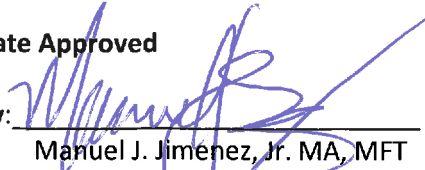
	<p>Date Approved</p> <p>By:  Manuel J. Jimenez, Jr. MA, MFT Behavioral Health Director</p>
<p>POLICY TITLE</p> <p>BHCS Internal Critical Incident Response Policy</p>	<p>Policy No: 2101-2-1</p> <p>Date of Original Approval: 10/20/16</p> <p>Date of Revision(s):</p>

PURPOSE

The purpose of this policy is to guide the Alameda County Behavioral Health Care Services' (ACBHCS) Leadership and Management organizational response when a critical incident occurs that involves either ACBHCS consumers/clients, staff , or takes place on a county operated site. The intent is to respond with a Trauma Informed Systems perspective that recognizes the impact that a critical incident can have on staff, consumers/clients, and the functioning of the system. It does not replace the requirement to complete an Unusual Occurance/Death Reporting Form per Policy No: 1603-4-1.

AUTHORITY

ACBHCS has the authority to create this standard of practice

SCOPE

All BHCS county operated and owned programs, and administrative operations have responsibility for implementing this policy.

POLICY

This policy establishes the clinical practice and standard response from BHCS management staff when responding to a critical incident that involves a beneficiary, staff member, or that occurred on a county operated site. Critical incidents are defined as suicides, deaths, serious injury or harm to, or at the hands of, a beneficiary or ACBHCS staff member or, an event which impacts the beneficiaries or staff member at an ACBHCS site or in proximity to an ACBHCS site.

ACBHCS Leadership may also identify as critical incidents, national or local tragedies that have an impact on the BHCS workforce.

PROCEDURE

I. Notification

- A. Within 24 hours of learning of a critical incident (as described above under POLICY) the reporting supervisor shall notify the BHCS Director and the Executive Team Operational Lead, by phone or by email, regarding what has occurred and who was involved. Within 72 hours, this shall be followed by a written report.
- B. The Executive Team Operational Lead will serve as the department point person to provide ongoing consultation and guidance to reporting supervisor.

II. Response

- A. A response plan is developed to address the impact of the critical incident by the reporting supervisor and the Executive Team Operational Lead.
- B. The designated Executive Team member, designees, and reporting supervisor, will serve as the response team to coordinate and respond together to the critical incident, and make themselves visible and available to the impacted staff.
- C. The response team will notify and consult with the HCSA Human Resources (HR) Departmental Personnel Officer for any HR suggested additional action items.
- D. The plan must include meeting with impacted staff and/or program units to provide accurate information, offer resources, and identify staff needs.

The response team is referred to:

Attachment I- [Phases of Shock and Individual Response to a Traumatic Event and Intervention Strategies](#), and to the [ACBHCS Trauma Informed Care \(TIC\) website](#), www.alamedacountytraumainformedcare.org.

To access the document *Resources in Response to Tragedies* use the link, <https://alamedacountytraumainformedcare.org/resources/resources-and-information/>.

For information regarding self care tips go to <https://alamedacountytraumainformedcare.org/caregivers-and-providers/self-care-tips/>.

III. Action

- A. Within one week of the incident, a referral to BHCS Employee Assistance Program (EAP) shall be offered to impacted staff subsequent to the critical incident. A determination shall be made as to whether on-site EAP counseling shall be provided to support staff who may self identify as needing additional support.

Crisis Support Services of Alameda and Contra Costa County, may also be utilized for group supports through:

Crisis Support Services
Director of Community Education
Mercedes Coleman
510-420-2473
mcoleman@crisissupport.org

Staff may be also referred to their 24 hour Crisis Services at 1-800-309-2131 or their website <http://www.crisissupport.org/> for support groups and additional resources on grief, loss and suicide.

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- B. With the approval of the Executive Team, the Executive Team Operational Lead will consult with Human Resources to determine whether involved staff should be placed on leave and whether this leave shall be paid or unpaid.
- C. As indicated by the situation, the BHCS Executive Team shall decide whether to communicate to a larger audience, outside of ACBHCS and what information may be shared regarding the critical incident.
- D. An email memo shall be sent to all ACBHCS staff regarding the incident and include:
 - 1) whether the individual(s) directly involved are staff members or beneficiaries,
 - 2) where to direct press or other inquiries regarding the incident,
 - 3) how and what to communicate with the staff, the public, or other beneficiaries at the site.

