CRITICAL INCIDENT PROTOCOL

YOUR GUIDE TO MANAGING CRITICAL INCIDENTS

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THE BASICS

INTRODUCTION
HOW TO USE THIS PROTOCOL
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INTRODUCTION

CARE is committed to supporting the health and well-being of its staff. Unfortunately, some dangers and risks are unavoidable.

A critical incident is any event that seriously threatens the life or safety of CARE employees *or* involves witnessing threats to the lives of others.

Critical incidents can create feelings of terror, horror, rage and powerlessness and have the potential to produce lasting and serious long-term emotional effects. Critical incidents include – but are not limited to – events such as home invasion, carjacking, riots, rape or attempted rape, kidnapping and attempted or completed suicide. While some critical incidents may affect only one employee, others may affect large numbers of people, including family members of CARE staff.

Experience shows that events that threaten people's lives or safety may cause negative psychological and social effects. Research and practice also show that providing appropriate psychological, social and organizational support after critical incidents can help lessen or prevent some negative consequences.

Purpose

The purpose of this Critical Incident Protocol (CIP) is to provide guidance to CARE Country Offices about the appropriate level of care and support for staff affected by a critical incident. The CIP was developed by experts in critical incident management to reflect best practices. Field staff around the world also contributed to the CIP, to ensure that it is easy to use and reflects the diverse cultural, religious and social practices of CARE staff worldwide.

This protocol should be incorporated into Country Office Security Management Plans and should be a part of the CO's Standard Operating Procedures.

HOW TO USE THIS PROTOCOL

Consider this Critical Incident Protocol as a helpful guide when you and your staff face a critical event.

In the pages that follow, you will learn how to lead a coordinated, comprehensive response to better manage a critical incident's immediate and long-term consequences. CARE expects you to offer support and assistance to any affected staff member -- regardless of their title or status. When necessary, you will also be expected to extend care to additional survivors, family members or other CARE staff who are affected by the incident. Your "first aid kit" includes the following:

Did you know?

Since individual reactions to critical incidents may vary widely in type and intensity over time, this protocol includes actions to take immediately after a critical event, as well as in a week, a month or even several months after the incident.

Action Steps: Learn about actions that should be taken before, during and after a critical incident, pages 8 - 17.

At a Glance Summary: Refer to this section for a quick summary of the Critical Incident Protocol, page 19.

More Information: This series of appendices contain detailed information to help CARE staff successfully implement the critical incident protocol. CARE personnel should study these guidelines before they need to respond to a critical incident, pages 21-38.

For additional help in implementing the Critical Incident Protocol, contact Lynne Cripe, Senior Technical Advisor - Staff Support, lcripe@care.org.

MANAGEMENT/SUPERVISOR RESPONSIBILITIES

In general, a critical incident is any incident that seriously threatens the life or safety of one or more CARE employees.

Managers have a special responsibility in critical incident management. The box at right highlights especially serious critical incidents that require management's immediate attention and action. However, there are a wide range of additional situations or incidents that may also cause damage and distress to staff.

When in doubt about whether an incident requires the response outline in this protocol, it is management's responsibility to consult with CARE USA Human Resources to discuss the appropriate type and level of response to the incident.

Staff: Whenever a staff person experiences an event -- or becomes aware that another staff person has survived an event that seriously threatens his or her life or physical safety – she/he should report the incident through standard security incident reporting protocols and to his/her senior manager on site.

Managers: In a crisis situation, managers must often make many decisions under pressure and in the absence of complete information. Response to critical incidents is enhanced if key managers have additional expertise and resources in the ongoing management of critical incidents. Additionally, managing a crisis response often takes an emotional toll on managers; social and organizational support can provide protective psychological benefits and enhance decision making. Therefore, this protocol includes instructions on how, and with whom, a manager will consult in the event of a critical incident. In all cases, the Country Office senior management team must be notified about the incident in a timely manner.

Senior Management Team: Once notified, the senior management team, in conjunction with appropriate security personnel, will then determine who needs to be further involved in the response (e.g., Regional Security Advisor, Regional Management Unit Regional Director, CARE USA Human Resources or Chief Operating Officer) and at what organizational level the response will be directed (e.g. Country Office, Regional Management Unit, CARE USA). Country Offices are encouraged to consult with their RMU and CARE USA in implementing this protocol.

Critical Events, Critical Action

Because of their severity, the following events should **always** trigger the response outlined in this protocol:

- The death of a CARE employee in the course of his/her duties
- Sexual assault of a male or female staff member
- Kidnapping/hostage taking
- Suicide or attempted suicide of an employee in the course of his/her duties
- A violent act that victimizes one or more staff members
- Witnessing the violent death of another person in the course of one's duties, whether the deceased is another CARE employee, program participant, fellow NGO worker or another individual
- Threat of violence toward a staff member by an outside party or between two or more staff members

ACTION STEPS

WHAT TO DO BEFORE, DURING AND AFTER A CRITICAL INCIDENT

BEFORE A CRITICAL INCIDENT

Before a critical incident occurs, you should designate a crisis management team ; orient and train key staff; and assess and identify resources.

Designate a Crisis Management Team

Select a team, as outlined in the CARE International Safety and Security Planning Guide, which will be activated immediately after a critical incident has occurred. Team membership should be flexible; team members should be selected based on the particular nature and scope of the incident. (See p. 11.) Country offices with Peer Social Support Teams are advised to include PSST members on their teams. These staff have received training on the Critical Incident Protocol. (See box, right, for CMT members)

CRISIS MANAGEMENT TEAM MEMBERS

The crisis management team will typically include, but is not limited to, the following staff:

- Crisis Management Team Leader
- Operations Coordinator
- Human Resources Coordinator
- Media Relations Spokesperson
- Administration and Finance

Orient and train key staff on the critical incident protocol

To ensure effective and reliable implementation, senior managers and other likely responders must be familiar with this protocol prior to a critical incident.

You will need to adapt the protocol to your local operating environment and culture. These local adaptations should be identified and implemented by your Crisis Management Team.

Assess and identify resources for post-incident help and support

Effective post-incident support requires that competent, qualified service providers have been identified, qualified by CARE, and when possible, are operating under an established contract or Memorandum of Understanding (MOU). (See Appendix A.)

DURING AND IMMEDIATELY AFTER A CRITICAL INCIDENT

In most cases, the Critical Incident Protocol will be activated after an event (e.g., carjacking). Sometimes, however, it is appropriate to activate the protocol during an event. For example, a kidnapping, hostage-taking, evacuation or civil unrest may take place over several days -- or even weeks -- and some elements of this protocol will be required during that time period.

