

Critical Incident Stress Management (CISM) Policy



1. Purpose

The provision of support to the Horse Racing Industry across the different sectors when a critical incident occurs is seen as a priority by HRI to support any individual/ group of staff, employees, or professionals within the industry. As a direct consequence the implementation of this policy is designed to address the initial needs and support of those affected within the industry by traumatic incidents during the course of their employment in this diverse and highly populated industry.

The policy is in keeping with our commitment to actively engaging in a continuum of well-being services for all personnel in the course of their work.

2. Mission Statement

Critical incidents have a varying impact upon staff health and well-being in the workplace and as a result it is imperative that this organisation responds proactively through our duty of care when a critical incident occurs. Following the immediate priority response of the emergency services to address the immediate medical, health and safety needs for those involved in an incident, the provision of critical incident psychosocial response service can be actioned in the days subsequent to the incident. This response aims at facilitating staff to mitigate and process the impact of such incidents in the workplace.

HRI is committed to putting critical incident stress management (CISM) supports in place for staff across the industry to help them in the event of an incident, such as a traumatic event, witnessing a trauma/ life threatening event or accident, loss of life or sudden death. This commitment is endorsed by all the industry stakeholders, through the provision of a standard organisational response to the critical incident, as outlined in this policy.

3. Critical Incident – an explanation

The World Health Organisation defines a critical incident as “an event out of the range of normal experience – one which is sudden and unexpected, makes you lose control, involves the perception of a threat to life and can include elements of physical or emotional loss”.

Often such events are sufficiently disturbing to overwhelm or threaten to overwhelm a person’s coping capacity.

The following events, though in no way an exclusive list, are considered to be examples of a 'critical incident':

- (1) Witnessing or being present at a scene of death or serious injury or assault of a colleague or other person.
- (2) Presence at the scene of an incident involving loss of limb, potential loss of life, disfigurement or burns.
- (3) Presence at any large casualty scene.
- (4) Involvement in any situation in which a firearm is discharged causing injury or death, to human(s) or animals.
- (5) Involvement in a hostage situation.
- (6) Suicide or other unexpected death of a co-worker/colleague.
- (7) Personal identification with the victim or the circumstances.

Any incident in which the circumstances were so unusual or the sights and sounds so distressing as to produce a high level of distress or adverse reactions. There will be additional events which, because of particular circumstances or apparent impact on staff well-being, may well be classified as critical incidents.

Where doubt exists, communication must be established by the line management in the relevant sector of the industry or location, where the incident has taken place, directly back to EQUUIP and the Chief Medical Officer.

4. Critical Incident Stress Management (CISM)

CISM, a non-therapeutic voluntary set of interventions, refers to a management programme designed to provide early intervention and support to industry staff affected by the incident – either involved directly as being present at or witness to the trauma or life-threatening incident occurrence or having been impacted through connections, association or work location.

There are six elements to CISM which may be activated, dependent on the nature of the actual incident, which include strategic planning, informational groups, interactive groups, assessment/triage, individual psychological first aid resilience. The specific communication and psychosocial interventions are delivered as per table below:

Intervention	Type	Activity	Subjects	Timing	Duration
Rest Information Transition Services (RITS)	Information Rest Food	Passive	Staff only	After Work	Ten minutes & Agreed rest and food period
Crisis Management Briefing (CMB)	Information Comms	Passive Response to questions	Large group(s)	Before During After Update	Brief 20-30 minutes
Defusing	Interactive group with participant staff	Active	Selected incident specific group	Up to eight hours after incident	20- 40 minutes
Debriefing CISD	Interactive group with Process	Active	Selected incident specific group	No later than seven days after event	1-2 Hours

Not all four interventions will necessarily be used in each situation – responses are tailored to the nature of the incident and the numbers involved, in consultation with the nominated co-ordinator of the critical incident response system, under this policy.

