



TOOLKIT 9 · OPEN DISCLOSURE · TOOL 3 OF 5

Supporting Staff After a Serious Incident — The Second Victim

The clinician involved in harm is also hurt. What the manager does in the first hour, the first day, the first month

The second victim. After a serious incident, the clinician involved commonly has sleeplessness, guilt, loss of confidence and fear of blame. Without support, some leave the profession. Support is a safety intervention, not a kindness.

When	Do	Say
First hour	Check the person is safe to continue; relieve from clinical duty if not. Do not leave them alone. Do not take a statement now.	"Are you all right? Let's step out. You do not have to talk about it yet."
First day	Brief the person on what happens next (review, disclosure, their role). Offer peer support — a trained colleague, not the manager. Tell them the Just Culture guide will be applied.	"This will be reviewed as a system. You will be treated fairly. Here is who you can talk to, confidentially."
First week	Involve them in the review as a witness, not a defendant. Keep them informed. Adjust workload. Check in daily.	"What did you see? What would have helped?"
First month	Follow-up conversation. Refer to occupational health or counselling if symptoms persist. Include them in the learning.	"How are you sleeping? What has changed for you since?"
Never	Public blame. Statements of fault before the review. Isolation. Silence.	"How could you..." · "Don't discuss this with anyone."

Peer supporters

Train three to five respected clinicians as peer supporters: a half-day on listening, confidentiality, and when to refer. Publish their names. The peer supporter is not part of the review and does not report to management.

Adapted from AHRQ CANDOR (Communication and Optimal Resolution) toolkit, care-for-the-caregiver module.

ASF standards: Governance — safety culture, staff well-being; Code of Conduct