**Briefing Paper**

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| **Date:** | February 2023 |
| **Title:** | National Operational Guidance: Psychological trauma and suicide  |
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| **For:** | Consultation  |

# Purpose

National Operational Learning (NOL) have recommended National Operational Guidance make changes based on two submissions to the National Operational Learning User Group (NOLUG). Action Note 20210614-3076-A recommends the creation of a working group consisting of members from:

* National Operational Guidance Team
* The Fire Control Room Project Team
* Mobilising Officers Group
* The Police Service

This working group has focused on creating additional guidance for vulnerable people, stating that the police have primacy of these types of incidents and their advice should be adhered to.

The guidance also has control measures with strategic and tactical actions for fire and rescue services to be implement if they arrive at the scene of the incident prior to the police.

To address this recommendation, National Operational Guidance recommends the introduction of a new hazard for the Operations guidance, to address the impacts of stress at an incident for fire and rescue service personnel, People: Psychological trauma and suicide.

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| **Reference number** | N.O.G. CC 088? |
| **Date** | February 2023 |



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| **National Operational Guidance topic** |
| National Operational Guidance: *Operations*  |
| **Change originator** |
| National Operational Learning  |
| **Change requested** |
| * National Operational Learning has received a number of submissions relating to attendance at incidents involving psychological trauma, a gap was identified in available operational guidance addressing specific response requirements and post-incident support for attendance at incidents involving people at risk
* Guidance has been based on the United Nations guidance for police, fire and ambulance responders attending incidents involving suicide
* Draft guidance has been consulted upon by mental health charities, multi-agency partners and relevant leads in the NFCC People Programme
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| **Changes proposed** | **Rationale for change** |
| An addition of one hazard and two control measures for incidents involving people at risk from psychological trauma and suicide | Gap identified by National Operational Learning  |
| **Governance process** |
| Recommended by NFCC Operational Guidance Forum Click or tap to enter a date.* Approved by NFCC Operations Committee Click or tap to enter a date.
* Approved by NFCC Steering Group Click or tap to enter a date.
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| **Impacts on other guidance and National Operational Guidance products** |
| * None identified
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|  | **National Operational Guidance: Operations** |

# Hazard – People: Psychological trauma and suicide

**This hazard should be read in conjunction with** [**Psychological hazards**](https://www.ukfrs.com/guidance/operations?bundle=hazard&id=12469)

**Trauma**

Emotional or psychological trauma can refer to the experience of going through stressful or frightening events, or the effects of those experiences. Traumatic events can make existing problems worse or bring back the effects of previous trauma.

What is considered traumatic is different for each person. People may experience similar events differently to others or respond differently to events during various periods of their lives.

Trauma can be linked to feelings of fear, humiliation, abandonment, powerlessness, feeling unsafe or trapped. These would be reasonable emotions during most fire and rescue service incidents, and could affect anyone involved, including:

* Operational personnel
* Fire control personnel
* Bystanders
* People directly at risk
* People whose property is affected

Trauma can cause physiological changes, resulting in immediate stress reactions such as a freezing, fleeing or fight response. These can cause members of the public or responders to behave erratically or place themselves at greater risk than necessary, which can have an impact on safety at incidents.

The effects of trauma may be short-term or long-term and can have negative mental health outcomes. Trauma can cause responses, such as panic attacks or loss of sleep, that affect people physically. Members of the public and emergency responders can be impacted by the effects of trauma.

Symptoms such as flashbacks, panic attacks or dissociation may be triggered by another stressful event, and lead to a person putting themselves or others in greater physical harm at an incident.

**Post-traumatic stress**

Post-traumatic stress (PTS) is the experience of symptoms resulting from a prior traumatic event. This is a normal experience and affects a significant proportion of people who witness traumatic events. Post-traumatic stress disorder (PTSD) or post-traumatic stress syndrome refer to a range of symptoms that develop in response to experiencing a traumatic event. Symptoms may be experienced physically, cognitively or psychologically, through changes in behaviour. PTSD may emerge months or sometimes years after a traumatic experience has taken place, affecting a person’s health and well-being.

**Suicide**

Anyone can have suicidal feelings, which can include the person experiencing abstract thoughts about ending their life or feelings that others would be better off without them. People may also develop detailed plans to take their own life.

