

Canadian Pacific Railway

Critical Incident Response Program (CIRP)

1.0 INTRODUCTION

- 1.1 Canadian Pacific Railway regards employee safety as a priority and fully recognizes the individual needs of employees exposed to traumatic events that can lead to long term difficulties. Consequently, Canadian Pacific Railway has developed this Critical Incident Response Program (CIRP), which is designed to offer timely assistance to individuals in these situations.
- 1.2 The Company's Employee and Family Assistance Program will administer the Critical Incident Response Program.
- 1.3 For purposes of this document only, the terms "traumatic event" and "critical incident" will be used interchangeably.
- 1.4 Formal critical incident stress debriefing is a psychological and educational process that utilizes specially trained mental-health professionals in order to mitigate the impact of a critical incident and accelerate the return of personnel to routine functions after the incident.
- 1.5 This intervention is designed to accelerate normal recovery processes in normal people who are experiencing normal reactions to abnormal circumstances, and to identify those individuals who may seem to be exhibiting more than the expected and normal responses to trauma.
- 1.6 Post-traumatic stress disorder (PTSD) is the development of characteristic symptoms following a psychologically distressing and traumatic event in which the person has experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others, in which the person's response involved intense fear, helplessness or horror. The stressors producing this syndrome would be markedly distressing to almost anyone. PTSD is a clinical diagnosis characterized by:
 - A. A Traumatic event T
 - B. Persistently Re-experienced R
 - C. Persistent Avoidance A
 - D. Symptoms of Arousal U
 - E. Duration of more than one Month M
 - F. Anxiety distress or impairment A
- 1.7 The symptoms of PTSD may be physical, cognitive, emotional or behavioral in nature; if no support or intervention is available following the development of PTSD, from 25 - 30% of the persons involved may experience some long term difficulties. The

diagnosis is not made if the disturbance lasts less than a month.

2.0 TRAUMATIC EVENT - DEFINITION AND HUMAN RESPONSE

- 2.1 A traumatic event is defined as one in which a person(s) has experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
- 2.2 A traumatic event, many times called a "critical incident", can induce sufficient emotional impact to cause a person to experience unusually strong reactions which have the potential to interfere with his or her ability to function either at the time of the incident, or later. However, what is a traumatic event for one person may not be for another. It depends on one's perception of vulnerability and the amount of control the person has, or had, over the situation. Such incidents could include:
- A. serious accidents, fatalities or dramatic events in the workplace (e.g. explosion or suicide);
 - B. catastrophes (e.g. plane or train crash);
 - C. criminal acts (e.g. hold-up and hostage-taking);
 - D. tragedies (e.g. massacre);
 - E. natural disasters (e.g. earthquake);
 - F. traumatic railway accidents, including level crossing accidents, derailments, etc.
- 2.3 This type of event is generally perceived by everyone as a high stress factor as a result of the threat it poses, the violence it involves, the emotional impact, as well as the psychological distress it generates.
- 2.4 There is a full range of human responses to traumatic events, especially those of a single, sudden, and short-lived event. While it is a basic human response to trauma to have a heightened arousal (increased pulse, hyperventilation), sleep disruption, and repetitive thoughts and imagery in one's mind for a few days following a traumatic event, such responses do not constitute a psychiatric disorder and are rarely disabling. A very small percentage of individuals involved in traumatic events develop ongoing symptomatic responses to such events.
- 2.5 Although one might expect that the nature and severity of the traumatic event might predict the nature and severity of the post-traumatic responses, such is not usually the case. The symptomatic responses to traumatic situations are more dependent upon an individual's life history, vulnerability, and overall health status.

3.0 USUAL REACTIONS FOLLOWING A TRAUMATIC EVENT

- 3.1 In the hours following the event, the employee may have various physical, cognitive (mental function), emotional and behavioral reactions. In general, the state gradually diminishes over the following days to possibly weeks, and in a small percentage of cases can take longer.
- 3.2 Every individual responds differently to a given incident, therefore, there are no "good" or "bad" reactions, even the absence of a reaction may indicate possible psychological distress.

4.0 POTENTIAL REACTIONS FOLLOWING A TRAUMATIC EVENT

- 4.1 Physical/Behavioral Reactions: Restlessness, nausea, tremors, shaking, fatigue, eating problems, tenseness, sleep disruption, dizziness, headaches, increased blood pressure, sexual problems, nightmares or flashbacks.
- 4.2 Emotional/Social Reactions: Anxiety, anger or feelings of rage, difficulty concentrating, reliving the incident, guilt, feeling lost or abandoned, memory problems, avoiding reminders of the situation, sadness, depression, feeling numb, moodiness or irritability, withdrawing from family or friends.
- 4.3 Symptoms of Traumatic Stress: The first symptoms may appear in the minutes following the event and may include emotional shock and feelings of helplessness and isolation combined with feelings of inadequacy and insecurity. Most people who are dealing with traumatic stress feel angry, frustrated, helpless, worried and anxious. They also may have negative, agitated and uncertain feelings about how to cope with the situation.