CONTACT

BHCS Office	Current as of	Phone
BHCS Director and Deputy Director		510-567-8100

HISTORY

Original Author Ellen Muir, Assistant Director CSOC and James Wagner, Director Adult System of Care
Original Date of Approval:

Revision Author	Date of Approval	Approved BY

DEFINITIONS

Term	Definition
Critical Incident	Critical incidents are defined as suicides, deaths, serious injury or harm to or at the hands of a beneficiary or ACBHCS staff member or an event which impacts the beneficiaries or staff member at an ACBHCS site or in proximity to an ACBHCS site. Leadership may also identify national or local tragedies that have a traumatic impact on staff as requiring a critical incident response.
BHCS Beneficiary	Clients/Consumers who currently receive or received services within the last 12 months at a BHCS county operated program.
BHCS Staff	Employees or Interns
BHCS Site	ACBHCS owned or operated facilities

ATTACHMENTS

- Attachment I: "Phases of Shock and Individual Response to a Traumatic Event and Intervention Strategies"
- Attachment II: ACBHCS Incident Report form

ATTACHMENT "I"**PHASES OF SHOCK AND INDIVIDUAL RESPONSE TO A TRAUMATIC EVENT and INTERVENTION STRATEGIES****Day 1-2: Shock Phase**

The shock phase of a traumatic event is generally characterized as the first 24-48 hours following the event. During this time, the community as a whole will be extremely fragile and vulnerable. The Site/Program community will be vulnerable to the direct impact of the event, indirect impact of associative trauma, and the effects of media exposure. During this time, treatment and intervention strategies may not be particularly effective. Safety will be the prominent issue.

The main focus should be the immediate emotional, psychological, and physical well being of the community affected. The most effective place to deliver this care is at the site. Protection is the main concern during this period. The symptoms of shock will necessitate a plan to protect the community against re-injury.

Task 1: Briefing with Crisis Intervention Team

A team briefing should be convened on site with the designated member of the executive leadership team at the first opportunity after a traumatic event. The Crisis Intervention Team (CIT) should include, but is not limited to, the Exec. Designee, the site Clinical Manager, and the site ASM. Human Resources and the county EAP may be included as determined by the CIT. It is also important to hold regular briefings throughout the crisis.

Task 2: Outside Contacts

Contact with the media (if necessary) should be made through the BHCS Director or her/his designee. Managers should **not** make statements on or "off the record" to the media unless designated by BHCS Administration.

It is important that information regarding the crisis be provided to staff, administration, and outside agencies who may be concerned about the physical and mental health of staff and clients.

Task 3: Short Term Assessment of Traumatic Impact

The reality of a short-term assessment of the traumatic impact of an traumatic event will vary with the nature of the crisis. The primary issue is always the safety of the staff and clients. However, a timely assessment of the physical and emotional risks present, and the individual and/or groups who are "at-risk" for severe trauma, and the likely progression of trauma throughout the site, will need to take place.

Task 4: Identify "At-Risk" Staff

A separate meeting for "at-risk" staff should be held and facilitated by critical incident staff for debriefing. Contact the Alameda County Employee Assistance Program, Claremont Behavioral Services, 800-834-3773.

This allows staff to begin to normalize their reactions within a smaller group who are also experiencing a trauma response.

"At-risk" staff may include the following:

- Those who knew the victim(s) well
- Those who were directly involved in the the circumstances surrounding the traumatic event
- Those who were indirectly involved in the traumatic event
- Those who have associate trauma issues or may have been considered "at-risk" individuals before the event

Task 5: Meet with the Staff

A staff meeting for all staff should take place before they have to continue work with their clients. The assessment of the crisis may indicate that the staff will need a trauma debriefing (e.g. in the event of a death of a client or staff person). At risk staff may need support or replacement at their sites or to fill in for their work responsibilities. The staff as a whole will need to be given information regarding the traumatic event and what is appropriate to discuss with clients, if deemed necessary. This information may include facts surrounding the crisis, a plan of action for the day/week, and crisis intervention resources available. Communication with staff must be a priority.

Communication with the staff may be done in a large group meeting, smaller classes or group meetings, and/or in classrooms. When there is phone service, announcements can be distributed by phone mail distribution lists. Information given to the staff may include the facts surrounding the crisis, normal reactions to crisis, the plan of action for the day/week, and resources available to them ("drop-in room", counselors, EAP, etc.).

Task 6: Administrative Response Plan

The Executive Leadership team will meet to share information and make assessments, such as the latest news about the incident, latest inventory of casualties and survivors, and resources available. The team will list the problems, prioritizing, delegating, and making the best decisions it can given the information and resources at hand.

The plan for the day, or designated period of time, should be reviewed and distributed to administration and/or staff as appropriate. The plan should also include a meeting, briefings, and follow up meeting times.

Days 2-6: Impact Phase

As the shock of the event wears off and the impact surfaces, a great deal of information and support will be needed by the affected community. The main issues during this time will be the emergence of emotions and accompanied behaviors directly related to the event or indirectly associated with the event. During this time, it is imperative to process the emotional and physical reactions that may be surfacing. At this point, the clients and staff who have been particularly impacted or considered to be "at risk" need to be identified and supported.

Task 1: De-brief Previous Day or Phase

Each team member should give an update as to the status of his/her area of responsibility.

Task 2: Re-assignments of Tasks (if applicable)

Each crisis will present different issues and problems. After the first couple of days, it may be necessary to re-assign team tasks as needed during the crisis.