CHECKLIST

During and immediately after a critical incident:

- ☑ Ensure physical safety and medical care
- ☑ Activate CIP if appropriate
- ☑ Activate CMT if needed
- ☑ Complete Police Report
- ☑ Notify Family/Emergency Contacts
- ☑ Determine all affected and provide support and psychological first aid
- ☑ Notify appropriate CARE staff and authorities

WHAT YOU NEED TO DO

Ensure physical safety and necessary medical care

- Don't wait for action by the Crisis Management Team if you need to provide medical care and life-saving safety measures.

- When medical care is required, accompany staff to the doctor or hospital rather than sending them alone. Ideally, staff should be accompanied by a trusted, supportive colleague.

- In the case of sexual assault, pay special attention to appropriate medical care including access to emergency contraception, HIV post-exposure prophylaxis, testing for sexually transmitted infections (STIs) and possible collection of legal evidence.

  Note: It is beyond the scope of this protocol to outline comprehensive post-sexual assault care. Crisis Management Teams should consult CARE's policy on post-exposure prophylaxis as well as relevant national sexual assault protocols.

Determine whether to activate the Critical Incident Protocol

- While deciding to activate the Critical Incident Protocol is a serious decision, it is always better to **err on the side of generous staff care and support**. This is particularly true when employees are witnesses to a tragedy versus victims themselves. These witnesses often experience similar levels of distress as those directly victimized, and it is easy to overlook their need for support. Even exposure to upsetting images or verbal descriptions can induce surprising levels of distress among employees. It is important to understand that everyone associated with a critical incident may need some level of support and assistance.

- Being responsive to traumatic episodes with **competent, caring leadership and adequate, effective support** will help promote recovery and return to normal or near-normal functioning for most employees.

ALWAYS activate the protocol in the following situations:

A staff member has died at the office or while working in the field. For example:

- Murder
- Suicide
- Heart attack

A staff member has been seriously injured while working. For example:

- Sexual assault
- Auto accident
- Workplace violence
- Suicide attempt

A staff member's life and safety has been seriously threatened while working. For example:

- Threats from the community
- Threats among employees
- Kidnapping/hostage taking

A staff member has witnessed the death of a colleague or beneficiary

NEED HELP?

Sometimes it's not clear whether an event meets the criteria for a critical incident response. When in doubt, consult with CARE USA Human Resources or Lynne Cripe, Sr. Technical Advisor-Staff Support, lcripe@care.org

CONSIDER activating the protocol in the following situations:

Someone important to the staff member has been killed or seriously injured. For example:

- A family member has been killed
- A child has been seriously injured or killed

One or more employees witness a death or serious injury. For example:

- A work-related auto accident results in death or injury to others
- Civil unrest that results in acts of violence that are witnessed

Activate your Crisis Management Team

As described on Page 8 of this guide, you will have already established a Crisis Management Team (CMT) to provide a coordinated response to the incident.

As soon as a decision has been made to activate the Critical Incident Protocol, assemble the CMT to ensure a coordinated response to the incident.
If one or more team members are in different locations, contact team members by phone whenever possible.

Depending on the specific event, add additional team members as needed. For example, if a critical incident affects many employees, or if the impact is severe or ongoing, regional or CARE USA staff should be added to the team to help manage the response.

CMT RESPONSIBILITIES

The Crisis Management Team will be responsible for:

- Making decisions about the type and level of response
- Implementing the protocol as outlined in this guide
- Coordinating needed actions in the immediate and long-term
- Providing follow-up

Note: Please refer to the CARE International Security Planning Guide for an in-depth discussion of the CMT.

Initiate a police report, if appropriate

Notify family members and/or emergency contacts

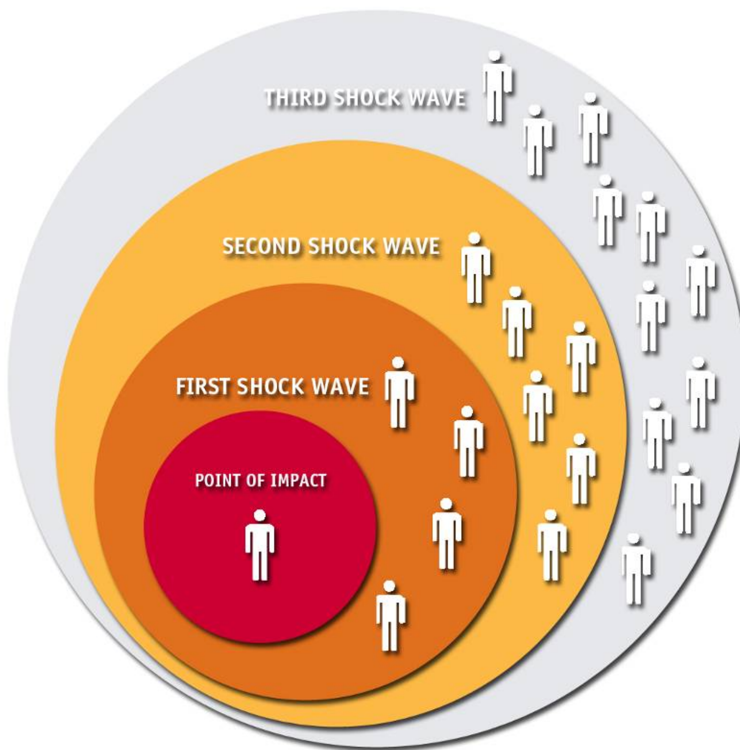
If affected staff are conscious, offer to notify family members. If staff are not conscious, make the appropriate notifications, based on their record of emergency data.

Determine who has been affected and provide support

While there are obvious survivors of critical incidents -- for example an employee who has been carjacked -- there are often other affected individuals. **The need for support and intervention may extend throughout a field office or country office** depending on the severity of the event. Decisions about support will be made by the team managing the critical incident.

Critical incidents are like a shock wave that starts at the point of impact and radiates outward in increasingly larger circles. Think of a critical incident as dropping a stone into a lake – the impact ripples out across the lake in all directions. When you are deciding who needs assistance, identify those at the point of impact, as well as those affected by the ripples and waves. To the extent that it is reasonable and possible, **your goal is to leave no one out.**

Although those closest to the point of impact may need the most significant help and support, everyone adversely affected by the critical incident needs and deserves assistance.