5. Response to incidents/trauma in the workplace

Multiple factors can contribute to how an individual may respond to a very stressful event. Many of us respond differently to traumatic situations or incidents. We all have different levels of resilience and coping skills which can be influenced by several factors in addition to our ability to process such incidents, prior traumatic experiences and the supports & resources available to us, at that time.

Exposure to incidents can induce varying degrees of distress. Stress has a cumulative impact, which may profoundly influence our responses at any given incident. Reactions to a trauma may at times be very different for each of us and at other times, we find similar responses levels of distress to our colleagues.

The provision of voluntary group support participation through CISM helps the staff members linked to the incident come to terms with their experience and normalise their responses.

The majority of persons adapt/ recover from the impact of a trauma within a few weeks of the occurrence. A very small percentage of staff may continue to experience post-traumatic symptoms some months after the incident and these staff members should be medically assessed and appropriately referred into clinical services for support and treatment,

For most people, within the first four weeks of the incident's occurrence, they may experience one or more of the following:

- Flashbacks
- Sleeping difficulties,
- Nightmares &/ Night Sweats
- Low mood
- Sadness &/ tearfulness
- A sense of numbness/shock
- Deep sense of loss
- Anger
- Anxiety and compromised safety level

When these normal reactive stress symptoms to an adverse situation continue beyond eight weeks, this is commonly referred to as post-traumatic stress or acute stress. Further clinical support is recommended if the stress symptoms are failing to abate.

6. Notification of Critical Incident

All critical incidents which occur in the course of the work of the industry must be reported directly to both EQUIIP and the IHRB Chief Medical Officer, in order for services to be coordinated and implemented without delay. The Critical Incident Management Team is established to oversee the response to the incident(s)

The Critical Incident Management (CIM) Team is comprised of senior personnel from both HRI and IHRB (See flow chart) to oversee the daily flow of necessary internal & external communications, decisions and actions, arising from the actual incident. The Team is tasked with ensuring that all the relevant industry sectors conduct a uniform communications response, while simultaneously serving as the focal point for systemic updates and support provision. The Team will meet for daily briefs until the necessary actions and responses have been completed.

The needs and confidentiality of the person(s) affected by the critical incident will remain at the centre of all deliberations by the CIM Team, while overseeing the service provision. Central to all provision and media releases, the respective codes of ethics of the professionals represented on the CIM Team will underpin and inform all communications in the aftermath of the critical incident.

At the outset, the CIM Team will appraise the need for a **crisis management briefing** immediately after the incident and have oversight through the respective communication managers as to the information that is released to the media, any official statements, notifications or dissemination of information pertaining to the incident or support services for those impacted by the incident.

The CIM team will contact the CISM providers to arrange the necessary **CISM debriefing** sessions, utilising CISM trained personnel for same. (As below).

In the event of widespread impact across any or all sectors of the industry, the CIM Team, if determined as warranted, will advise the respective sector as to the provision of an industry community support meeting. The CIM team will determine the content, personnel participation, duration and location of same.

Upon completion of the critical incident responses, the CIM Team will conduct an **After - Action Review (AAR)** meeting and issue a report to the Chief Executives of HRI and IHRB for consideration, including any recommendations or findings pursuant to the organisational responses, as appropriate.

7. CISM Debriefing

In due course, upon completion of the immediate emergency communications, the CIM Team mobilises the CISM providers. The CIM team will notify the CISM providers of the incident and arrange suitable location and date for the session(s). The optimal time for the session(s) to take place should be anywhere from three to eight days after the actual incident. The CIM Team will arrange the debriefing session and make contact with the key staff/ groups of persons present at the critical event, that may benefit from the session(s). The CISM providers will determine with the CIM Team the specific groupings for the various debrief sessions. Participants may only attend one debriefing session. Each participant will be given signposting for further industry & external supports, as in the HRI Trauma pamphlet.

Participation is **voluntary** and contacted personnel who do not wish to avail of the de-brief session can be offered alternative supports, as determined by the CIM Team.

