
Policy for the management of the second victim of an adverse event

1. Purpose

The fragility of the patients treated at the Toulouse Oncopole University Cancer Institute, the seriousness of pathologies and risks associated with innovations and treatments can make adverse events rapidly critical and have a severe impact on professionals.

Although 60% of healthcare professionals are able to name an adverse event in which they can identify themselves as a second victim, more than 2/3 of them develop a loss of self-confidence, anxiety, depression or a decrease in performance in their work in the aftermath of this event (Edrees H.).

These long-term consequences (80% of professionals think about the event afterwards) have a lasting impact on practices (Arzalier-Daret S).

In 55% of cases, the practice becomes more dangerous in the months following the difficult episode (Amalberti R).

The implementation of a system for dealing with the second victim of an adverse event contributes to reinforcing the culture of safety, and therefore the safety of care, for the benefit of patients and professionals.

Thus, the Toulouse Oncopole University Cancer Institute recognizes that professionals may be confronted with emotional and psychological trauma due to their exposure to adverse events.

The purpose of this Policy is to formalize the implementation of a system for dealing with second victims of an adverse event.

This system does not replace the organizations in place for risk management and patients relations desk.

2. Definition of the 2nd victim

The second victim is often described in the literature as "a caregiver who is involved and traumatized by an unexpected and adverse event about a patient and/or medical error for which he/she often feels personally responsible and which causes a sense of failure and challenges his/her clinical experience and core competencies.

3. The institutional position

The support system was developed in 2020 by a multidisciplinary working group. It is validated by the General Management and presented to the social partners.

Any professional involved in an unexpected and unfavorable event for a patient can be considered as a potential second victim.

Any second victim can benefit from an immediate evaluation and an offer of support.

The board promotes and guarantees the proper functioning of the support system among all IUCT-Oncopole professionals, relying in particular on a coalition made up of local management, heads of departments, medical service managers, care managers and the medical commission.

4. Description of the support offer

Beyond the emotional first aid, the use of the rest of the offer is voluntary and triggered by the second victim himself.

The offer is based on 3 proposals:

- immediately
 - o emotional first aid to provide immediate emotional support to the second victim
 - o immediate debriefing to ensure continuity of care
- in the following
 - o support from a supportive peer
 - o referral to the psychologists network (under agreement)
 - o referral to external resources
- free access to documentary resources to better understand the situation of the 2nd victim

Respect for the confidentiality of interventions and exchanges is the basis of the support offer for 2nd victims.

The system is widely communicated internally.
Tools can be communicated externally.

5. Professionals in the field

Emotional first help

Any professional working at the IUCT-Oncopole can intervene as an emotional first helper. They are considered as "listeners".

They intervene while strictly guaranteeing the confidentiality of exchanges.

They cannot be held responsible for any complex psychological consequences when they intervene within the framework of this policy.

Supportive peer

The supportive peer work at the IUCT-Oncopole and can have had experience as second victims.

They intervene while guaranteeing the strict confidentiality of exchanges.

They are identified and trained by the institution, have formal tools at their disposal and respect their own intervention policy.

The supportive peer are directly solicited by the 2nd victim.

The supportive peer are regularly supervised as a group and can withdraw temporarily or permanently from the system at any time.

The supportive peer are volunteers and cannot be held responsible for any complex psychological consequences when they intervene within the framework of this charter.

6. The supportive offer limits

The supportive offer strictly concerns the aftermath of acts of care.

Support for second victims is organized on the premises of the IUCT-Oncopole, during working hours.

The professionals involved in the program are not authorized to monitor, prescribe or administer treatment.

They do not replace a possible diagnosis or psycho-therapeutic follow-up.

7. Evaluation of the supportive offer

The supportive offer set up will be regularly assessed in order to make useful adjustments for professionals.



Signatories :
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