

**Acceptance to be a Peer Support Responder**

**The Responder Role:**

Peer support utilises the skills and experiences of fellow workers to provide support and reassurance at times of stress. Peer Support Responders will be involved in:

- Providing psychological support to staff by utilising the Look, Listen, and Link framework outlined in the Psychological First Aid training course
- Maintaining confidentiality for staff who utilise the Peer Support Program (PSP)
- Discussing confidentiality with staff and conditions regarding breaking confidentiality when someone may endanger themselves or others
- Providing individual support and referral as required
- Developing a network and knowledge of referral resources
- Promoting help seeking behaviours, including reaching out to internal and external supports
- Check-ins with staff in the days/weeks following initial contact (via phone or face to face)
- Awareness of own stress levels and self-care
- Reaching out to fellow Responders or the onsite Psychologist when you need support
- Maintaining regular correspondence with the PSP Coordinator about referrals to allow for equal distribution of follow-up
- Promoting the PSP to staff

**Support for Responders:**

The well-being of the Responders is incredibly important. Ongoing support will be provided through second monthly peer support sessions which will be attended by the onsite psychologist, regular contact with other members of the Peer Support Group and the Coordinator.

**Participation and Confidentiality Agreement:**

I, \_\_\_\_\_ hereby accept nomination as a Peer Support Responder within the Royal Brisbane and Women's Hospital Department of Anaesthesia and Perioperative Medicine Peer Support Program. In this role I agree to maintain confidentiality at all times unless it becomes evident that a staff member is at risk to themselves or others, in which case I will escalate the case to the Director of the Department. I acknowledge that I have read this information sheet.

Signed: \_\_\_\_\_

**Access to Peer Support Responder:**

Access to a Responder may be by self-referral or via the Coordinator after anonymous referrals and critical incidents. Please provide your preferred contact details below.

<b>Name</b>		
<b>Role in the Department</b>		
<b>Contact Methods</b>	<b>Work Phone:</b>	<b>Email.</b>
	<b>Mobile:</b>	
<b>Preferred Method of Contact</b>		

Date: \_\_\_\_\_