

Staging	Stage Characteristics	Common Questions	Proposed Institutional Actions
Stage 1 Chaos & Accident Response	Error realized/ event recognized. Tell someone ⇒ get help Stabilize/treat patient May not be able to continue care of patient Distracted Experience a wave of emotions	How did that happen? Why did that happen?	Identify second victims Assess staff member(s) ability to continue shift Activate” ForYOU Team” support as needed
Stage 2 Intrusive Reflections	Re-evaluate scenario Self isolate Haunted re-enactments of event Feelings of internal inadequacy	What did I miss? Could this have been prevented?	Ensure “forYOU Team” Support Observe for presence of lingering physical and/or psychosocial symptoms
Stage 3 Restoring Personal Integrity	Acceptance among work/social structure Managing gossip/grapevine Fear is prevalent	What will others think? Will I ever be trusted again? How much trouble am I in? How come I can’t concentrate?	Provide management oversight of event. Ensure PSN completion if necessary. Manage unit/team’s overall response-“rumor control” esp. Evaluate if emotional event debrief is indicated
(Stages 1-3 may occur individually or simultaneously)			
Stage 4 Enduring the Inquisition	Realization of level of seriousness Reiterate case scenario Respond to multiple “why’s” about the event Interact with many different ‘event’ responders Understanding event disclosure to patient/family Litigation concerns emerge	How do I document? What happens next? Who can I talk to? Will I lose my job/license? How much trouble am I in?	Identify key individuals involved in event Interview key individuals Develop understanding of what happened Begin answering ‘why did it happen?’
Stage 5 Obtaining Emotional First Aid	Seek personal/professional support Getting/receiving help/support	Why did I respond in this manner? What is wrong with me? Do I need help? Where can I turn for help?	Ensure emotional response plan in progress if needed. Ensure Patient Safety/Risk Management representatives are known to staff and available as needed.
Stage 6 Moving On (One of Three Trajectories Chosen)	Dropping Out Transfer to a different unit or facility Consider quitting Feelings of inadequacy	Is this the profession I should be in? Can I handle this kind of work?	Provide ongoing support of the second victim. Support second victim in search for alternative employment options within institution.
	Surviving Coping, but still have intrusive thoughts Persistent sadness, trying to learn from event	How could I have prevented this from happening? Why do I still feel so badly/guilty?	Provide ongoing support Maintain open dialogue
	Thriving Maintain life/work balance Gain insight/perspective Does not base practice/work on one event Advocates for patient safety initiatives	What can I do to improve our patient safety? What can I learn from this?	Provide ongoing support Support second victim in ‘making a difference’ for future. Encourage participation in case reviews involving event Encourage staff feedback on practice modifications.

Throughout all stages individuals may experience physical and/or psychosocial symptoms. Triggering of symptoms and repetitive thoughts regarding the event can occur anytime during stages 2-6.