Suicidal feelings can vary in intensity and duration; intense feelings may pass quickly or be more protracted. These feelings may be intensified by external factors such as alcohol, drugs or the stress experienced during traumatic events.

People are often in contact with the fire and rescue service during traumatic or stressful situations. These events may trigger or worsen pre-existing feelings or cause people to see fire and rescue service personnel as a source of comfort and support, and seek out their help. However, emergency responders could be perceived as a threat by some people.

**Self-harm**

Any injury that has been deliberately self-inflicted, for example self-cutting or jumping from height, may be referred to as self-harm.

The self-administration of drugs or non-ingestible substances or objects, with an intent of causing themselves harm may be referred to as self-poisoning.

Self-harm also includes setting fire to oneself, which may be referred to as self-immolation.

**Members of the public**

Fire and rescue service employees, including operational or fire control personnel, may encounter people with suicidal feelings for a variety of reasons during operational activity. They may:

* Manage a misdirected call from someone with suicidal feelings
* Manage a call involving a fire and rescue service incident, during which the caller’s or another person’s suicidal feelings are expressed or identified
* Attend an incident involving a person with suicidal feelings, if providing support to a multi-agency partner to establish a safe system of work
* Attend an incident during which a person’s suicidal thoughts are expressed or identified
* Attend an incident that involves a person who has the intention to self-harm, or who has attempted to self-harm

People who are considering suicide may not trust fire and rescue service personnel and could be adversely affected or feel threatened by the arrival of emergency responders or the actions they are taking.

Indicators of a potential intent to attempt suicide or self-harm can include:

* Aggressiveness
* Impulsivity
* Abuse or presence of alcohol or drugs
* Signs of hopelessness
* The situation, such as standing on a ledge or being in a dangerous position
* That the location has a history of previous suicide attempts; this may be indicated by the presence of Samaritans campaign material crisis signs or captured in Site-Specific Risk Information (SSRI)
* A history of suicide attempts by the person involved

**Emergency responders**

Incidents involving people with suicidal thoughts are likely to be emotionally traumatic. These incidents are likely to affect anyone involved but people may be more vulnerable if they have:

* Previously considered or attempted suicide themselves
* Know people who have considered or attempted suicide, especially if they have lost someone close to them to suicide
* Have a history of emotional trauma or self-harm

Stress may also be caused if an incident is believed to be out of the control of the individual or beyond their capabilities. This may be especially true of fire control personnel who have managed a call but feel they are not able to directly influence the outcome.

Emergency responders are people who may be subject to suicidal feelings or trauma. Attending an incident involving people with suicidal feelings may worsen their existing trauma or feelings.

Certain areas or sites may be used repeatedly to attempt suicide. Responders located close to these sites or with technical rescue capabilities may attend this incident type more frequently than others, which could increase the risk of psychological hazards. For more information refer to Psychological hazards.

**Identifying trauma and suicidal feelings**

Correctly interpreting how someone else is feeling can be difficult, especially as people are often unable to communicate their feelings effectively.

Feelings may be worsened if the person is not effectively supported. The circumstances can be extremely distressing, or trigger traumatic feelings or experiences, for anyone exposed to them. Fire and rescue service operational and fire control personnel may not be trained to provide support to people at risk from suicidal thoughts, but may need to maintain contact until appropriate support can be provided.

## Control measure: Providing support to people experiencing trauma or suicidal feelings

**This control measure should be read in conjunction with Equality of access for those living with suicidal thoughts and feelings**

### Control measure knowledge

The police are the primary agency when an immediate threat to life exists. They should, wherever possible, take the lead in any incident involving someone experiencing suicidal feelings, if there is a risk of them harming themselves or others. Following JESIP principles incident commanders should co-locate and communicate to establish a joint understanding of risk, and agree how the fire and rescue service will support the police.

However, personnel may encounter people experiencing trauma or suicidal feelings:

* Prior to the arrival of the police
* In circumstances that require fire and rescue service intervention, such as rescues from height or water, that the police are not suitably trained or equipped to deal with
* During the normal course of incidents unrelated to the individual experiencing trauma or suicidal feelings, and police are not currently in attendance

A multi-agency response should be considered if there is no immediate risk to life, based on the information known at the time. If there is no immediate threat to life, based on the available information, a multi-agency response should be considered, bearing in mind that requesting the police rather than ambulance support may be perceived to criminalise rather than support the person in crisis.