5.0 PURPOSE OF POST-TRAUMA INTERVENTION

- 5.1 It must be noted there are two types of post-trauma intervention: group intervention and individual intervention.
- 5.2 In both cases, the purpose is to help employees by allowing them to express their distress and by educating them on the possible impacts of traumatic events, thereby enabling them to master the situation.

6.0 TYPES OF POST-TRAUMA INTERVENTIONS

- 6.1 Post-trauma Interventions -- may be utilized at the discretion of the responding manager depending upon the severity of a critical incident. Interventions include defusing, formal debriefing, follow up services and individual consultations.

- 6.2 Defusing -- is a mini debriefing for a small work group conducted away from the scene shortly after the incident which lasts no more than 30-40 minutes. During this time, information on stress, normal reactions and coping is provided by the attending manager or EFAP Referral Agent if available. It is also a time for personnel to begin processing the event and involved employees should be allowed to talk as much, or as little, as needed. A defusing may eliminate the need for a formal debriefing.
- 6.3 Formal debriefing -- is ideally conducted within 24-72 hours of the incident. It is a psychological and educational process to assist employees by allowing them to express their reactions in a safe environment and educating them on the impact of traumatic events, thereby enabling them to reduce symptoms and accelerate their process to return to normal functioning. It provides peer support and a place for reality orienting. It is not considered therapy and is strictly confidential and voluntary. A formal debriefing by a qualified trauma specialist usually takes one to three hours to complete.
- 6.4 Follow up services -- are conducted in the weeks or months following an incident, as a group or individually as necessary. It may include an informal debriefing session, phone or personal follow up, all to minimize delayed stress symptoms.
- 6.5 Individual consultations -- include one to one counseling for concerns related to the incident conducted by a mental health professional. Individual sessions may take place after a formal debriefing, if necessary, or in lieu of a formal debriefing if only one or two persons are involved in the incident.

7.0 ADVANTAGES OF POST-TRAUMA INTERVENTION

- 7.1 There are several advantages to post-traumatic intervention, both for the individual and the Company. For the individual, intervention allows them to gain peer support and begin the healing process effectively while minimizing the risks of long term physical and emotional effects which can interfere with one's home and work life.
- 7.2 Early intervention benefits the Company by preventing future accidents, reducing unnecessary absenteeism, decreasing the number of medical and mental health claims, increasing employee loyalty and trust as well as increasing morale.
- 7.3 Employees and/or their supervisors should be encouraged to contact the Employee and Family Assistance Program at **1-800-735-0286** for questions or to schedule any post trauma intervention after critical incidents.

8.0 CRITICAL INCIDENT RESPONSE PROCEDURES (MANAGER'S ROLE)

- 8.1 When a traumatic incident occurs involving serious bodily injury, serious assault (or threats thereof), horrific events, or fatalities, the Employee and Family Assistance Program (EFAP) Referral Agent is to be immediately contacted by the responding manager. If the situation is such that the manager cannot readily determine if an intervention is warranted, he/she will have the benefit of consulting with the EFAP. The Employee and Family Assistance Program can be contacted at 1-800-735-0286. If voice mail is activated, leave a brief message stating your name, phone number, and that it is a CIRP related call. The referral agent will return the call as soon as possible. EFAP services are available 24 hours/day, 7 days/week for Critical Incident Stress situations. The Manager will supply the EFAP Referral Agent with the particulars of the incident; names, employee numbers, and phone numbers of those involved; and the home location or nearest location where a debriefing could be held. **(See Appendix A)**
- 8.2 When deemed necessary, Managers in charge at the scene of a traumatic event will ensure that an initial personal contact is made with involved employees to begin the **defusing** process. As much as practicable, involved employees should be removed from immediate area of the event.
- 8.3 Managers at the scene will not try to be counselors, but will use simple good judgment to assess the obvious emotional responses of employees involved. The manager will supply each person with a CIRP pamphlet and go over the pamphlet with the individuals involved. They will have one-on-one discussions with each employee, and/or a general group discussion, depending on their assessment of the situation, to help and allow employees to express their distress and to begin the process of educating them on the possible impact of such traumatic events. They will also explain the next steps of the Critical Incident Response Program and its benefits to involved employees and will offer a debriefing to the individuals involved.
- 8.4 On an individual basis, the manager may make the decision to relieve the employees directly involved in a critical incident for the remainder of their tour of duty. Several rules of thumb are: to relieve the employee(s) if a co-worker fatality is involved; or, if the event is obviously horrific; or, if the obvious emotional condition of the employee so dictates; or if their continued service poses concern about continued safety of the operation.
- 8.5 Time away from work will not be mandatory. However, employees who take advantage of a debriefing will be allowed to remain off work, without loss of wages, until completion of the debriefing and the recommendation for return to work is received from either the trauma specialist or OHS. The employee's wages during this period will be the local manager's responsibility. If further time off is required, the EFAP and the manager will be notified and OHS will require medical substantiation from the employee's doctor.

