



Instructions to how the Head of School organizes crisis support

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*The Swedish Work Environment Authority's provisions on First Aid and Crisis Support

1. Background

All workplaces and universities can be affected by crisis situations. People who are under severe stress have a tendency to seek out managers and figures of authority. It is therefore important that the employer takes responsibility for handling difficult situations as well as possible by preparing its managers, among other things.

This document contains both guidelines and an appendix containing theory, definitions and checklists which can be subject to change as new scientific research findings are made.

These instructions apply to KTH's head of schools.

Chapter 1, Section 1 of the Swedish Work Environment Act (SFS 1977:1160) states that "The aim of the Act is to prevent ill health and accidents and otherwise achieve a good work environment". The Swedish Work Environment Authority's regulations (AFS) provide additional guidelines. AFS 1999:7 deals with First Aid and Crisis Support and is described in greater detail in this document. AFS 2001:1 and AFS 2003:4 deal with Systematic Work Environment Management and how the employer should fulfil legal requirements by working with these issues on a continuous basis and by preventing the occurrence of risk situations.

2. Purpose

The purpose of these regulations is to outline the head of school's responsibilities and provide guidance for the head of school on how to handle crisis situations in the best possible manner, thereby improving the possibilities for recovery and reducing the risks for future ill-health among employees and students.

3. The head of school's responsibilities

The president is the University Director and has overall responsibility for KTH's activities. The president has delegate responsibility for the day-to-day operations to the head of school/equivalent.

The head of school has the responsibility for crisis support for the employees, other workers and students. This crisis support in most cases is managed directly within the line organisation and it therefore important that the head of school briefs the managers and others (e.g. HR managers and health and safety representatives) for this.

The head of school shall ensure that information about on-going crisis support measures is always passed to the next level in the crisis management organisation, in this case KTH's Chief Security Officer. This also applies in crisis situations that are not an emergency as defined in KTH's alarm instructions. Information shall be provided when crisis support is initiated, if the crisis escalates or changes and upon closure.

Depending on the scope and nature of the situation, it is the head of school's responsibility to assess how the crisis support should be designed. Crisis support measures can be designed jointly with the

support expertise (see section 4) and it is the head of school's responsibility to contact the support expertise concerned.

KTH's Chief Security Officer or, where applicable, the Crisis Management Group, can decide to pass the responsibility for the crisis management up to a level in the crisis management organisation above the head of school. In most cases, the practical implementation of the crisis support, however, remains the responsibility of the head of school.

The head of school may delegate responsibility for the implementation of the crisis support to another suitable role/function within the school. The head of school shall ensure that there is always a person who is expressly responsible for the initiation of crisis support, even during periods of holiday leave. The person who is given responsibility must have both the knowledge of crisis support and the authority to make the necessary decisions.

The head of school is responsible for documenting crisis support measures (see appendix D) and for storing the documentation in an appropriate manner. Good documentation is crucial when sending information upwards in the organisation and for being able to evaluate the crisis support after the event.

Crisis Management Group

Chief Security Officer

Head of school

Managers (and other relevant roles/functions) at each school

Figure 1. Simple diagram of the crisis organisation. The downward arrows denote the crisis management (broken line only if responsibility is passed up a level) and the upward arrows denote information passed to the next level (broken line only if the responsibility is passed up a next level).

4. Crisis support expertise

For the entire duration of the crisis, the head of school has access to support expertise who can supervise crisis support in their respective area of expertise. Support is available from the Head of HR and HR specialists at the Human Resources (GVS), Chief Security Officer (GVS), Head of Communication and Business Liaisons (CBL), from the Education Office (EDO/GVS) and, where

applicable, KTH's Management Group. Support is also available from the occupational health care and student health service which, in addition to its supervisory role, can also take steps.

Unless otherwise agreed, the head of school is responsible for requesting support from support expertise.

Appendix:

- A. Extract from AFS 1999:7 and its implications for the head of school's responsibilities. The regulations address both first aid and crisis support. Only crisis support is addressed in the following paragraph.

Preparedness for first aid and crisis support

"At each workplace there must be sufficient preparedness and the necessary routines for first aid and crisis support in place, taking into consideration the type of operations, their scope and special risks.