Task 3: Review of Administrative Response Plan

The team will need to review the administrative plan for the days/weeks activities and adjust the intervention plan as appropriate.

Task 4: Information Meetings

The staff may need to meet at the beginning of each day or each phase of the crisis. The meetings should include the following topics:

- Discussion About Site/Clinic Behavior

Issues may include assessment of the site community and "at-risk" staff, update information about the crisis, discussion on caring for the self, information about processing the crisis with staff, and assessment

of support and resources needed by staff. Discuss how to allow staff to process the impact of the crisis on their treatment of clients. Staff need to be made aware of resources available to them.

- Site Routines

As much as possible, program routines should be continued. Staff meetings and work activities, though possibly painful, will give structure and control back to the community.

Day 6 Through Weeks: Integration Phase

During this time, the majority of those affected will have closure and move away from the trauma. Occasional support will be needed, particularly when issues are revisited (e.g. anniversary dates, media stories, court dates). Those individuals who are not able to integrate the event and move forward may need further mental health care.

The goal of the entire process is to have the group integrate the impact of the event into their lives and grow from the experience. An active response from BHCS Leadership will bring this about for most of the community and will also prepare the community for the next traumatic event.

Task 1: Memorial

The Leadership team will need to work with site staff, client groups, and the safety committee to determine if a memorial should/will be held. This type of meeting can be used to process and put closure on many trauma issues. The greater the participation from staff, the better they will be able to have closure. Programs can include music, poems, testimonials and, when appropriate, an open microphone. These programs can also serve to identify staff that are in need of further counseling which should be made available as part of the program. The use of living or inanimate symbols at the memorial is also very effective. The final goal of the program is to give everyone in the affected community an opportunity to experience and participate, process feelings, and to mark an ending to the crisis.

This type of program may not be appropriate in the event of a suicide. A memorial with a suicide can send mixed messages. It may allow those staff persons, and others, who are "at-risk" to see the potential to be memorialized as a positive reaction to suicide and may provide the momentum needed to be self-destructive.

Task 2: Event Debriefing

The last task of the Crisis Intervention Team is to critique the intervention process. Each day and phase of the process should be discussed and de-briefed. The team may need to be de-briefed by an outside professional. Any changes to the protocol or response plan should be suggested and implemented at this point.

Cognitive functioning will continue to normalize as the community moves away from the crisis. There may be a resistance to re-visiting issues related to the trauma and the event, yet this is when we can teach to the moment. Staff can grow, realizing that they will experience fear, grief, anger, etc. at some point in the future. Use of curriculum based strategies will help integrate the trauma of the past, normalize resulting responses, and prepare individuals for future life events that will result in trauma.



**ALAMEDA COUNTY BHCS
INCIDENT REPORT FORM**

TO BE COMPLETED AND SUBMITTED TO THE ACBHCS OPERATIONAL LEAD WITHIN 72 HOURS OF THE INCIDENT

The ACBHCS manager whose staff are impacted by a Critical Incident should complete this form. Attach any photos or diagrams if necessary. The incident report form and any attachments should immediately be emailed to the Manager's Operational Lead within 72 hours of the event. If the incident is a traumatic national or local event, the form should be used to document any action taken or activities organized to address the event with the BHCS workforce.

DATE OF INCIDENT		DAY OF WEEK		TIME OF INCIDENT		
LOCATION OF INCIDENT						
Describe Event: What happened, nature of injury or death, who involved, victim and witnesses, where treated. Use this Expandable form	(1) Name of Injured:		Age:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
	Address:					
	Nature of Injury (Specify Injured Part(s) of the Body):			First Aid Procedures Used and by Whom:		
	(2) Name of Injured:		Age:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
	Address:					
	Nature of Injury (Specify Injured Part(s) of the Body):			First Aid Procedures Used and by Whom:		
PROPERTY DAMAGE INFORMATION	What was damaged?		Where can damaged property be seen?			
	Describe in detail the property damages:					
	Who is the Owner?		Owner's Address:		Owner's Phone #:	
PHOTOGRAPHS Were any taken? <input type="checkbox"/> Yes <input type="checkbox"/> No → If "YES" By Whom? Phone #:						
IF THERE WERE ANY WITNESSES, PLEASE PROVIDE THE FOLLOWING INFORMATION						
(1) Witness Name:		Address:		Work Phone: Home Phone:		
(2) Witness Name:		Address:		Work Phone: Home Phone:		
(3) Witness Name:		Address:		Work Phone: Home Phone:		

Describe Action Plan, Interventions and the Desired Outcomes/Results

B. DESCRIBE THE INCIDENT IN DETAIL:	
HOW COULD THIS INCIDENT HAVE BEEN PREVENTED?	
ADDITIONAL REMARKS:	
REPORTING EMPLOYEE'S NAME, TITLE: (Print or Type Below)	Phone #:
Employee's Signature _____ Date: _____	
^{c.} G. REPORTING EMPLOYEE'S SUPERVISOR'S NAME, TITLE (Print or Type Below)	Phone #:
Supervisor's Signature _____ Date: _____	