

Incident Date Time (00:00)

Incident Reference Number

MedTRiM Coordinator



—
Medical Trauma and
Resilience Management

MedTRiM Incident Logbook

Instructions

- Please fill out all of the relevant fields electronically. The signature fields can be used for electronic signatures or an actual written signature on a printed hard copy.
- All of the greyed-out fields are populated automatically from elsewhere in the form (for example, the Incident Number from the front cover will automatically fill in to the relevant boxes on the other pages).
- To create new Risk Assessment forms for each person, please add names into the table in Section 2 - Personnel List and this will automatically populate them.
- If there are more than 10 persons, use additional logbooks and utilise "[Incident Number] - Book 1 of 3", you may utilise a separate Strategic Leader per logbook.
- There are shortcut buttons at the bottom of the pages, to enable you to navigate quickly to the different sections in the document.

Contents

Section 1: Diary of Events

- Fill in time, date and comment for each event.

Section 2: Incident Record

- Fill in full details of the incident and the planning meeting in this Section.

Section 3: Personnel List

- Add details of all personnel involved in the incident. This will then populate the individual Risk Assessment Sheets.

Section 4: 3 Day Risk Assessment

- Consolidation sheet and Individual Risk Assessment sheets for the 3 day Assessment are in this Section.

Section 5: 1 Month Risk Assessment

- Consolidation sheet and Individual Risk Assessment sheets for the 1 month review are in this Section.

Section 6: 3 Month Risk Assessment

- Consolidation sheet and Individual Risk Assessment sheets for the 3 month review are in this Section.

Section 7: Notes

- Please read the Notes at the back of this document before completing this document.

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Incident Reference Number

Section 1 - Diary of Events

Event	Time	Date	Comments	Name	Signature
Incident Initiated					
Briefing Meeting					
Planning Meeting (Venue and Attendees)					
3 Day Risk Assessments (Start Date/Time of 3 Day RA's)					
1 Month Risk Assessments (Start Date/Time of 1 Month RA's)					
3 Month Risk Assessments (Start Date/Time of 3 Month RA's)					
TRiM Action Completed					
TRiM Logbook Archived					

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Incident Reference Number

Section 2 - Incident Record

Incident Details

Incident Number

Incident Date

Incident Time

Location of Incident

Brief Description *(to include Type, Casualties (death, injury) , Events leading upto the incident and Personnel involved)*

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Section 2 - Incident Record

Planning Meeting

Date of Planning Meeting

Time of Planning Meeting

Planning Meeting Participants *(to include: staff number, grade, name and appointment)*

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Section 3 - Personnel List

Staff Number	Grade	Name	Department	Briefing	Individual	Group

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Section 4 - 3 Day Risk Assessment - Consolidation Sheet

Incident Date Incident Time Date of RA's

Staff No	Grade	Name	Department	Filter (A - F)	Assess (A or D)	1	2	3	4	5	6	7	8	9	10	Total	Action Taken

MedTRiM Coordinator / Strategic Leader Details

Staff Number Grade Name Signature

Notes

1. Filtering

- A. Directly involved in the event
- B. Rescuers and helpers
- C. Those involved at a distance
- D. Those who could have been there but were not
- E. Vulnerable people
- F. Those who attended the scene out of morbid curiosity

2. Assessment

Accepted or Declined
(This field is populated using the individual Risk Assessments)

3. Action Taken

N - Nothing / No further action
M - Monitor
R - Refer

MedTRiM Incident Logbook

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Incident Reference Number

Section 4 - 3 Day Risk Assessment - Individual Sheet

Details of Person undergoing RA

Staff Number	Grade	Name	Accept	Decline	Signature
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Details of Practitioner

Staff Number	Grade	Name	Date of RA	Signature
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Risk Factors (Score : 0 = Not Present 1 = Appears to be Partially present 2 = Appears to be Significantly Present)

Risk	Detail	Rating
1	The person thought that they were out of control during the event.	
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4	The person expresses shame about their behaviour relating to the event.	
5	The person experienced acute stress following the event.	
6	The person has experienced substantial general stress since the event (such as problems with work, home & health).	
7	The person is having problems with day to day activities .	
8	The person talks about problems relating to previous traumatic incidents .	
9	The person has problems accessing social support , (Family, Friends, and Unit Support).	
10	The person has been drinking alcohol excessively or using prescription drugs excessively to cope with their distress.	
Total		

(First, review the Acute Stress Reaction Checklist below for symptoms of acute stress. A score of 6 or more means that acute stress is present to a significant degree).