CRITICAL INCIDENT SHOCK WAVE

POINT OF IMPACT

- Victims of life-threatening violence or accident
- Witnesses of life-threatening violence or accident

FIRST SHOCK WAVE

- Family members and loved ones of victims and witnesses
- Close colleagues of victims and witnesses

SECOND SHOCK WAVE

- All colleagues of victims and witnesses located nearby
- All friends and acquaintances of victims and witnesses

THIRD SHOCK WAVE

- CARE staff working in similar environments and circumstances elsewhere
- Colleagues in partner organizations

Provide psychological first aid

Just as medical first aid is needed after an accident, psychological first aid may be necessary to help survivors, witnesses and others cope with tragedy and recover quickly. Honest conversation and emotional comfort can help victims understand what has happened and how to respond. (See Appendix B.)

Notify appropriate CARE staff and authorities

As required by the CARE International Safety and Security Planning Guide, the CARE Safety and Security Handbook and other relevant local security protocols, notify the appropriate CARE staff of the critical incident. It is important to report the incident through the Safety and Security Incident Management System (SSIMS) as soon as possible. Contact your security focal point, Regional Security Advisor or the CARE USA Security Unit if you need additional information about SSIMS.

DURING THE FIRST 72 HOURS

WHAT YOU NEED TO DO

Determine the need for additional leadership and support

During circumstances of great stress or after traumatic events, local country office or field office leadership may find that it is very helpful to have management, operational and interpersonal support from other levels of the organization. The CMT will make this decision based on criteria such as the severity of event; the range of impact; the need to support local management; and the availability of local resources.

CHECKLIST

During the first 72 hours after a critical incident:

☑ CMT determines whether you need leadership and support from other levels of the organization.

PSYCHOLOGICAL FIRST AID

Frequently Asked Questions

Q. What is Psychological First Aid?

A. Psychological First Aid is designed to reduce the initial distress caused by critical incidents and promote short- and long-term recovery.

Q. Why is Psychological First Aid important?

A. Some survivors of critical incidents may have strong feelings of confusion, fear, hopelessness, sleeplessness, anxiety, grief, shock, guilt, shame and loss of confidence in themselves and others. Early contact and support with survivors can help alleviate their painful emotions and promote hope and healing. The goal of psychological first aid is to promote an environment of safety, calm, connectedness, self-efficacy, empowerment and hope.

Q. Who should receive Psychological First Aid?

A. Just as Physical First Aid focuses on those with the worst injuries, Psychological First Aid should be directed first at those showing signs of acute distress such as disorientation, confusion, frantic behavior, panic, extreme withdrawal, extreme irritability or anger, or excessive worry.

Q. Who should give Psychological First Aid?

A. Psychological First Aid is often provided by counselors or mental health professionals. It can also be offered by any caring and respectful person who has early contact with survivors of critical incidents.

DURING THE FIRST WEEK

WHAT YOU NEED TO DO

Provide follow-up support

Human understanding and kindness are powerful comforts to those who have experienced a critical incident. Providing basic social support and caring assistance to those in need will help reduce the immediate impact of a tragic event. For example, helpful actions may include ensuring contact with family or close friends, helping with basic needs or daily life tasks and other caring and supportive actions. (See Appendix C.)

Determine a return-to-work plan

Many employees will initially cope best by focusing on their work responsibilities and returning to normal routines. However, some staff may require reduced workloads -- or even leave time – to promote their physical and emotional recovery. In all cases, CARE employees should be encouraged to return to work only when they are truly ready. The return-to-work plan should be developed in consultation with the CMT, Human Resources, the employee's supervisor and medical/mental health professionals. In the rare circumstance when the employee may not be able to return to work for a prolonged period of time, country offices may consult with CARE USA Human Resources for advice in developing an appropriate plan.

Assist staff with distress

Refer to Appendix D for a handout that offers helpful tools and information about how to assist staff with distress.
Since everyone will experience some kind of upsetting reaction to a critical incident, it is important to provide care and support to everyone to facilitate the healing process.

Refer staff to professional psychological care

Following a critical incident, some individuals will require special attention and assistance. Providing a suitable referral to a professional caregiver is an important form of support and assistance. (See Appendix A.)

Support responders as needed

People who are responding to the critical incident and supporting others will also need special assistance. Their emotional and physical strength will be depleted by their close involvement with those individuals who are affected directly. Responders who need support include the Crisis Management Team and others involved in the response. (See Appendix E.)

CHECKLIST

During the first week after a critical incident:

- ☑ Provide follow-up support.
- ☑ Determine a return-to-work plan.
- ☑ Assist staff with distress.
- ☑ Refer staff to professional psychological care.
- ☑ Support responders.
- ☑ Hold regular CMT meetings.

Hold regular Crisis Management Team meetings

The CMT should meet regularly, usually on a daily basis, to provide updates, share information and make decisions on continuing action. The team should also begin to identify issues related to benefits, compensation and other policies that may be affected by the critical incident. Updates should be provided as needed to appropriate levels in the organization, such as the CO, RMU and CARE USA.

TRAUMA REACTIONS: RED FLAGS

Be aware of these potential reactions to trauma -- and be prepared to provide appropriate support for affected staff who…

- ➔ Talk about hurting or killing themselves
- ➔ Talk about hurting or killing someone else
- ➔ Abuse drugs or alcohol
- ➔ Deteriorate in basic functioning
- ➔ Show an increase in reckless behavior
- ➔ Exhibit volatile emotions that do not decrease over time

MANAGING THE AFTERMATH

CHECKLIST

During the aftermath of a critical incident:

- ☑ Crisis Management Team meetings continue.
- ☑ CMT informs and communicates clearly with staff.
- ☑ CMT monitors the well-being of affected staff.

WHAT YOU NEED TO DO

The aftermath typically lasts up to 30 days after the critical incident

Crisis Management Team meetings continue

In the aftermath of an incident, one of the Crisis Management Team's most important functions is to continue to monitor the well-being and ongoing needs of the organization and staff. For example, the team may need to assist survivors, communicate among affected staff and assess the need for special services. The team will need to determine how often to meet and at what point they can disband.

Crisis Management Team informs and communicates clearly

Communication and information are important for staff well-being during and after a crisis. Rumors must be controlled and addressed. Staff will rely on management for the following:

- **Information about safety** such as available services, the status of survivors/affected staff, the status of operations and benefits, compensation and policy adaptations that may affect staff.
- News **about contingency planning or adjustments** to safety practices/protocols.
- **Clear systems for two-way communication.** It is important to provide opportunities for staff to request information, ask questions and learn more about a critical incident.
- **Repeated**, **timely messages.** During periods of stress, people typically do not take in information as effectively as they do during normal times. Therefore, communication should be:
    - Repeated
    - Timely, accurate and conveyed from a trusted source
    - Provided through multiple channels (e.g., verbal, written, visual)

Crisis Management Team monitors the well-being of affected staff

The CMT is responsible for monitoring and responding to the psychosocial needs of affected staff. This role includes the following actions:

- **Encouraging staff** to assess their psychosocial status; note that self-assessments may be useful. (See Appendix F.)
- **Providing follow-up support**. (See Appendix C.)