If suicide or self-harm is suspected, the following actions are advised until an integrated multi-agency operational response plan can be agreed with the police and ambulance:

* Confirm if a rendezvous point (RVP) is established for multi agency colocation and consider establishing one if necessary
* Take actions on approach to minimize potential stress to the person, this may include approaching the incident safely and quietly, the use of sirens and blue lights may cause undue stress
* Consider notifying control to highlight the location of the person to allow responses to other incidents and by other agencies to avoid the area en-route or to take a silent approach in the vicinity
* Treat all situations involving someone who appears to have the intention to self-harm or commit suicide as an emergency and act accordingly; never assume that the situation is a cry for help
* Clear the scene, establish and maintain appropriate cordons, and keep others safe
* Consider that it may be appropriate to avoid approaching the incident or making the presence of the fire and rescue service known, until trained responders are present
* Give physical space, and do not get too close too soon
* Avoid sudden movements or attempts to touch the person
* Limit the number of people on scene

**Providing support**

Supporting someone who is experiencing trauma or suicidal feelings will require compassion and listening. It is important that people at risk do not overreact or become upset. If a person has provided fire and rescue service operational or fire control personnel with reason to believe they may have suicidal feelings, personnel should:

* Request specialist support and advice such as the police or mental health support
* Encourage the person at risk to talk
* Offer emotional reassurance and support
* Be patient and accepting
* Try not to offer advice, unless directly related to staying safe
* Stay with them
* Remove anything that could be used to harm themselves if safe to do so; this could include:
	+ Weapons
	+ Sharp objects
	+ Drugs
	+ Non-ingestible substances or objects
	+ Fuel, lighters and matches

If managing a call from someone who has indicated they are in the presence of someone considering taking their own life, fire control personnel should encourage the caller to:

* Stay in a position of safety
* Encourage the person at risk to talk
* Offer emotional reassurance and support
* Stay with the person at risk if it is safe to do so
* Remove anything that could be used to harm themselves, if safe to do so; this could include:
	+ Weapons
	+ Sharp objects
	+ Drugs
	+ Non-ingestible substances or objects
	+ Fuel, lighters and matches

If fire and rescue service personnel feel able to, they should:

* Ask open questions
* Give the person time
* Take the person seriously
* Do not judge them
* Be open and honest and do not avoid the subject of suicide
* Listen to and reflect the language being used; try and use the same language as the person to describe what is happening or how they are feeling

Asking someone if they feel suicidal or are planning to end their life may not feel like the right thing to do, but professionals recommend asking direct questions about suicide. Personnel may worry that this might indirectly encourage the person who is feeling suicidal to act on their feelings, but research has shown that speaking openly about suicide decreases the likelihood of the person acting on their feelings.

People considering suicide or self-harm may be experiencing guilt. It is important that emergency responders do not increase this feeling of guilt and should avoid criticism or accusations.

Asking simple and direct questions can encourage people to be honest about how they are feeling. People often feel relieved and less isolated when they are asked to talk.

Giving people space to talk and listening actively is likely to reduce the risk that a person harms themselves. Allowing them time to respond reassures someone who is unwilling or unable to talk that you are available when they are ready.

Remaining calm is important, however upsetting it may be. Avoiding any assumptions or judgements is also important; do not presume to understand why the person feels how they do. Also avoid using insensitive language or jargon, as this may confuse or upset the person.

**Family, friends and other people**

It is difficult to assess if the presence of the person’s family, friends or other people may worsen or improve the situation. The usual process would be to ensure the scene is clear of any bystanders, to ensure they are kept safe and are not distressed. However, if they are already in contact with the person considering suicide, judgement of the situation should be considered.

### Strategic actions

Fire and rescue services should:

* Have a clear process agreed with multi-agency partners to handle calls from people who may be suffering from trauma or have suicidal feelings
* Have a process in place to identify employees who may require specialist support following an incident and to ensure employees can access the specialist support required
* Provide personnel with a mechanism to identify concerns for people encountered during an incident
* Identify areas or sites that may be regularly used to attempt suicide and specialist responders who may be required at this incident type
* Provide appropriate support to personnel who may repeatedly be exposed to incidents involving suicide and psychological trauma
* Consider National Fire Chiefs Council (NFCC) Equality of access for those living with suicidal thoughts and feelings when developing policies

### Tactical actions

Incident commanders should:

* Consider a quiet and safe approach to an incident known to be involving a person considering suicide or self-harm
* If other agencies are present at the incident, co-locate and communicate with them to ensure a multi-agency approach is agreed and followed
* Brief all personnel present and fire control about the integrated multi-agency operational response, usually police-led, agreed action plan at incidents involving a person considering suicide or self-harm
* Clear the scene and establish and maintain appropriate cordons to provide a person considering suicide or self-harm with space, and avoid sudden movements
* Consider providing support to the person considering suicide or self-harm and remove anything that could be used to harm themselves if safe to do so
* Assess whether the presence of family, friends or other people with connections to the person considering suicide or self-harm may worsen or improve the situation

Fire control personnel should:

* Encourage a caller who has indicated they are in the presence of someone considering taking their own life to provide support while remaining in a place of safety

## Control measure: Post-incident support: People with suicidal feelings

**This control measure should be read in conjunction with** [**Manage risk from psychological hazards**](https://www.ukfrs.com/guidance/operations?bundle=control_measure&id=12468&parent=12469)

### Control measure knowledge

Post-traumatic stress (PTS) is common among people who witness traumatic events, even those who have previously not been affected by similar incidents. Considering welfare during debriefing, after an incident and in the following days may help to identify personnel who are affected. Personnel should encourage but not pressure each other to talk about their feelings after an incident; some people may feel uncomfortable talking to their team or direct line management.

Line managers should consider the people in their team and how best to enable them to feel safe talking, to allow those who may not express themselves to discuss their mental health.

Responders who were involved, such as on-call personnel, fire control personnel, officers and other responders may not have access to or be considered for support. It is the duty of all fire and rescue service employees to consider the well-being of the people they work with.

Support for line managers to identify and support people suffering from trauma should be available through their fire and rescue service. The National Fire Chiefs Council ([NFCC) have also identified helpful resources for line managers](https://www.ukfrs.com/people/equality-access-those-living-suicidal-thoughts-and-feelings) to consider; however, existing service policy should always be followed.

Evidence suggests that preparing people to face traumatic events reduces the potential psychological impacts. Training employees to understand mental health will help them to resolve incidents and support colleagues.

**Debriefing**

Refer to Hold debriefing or post incident reviews and the JESIP doctrine for more information.

After an incident involving significant stress or psychological trauma, responders may be tense and reliving the recent incident either during a hot debrief or at a later time may increase the stress on some responders. To support responders during debriefs:

* Check with everyone involved that they are ready to discuss the events and check on health and well being
* Ensure sufficient time is allowed for responders to raise any issues they may have
* Offer alternative options for feedback
* Monitor physical and verbal queues that may indicate stress
* Highlight support options available for responders

### Strategic actions

Fire and rescue services should:

* Categorise incidents that may require post-incident support
* Have a process in place to identify employees who may require post-incident support and have appropriate mechanisms in place to provide support for employees distressed by incidents involving suicide or self-harm and ensure employees can access specialist support required
* Ensure they are prepared to face traumatic events
* Create processes to enable discussions of mental health following an incident for those who do not wish to communicate this to their line manager or team
* Engage in multi-agency suicide prevention action plans

### Tactical actions

Incident commanders should:

* Consider the welfare of all responders during operational debriefing following an incident involving people experiencing psychological trauma
* Consider the welfare of fire control personnel following an incident involving an incident involving people experiencing psychological trauma
* Consider requesting support for personnel or other responders following a traumatic incident or if signs of potential trauma are identified
* Encourage an inclusive environment that enables discussion about dealing with incidents involving suicide or self-harm

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|  | Operations training specification |

## Hazard – Psychological trauma and suicide

### Knowledge and understanding

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| Hazard | Learning outcome |
| Psychological trauma and suicide | Understand:* All hazard knowledge
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## Control measure – Providing support to people experiencing trauma or suicidal feelings