CISM debriefing aims to help staff normalise their responses and put measures in place to safeguard their well-being going forward, following a traumatic incident. After the group debrief, follow-up contact takes place with each participant to ensure continuity of care, as appropriate.

As a confidential group intervention, it provides the opportunity for those staff affected by the incident to process and understand their experience through the support of the facilitated group. It also provides the CISM facilitators an opportunity to appraise whether some staff may require further intervention/support and for these supports to be identified directly with the participant(s), in the follow-up phase.

The CISM Debrief providers will notify the Critical Incident Management Team of the completion of this response measure.

8. Stakeholders

- HRI
- IHRB
- CHIEF MEDICAL OFFICER + MEDICAL TEAM
- HEALTH & SAFETY OFFICER(S)
- INDUSTRY SERVICES COMMITTEE
- RACECOURSES
- RACE
- IRISH JOCKEYS ASSOCIATION
- IRISH THOROUGHBRED BREEDERS ASSOCIATION
- IRISH TRAINERS ASSOCIATION
- IRISH STABLESTAFF ASSOCIATION

- All sectors of the horse racing industry
- All employees within the horse racing industry

Key contact designated personnel in IHRB & HRI.

9. Review of this policy

This policy will be subject to annual review, instigated by HRI equip department. Additional measures or response protocols may be adapted during the course of the twelve months, under the discretion of HRI in conjunction with the Chief Medical Officer, IHRB.

10. Review of this policy

Policy	Critical Incident Stress Management Policy
Version Number	1.0
Revision Date	September 2026
Owner	HRI

Appendix 1

Critical Incident Communications Policy

1. Purpose

The purpose of this communication policy is to support those in leadership roles who find themselves responsible for the communication surrounding critical incidents and is aimed at supporting the joint HRI / IHRB CISM Policy.

This communications policy aims to provide guidance on the most common scenarios likely to be encountered by HRI and IHRB, identifying who the information comes from, at what time and to whom. While the scenarios detailed are by no means an exhaustive list, it is anticipated the templates provided can be adapted for use in the majority of situations.

Some of the scenarios below may not be deemed critical nor need the activation of the CISM policy, however this allows us to be prepared for potential issues that may occur and ensure communication pathways are clear alongside the decision to implement the CISM policy.

2. Scenarios

HUMAN

1. Licensed Riders

- Injury – nonlife threatening.
- Injury – life threatening, life changing.
- Rules of Racing breach – high profile race or high-profile rider / disqualification or amendment of placings / interference / non-triers.
- Anti-doping adverse analytical finding – high profile rider, high profile substance, usually not urgent.
- Non-racing incidents – accident or injury to rider or their family.
- Other

2. Licensed Trainers

- Rules of Racing breach - high profile race or high-profile rider / disqualification or amendment of placings / interference / non-triers.
- Anti-doping adverse analytical finding - high profile rider, high profile substance, usually not urgent.
- Horse welfare issue within their yard.
- Trainer conduct – racing related or non-racing.
- Staff issue within their yard – racing related or non-racing.
- Non-racing – accident or injury to trainer or family member.
- Stablestaff – accident or injury.
- Other

3. Non-licensed personnel

- Includes incidents occurring among HRI, IHRB, Racecourse employees, or any other person working in the horseracing and breeding industry

HORSE

4. EQUINE

- Horse injury or fatality – high profile horse / high profile meeting.
- Horse welfare issues.
- Biosecurity issues – e.g., equine influenza and other equine diseases.
- Other

IHRB

5. IHRB Race Day Operations

- Race-day officials: errors, conduct.
- Race-day operational issues.
 - Cancellation / abandonment of high-profile meetings
 - Weather issues
- Stewarding decisions

6. NON-RACE DAY IHRB

- Equine welfare
- Equine anti-doping
- Governance / regulation HRI and IHRB

7. ASSOCIATED ISSUES

- Any major incident which may bring racing into disrepute.