- **Assisting staff** who are experiencing significant distress. (See Appendix D.)

- **Making professional psychological** care **available** as needed. (See Appendix A.)

RECOVERY PHASE

WHAT YOU NEED TO DO

The recovery phase typically lasts up to six months after the critical incident

When basic needs are met with caring social support, most people recover from a critical incident over time. The majority of staff will not have serious, long-term problems. However, depending on the severity and nature of the event, some individuals may experience ongoing effects for some time, including delayed reactions to an incident. Some staff will not appear affected immediately following an event, but may display reactions weeks -- or even months -- later.

CHECKLIST

During the recovery phase of a critical incident:

☑ CMT continues to monitor the recovery, so that managers can better respond to and support affected individuals.

Crisis Management Team continued to monitor the recovery phase

If the Crisis Management Team effectively monitors the recovery phase of a critical incident, management can better provide a timely response to individuals who may be experiencing a high level of distress or lowered general functioning. (See Appendix G.) The absence of monitoring can potentially lead to morale, health, interpersonal or productivity problems if symptoms are not recognized in time and appropriate support is provided. In particular, the CMT should take the following actions:

- Monitor staff morale.
- Assess the need for and provide continuing information and communication.
- Monitor return-to-work plans for staff directly affected and help managers understand and allow for decreased employee productivity.
- Monitor staff adjustment among those who have experienced severe loss as a result of the critical incident.
- Assist staff who are still experiencing high levels of distress (See Appendices D and G.)
- Facilitate provision of professional psychological care, as needed. (See Appendix A.)

WHY DON'T PEOPLE SEEK SUPPORT?

Not knowing what they need

Not culturally familiar

Embarrassed or weak

Fear of losing control

Fear stories will be repeated

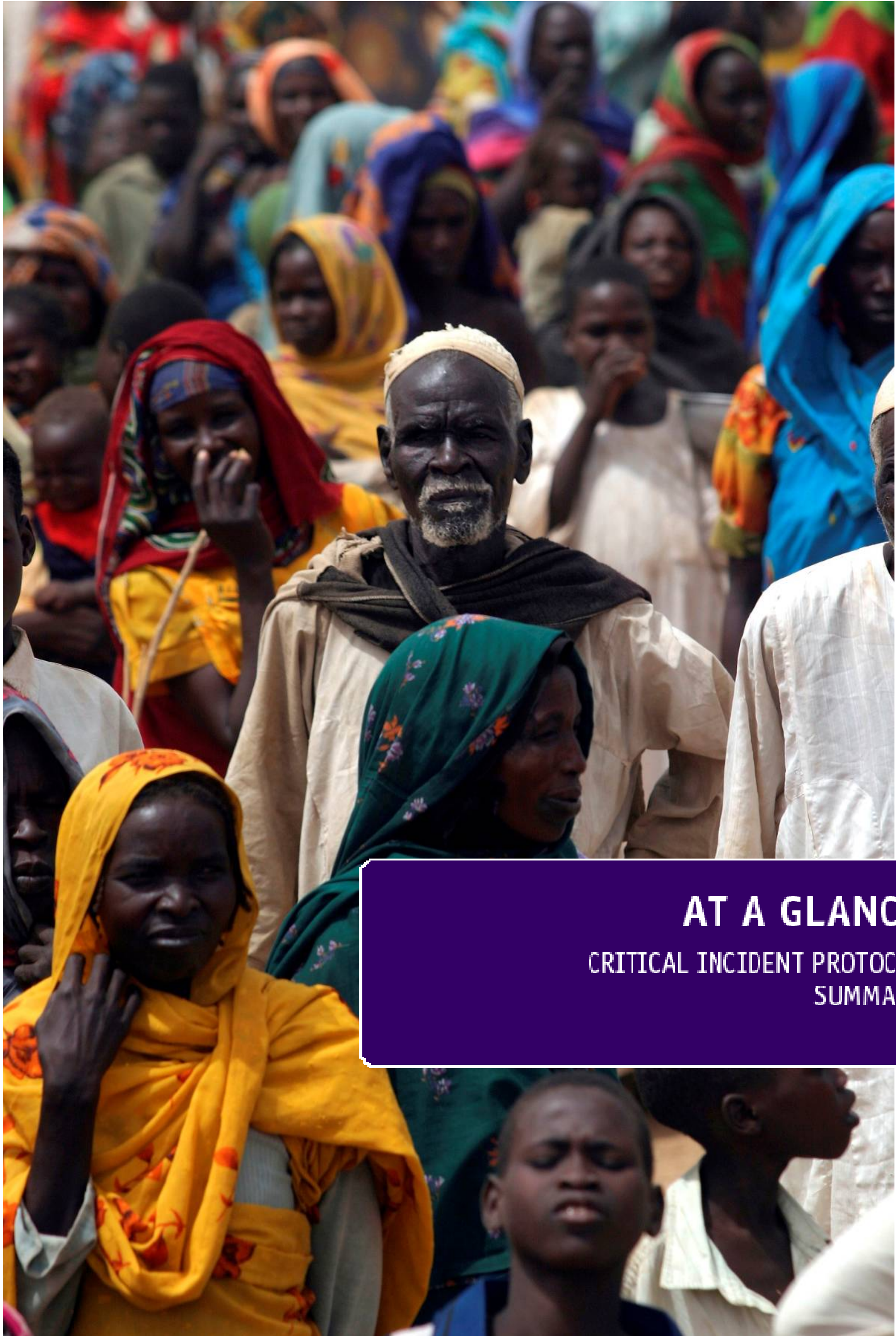
Don't want to burden others

Worry that others will be judgmental

Doubt it will be helpful

Never received help in the past

Want to avoid thinking and feeling about the event



AT A GLANCE

CRITICAL INCIDENT PROTOCOL SUMMARY

CRITICAL INCIDENT PROTOCOL AT A GLANCE

PRIOR to a Critical Incident

- Designate a Crisis Management Team
- Orient and train staff
- Assess and identify resources

DURING and IMMEDIATELY AFTER a Critical Incident

- Ensure physical safety
- Determine whether to activate the protocol
- Activate the Crisis Management Team
- Complete a police report if necessary
- Identify the affected staff, family members
- Provide psychological first aid, if needed
- Secure services of outside specialists as needed
- Notify appropriate staff within CARE
- Determine whether onsite presence of country office, regional or headquarters staff is needed

