

# Critical Incident Stress Management Plan

## ■ Purpose

UAB recognizes emergencies and critical incidents sometimes occur in the workplace and employees may experience significant distress as a result. Such incidents in the workplace sometimes results in emotional, physical, cognitive and/or behavioral reactions, which can result in impaired employee work performance and adversely affect fellow workers in addition to members of their immediate households.

The purpose of this plan is to ensure UAB is prepared and effectively responds to such emergency and critical incidents by providing appropriate crisis intervention and support to those in need. Crisis intervention and effective emergency and critical incident management can minimize the negative impact on the greater UAB community. This plan solidifies UAB's commitment to ensure appropriate support is in place through the EACC.

## CRITICAL INCIDENT TERMINOLOGY

**Emergency:** A serious unplanned event that compromises the health, safety, and welfare of others, property or infrastructure and requires immediate action. Usually such events disrupt normal business activities and results in the need for resources to mitigate the effects.

**Critical Incident:** A critical incident is an abnormal or traumatic event "which has the potential to overwhelm one's usual coping mechanisms resulting in psychological distress and an impairment of normal adaptive functioning."

**Critical Incident Stress:** A person or groups emotional, physical, cognitive, and behavioral response experienced after a critical incident. Critical incident stress is a normal reaction to an abnormal event often resulting in psychological distress.

**Traumatic Event:** An incident in which a person witnesses or is exposed to actual, threatened or perceived serious injury, death, or sexual violation. Exposure to such events may result in physical, emotional, spiritual, or psychological injury resulting in the need for therapeutic and/or medical intervention.

**Post-Traumatic Stress Disorder (PTSD):** A psychiatric disorder characterized by flashbacks, recurrent memories, nightmares, and severe anxiety resulting from exposure to a critical incident.

**Critical Incident Debriefing:** Intervention implemented as a preventative measure following a critical or traumatic event designed to mitigate the emotional, physical, cognitive, and behavioral symptoms associated with the experience.

## EXAMPLES OF CRITICAL INCIDENTS (not limited to)

- Suicide or sudden death
- Homicide
- Robbery
- Fire/explosion
- Hostage situation
- Physical assaults
- Sexual assaults
- Violent act/threats of violence
- Worksite accidents
- Industrial and natural disasters

## ■ Critical Incident Reporting

Employees and managers who experience, witness, or who are involved a critical incident at UAB should immediately contact the EACC during normal business hours at (205) 934-2281. If an incident occurs after normal business hours or on the weekend, contact the UAB EACC emergency counselor on-call through UAB Paging at (205) 934-3411.

## INFORMATION TO REPORT

- What occurred during the event?
- Where did the incident take place?
- Who was involved in the incident?
- Estimate of number of people affected
- What is causing the greatest distress to those involved?
- What is the impact to individuals and the organization?
- What support services are needed (see list below)?
- Who is the contact person to coordinate response with?

## ■ Types of Response

### CRISIS MANAGEMENT BRIEFING

Group crisis intervention usually held as soon as possible following a critical incident to provide information, guidance and/or instructions with the goal of stabilizing those affected by the incident. This type of group can assist with rumor control, promotes community cohesiveness, and enhances the morale of the community. The purpose of a CMB is to restore the organization to normal functioning.

- **Who:** Any size heterogeneous groups up to 300 people (those directly and indirectly affected by the event)
- **Length of Intervention:** 20 to 30 minutes
- **When:** As soon as possible following a critical incident
- **Providers/Roles:** This type of response will include a two-person team (UAB department representative and EACC Counselor). The UAB department representative will provide facts/information regarding the event. The EACC Counselor's role is to discuss and normalize common reactions to critical incidents and discuss stress management, self-care, and give information and resources for follow-up treatment.

### CRITICAL INCIDENT DEFUSING

A shorter interactive crisis intervention group/group debriefing held to mitigate the aftereffects of a critical incident. Only persons directly impacted by the event can attend. The goal of this group is to normalize the stress response, build resilience, and re-establish group cohesion. This group will also assist with restoring the group to unit performance prior to the incident.

- **Who:** Homogenous group of 2 to 20 people (those directly involved in the event)
- **Length of Intervention:** 20 to 45 minutes
- **When:** Usually within 8 to 12 hours after the event

- **Providers/Roles:** EACC CISM team will provide this private and confidential group in a safe space. EACC CISM team will normalize the stress response, teach stress survival skills, emphasize the importance of self-care, and offer referral and resources for follow-up treatment.

### **CRITICAL INCIDENT STRESS DEBRIEFING**

A longer and interactive crisis support group, held to mitigate the aftereffects of a critical incident. Only persons directly impacted by the event can attend. The goal of this group is to reduce acute stress, provide support through the shared experience, and re-establish group cohesion. This group will also assist with restoring the group to unit performance prior to the incident.

- **Who:** Homogenous group of 2 to 20 people (those directly involved in the event)
- **Length of Intervention:** 1 to 3 hours
- **When:** Usually 1 to 3 days after the event (not held within the first 24 hours); 1-10 days after the event or 3-4 weeks after a disaster
- **Providers/Roles:** EACC CISM team will provide this private and confidential group in a safe space. EACC CISM team will normalize the stress response, teach stress survival skills, emphasize the importance of self-care, and offer referral and resources for follow-up treatment.

### **INDIVIDUAL CRISIS SUPPORT**

On-site crisis management support for departments held after an event to assist persons affected with coping strategies to reduce the aftereffects of a critical incident.

- **Who:** Any heterogeneous group or department
- **Length of intervention:** 1 to 4 hours
- **When:** As soon as possible following a critical incident
- **Providers/Roles:** EACC Counselor(s) will provide confidential individual crisis support in a dedicated private space within the department impacted by the event. The EACC Counselor's role is to discuss and normalize common reactions to critical incidents and discuss coping strategies, stress management and a plan for self-care. Psycho-educational information will be available in addition to resources for follow-up and treatment.

### **■ Critical Incident Response Action Plan**

EACC Director and/or EACC Clinical Coordinator will assemble the EACC CISM team and disseminate known information regarding the event to the team. EACC CISM team members will report to specified location and conduct the appropriate crisis intervention response. When possible, team members will remain on-location following the response for up to two hours to provide individual support and referrals as needed.

### **■ Case Management/Follow-up Plan**

Following a critical incident EACC Director and/or EACC Clinical Coordinator will follow-up for additional support and community referrals. Persons involved in a critical incident will be given first priority for face-to-face intake appointments within 24 to 48 hours after reaching out for support. Persons impacted directly may be referred for further psychological/psychiatric evaluation depending on the severity of acute stress/trauma symptomology.