

CRITICAL INCIDENT STRESS: ON-SHIFT COMPASSION TOOLS

Managing Second Victim Syndrome (SVS) in the Workplace

An unanticipated patient outcome, clinical error, or traumatic event can leave us feeling acute guilt, anxiety, and physical panic. When we are on duty, standard meditation can trigger flashback loops. Use these **trauma-informed somatic tools** to stay grounded and finish your shift safely.

1. Ground Your Senses (Disrupt the Loop)

- **The 5-4-3-2-1 Method:** Scan your immediate nursing station, homeroom or Operating Room. Acknowledge 5 sights, 4 physical touch sensations, 3 sounds, 2 smells, and 1 taste. This forces your brain out of an internal trauma loop and back into the physical room.
- **External Spotting:** Keep your eyes wide open. Actively find and count 5 blue items or 5 square items around you.

2. Regulate Your Nervous System (Lower the Pulse)

- **The Physiological Sigh:** Take a deep breath in through your nose, immediately follow it with a second short "top-off" sniff, then let out a very slow, sighing exhale through your mouth. This is the fastest biological way to stop an acute adrenaline spike.
- **Box Breathing:** Inhale for 4 seconds, hold for 4, exhale for 4, hold empty for 4. Repeat for 1 minute.

3. Use Cognitive Containment (Focus on the Present)

- **The Mental Safe:** You cannot fully process trauma while actively dispensing medication or managing an emergency. Picture a secure filing cabinet or safe. Mentally lock the incident details inside it. Vow to open it *only* when your shift ends and you are with support.
- **The Dialectical "And":** Replace self-blame with balance. Tell yourself: *"This situation went poorly, **and** I am still a qualified, caring professional who is needed right now."*



KNOW YOUR COGNITIVE LIMITS

Mindfulness is a tool to help you breathe, not a cure for trauma. **Step down from direct patient care immediately and contact your supervisor or EAP if:**

- You cannot safely concentrate on medication dosages or clinical tasks.
- You feel entirely detached from your physical body or experience severe dissociation.
- You feel overwhelming worthlessness, severe depression, or thoughts of self-harm.

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YOU ARE NOT ALONE. PEER SUPPORT IS AVAILABLE:

☎ **Employee Assistance Program (EAP):** (802) 847-2827

 **Institutional Peer Support Network:** The Pulse- University of Vermont Medical Center (301-751-4614)

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
DEFINITION - Optimal functioning - Adaptive growth - Wellness FEATURES - At one's best - Well trained and prepared - In control - Physically, mentally, and spiritually fit - Mission focused - Motivated - Calm and steady - Behaving ethically - Having fun	DEFINITION - Mild and transient distress or loss of functioning - Always goes away - Low risk for illness CAUSES - Any stressor FEATURES - Feeling irritable, anxious, or down - Loss of motivation - Loss of focus - Difficulty sleeping - Muscle tension or other physical changes - Not having fun	DEFINITION - More severe and persistent distress or loss of function - Leaves a "scar" - Higher risk for illness CAUSES - Life threat - Loss - Inner conflict - Wear and tear FEATURES - Loss of control - Panic, rage, or depressed mood - Substance abuse - Not feeling like normal self - Excessive guilt, shame, or blame - Diminished sense of purpose, meaning, or hope in the future	DEFINITION - Unhealed stress injury causing life impairment - Clinical mental disorder TYPES - PTSD - Depression - Anxiety - Substance Dependence FEATURES - Symptoms persist and worsen over time - Severe distress, social or occupational impairment
Unit Leader Responsibility	Individual, Peer, Family Responsibility		Care giver Responsibility

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