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Incident Reference Number

Section 4 - 3 Day Actute Stress Reaction - Checklist

Details of Person undergoing RA

Staff Number

Grade

Name

Actute Stress Reactions (Tick if Present)

Present

1. Had upsetting thought/memories about the event that came to mind against their will
2. Had upsetting dreams about the event
3. Acted or felt as if the event was happening again
4. Felt upset about reminders of the event
5. Had bodily reactions when reminded of the event
6. Had difficulty falling or staying asleep
7. Experienced irritability or anger
8. Had difficulty concentrating
9. Experienced heightened awareness of potential dangers to themselves or to others
10. Have been/feel jumpy or startled at something unexpected

Notes

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Section 4 - 3 Day Risk Assessment - Individual Sheet

Details of Person undergoing RA

Staff Number	Grade	Name	Accept	Decline	Signature
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Details of Practitioner

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Section 4 - 3 Day Actute Stress Reaction - Checklist

Details of Person undergoing RA

Staff Number

Grade

Name

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Section 4 - 3 Day Risk Assessment - Individual Sheet

Details of Person undergoing RA

Staff Number	Grade	Name	Accept	Decline	Signature
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Details of Practitioner

Staff Number	Grade	Name	Date of RA	Signature
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Staff Number

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Name

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Incident Reference Number

Section 5 - 1 Month Risk Assessment - Consolidation Sheet

[Update](#)

Incident Date Incident Time Date of RA's

Staff No	Grade	Name	Department	Filter (A - F)	Assess (A or D)	1	2	3	4	5	6	7	8	9	10	Total	Action Taken

MedTRiM Coordinator / Strategic Leader Details

Staff Number Grade Name Signature

Notes

1. Filtering

- A. Directly involved in the event
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- C. Those involved at a distance
- D. Those who could have been there but were not
- E. Vulnerable people
- F. Those who attended the scene out of morbid curiosity

2. Assessment

- Accepted or Declined
- (This field is populated using the individual Risk Assessments)

3. Action Taken

- N - Nothing / No further action
- M - Monitor
- R - Refer

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Section 5 - 1 Month Risk Assessment - Individual Sheet

Details of Person undergoing RA

Staff Number	Grade	Name	Accept	Decline	Signature
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Details of Practitioner

Staff Number	Grade	Name	Date of RA	Signature
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Risk Factors (Score : 0 = Not Present 1 = Appears to be Partially present 2 = Appears to be Significantly Present)

Risk	Detail	Rating
1	The person still thinks that they were out of control during the event.	
2	The person still thinks that their life was threatened during the event.	
3	The person still blames others for some aspect(s) of the event.	
4	The person still expresses shame about their behaviour relating to the event.	
5	The person continues to experience acute stress following the event.	
6	The person still experiences substantial general stress since the event (such as problems with work, home & health).	
7	The person is still having problems with day to day activities.	
8	The person still talks about problems relating to previous traumatic incidents.	
9	The person still has problems accessing social support, (Family, Friends, and Unit Support).	
10	The person has still been drinking alcohol excessively or using prescription drugs excessively to cope with their distress.	
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Section 5 - 1 Month Actute Stress Reaction - Checklist

Details of Person undergoing RA

Staff Number

Grade

Name

Actute Stress Reactions (Tick if Present)

Present

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Section 5 - 1 Month Risk Assessment - Individual Sheet

Details of Person undergoing RA

Staff Number	Grade	Name	Accept	Decline	Signature
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DNA Definitive 20/001 Ver. 1.1 August 2020

Incident Reference Number

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Details of Person undergoing RA

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Section 5 - 1 Month Risk Assessment - Individual Sheet