/.../

Employees must be aware of how first aid and crisis support activities are organised at the work place. They must be continuously informed as concerns the routines that apply" (AFS 1999:7 section 5).

The head of school is responsible for ensuring that there is sufficient preparedness and routines for crisis support. It must state clearly who does what in the event of a crisis. This is clarified via the tasks given by the head of school to other managers. It is vital that employees and students are familiar with how first aid and crisis support is organised. Regular information is needed and, if necessary, drills. It is important that consultants are not forgotten in this context. Health and safety representatives should take part in the risk assessment work and in drawing up plans of action. Health and safety representatives should also be provided training in crisis support. Student health and safety representatives shall be allowed to participate in these activities.

Risk assessment

"First aid and crisis support must be planned, organised and followed up based on an assessment of risks of ill health and accidents at work" (AFS 1999:7 section 4).

The head of school is responsible for carrying out a risk assessment of ill health and accidents in places of work and study and for planning first aid and crisis support based on this assessment. The employer must ensure that employees' and students' knowledge about the work, and the risks connected with

it, are sufficient to prevent ill health and accidents and achieve a satisfactory working environment (AFS 2003:4, section 7).

Knowledge of crisis support

“Managers and supervisory staff must possess sufficient knowledge on crisis support to be able to plan and arrange these activities in a suitable manner” (AFS 1999:7 section 7).

The head of school is responsible for ensuring that managers and supervisory staff possess sufficient knowledge in this field. Managers and supervisory staff also have the supervisory responsibility during normal conditions and also have it in a crisis situation.

B. Crisis theory

Definition of crisis and crisis support

A crisis is an event in which individuals' knowledge, previous experience and learned reactions are not sufficient to enable them to grasp and cope with the situation. All sudden and unforeseen events that entail some form of loss (e.g. of life, health, security, safety, trust in others, social or financial security, etc.) and which thus affect people, are defined as crisis events.

Not everyone who is affected by a crisis reacts in the same way and consequently the need for support varies from person to person. As it is not possible to anticipate in advance who will need what kind of support, it is important that all those effected are offered support, even though it may later be taken up to varying degrees.

Crisis support is defined as immediate practical, psychological and social support measures, and any subsequential measures, including professional interventions. Crisis support can be structured in a number of different ways and with different points of focus depending on the nature, scope and magnitude of the event.

Crisis support covers both the self-help that the victims of the crisis give themselves when they try to make sense of the situation, and the support provided by relatives, friends, managers and colleagues. Support professionals from i.e. the occupational health care can, in addition to supporting the managers, also perform debriefing and crisis therapy sessions with the victims.

The purpose of all crisis support is to stabilise the victims by reducing the impact of the stress and then to aid recovery.

Examples of crises at KTH

Crisis situations can be limited in scope, affecting only a few people directly or they can take the form of disaster in which many people are involved. In both cases there are people who are directly affected, people who witnessed the event, people who are indirectly affected and are involved emotionally or practically, and people who are tasked with managing various parts of the hands-on crisis work.

It can be difficult, based on observing the event only, to determine if those affected experience the situation as a crisis. It is more likely the victims' experience of and reactions to the event give it the characteristics of a crisis. It is therefore important that the basic ideas in this document are observed and their implementation is adapted to the assessments made in each situation.

Examples of crises at KTH:

- Large-scale fire or accident
- Occupational accidents and serious incidents
- Violence and threats
- Threats to IT security
- The death or serious illness of a colleague or student
- Accident, attack, disaster somewhere in the world in which KTH employees and/or students may be involved

Work- or study-related circumstances which can cause severe psychological stress (victimisation, repeated changes to work duties, losing your job).

Phases, defining characteristics and handling of a crisis – a brief overview

The course of a crisis is traditionally split into four different phases: shock phase, reaction phase, processing phase and new orientation phase. But this is a very schematic picture that is problematic for a number of reasons, not least because parts of it are uncorroborated by research. It has also tended to

be normative. This has sometimes meant that people who react in a way that is not consistent with the model have been stigmatised and mistakenly labelled as deviant.

But most crisis management specialists and researchers agree that some form of shock phase does exist. It is the initial period following an unforeseen and traumatic event – a period that can vary from a few seconds to a few days. In exceptional cases, it can take even longer if the trauma is severe and the surrounding environment is not perceived as being secure.