FIRST WEEK after a Critical Incident

- Crisis Management Team meets regularly
- Provide follow-up support
- Determine need for work leave or reduced workloads
- Assist staff with distress
- Offer professional psychological care
- Give support to responders

AFTERMATH of a Critical Incident

- Crisis Management Team assesses ongoing needs
- Crisis Management Team provides information to staff
- Crisis Management Team monitors staff well-being

RECOVERY

- Crisis Management Team monitors staff recovery

MORE INFORMATION

CRITICAL INCIDENT PROTOCOL

APPENDICES

APPENDICES

Appendix A: Obtaining Professional Assistance

Appendix B: Psychological First Aid

Appendix C: Giving Support

Appendix D: Handout for Assisting Staff with Distress

Appendix E: Support for Responders

Appendix F: Self-Assessment Worksheet

Appendix G: Post-trauma Reactions: Things to Watch For

Appendix A:
Obtaining Professional Assistance

Professional mental health or other service providers are often needed after a critical incident. Ideally, providers should be identified prior to an incident so that resources can be quickly mobilized when needed. Country Offices should oversee provider selection from start to finish.

Many COs are uncertain about how to select and obtain professional assistance. This Appendix will provide three general principles to keep in mind and suggest five steps to identify a pool of providers that can be called upon to respond to a critical incident.

Guiding Principles

There are three principal criteria for qualifying mental health professionals to provide services to CARE staff who have been exposed to a critical incident or traumatic stressor. These are, in order of importance, (1) credentials, (2) experience and (3) training.

1. *Credentials:* This may vary by location, but in general a Masters Degree in psychology, counseling or a related field is the minimum requirement. A psychiatrist may also be appropriate, but in contrast to professionals in psychology, social work and counseling, medically trained people may be more focused on symptoms or psychiatric disease, which may be less useful for dealing with acute or long-term post-trauma conditions. However, in some locations, where psychiatry may be the most common, if not the only, mental health profession, local medical professionals have had – sadly - all too much experience dealing with conditions related to psychological trauma. Since it is impossible to generalize, it is important to evaluate experience and approach, which leads to the second criterion.

2. *Experience:* A seasoned, skilled and compassionate "generalist" mental health practitioner may be very useful for providing evaluations and treatment for CARE staff experiencing distress as the result of a traumatic exposure. However, there is no substitute for experience that comes from working with survivors of trauma. This is particularly true for working with groups after critical incident exposure, since little or no relevant training is provided in standard professional training programs. Working with groups in the aftermath of a critical incident requires wisdom, training, and experience. No two situations are the same, and each situation requires great flexibility and seasoning on the part of the professional. There is no substitute for experience.

3. *Training.* Relying on "training" as the primary qualification is the most common pitfall in the identification of local providers for this kind of work. Many mental health professionals in the US, Commonwealth nations, and to some extent Europe have undergone some kind of training, usually in "Critical Incident Stress Debriefing." This training has been designed and provided by one of the national or international societies or organizations devoted to this work, or by the Red Cross. Level and intensity of training varies, as does the expertise and experience of the trainers. In general, these training curricula and the models upon which they are based may be formulaic and narrow. More recent approaches tend to focus

more on organizational issues and attempt to provide guidelines for consultation and planning while stressing flexibility. Again, this is not a substitute for experience. Although having gone through a training program of some kind is indication of interest and possible commitment to the work, it may not be sufficient. Indeed, in the case of an inexperienced practitioner, it may decrease his or her qualification, since it may increase the possibility that out of inexperience, the provider will apply a technique that is not recommended for the group or individuals he or she is supposed to be assisting.

IMPORTANT: CARE works in many countries and locations where there are few mental health professionals, making it difficult to find those with the credentials, experience and training discussed above. The preceding comments are offered as guiding principles. In situations where there are no individuals with the specialized experience and training discussed available, COs should work to identify generally competent mental health professionals. In addition, the Human Resources Department may liaise with CARE USA Human Resources to identify individuals in neighboring countries or regions who can be called on as needed.

Steps for Selecting Providers

- Identify potential providers. Names can be drawn from the following sources:
  - International Society for Traumatic Stress Studies
  - International professional groups and societies for psychologists, social workers, counselors, and psychiatrists
  - In countries where mental health and related medical and social service professionals may not belong to international societies, and where the professional categories may be different than the Western norm, consider hospitals, national ministries and agencies concerned with health, disaster relief, family and child welfare, disability
  - Embassies often maintain lists of recommended medical providers which may include psychologists, counselors and psychiatrists. The U.S. State Department, for example, usually makes this information available on their local Embassy website under "American Citizen Services." Though designed for use by its citizens, the list usually includes competent practitioners.
  - CARE's Employee Assistance Program. The EAP has an extensive network of providers in the United States, but through its international partners may be able to identify local providers elsewhere. CARE Human Resources can help COs work with the EAP if desired.
  - Because religious traditions often play an important role in the life of CARE staff, religious leaders may also be a useful resource for post-incident support.

- Assess qualifications and determine interest in providing critical incident support services to CARE. Potential providers should be interviewed and the following information should be assessed or requested:
  - Credentials: amount of training, level of professional certification, copy of licenses
  - Relevant training and professional memberships
  - Degree of experience, including experience with different kinds of critical incidents (e.g., sexual assault, violent death)
  - Reputation in the community

- Brief description of the individual's approach or "philosophy" to critical incident support
    - Amount of experience working with CARE personnel
    - Amount of experience working with humanitarian relief/development personnel
    - Comments on cross-cultural experience and approach, for those applying to practice in cultures or countries other than their own. For those applying to practice within their own culture or country, request comments on cultural issues for critical incident and traumatic stress work in their own cultures.
    - Availability and response time for immediate and longer-term critical incident response and support
    - Cost
    - One or more examples of past work or recent engagements.
    - References.