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Incident Reference Number

Section 6 - 3 Month Risk Assessment - Consolidation Sheet

Update

Incident Date Incident Time Date of RA's

Staff No	Grade	Name	Department	Filter (A - F)	Assess (A or D)	1	2	3	4	5	6	7	8	9	10	Total	Action Taken

MedTRiM Coordinator / Strategic Leader Details

Staff Number Grade Name Signature

Notes

1. Filtering

- A. Directly involved in the event
- B. Rescuers and helpers
- C. Those involved at a distance
- D. Those who could have been there but were not
- E. Vulnerable people
- F. Those who attended the scene out of morbid curiosity

2. Assessment

Accepted or Declined
(This field is populated using the individual Risk Assessments)

3. Action Taken

N - Nothing / No further action
M - Monitor
R - Refer

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1. Had upsetting thought/memories about the event that came to mind against their will
2. Had upsetting dreams about the event
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9. Experienced heightened awareness of potential dangers to themselves or to others
10. Have been/feel jumpy or startled at something unexpected

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Incident Reference Number

Section 6 - 3 Month Risk Assessment - Individual Sheet

Details of Person undergoing RA

Staff Number	Grade	Name	Accept	Decline	Signature
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Details of Practitioner

Staff Number	Grade	Name	Date of RA	Signature
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Risk Factors (Score : 0 = Not Present 1 = Appears to be Partially present 2 = Appears to be Significantly Present)

Risk	Detail	Rating
1	The person still thinks that they were out of control during the event.	
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9	The person still has problems accessing social support, (Family, Friends, and Unit Support).	
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Total		

(First, review the Acute Stress Reaction Checklist below for symptoms of acute stress. A score of 6 or more means that acute stress is present to a significant degree).

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Section 6 - 3 Month Actute Stress Reaction - Checklist

Details of Person undergoing RA

Staff Number Grade Name

Actute Stress Reactions (Tick if Present)

Present

- | | |
|--|--|
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Section 7 - Notes

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TRiM Mission Statement

MedTRiM is a peer delivered, proactive human resource management tool for supporting individuals, teams and organisations following exposure to traumatic events. Its purpose is the early identification of the signs and symptoms of overwhelming pressure and stress. Although MedTRiM is not a treatment for stress, it can assist with building resilience through the development of coping strategies.

Introduction

It is a mandatory requirement that records are maintained of all MedTRiM interventions. This MedTRiM Incident Logbook provides the means to comply with this requirement and includes a step-by-step guide to assist MedTRiM trained personnel in conducting MedTRiM interventions. Detailed guidance can be found in the MedTRiM course notes. The following information will be of use when called upon to carry out a MedTRiM intervention:

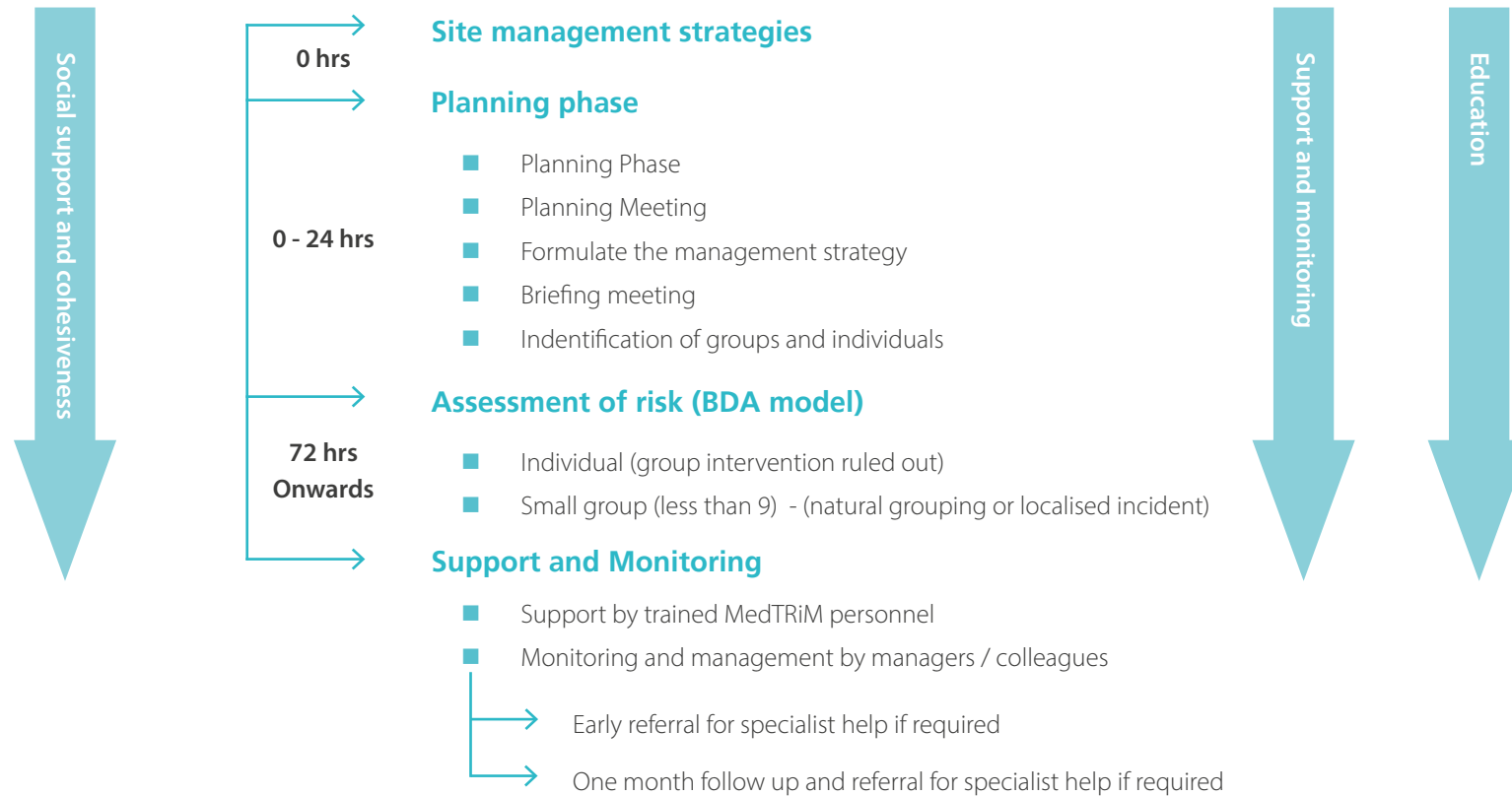
- MedTRiM is to be activated by the Trust Medical / Clinical director, with advice sought from the MedTRiM Coordinator/Strategic Leader. This will ensure that appropriate planning occurs in accordance with MedTRiM operations procedures
- MedTRiM must be seen as a detection system rather than a complete process for managing post trauma psychological issues. Risk assessments that indicate an individual is at high risk should be signposted immediately to the MedTRiM Coordinator
- MedTRiM augments the usual management / leadership functions of the Trust after a significant traumatic event, but does not replace them
- Trusts that have experienced a major traumatic incident may require support from an experienced MedTRiM Strategic Leader from outside of the Trust. This support should take the form of supporting the Trust's own MedTRiM Coordinator where possible, and not necessarily include conducting any risk assessments
- When it is not possible to conduct a 1 month risk assessment, (e.g. the individual may have been reassigned) the department/Trust that 'owned' the individual should ensure arrangements are made for the receiving department/Trust to continue the MedTRiM process. The 1 month risk assessment is an integral part of the MedTRiM process, and it is not to be dropped simply because the individual was considered not to be at risk after the 3 day risk assessment
- MedTRiM intervention is to cease should an individual be referred to HR, OH or other medical service for psychological support.

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Summary of the management strategies carried out following a traumatic event



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Risk assessments should be considered

- When personnel experience or witness serious injury to others, particularly colleagues
- When personnel have been disabled or disfigured
- When the trauma involved death, particularly grotesque death
- When the trauma is complex, long lasting or multiple
- When personnel have been involved in a 'near miss'
- When personnel experience overwhelming distress immediately following the event.