In the shock phase, both the behaviour and emotions are strongly influenced by stress hormones. These hormones tend to prolong initial reactions including nervousness, heightened vigilance, sleep problems, loss of appetite, etc. This physiological and psychological condition affects the person's coping abilities and restricts the person's capacity to concentrate and take in information. The condition also impedes a person's ability to sort and organise thoughts and impressions. Consequently the person often avoids elements of the event; its emotional implications, for example. Processing everything at once is too psychologically stressful and painful. Instead, the information is processed in smaller, more manageable portions.

The handling of the person during the shock phase should be oriented towards stabilising and calming the person: It is important to convey that the event is over and at the same time take steps to help enhance the person's feeling of safety and security. Moving the person to another environment could help, as well as warmth, something to eat or drink, and a supportive and respectful attitude. It is also important to convey a sense of calm. The object is to reduce the stress impact, e.g. by shielding the person from the media and curious bystanders, and also that the supporting people act in a calm and collected manner.

Crisis reactions are normal reactions to an abnormal event, and the initial reactions of the victim provides little indication of whether the person will make a quick and spontaneous recovery or if they will need crisis therapy.

Information about the events, what measures have been taken and what is being planned in the immediate future, and also about ways that people react to a crisis event, has a calming effect. It is also important to promote a sense of affinity both with other victims as well as colleagues and managers and with relatives and friends. In the shock phase, practical help is often more in-demand and appreciated than psychological help.

When the shock has subsided, people's reactions vary significantly. Figure 1 describes the approximate distribution of the various reaction patterns in people after particularly traumatic events.

In an affected group of staff, the actual needs for support may vary strongly. As many as 80-85% of the victims (those with resilience/stress-tolerance and recovery ability in the figure) will recover by themselves or with the help of their regular social network, while the remaining 15- 20% (those with chronic or delayed symptoms in the figure) need special attention, and probably be referred for professional evaluation and, if necessary, offered treatment by a specialist.

To sum up, crisis measures need to be flexible and must be based on a careful evaluation of actual needs. Occupational health care or similar can help ensure that these assessments are correct.

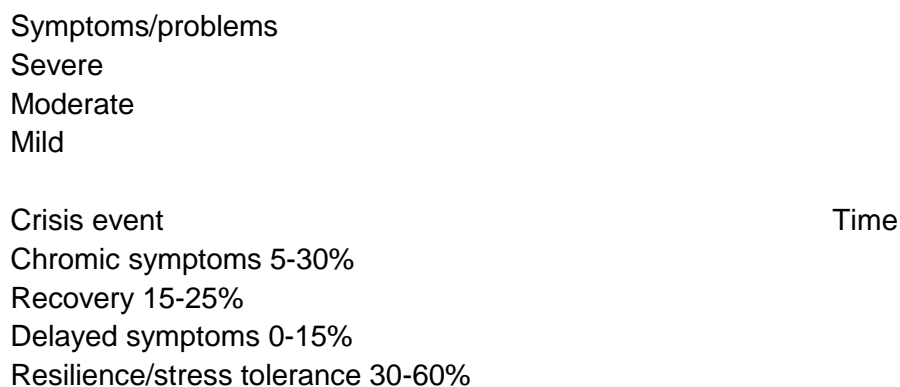


Figure 2. Individual variations in crisis reactions. Percentage rates denote approximate distribution in each separate reaction pattern. (From Brolin, Calleberg & Westrell: Krishantering i arbetslivet (Crisis Management in Work Life). Studentlitteratur, 2011).

Recent research shows that there are risks when you try too hard to process the emotions processing at an early stage. In other words, immediately following the crisis event, it is inappropriate to talk about your emotional reactions. It could be more useful to grasp what has happened; i.e. more facts and ideas than emotions immediately following a traumatic event.

As it is not possible at an early stage to determine whether a person's reactions will fade away, remain unchanged or increase, it is also important not to treat crisis support as a one-off measure which is no longer needed after the initial stabilising work has been completed. Instead it is important to continue providing information and performing careful follow-ups of each individual person to determine whether or not they are recovering.

