

MEMBER RESOURCE

SLEEP & HYPERVIGILANCE

Why you can't switch off, and what actually helps.

CODE ONE SUPPORT

SLEEP & HYPERVIGILANCE

You're exhausted, and you still can't switch off. That combination isn't a contradiction — it's exactly what a nervous system stuck in alert mode looks like from the inside.

Hypervigilance is your system staying on watch after a threat has passed, because it hasn't received a clear enough signal that it's safe to stand down. Sleep is usually the first thing it costs you, and often the thing that makes everything else harder to manage.

WHAT IT ACTUALLY IS

Your nervous system has two basic settings relevant here: alert and at rest. The job requires you to spend a lot of time in alert — scanning for risk, ready to act, reading rooms and situations for danger other people don't even register. That's a genuinely useful skill on shift. The problem is when it doesn't switch off once the shift ends, because your system has learned that staying alert is safer than standing down.

Sleep disruption isn't really an insomnia problem in the ordinary sense. It's a downstream symptom of a nervous system that's still scanning for threat at 2am, in your own bed, where there isn't one.

WHAT THIS LOOKS LIKE IN PRACTICE

You sit with your back to the wall without deciding to. You notice exits in rooms automatically, even at your kid's birthday party. You lie down to sleep and your mind runs through the day's calls, or scans for sounds in the house, long after there's any reason to. You're tired enough to sleep and alert enough that your body won't let you.

HOW IT SHOWS UP

- Difficulty falling asleep, staying asleep, or both
- Waking earlier than intended, alert immediately rather than groggy
- Scanning rooms, sitting facing exits, noticing threats that aren't there
- An exaggerated startle response to sudden sounds or movement
- Feeling like you're always slightly braced for something to happen
- Physical tension — jaw, shoulders, neck — that doesn't fully release even at rest

WHY IT HITS THIS JOB HARDER

You're trained to scan for danger as a core professional skill — it's not incidental to the job, it's part of what makes you good at it. The problem is that skill doesn't come with a reliable off switch, and nobody trains the stand-down the same way they train the alert.

Shift work compounds the problem directly. Rotating or overnight shifts disrupt your body's natural sleep architecture regardless of anything else going on, which means you're trying to override an already-disrupted sleep system with a nervous system that's also reluctant to stand down. Each problem makes the other harder to manage.

WHAT ACTUALLY HELPS

Give your nervous system a deliberate signal that the shift is over. Driving straight from scene to couch gives your body no clear boundary between "on" and "off." A few minutes in the car before you go inside, changing out of uniform immediately, or a short fixed routine before you engage with family all work the same way — they're a signal, not just a habit.

Use your exhale, not your inhale, to calm down. A longer exhale than inhale directly activates the part of your nervous system responsible for standing down. Something as simple as breathing in for four counts and out for six, repeated for under a minute, produces a measurable physiological shift — it's used by tactical units for exactly this reason.

Protect a consistent wake time, even around shift work. Sleep quality responds more to consistency than to total hours. Where your schedule allows any control at all, anchoring one fixed point — even just wake time — gives your body clock something stable to work from.

Treat persistent hypervigilance as information, not weakness. If scanning and startle responses haven't eased over weeks, that's not something to just wait out. It's worth naming directly with a peer or professional, the same way you'd flag a physical injury that wasn't healing on its own.

WORTH SITTING WITH

What does your body actually do in the first ten minutes after you walk in the door post-shift?

Is there a specific place or situation where you notice yourself scanning, even when you know it's safe?

How long has your sleep actually been like this – weeks, or longer than you've admitted?

IF THIS IS URGENT RIGHT NOW

This resource isn't a crisis tool. If you're having thoughts of suicide, of not wanting to be here, or of harming yourself – stop reading and reach out now:

AU: Lifeline 13 11 14 **US:** 988 **UK:** Samaritans 116 123 **CA:** 1-833-456-4566

This resource will still be here when you're ready.

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If this helped, here's where to go next.

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This resource is for informational and educational purposes only and does not replace professional mental health support. If you are in crisis, contact your local 24/7 crisis service.

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