The planning meeting

If traumatic stress is to be managed effectively, it is vital that any intervention is carefully planned in advance. It is important to build a clear picture of who was involved in the incident and what role they undertook in order to make decisions about whether formal risk assessments are required. The following personnel will be required to attend:

- Medical Director / Clinical Director
- Line Managers
- Personnel with knowledge of the event
- Medical Services / Occupational Health Representative
- Welfare Representative
- Human Resource Personnel
- Religious/Spiritual Adviser.

Every traumatic event will have different characteristics and it is essential that a flexible approach to the planning meeting is taken. The planning meeting attendees should be invited on the grounds of their ability to contribute to the successful management of the individuals affected by the incident.

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Identification of groups and individuals

It is important to examine the incident and identify the personnel involved. The filtering template should be used in the planning meeting in order to ensure that all personnel involved in the event are captured. Not all of those involved will require intervention and it is useful to think of this stage as a filtering exercise. When this stage is complete, it should result in the production of a list that includes individuals and natural groupings of personnel who were involved in the incident.

A. Those directly involved in the event

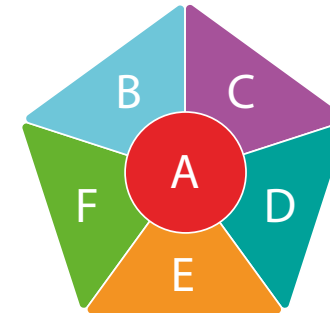
B. Rescuers and/or helpers

C. Those involved at a distance

D. Those who could have been there but were not

E. Vulnerable people

F. Those who have attended the scene out of morbid curiosity



Group or individual risk assessments?

If it has been determined that risk assessments should be undertaken, it is important to consider whether the assessments should be carried out in groups or individually. Traumatic event has characteristics that suggest a management intervention is necessary.

Group

- A team who normally work together and have been involved in the same trauma
- The team that functions well together and it is anticipated that they will be able to support each other during/after the risk assessment meeting
- A team that has been involved in the same trauma and are unlikely to blame each other.

Individual

- A solitary individual involved in a traumatic event
- A leader/manager who may not benefit from being interviewed in a group
- A team member who does not fit in with his/her peers or has a history of being disruptive in groups
- A team member who may, in some way, be responsible for the death, injury or suffering of other team members
- Those experiencing marked distress
- For legal reasons.

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The briefing meeting

The briefing meeting should be attended by personnel who have not been directly exposed to a traumatic incident and who are therefore not considered to be at heightened risk of psychological problems developing. The briefing meeting is an efficient method of educating large numbers of personnel. It provides an opportunity to pass information to those personnel who may be vulnerable, but who have not been identified as requiring a risk assessment.

A representative of the leadership/management should be invited to attend to provide a detailed brief on the incident. A MedTRiM trained assessor (preferably the MedTRiM Coordinator) should then give a short briefing on the possible psychological reactions in the aftermath of the incident. Self-management strategies should be described and the importance of the buddy system emphasised. Details of who to approach for support and advice should personnel have any concerns should be given. The MedTRiM Team should remain behind after the meeting should individuals wish to talk in private.

There is a downloadable MedTRiM Briefing Meeting template for MedTRiM Coordinators on the DNA TRiM Website, contact info@dnatrim.com for access.

The risk assessment interview

The aim of the interview is to identify how individuals are coping following a traumatic incident and to help them to obtain any assistance that they may need or feel they need. The interview provides an opportunity for the individual to gain reassurance about any reactions he/she may be experiencing.

The numbers involved in a risk assessment group should not exceed 8. It should take place in a private location that is free from interruption. A realistic time frame should be allocated. The need to offer refreshments should be considered.