People who, one month after a crisis event, do not feel that they have recovered, should be referred for professional evaluation. Such a referral should be made early on in cases where the symptoms seem to be getting worse, when there is a seriously impaired function with respect to work capacity or day-to-

day functioning, when a person expresses a subjective suffering or anxiety about his/her condition or when an individual requests it.

In cases where the professional evaluation says that the person suffers from posttraumatic stress, the possibility of trauma-specific psychotherapy should be made available as soon as possible to reduce the risks of the condition become chronic.

To sum up, you could say that people who have been affected by traumatic events:

- Will react differently.
- Need managers to be present.
- Have an initial need for practical and social support + stabilising and calming measures. • Must be followed up over time with new evaluations of actual needs.

C. Checklist for head of school

In the first 24 hours

- If necessary, call 112 and 08-790 7700 (KTH's emergency organisation)
- Assess the need for and take security measures (e.g. surveillance, cordoning off, evacuation)
- Provide psychological first aid, (i.e. create security and calm, facilitate social support, strengthen self-confidence and instil hope)
- Assess the need for and provide information about the event and measures that have been taken (give facts, be clear, speak plainly; repeat)
- Document and inform the crisis management organisation (Chief Security Officer)

In the following few weeks

- Assess and remediate security and information needs.
- Assess the possibility for returning to normal status and adapting the work/study situation and the need for further measures (consult with support expertise is necessary). • Document and inform upwards in the crisis Management organisation

D. Documentation

Documentation of crisis support that the head of school is responsible for should follow the following format at least.

Date Time Action Responsible person (name)

E. Definition of terms

Here are definitions to some of the terms that appear in the document or which are useful to know in the context.

Crisis management organisation which consists of the head of school, Chief Security Officer and Crisis Management Group.

Crisis Management Group, which consists of the University Director (chairperson), Chief Security Officer (convenor), Head of Human Resources (HR-direktör) and Head of Communications meet when unforeseen events of a more serious nature occur that have affected, or risk affecting, KTH employees, students, property or credibility to a considerable extent and which cannot be managed within normal line operations.

KTH's Crisis Management Group:

Crisis Management Group's chairperson. The University Director is the chair and decides whether the responsibility for crisis management should be escalated from school management level.

Crisis Management Group's convenor. The Chief Security Officer is the convenor and shall initiate the need for support and coordination to pass information about the crisis to the Crisis Management Group's chairperson.

Director of Human Resources. The Director of Human Resources coordinates with the head of school (or the person who has been delegated the task) and the Crisis Management Group how crisis support should be designed.

Chief Security Officer

KTH's Chief Security Officer shall, when the need arises, coordinate crisis support. This means that the designing of crisis support is coordinated by the Head of Human Resources (HR-direktör) and the head of school or the person who has been delegated the task.

Debriefing sessions are sessions where the victims can talk privately or in a group. Its purpose is to create a greater understanding about what has happened and your own reactions. They are carried out by staff at the occupational health care and the student health service.

Crisis: A crisis arises after an event where the person's knowledge, previous experience and learned reactions are insufficient for them to comprehend and cope with the situation.

Crisis support: Definition of crisis support according to AFS 1999:7 regarding first aid and crisis support: "Crisis support refers to the psychological and social care which needs to be administered in connection with accidents, acute crisis situations and similar serious events which may trigger crisis reactions." (AFS 1999:7 section 3)

Crisis therapy: Crisis therapy is a trauma-specific psychotherapy. Such treatment is given after being assessed as necessary, e.g. when a person has been diagnosed with Post-Traumatic Stress Syndrome (PTSD). The treatment should be trauma-focused and evidence-based and performed by a registered psychologist or registered psychotherapist.

Post-Traumatic Stress Syndrome (PTSD): A diagnosis that can be given to a person who has experienced a trauma. This entails a condition of intrusive memories, e.g. flashbacks, nightmares, mood changes and/or thought, Changed reactions such as nervousness, heightened vigilance, irritability, lapses in concentration and avoiding anything that is reminiscent of the trauma.

Trauma: Psychological trauma is an experience that is associated with very powerful emotions, e.g. of fear, grief, guilt or frustration, and frequently also with powerful sensory impressions, that the reactions that the experience awakens in people and which lead to a change in health, function and/or behaviour. The changes do not fade spontaneously but lead to more permanent symptoms that require treatment.