### Knowledge and understanding

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| Control measure element | Learning outcome |
| Quiet and safe approach to an incident involving a person considering suicide or self-harm | Understand:* The appropriate approach to an incident involving people at risk from psychological trauma
 |
| Multi-agency approach | Understand:* Fire and rescue service priorities and responsibilities at an incident involving people at risk from psychological trauma
* The roll of multi-agency partners at incidents involving psychological trauma and suicide
 |
| Integrated multi-agency operational response plans at incidents involving a person considering suicide or self-harm  | Understand:* Fire and rescue service role at an incident involving people at risk from psychological trauma
* The need to follow an integrated multi-agency operational response plan and liaise with police and ambulance responders
 |
| Safe scene management at incidents involving a person considering suicide or self-harm | Understand:* The benefits of cordons and appropriate actions at the scene involving incidents involving a person considering suicide or self-harm
 |
| Providing support | Understand:* That it may be beneficial to provide support to the person considering suicide or self-harm
* That fire control personnel may be able to advise a caller about how they can provide support to the person considering suicide or self-harm while remaining in a place of safety
 |
| Presence of family, friends and other people | Understand:* That an assessment should be made about whether the presence of family, friends or other people with connections to the person considering suicide or self-harm may worsen or improve the situation
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### Practical application

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| Tactical action | Learning outcome |
| Consider a quiet and safe approach to an incident known to be involving a person considering suicide or self-harm | Demonstrate the ability to:* Approach an incident involving a person considering suicide or self-harm safely
 |
| If other agencies are present at the incident, co-locate and communicate with them to ensure a multi-agency approach is agreed and followed | Demonstrate the ability to:* Co-ordinate with police an incident involving a person considering suicide or self-harm safely
 |
| Brief all personnel present and fire control about the integrated multi-agency police-led agreed action plan at incidents involving a person considering suicide or self-harm  | Demonstrate the ability to:* Brief personnel and implement an integrated multi-agency operational response plan for an incident involving a person considering suicide or self-harm safely
 |
| Clear the scene and establish and maintain appropriate cordons to provide a person considering suicide or self-harm with space, and avoid sudden movements | Demonstrate the ability to:* Safely manage the scene at an incident involving a person considering suicide or self-harm
 |
| Consider providing support to the person considering suicide or self-harm and remove anything that could be used to harm themselves if safe to do so | Demonstrate the ability to:* Provide support to the person considering suicide or self-harm
* Remove anything that could be used to harm themselves
 |
| Assess whether the presence of family, friends or other people with connections to the person considering suicide or self-harm may worsen or improve the situation | Demonstrate the ability to:* Assess whether the presence of family, friends or other people with connections to the person considering suicide or self-harm may worsen or improve the situation
 |
| Fire control personnel should:Encourage a caller who has indicated they are in the presence of someone considering taking their own life to provide support while remaining in a place of safety | Demonstrate the ability to:* Advise a caller about how they can provide support to the person considering suicide or self-harm
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## Control measure – Post-incident support: People with suicidal feelings

### Knowledge and understanding

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| Control measure element | Learning outcome |
| Responder welfare of all responders following an incident involving people experiencing psychological trauma | Understand:* Available post-incident welfare options following an incident involving people experiencing psychological trauma
* Signs that post-incident welfare may be required by personnel
 |
| Consider the welfare of fire control personnel following an incident involving an incident involving people experiencing psychological trauma | Understand:* The impacts of an incident involving people experiencing psychological trauma on fire control personnel
* The need for post-incident support for fire control personnel following an incident involving people experiencing psychological trauma
 |
| Request support for personnel or other responders following a traumatic incident or if signs of potential trauma are identified | Understand:* How to access post-incident support for fire control personnel following an incident involving people experiencing psychological trauma
 |
| Encourage an inclusive environment that enables discussion about dealing with incidents involving suicide or self-harm | Understand:* How to facilitate discussions and requests for support prior to or after an incident involving people experiencing psychological trauma
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### Practical application

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| Tactical action | Learning outcome |
| Consider the welfare of all responders during operational debriefing following an incident involving people experiencing psychological trauma | Demonstrate the ability to:* Conduct a debrief following an incident involving people experiencing psychological trauma
 |
| Consider the welfare of fire control personnel following an incident involving an incident involving people experiencing psychological trauma | Demonstrate the ability to:* Support personnel not present at an incident that may require support after an incident involving psychological trauma
 |
| Consider requesting support for personnel or other responders following a traumatic incident or if signs of potential trauma are identified | Demonstrate the ability to:* Request support from available resources for personnel or other responders following an incident involving people experiencing psychological trauma
 |
| Encourage an inclusive environment that enables discussion about dealing with incidents involving suicide or self-harm | Demonstrate the ability to:* Conduct debriefs in an inclusive and open manner following an incident involving people experiencing psychological trauma on fire control personnel
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