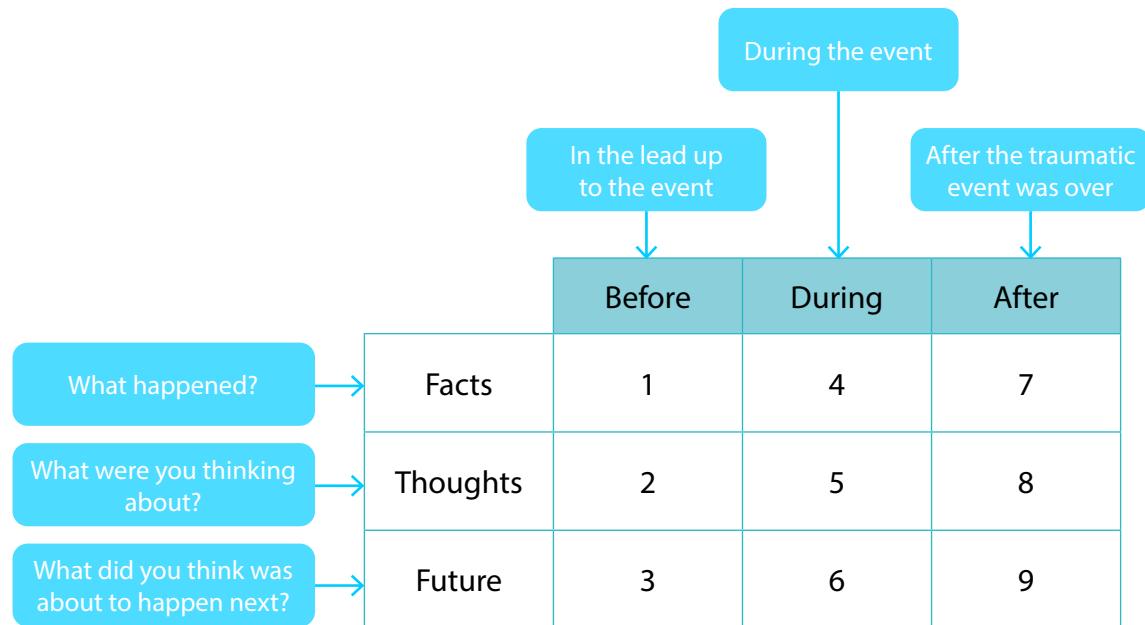
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The before, during and after (BDA) model

Work through each numbered square in the grid as the interview progresses. Follow the numbers. Do not enquire directly about feelings. If the person becomes distressed and discusses feelings, then guide them back to a discussion about facts and future.



The before, during and after (BDA) model

The BDA model forms the structure of the assessment, which is completed in five distinct stages as follows:

Stage 1 - Introduction

Give a personal introduction, which must include the following information:

- Welcome
- Focus/aim of the interview
- Timings for the interview
- Format of the discussion (BDA model)
- Reminder that participation is voluntary
- Confidentiality
- Note taking policy
- Questions

Stage 2 - Before

Discuss the thought processes that the interviewee experienced before (B) the incident:

- Establish a rapport with the group/individual
- Get the group talking by bouncing information around
- Reflect and summarise what has been said before moving on to the next stage.

The before, during and after (BDA) model

Stage 3 – During

Discuss the thought processes that the interviewee experienced during (D) the incident:

- Cover risk assessment items in table (items 1-4)
- Avoid 'blame and shame' between the group
- Do not re-traumatise
- Ensure all individuals are included in the discussion
- Reflect and summarise before moving to the next stage

Stage 4 - After

Discuss the thought processes that the interviewee experienced after (A) the incident:

- Get them down from the 'high' of the discussion
- Complete the risk assessment table (items 5-10)
- Set the scene for the future
- Get an account of how they think they are functioning now

Stage 5 - Exit

Give relevant exit advice on completion of the interview, including the following information:

- List the coping strategies available
- Discuss a date for the 1 month/3 month interview and leave your contact details.

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The 1 month and 3 month review

The 1 month review is mandatory. Additionally, a 3 month review may be required where the individual has unresolved problems. Some individuals who have been exposed to trauma do not suffer any distress immediately but may develop psychological problems after a delay. Possible psychological problems will not be detected if only a 3 day interview is conducted. Individuals who continue to experience psychological distress following the 3 day interview should be considered at risk of developing longer term psychological problems. If at the one month assessment an individual scores 2 for acute stress (question 5) then he/she should be signposted to the MedTRiM Coordinator.

The progress individuals make in coming to terms with a traumatic incident is gauged by comparing their initial psychological and behavioural state at 3 days with that at the 1 month (and 3 month if conducted) follow-up(s).