- 8.6 Occasionally, an employee will be adversely affected by what may seem to be a relatively minor incident. However, based on history or life experiences, it may be traumatic to him or her. Therefore, any requests from an employee for a debriefing or assistance in dealing with symptoms of Critical Incident Stress should be taken seriously; the EFAP and management should engage and a debriefing should be considered. Depending on the circumstances, the employee may also be relieved of duty.
- 8.7 On a case-by-case basis, further medical assessment will be determined by Occupational Health Services under the direction of the Chief Medical Officer.

9 CRITICAL INCIDENT RESPONSE PROCEDURES (EFAP'S ROLE)

- 9.1 The EFAP will receive information from the manager regarding the details of the event. **(See Appendix A)**
- 9.2 Based on the information collected and the situation, a plan will be established which may include scheduling a defusing and/or formal debriefing session or individual sessions depending on assessment of the need by the EFAP.
- 9.3 The appropriate intervention will be facilitated or coordinated by the EFAP in accordance with critical incident stress management procedures. However, depending on an evaluation of each individual situation, the debriefing can be offered or given at any time following an incident. The EFAP will arrange for and begin the processes of intervention including Defusing, Formal De-Briefing, Individual Consultations, and Follow-up Services, as deemed necessary. Costs associated with the Immediate intervention, Defusing, and Formal De-Briefing will be the responsibility of the EFAP. This may include costs for the trauma specialists (including accommodations and other incidentals when warranted) and meeting rooms.
- 9.4 The EFAP will make contact with the employees, either by phone or in person, as soon as practicable following the incident. When available, the Referral Agent will attend the defusing and provide outreach at that time. This outreach will entail initiating direct contact with the employees involved, offering professional counseling assistance and explaining the short and long term potential effects of exposure to such incidents. An explanation of the Critical Incident Response Program will be provided and employees will be encouraged to participate immediately, and/or as needed in the future.
- 9.5 Debriefings will generally include only those employees who were directly involved in the critical incident. Although participation is strongly encouraged, it is voluntary and strictly confidential. Directly affected employees who are unsure about personally attending a debriefing themselves should be encouraged to attend as they may be an important support for a fellow worker who does require the debriefing. Formal De-Briefing will be conducted in a private, secure environment which is free of interruptions. Usually this will be done at off-

site locations such as EFAP offices, motel/hotel conference rooms, provider facilities, or company facilities nearby, but remote from the scene if practicable.

- 9.6 Arrangements will be made by the EFAP to provide assistance for employees who request it even though they were not directly exposed, but had close relationships to those who were. This may be provided through other EFAP services rather than the CIRP. Distribution of educational materials to any impacted non-employees will be at the discretion of the responding Company representative and/or the EFAP.
- 9.7 Upon completion of the intervention(s), contact with the appropriate managers will be made by the EFAP providing general updates and necessary information, while at the same time protecting the strictest confidentiality for individual employees. The EFAP will work with the manager to ensure the timely return to work of affected employees.
- 9.8 Follow up with individuals either individually or in a group format will be provided as necessary. In most cases, the EFAP will follow up with the employees 5 - 7 days following the debriefing or incident(if no debriefing was provided). The EFAP will arrange for any additional individual sessions when recommended by the trauma specialist.
- 9.9 The EFAP will maintain statistical information relating to the CIRP and will summarize this information in its annual report.

10.0 CONTACT INFORMATION

- 10.1 For further information on the Critical Incident Response Program, contact the Employee and Family Assistance Program at 1-800-735-0286.

11.0 POLICY ADMINISTRATION AND INTERPRETATION

- 11.1 The administration and interpretation of this policy is the responsibility of the Manager of the Employee and Family Assistance Program.

APPENDIX "A"**INFORMATION REQUIRED TO ARRANGE CIS DEBRIEFING:**

1. Brief description of the incident (date, time, location, department, how many people involved, any injuries or deaths, any outside parties involved)
2. Names, employee numbers, phone numbers, and home locations of all employees involved; even those who did not want the debriefing.
3. Was a **defusing** done yet?
4. Have the employees been relieved of duty?
5. Were the employees transported home or are they still at the scene?
6. Have they been told that someone from the EFAP will call them as follow-up or to arrange the **debriefing**?
7. Names and phone numbers of any outside parties or contractors that may have been involved.
8. Possible off-site locations for doing the debriefing.