RACECOURSE or POINT TO POINT TRACK

8. RACECOURSE VENUE / POINT TO POINT

- Major incident – fire, structural collapse, bomb threat or explosion, biosecurity issue.
- Event management – overcrowding, serious crowd disorder, traffic control, ATMs, catering, cleaning.
- Protestors
- Weather events
- Injury / fatality among attending public
- Other

3. Communication

1. Responsibility for the information:

- **IHRB:**
 - i. Incidents involving licensees.
 - ii. Incidents relating to race day operations.
 - iii. Equine welfare issues
 - iv. Point to Point INHSC
- **HRI:**
 - i. Crossover with Equine welfare issues
 - ii. Broader IHRB / HRI Governance and management issues
 - iii. Support and collaboration with IHRB on relevant incidents
- **Racecourse:**
 - i. Any issue related to a Racecourse venue and event, supported by the IHRB and HRI where relevant.
- **Gardai:**
 - i. Major Incidents involving non-racing matters, most likely to be related to venue/event.
 - ii. Any criminal matters which may involve licensees.
- **Other:**
 - i. IHRB / HRI Communications Departments

2. Who is informed and in what order:

- **Authorities IHRB / HRI:**
 - i. Raceday team / Communication manager
- **Next of kin:**
 - i. Rider, trainer, groom, staff member
 - ii. Staff: IHRB, HRI, Racecourse, extended third party providers on race day
- **Trainer / Owner / Groom:**
 - i. For incidents relating to a horse
 - ii. For incidents where a jockey or groom is involved.
- **Race Day:**
 - i. IHRB and HRI staff / riders / trainers / stable staff / racecourse staff
 - ii. Media
- **General public:**
 - i. Race day – those on site and wider public
 - ii. Non-Race Day

3. From whom the information comes from (personnel):

Coordinated through IHRB Head of Communications & Strategy, Niall Cronin, or nominated representative and following discussions with HRI Director of Communications & Marketing, Paula Cunniffe, where appropriate.

- **CEO to be informed based on seriousness of the incident**
 - i. Darragh O'Loughlin, IHRB
 - ii. Suzanne Eade, HRI
- **Chief Medical Officer or IHRB Medical Officer for all medical related incidents**

- i. Dr Jennifer Pugh
- Chief Veterinary Officer / Head of Anti-Doping for all Equine welfare / anti-doping incidents
 - i. Dr Lynn Hillyer
 - ii. John Osborne, HRI
- Head of Race Day Operations for race day incidents
 - i. Paul Murtagh
 - ii. Jennifer Walsh
 - iii. Niall Cronin
- Head of Stewarding for Stewarding incidents
 - i. Liam Walsh
 - ii. Paul Murtagh
 - iii. Niall Cronin
- IHRB non-race day issues
 - i. Niall Cronin
 - ii. Darragh O'Loughlin
- Racecourse incidents
 - i. Racecourse manager with support from IHRB and HRI
- HRI
 - i. Director of Communications & Marketing Paula Cunniffe
 - ii. Head of Department, depending on the scenario.

4. Follow-up communications:

- Who is in charge:
 - i. IHRB Head of Communications & Strategy alongside relevant team
 - ii. HRI Director of Communications & Marketing alongside Communication Department, dependent on the scenario

Endeavour to keep both HRI and IHRB informed at all times.
- Who needs more information:
 - i. Next of kin / family, wider racing community.
 - ii. One to one briefing with those most affected alongside broader statements to relevant bodies and / or the general public.
 - iii. CISM team guidance on the level of detail and agreement with relevant personnel as to what information is released.
 - iv. Communication between stakeholders is key before the wider general public.
- What is said and when:
 - i. Aim for brief, non-descript information at first.
 - ii. More detailed information for those groups who need it will be coordinated by CISM team where appropriate.

Follow up as deemed appropriate and in agreement with those involved as time progresses.

4. Review of this policy

HRI is committed to taking a proactive approach to this area and to regularly reviewing its approach in line with internal and external developments and legislation. This policy will be reviewed on an annual basis.

5. Document Control

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