All 1 month and 3 month follow-up interviews should be conducted on a one-to-one basis.

Particular care should be taken not to re-traumatise the individual. The MedTRiM assessor should reflect back to the scores recorded at the previous interview(s) and check on any changes of perception and current coping strategies.

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Sample generic MedTRiM Entrance script

Welcome - Thank you for coming along today. As a TRiM Practitioner I have been invited to discuss the incident you were involved in (insert time as appropriate). I am not a Counsellor or Psychiatrist but as a MedTRiM Practitioner I am trained to chat through how you are coping after the incident.

Focus - The aim of today's meeting is to assimilate how much traumatic stress you may have taken on board following your involvement in the incident and to identify if you need or want any support/help as a result. Today's discussion does not form part of any investigation nor is it to apportion blame to anyone.

Time - The discussion will take as long as we need to cover all aspects, and I have set aside about an hour.

Format - The discussion will be carried out in 3 stages: talking about what you were doing BEFORE the event, your involvement DURING the event and how things are AFTER. We will be discussing the facts; what actually happened; your thoughts; how you felt; and what you actually thought was going to happen the future).

Option to Leave - You may find that you become upset or even angry during the discussion. Any of the feelings that you may have are normal reactions to what can be considered an abnormal event. You are not obligated to stay throughout the discussion and you are free to leave at anytime. However, I hope you remain in order to perhaps support yourself and even better support your colleagues who may be experiencing emotions that are different to your own. [If a group session is being conducted be sure to add – "If you do wish to leave I or my colleague will follow you to see if you're ok and invite you to return, or possibly arrange a time that we can talk to you again."

Notes and Confidentiality - You may see me taking notes throughout. This is because we will talk again in around 1 month and these notes will help us both remember what we discussed. Do you understand and accept this?

Anything we talk about today is in confidence between (each of) s. By that I mean I will not talk about this outside of this room to anyone (or my MedTRiM Strategic Leader). However, there is a caveat to the confidentiality – if there is anything you say that causes me serious concern for either your safety or that of your colleagues/another then I reserve the right to pass those concerns to my MedTRiM Strategic Leader and up the management chain. Do you understand and accept that?

Questions - Before we start, could we both turn our mobile phones off and would you like to ask anything or have anything clarified?

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Sample generic MedTRiM Exit script

Drawing to an end - I hope you have found the discussion worthwhile today. It is important to remember that any thoughts or emotions that you may be experiencing are perfectly normal reactions to what is considered to be an abnormal event/experience. If you are experiencing some reactions, there are a few things you can do to help yourself following the event

[Consider mentioning some of the following]:

- Try not to isolate yourself. Join in social activities and live your life as normally as you can
- Try not to bottle things up. Discuss the incident with any colleagues, friends or family who I am sure will want to listen and will feel happy that you can confide in them
- Don't be too hard on yourself. Give yourself a period of time to adjust to the incident as memories won't go away immediately
- Try to rest and maintain/resume a normal sleep routine. You may initially experience some dreams of the event, which is normal processing response and the body's own way of trying to come to terms with what its been through
- Try not to use alcohol as a support. It will disrupt sleep patterns and of course, can cause more problems in excess
- Be sure to eat well balanced meals even though you may not feel like it. Little and often may work well for you
- [If relevant] If possible, talk to people involved in the event with you as they will be able to share your concerns and understand the emotions you may be experiencing
- Re-occurring thoughts are normal so don't try to fight them. They should decrease over time and become less painful. Try not to avoid thinking about it as this will help comfort any emotions you may have
- Remember, the body needs time to recover after such an incident so 'time can be a great healer'.

[Give out any organisational resources that could be helpful -e.g. the DNA TRiM 30 day calendar after the 3 day Risk Assessment]

[If appropriate] - Should you wish to contact me before that time, here are my contact details and you can try me during normal working hours. Thank you once again for participating and do you have any final questions you'd like to ask.

Next Meeting

As I mentioned at the beginning, I'd like us to meet and speak again in a month. Can we set a date and time now? Day ____ Month _____ Year _____

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