P003 - Counselling

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| --- | --- | --- | --- |
| Version | Approved: | Comments | Next review date |
| 1.0 | 01/09/2016 |  | 01/09/2021 |

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| Applies to: |
| All staff |

# PURPOSE

First Call Nursing aims to help all employees cope with grief and loss by providing counselling options instigated by completing F017 - Incident / Complaint Form (Accident/Near Miss).

# POLICY

First Call Nursing is committed to assisting its employees cope with any grief or loss they may experience in the application of their duties or when representing the company.

The company acknowledges the stress, hurt, pain, grief and loss its employees may encounter in their relationships with their clients. First Call Nursing believes it is obliged to adopt a problem solving approach that relieves common and understandable individual reactions to grief and loss.

These options can take the form of private discussions with the First Call Nursing professional staff or referrals to counsellors or psychologists that are part of our network.

These options are aimed at:

* Giving employees suitable time to grieve.
* Helping employees maintain their own health.
* Creating a realistic workload so as not to overload employees during the grieving process.
* Allowing employees an outlet to express their individual reactions.

The company, as a key component of this policy, is committed to both the physical and mental well-being of its entire staff in times to grief and loss.

# DOCUMENTS

F017 - Incident / Complaint Form

**F017 - INCIDENT / COMPLAINT FORM**

**(ACCIDENT/NEAR MISS)**

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| **Staff Member:**  |
| **Name of person reporting:**  |
| **Time & Date of Complaint/Incident:** |
| **Nature of Incident** – please give a detailed report of the complaint/incident |
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| **Staff Member signature:** |
| **Name & Contact number of Witness:** |
| **Incident reported to:**  |
| **Signature of person receiving report:** **Date:** |
| **Describe how the issue was resolved and what action was taken:** |
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| Is counselling required? |
| **Signed:** (Managing Director, Co-ordinator) **Date:** |

The person/employee filing this incident/complaint report will be given a copy after it is signed off on behalf of First Call Nursing.