- Establish memorandum of understanding or retainer agreement with the selected providers. This should include
    - Orientation and information about CARE
    - Agreement which conforms to CARE's standard provider contract and articulates the conditions under which the individual/organization's services may be engaged.
    - Confidentiality agreement

- Dr. Lynne Cripe, Sr. Technical Advisor for Staff Support (1-404-979-9177, lcripe@care.org) or Human Resources can assist in obtaining specialized care from outside the local area including:
    - Telephone consultations and support
    - Regional counseling resources
    - Crisis teams from outside the region

- Paying for professional services after a critical incident is often a concern of COs and/or individuals. It should NEVER be a barrier to appropriate care and support. There are several different mechanisms available for CARE staff. The specific provisions may change with time, so please contact the CO Human Resources or CARE USA Human Resources with any questions. Resources to consider include the following:
    - **Chronic and Critical Illness Fund** (also known as Catastrophic Illness Fund)
      For: National Staff, if local health insurance does not cover counseling or mental health services
      Best Use: Individual or family counseling or psychosocial support
      Point of Contact: CO Human Resources or RMU

- **International Worker's Compensation Fund**
  For: International staff who sustain a work-related injury; the injury may be physical or mental. For example, if an employee is carjacked while on duty, International Worker's Compensation may cover medical care if physical injuries are sustained. It may also cover psychological support that is needed as a result of the incident.
  Best Use: Individual counseling or psychosocial support
  Point of Contact: Human Resources, CARE USA

- **Great-West Health Insurance**
  For: International staff
  Best Use: Individual, couples, family or group counseling
  Point of Contact: Human Resources, CARE USA

- **Employee Assistance Program**
  For: International staff may be eligible for a limited number of in-person visits if in the US or telephonic visits if overseas. Completely anonymous.
  Best Use: Individual, couples or family counseling
  Point of Contact: 1-800-865-3200 or +1-972-315-1717 (collect from overseas) to obtain a list of eligible providers. See also: www.horizoncarelink.com. Login: care; password: eap. For questions about the EAP program, contact Lynne Cripe, Human Resources, CARE USA

- **Wellness, Family and Personal Support Fund**
  For: All CARE COs and staff
  Best Use: Post-incident response and support that benefits multiple staff, groups or organizational interventions and support
  Point of Contact: Lynne Cripe, Human Resources, CARE USA. Intra-company charge. Approval is required but can typically be provided via email.

Appendix B:
Psychological First Aid*

*Adapted from National Child Traumatic Stress Network and National Center for PTSD, *Psychological First Aid: Field Operations Guide, 2nd Edition.* July, 2006

As in the case of medical first aid, *Psychological First Aid* involves providing care immediately after a critical incident has occurred. This care is intended to first address immediate issues of safety and comfort, and then to facilitate planning for further care. *Psychological First Aid* will typically be provided by the first to arrive or become aware of the critical incident. It is an attempt to bring comfort and reassurance to victims and to ensure that they get adequate follow-up care. It is not to be confused with psychological assessments or treatment, both of which can only be provided by trained professionals.

The following outline provides a general guideline for giving basic *Psychological First Aid*. As such, it gives only rudimentary information about how to talk to someone in distress. Use of this outline should be combined with good judgment, cultural sensitivity, and appropriate caution and respect. Consultation with a trained professional at the earliest opportunity following a critical incident is advised.

Although anyone may need assistance, *Psychological First Aid* should first be offered to those most likely to need it. Those needing prompt attention will include those requesting help, those visibly upset (crying, yelling, mute), those with a known history of tragic loss, those with a history of mental illness, and those apparently most significantly affected by what has occurred.

Preparing to Deliver Psychological First Aid	1. Maintain a calm presence 2. Be sensitive to culture and diversity
Initiating Contact	1. Ask about immediate needs 2. Ask for permission to provide assistance
Providing Safety and Comfort	1. Ensure immediate physical safety 2. Attend to physical comfort 3. Encourage interaction with others 4. Attend to children first, if present 5. Protect from additional traumatic experiences (media inquiries, lack of privacy, etc) 6. Comfort those with a family member or close friend who has died 7. Discuss relevant grief and spiritual issues 8. Support those who receive death notification by remaining with them 9. Support those involved in body identification by accompanying them to location of body

Being a Calming Presence	1. Sit and talk with those who are visibly upset 2. Answer any questions about what has happened 3. Provide someone to remain with those in distress during their time of greatest anguish 4. Monitor or accompany those likely to harm themselves or others (based on your knowledge of their comments, behavior, or history)
Gathering Information: Current Needs and Concerns	Through respectful conversation, gather information about the following: 1. Nature and severity of experiences during the traumatic event 2. Death of a loved one 3. Concerns about immediate post-event circumstances and ongoing threat 4. Separations from or concern about the safety of loved ones 5. Physical illness, mental health conditions, and need for medications 6. Losses (home, school, neighborhood, business, personal property, and pets) 7. Extreme feelings of guilt or shame 8. Thoughts about causing harm to self or others 9. Availability of social support 10. Prior alcohol or drug use 11. Prior exposure to trauma and death of loved ones 12. Specific youth, adult, and family concerns
Providing Practical Assistance	Based upon the information gathered, provide the following: 1. Identify the most immediate needs 2. Clarify these needs 3. Discuss an action plan for each need 4. Act to address each need, including making a referral to a competent mental health professional for follow-up
Connecting with Social Supports	1. Encourage contact with primary support persons (family and significant others) 2. Encourage use of immediately available support persons (colleagues and respected people in community) 3. Discuss support-seeking and giving 4. Model social support through your conversation
Sharing Information on Coping	1. Provide basic information about stress reactions (See Appendices C and D) 2. Review common psychological reactions to traumatic experiences and losses 3. Provide basic information on ways of coping (See Appendix C and D)
Linking with Support Services	1. Provide direct link to additional needed services 2. Promote ongoing use and coordination of helping relationships

Appendix C
Giving Support*

*Adapted from National Child Traumatic Stress Network and National Center for PTSD,
Psychological First Aid: Field Operations Guide, 2nd Edition. July, 2006

The following information may be shared with employees through the use of handouts, group discussions, or training workshops:

CONNECTING WITH OTHERS

GIVING SOCIAL SUPPORT

You can help family members and friends cope with traumatic incidents by spending time with them and listening carefully. Most people recover better when they feel connected to others who care about them. Some people choose not to talk about their experiences very much, and others may need to discuss their experiences at length. For some, talking about things that happened because of the traumatic event can help them seem less overwhelming. For others, just spending time with people one feels close to and accepted by, without having to talk, can feel best. Here is some information about giving social support to other people.

