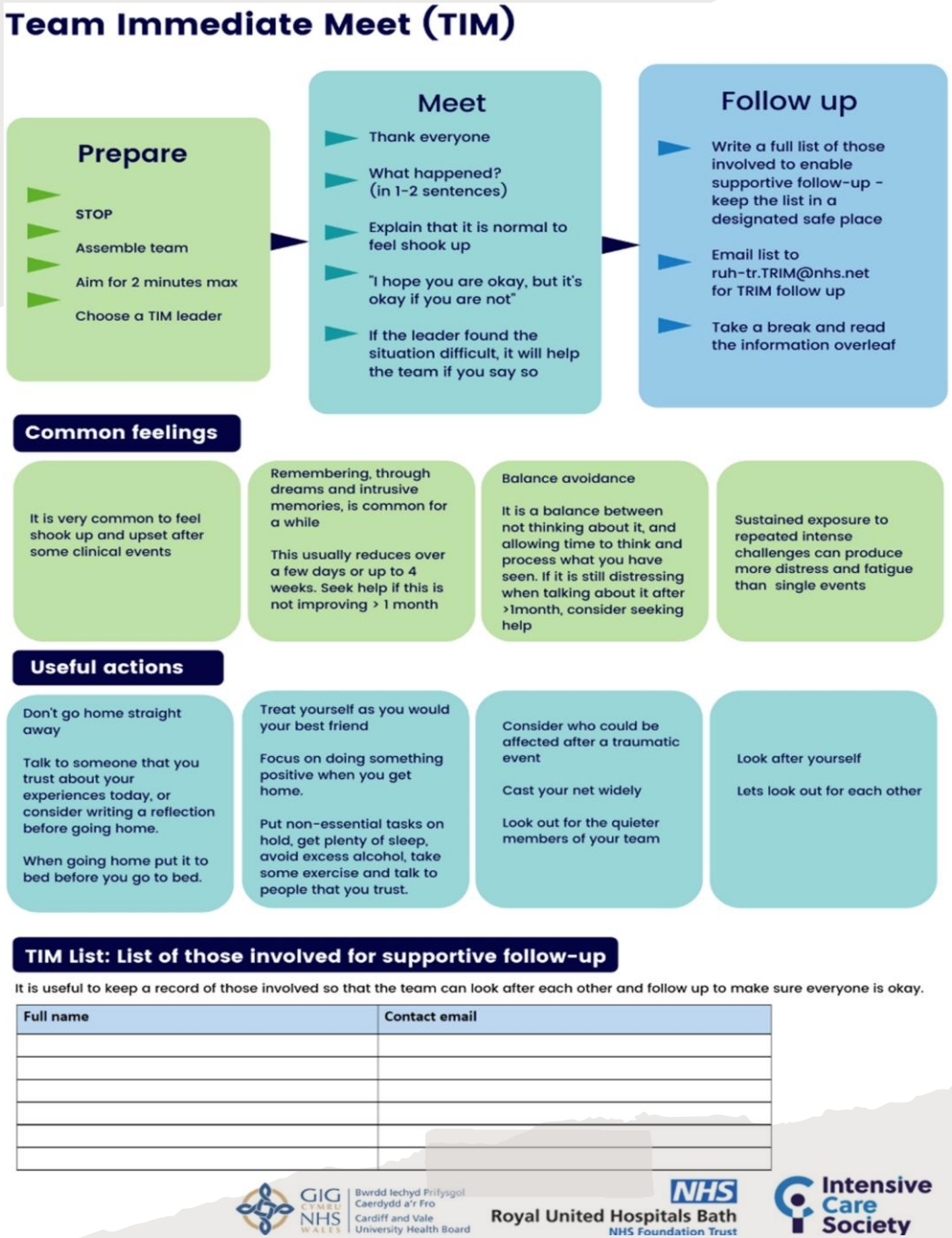
- Post Traumatic Growth is possible
- Increased confidence and skills
- Greater empathy and connection to life meaning and others
- Development of resilience and resourcefulness
- Increased ability to support others in difficulty

[Post-Traumatic Growth - Trauma Research UK]

Team Immediate Meet Tool

The Team Immediate Meet tool (TIM) is a communication tool for use in the immediate aftermath of **any** events within work which cause distress

[Intensive Care Society | TIM Tool]



Trauma Informed Management (TIM)

(JICS, Edmondson et al, 2022)

"I love the structure of this. Even if my head were in a spin and/or I was too upset to think I'm sure I could read this out"
(Sister)

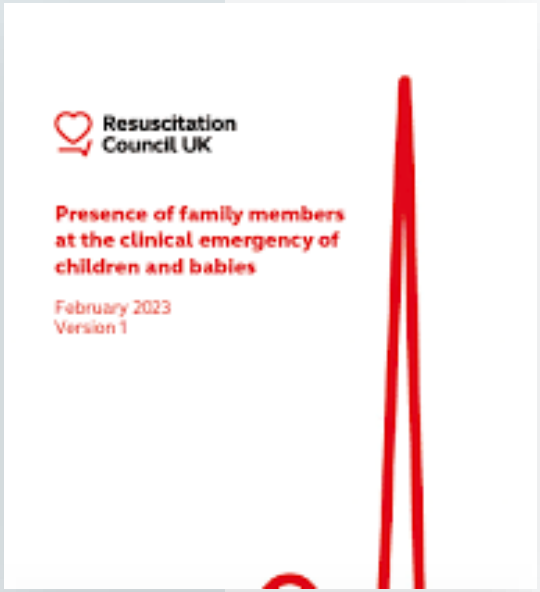
"I had a really tough shift last week looking after a very agitated patient that I didn't seem to be able to settle. Reading this really helps me realise that difficult shifts on ICU are to be expected and if I find them hard then that just shows that I'm a caring nurse – not weak or incompetent"
(Band 5 nurse)

What has helped you recover from traumatic incidences?

Summarising Common Pitfalls and How to Avoid Them

- Forcing family presence during CPR or excluding them when might be appropriate to have them
- No one supporting family during CPR (whether they are present or near by)
- Lack of communication or delaying critical information (nurses or family)
- Ignoring staff emotional needs post-incident
- Sending people home with no acknowledgement of what happened
- Poorly facilitated debriefings that increase distress (no framework, or no trained or experienced facilitator)

Institutional Resources and Guidelines



Intensive Care Society (ICS) – Managing Trauma in Your Staff resource (www.ics.ac.uk)

Resuscitation Council UK guidelines on Family Presence (2024)

NHS Employee Assistance Programs and Occupational Health

Local unit policies on family presence and staff support

Questions & Final Reflections

Questions, reflections?

Stories or examples about traumatic incidents and your coping strategies?

Can you make any commitments to change in practice or self-care?

Self-Care is important!

- Taylor Swift - Shake It Off (Taylor's Version) (Lyric Video)

References

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- Trauma Anxiety Resources Trauma Resource UK
- Intensive Care Society | Response after incidents using the TIM Tool
- RCUK Presence of Family Members_v3.indd