



Below is a **structured, trauma-informed mental wellbeing plan** designed specifically for **Operating Theatre Assistants (OTAs)** who face **daily exposure to extreme medical emergencies**. The plan focuses on **prevention, protection, early support, and recovery**, recognizing that repeated high-intensity exposure can accumulate psychological stress even in experienced staff.

This plan avoids clinical graphic detail and centers on **sustainable wellbeing and safe practice**.

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## 1. Guiding Principles

The plan is built on these core principles:

- **Exposure to trauma is occupational, not personal weakness**
- **Psychological safety is as important as physical safety**
- **Early support prevents long-term harm**
- **Wellbeing is a shared responsibility** (individual, team, and organization)

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## 2. Pre-Exposure Preparation (Building Psychological Resilience)

### A. Education and Normalization

- Mandatory education on:
  - Stress responses (acute stress, compassion fatigue, burnout)
  - How repeated emergency exposure affects the brain and body
- Clear messaging that emotional reactions are **expected and valid**
- Training on recognizing early warning signs in oneself and colleagues

### B. Mental Skills Training

- Short, practical training in:
  - Grounding techniques
  - Controlled breathing
  - Focus-reset skills between cases
- Emphasis on **functional coping**, not emotional suppression

### C. Clear Role Boundaries

- Reinforce clarity of OTA responsibilities
- Reduce moral distress by:
  - Making it clear OTAs are not responsible for clinical outcomes
  - Encouraging escalation rather than internalization

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## 3. Support During the Working Day (In-the-Moment Protection)

### A. Micro-Recovery Practices



Built into shifts:

- 2–5 minute decompression moments after major trauma cases
- Quiet spaces near theatres for short mental resets
- Permission to step away briefly once patient safety allows

### B. Team-Based Check-Ins

- Brief, non-intrusive check-ins such as:
  - “Are you okay to continue?”
  - “Do you need a moment?”
- Normalize peer support without forcing emotional disclosure

### C. Rotational Exposure

Where staffing allows:

- Rotate OTAs between:
  - Trauma theatres
  - Lower-intensity lists
- Prevent prolonged continuous exposure to extreme cases

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## 4. Post-Incident Support (After Major Trauma Events)

### A. Structured Debriefing

- Short, psychologically safe debriefs focused on:
  - What went well
  - What was difficult
  - What support is needed next
- Avoid blame, clinical critique, or forced emotional sharing

### B. Optional One-to-One Support

- Confidential access to:
  - Occupational mental health professionals
  - Trained peer supporters
- Emphasis on **choice and privacy**

### C. Normalizing Recovery Time

- Allow OTAs to:
  - Take breaks
  - Change duties after particularly intense cases
- Avoid “powering through” as a cultural expectation

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## 5. Long-Term Wellbeing Strategies

### A. Regular Mental Health Check-Ins



- Scheduled wellbeing reviews (not only after incidents)
- Focus on:
  - Sleep
  - Emotional load
  - Cumulative stress

### B. Peer Support Programs

- Trained OTA peer supporters
- Safe spaces for shared experience without judgment
- Mentorship for newer staff exposed to trauma early in their careers

### C. Leadership Training

- Train senior staff and managers to:
  - Recognize distress signals
  - Respond supportively, not punitively
  - Model healthy coping behaviors

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## 6. Individual Self-Care Framework (Realistic and Practical)

Encourage OTAs to develop **personal coping plans**, including:

- Physical recovery:
  - Sleep protection
  - Nutrition and hydration
- Emotional outlets:
  - Talking with trusted people
  - Journaling or reflective practice (optional)
- Identity balance:
  - Activities unrelated to healthcare
  - Reinforcing self-worth outside the trauma environment

Importantly: **Self-care is support, not a replacement for organizational responsibility.**

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## 7. Red Flags and Early Intervention

All staff should be educated to recognize warning signs such as:

- Emotional numbness or detachment
- Irritability or withdrawal
- Difficulty concentrating
- Persistent intrusive thoughts about work
- Feeling hopeless or overwhelmed

Clear, stigma-free pathways must exist for **early support**, not crisis-only intervention.

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## 8. Creating a Culture of Psychological Safety



## Operating Theatre Assistant – Mental Health Management

The most important element of the plan:

- Open conversations about mental wellbeing
- No shaming for needing support
- Recognition that resilience includes **knowing when to ask for help**
- Leadership actively demonstrating these values

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## Conclusion

Operating Theatre Assistants working in daily major trauma environments are exposed to **extraordinary psychological demands**. A comprehensive mental wellbeing plan must:

- Prepare staff before exposure
- Protect them during intense events
- Support recovery afterward
- Sustain wellbeing over an entire career

When mental wellbeing is prioritized, OTAs are safer, more effective, and better able to continue their essential work without long-term harm.