Reasons Why People May Avoid Social Support

• Not knowing what they need	• Not wanting to burden others	• Wanting to avoid thinking or feeling about the event
• Feeling embarrassed or "weak"	• Doubting it will be helpful, or that others won't understand	• Feeling that others will be disappointed or judgmental
• Feeling they will lose control	• Having tried to get help and feeling that it wasn't there before	• Not knowing where to get help
• Fearing that their stories will be repeated to others		

Good Things to Do When Giving Support

• Show interest, attention, and care	• Show respect for individuals' reactions and ways of coping	• Talk about expectable reactions to trauma, and healthy coping
• Find an uninterrupted time and place to talk	• Acknowledge that this type of stress can take time to resolve	• Believe that the person is capable of recovery
• Be free of expectations or judgments	• Help brainstorm positive ways to deal with emotional reactions	• Offer to talk or spend time together as many times as is needed
• Respect privacy and confidentiality of victim		

Things That Interfere with Giving Support

• Rushing to tell someone that he/she will be okay or that they should just "get over it"	• Acting like someone is weak or exaggerating because he or she isn't coping as well as you are
• Discussing your own personal experiences without listening to the other person's story	• Giving advice without listening to the person's concerns or asking the person what works for him or her
• Stopping the person from talking about what is bothering him/her	• Telling them they were lucky it wasn't worse

When Your Support is Not Enough

• Let the person know that experts think that avoidance and withdrawal are likely to increase distress, and social support helps recovery	• Encourage the person to talk with a counselor, clergy, or medical professional, and offer to accompany him/her
• Encourage the person to get involved in a support group with others who have similar experiences	• Enlist help from others in your social circle so that you all take part in supporting the person

Appendix D
A Handout for Assisting Staff with Distress*

*Adapted from National Child Traumatic Stress Network and National Center for PTSD, *Psychological First Aid: Field Operations Guide, 2nd Edition.* July, 2006

Introduction

Since everyone will experience some kind of upsetting reaction to a critical incident, it is important to provide care and support to everyone to facilitate the healing process. This starts immediately after the occurrence and may extend for weeks or months afterwards. This handout is designed to help you when you need to assist staff with distress.

Instructions

Care and support can be provided in a variety of ways, including the following:

- Discussion groups led by management
- Support groups led by a qualified counselor
- Peer support groups or relationships
- Staff workshops led by experienced facilitators.

Regardless of the method used, understanding and sharing will give individuals the knowledge and tools necessary for promoting their recovery. This handout can be used as part of group discussions, support groups or training workshops, as needed.

Guidelines For Adults after Critical Incidents		
Reactions/Behavior	**Responses**	**Examples of things to do and say**
High anxiety/arousal . Tension and anxiety are common after critical incidents. Adults may be excessively worried about the future, have difficulties sleeping, problems concentrating and feel jumpy and nervous. These reactions can include rapid heart beat and sweating.	► Use breathing and/or other relaxation skills	► Take time during the day to calm yourself through a relaxation exercise like the following to make it easier to sleep, concentrate, and give you energy. ► Try a breathing exercise as follows: Inhale slowly through your nose and comfortably fill your lungs all the way down to your stomach, while saying to yourself, "My body is filled with calmness." Exhale slowly through your mouth and comfortably empty your lungs, while silently saying to yourself, "My body is releasing the tension." Do this five times slowly, and as many times a day as needed.

Concern or shame over your own reactions Many people have strong reactions after a distressing event, including fear and anxiety, difficulty concentrating, shame over how you react and feeling guilty about something. It is expected and understandable to feel many things in the aftermath of an extremely difficult event.	► Find a good time to discuss your reactions with a family member or friend. ► Remember that these reactions are common and it takes time for them to subside. ► Correct excessive self-blame with realistic assessment of what actually could have been done.	► When talking with someone, find the right time and place, and ask if it is okay to talk about your feelings. ► Remind yourself that your feelings are expected and you are not "going crazy," and that you are not at fault for the incident. ► If these feeling persist for a month, or more you may wish to seek professional help.
Feeling overwhelmed by tasks that need to be accomplished following a critical incident, both at work and at home.	► Identify your top priorities. ► Find out what services are available to get your needs met. ► Make a plan with manageable steps.	► Make a list of your concerns and decide what to tackle first? Take it a step at a time. ► Find out which agencies can help with your needs and how to access them. ► Where appropriate, ask your family, friends, and community for practical assistance.
Fears of recurrence and reactions to reminders. It is common for survivors to fear that another similar event will occur, and to react to things that are reminders of what happened	► Be aware that reminders can include people, places, sounds, smells, feelings, time of day. ► Remember that media coverage of the incident can be a reminder and trigger fears of it happening again.	► When you are reminded, try saying to yourself, "I am upset because I am being reminded of the event, but it is different now because the event is not happening and I am safe." ► Monitor and limit your listening to news reports so you just get the information that you need.
Changes in attitude, view of the world and of oneself. Strong changes in people's attitudes after a critical incident are common. These can include questioning ones spiritual beliefs, trust in others and social agencies and organizations, concerns about ones own effectiveness, and dedication to helping others.	► Postpone any major nonessential life changes in the immediate future ► Remember that dealing with post-event difficulties increases your sense of courage and effectiveness. ► Get involved with staff efforts to recover from the critical incident.	► Remember that getting back to a more structured routine can help improve decision-making. ► Remind yourself that going through a trauma can have positive effects on what you value and how you spend your time. ► Consider engaging in staff recovery efforts.

Using alcohol and drugs, or engaging in gambling or high-risk sexual behaviors. Many people feel out of control, scared, hopeless, or angry after a disaster and engage in these behaviors to feel better. This can especially be a problem if there was pre-existing substance abuse or addiction.	► Understand that using substances and engaging in addictive behaviors can be a dangerous way to cope with what happened. ► Get information about local support agencies & resources	► Remember that substance use and other addictive behaviors can lead to problems with sleep, relationships, jobs, and physical health. ► Get appropriate help.
Shifts in interpersonal relationships. People may feel differently towards family, friends, and co-workers; for example, they may feel overprotective and very concerned for each other's safety, frustrated by the reactions of a friend or colleague, or they may feel like pulling away from family and friends.	► Understand that family and friends can be a major form of support during the recovery period. ► It is important to understand and tolerate different individual patterns of healing and recovery among those affected by the incident. ► Rely on other family members or friends for help with parenting or other daily activities when you are upset or under stress.	► Don't withdraw from seeking support just because you feel you might burden someone else. Most people do better after traumas with good support from others. ► Don't be afraid to ask your co-workers, friends, and family how they are doing, rather than just giving advice, or trying to get them to "get over it." Let them know you want to understand, and offer a supportive ear or lend a helping hand. ► Spend more time talking with co-workers, family, and friends about how everyone is doing. Say, "You know, the fact that we're irritable with each other is completely normal, given what we've been through. I think we're handling things very well. It's a good thing we have each other."
Excessive anger. Some degree of anger is understandable and expected after a critical incident, especially when something feels unfair. However, when it leads to violent behavior or serious interpersonal problems, extreme anger is a serious problem.	► Find ways to manage your anger in a way that helps you rather than hurts you.	► Manage your anger by taking time to cool down, walking away from stressful situations, talking to a friend or co-worker about what is making you angry, getting physical exercise, distracting yourself with positive activities or problem-solving the situation that is making you angry. ► Remind yourself that being angry will not get you what you want, and may harm important relationships. ► If you become violent or fear that you may, get immediate professional help.
Sleep difficulties. Sleep problems are common after a critical incident, as people are on edge and worried about adversities and life changes. This can make it more difficult to fall asleep and lead to frequent awakenings during the night.	► Make sure you have good sleep routines.	► Try to go to sleep at the same time every day. ► Don't drink caffeinated beverages in the afternoon or evening. ► Reduce alcohol consumption. ► Increase daytime exercise ► Relax before bedtime. ► Limit daytime naps to 15 minutes, and do not nap later than 4 pm.

Appendix E:
Support for Responders

(Such as managers & members of the Crisis Management Team)

Those providing emotional support and comfort to victims of a tragic event will often experience physical, emotional and spiritual fatigue similar to the victims. Witnessing the consequences of a tragic event and hearing upsetting stories may result in the same kinds of distress and symptoms common to the victims. For these reasons, it is important for caregivers to attend to their own physical, emotional and spiritual needs during the days, weeks and months following a tragic event.

Self-care

The primary way for caregivers to cope with the aftermath of a tragic event is to develop and maintain an effective self-care regimen that includes at least one technique in each of the following categories:

Physical techniques to promote hardiness

- Regular exercise: aerobic, stretching, exertion
- Sleeping: need enough to dream, 8-10 hrs.
- Healthy eating: reduce quantity, increase quality
- Limit drinking of alcohol – avoid depletion of essential vitamins for handling stress
- Lots of drinking water
- Repetitive activities: cross-stitch, walking, drawing
- Competitive sports
- Medication – under physician's care
- Therapeutic massage, whirlpool, sauna
- Yoga
- Acupuncture

Emotional & relational techniques to promote resilience

- Reflection: journaling, meditating, poetry
- Nurture: movies, books, music, videos
- Ongoing support group: colleagues, support group
- Understand stress and have realistic expectations
- Periodic counseling at own initiative
- Balanced priorities
- Talking with friends, family, colleagues
- One or two very close nurturing relationships
- Contact with home by email, letters, skype, etc. if separated from family and support system

Spiritual techniques to promote vitality

- Actively participate in a community of meaning/purpose
- Regular times of prayer, meaningful reading, and meditation
- Regular conversations that are spiritually meaningful
- Sing or listen to spiritual music or singing
- Contact religious leaders in the area
- Solitude
- Clarifying life mission and calling
- Identifying personal meaning and purpose of work

Organizational Support

It is important to contact colleagues outside of the immediate tragic event within one week to one months of its occurrence, to gain perspective and support. Talking with CARE associates in other locations will help caregivers feel less isolated and alone with work-related and personal concerns. Requesting special support and assistance is evidence of good judgment and maturity rather than an indication of weakness or professional incompetence. No one can handle these situations well alone, including Country Directors or senior CARE managers. A team response will always be most effective.

Appendix F:
Self-Assessment Worksheet*

*Adapted from National Child Traumatic Stress Network and National Center for PTSD, *Psychological First Aid: Field Operations Guide, 2nd Edition.* July, 2006

Self-Assessment of Current Needs

Date: ______

Use this form to determine what you need most at this time. It is for your use only. This form can also be used to communicate with the CARE Human Resources team or a counselor or health care professional, to clarify the nature and severity of your personal distress.

1. Circle those terms that best describe the difficulties you are experiencing:

BEHAVIORAL	EMOTIONAL	PHYSICAL	COGNITIVE
Extreme disorientation Drug or alcohol abuse Prescription drug abuse Isolation/withdrawal High risk behavior Regressive behavior Separation anxiety Violent behavior Maladaptive coping Other ____________	Acute stress Acute grief Sadness, tearful Irritability, anger Anxious, fearful Despair, hopeless Guilt or shame Numbness, Disconnected Other___________	Headaches Stomachaches Sleep difficulties Difficulty eating Worsening of health conditions Fatigue/exhaustion Chronic agitation Other ___________	Inability to accept/cope with death of loved one(s) Distressing dreams or nightmares Intrusive thoughts or images Difficulty concentrating Difficulty remembering Difficulty making decisions Preoccupation with death/ destruction Other ________________

2. Place a check mark by any other specific concerns

___ Past or preexisting trauma/psychological problems/substance abuse problems
___ Injured as a result of the critical incident
___ At risk of losing life during the critical incident
___ Loved one(s) missing or dead
___ Financial concerns
___ Displaced from home
___ Living arrangements
___ Lost job or school
___ Assisted with rescue/recovery efforts
___ Has physical/emotional disability
___ Medication stabilization
___ Concerns about child/adolescent
___ Religious/spiritual concerns
___ Other: ____

3. Please make note of any other information that might be helpful when seeking a referral for further assistance.

____

____

____

____

____

4. If your responses to this self-assessment indicate that you are in need of further follow-up care, please consult with your Human Resources Department to obtain a suitable referral for one of the following:

- Professional mental health services
- Religious/traditional leader or community elder
- Medical treatment
- Respected community leader

Appendix G
Post-trauma Reactions: Things to Watch For

Following a critical incident, it will be evident that each person reacts in their own unique way. The onset, duration, and type of distress, will vary widely. Because of this, it is sometimes difficult to identify those in need of extra support. Obviously, those asking for assistance will be most likely to receive it. Others may not recognize their need for special help and support, or they may not know how to ask for it. So, it is important to be aware of signs of distress, so that specific and repeated inquiries and offers of help can be initiated.

You should offer special assistance to anyone who evidences one or more of the following signs or "red flags:"

- Statements about hurting or killing oneself
- Statements about hurting or killing someone else
- Inability or refusal to speak
- Frequent weeping
- Substantial loss of weight
- Dramatic increase in looking fatigued and/or falling asleep at work
- Increase in substance use
- Dramatic decrease in competency and productivity at work
- Angry outbursts
- Violent behavior of any kind
- Behavior which is implicitly or explicitly threatening
- Increase in reckless behaviors such as gambling, promiscuity, thrill-seeking
- Pronounced indecisiveness

Contact the appropriate Human Resources professional for advice on when to suggest, strongly encourage, or require evaluation and professional treatment.

Notes

Thank You

The CARE USA Human Resources Staff Support Team thanks the numerous field staff members from across CARE and the many experts in critical incident management for their valuable contributions to this Critical Incident Protocol. Our greatest hope is that staff will never need this document, yet will always be prepared to act quickly and compassionately should a critical incident occur.

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