



WHAT YOU NEED TO KNOW: The following resource was developed to be used by agencies providing housing and shelter services to youth. Feel free to use this document in the development of your own agency crisis response plan. The recommendations in this resource were developed by reviewing the literature about best practices and interviewing providers in agencies about their experiences responding to tragedy. An important focus was to include not only immediate response but how to respond to tragedy that may happen to youth and/or staff days and months following. It is expected that agencies will modify these recommendations to fit their needs and population. (TIO, 2015)

Considerations for Responding to Crisis

Emergency Response Team

In order to effectively develop and implement a plan, we recommend that organizations develop internal Emergency Response Teams. A team or small group response to tragedy is recommended over having one person who is responsible for the response. Emergency Response Teams (ERT) are responsible for creating, updating, implementing, and maintaining a response plan. ERTs can be comprised of administrators, line staff, supervisors, and staff who are able to work effectively under pressure with compassion and empathy. It is recommended that the ERT be between 5-6 people, but more members can be added if determined necessary. This may include people from outside the agency such as mental health professionals. The team should have a designated leader. The purpose of the ERT is to provide a coordinated and consistent response in addressing a traumatic event, including monitoring the wellbeing of staff, communicating with staff, and providing assistance to staff in working with youth. After a death, many actions need to be coordinated in a very short space of time, and also needs to continue for many months.

Here is a brief overview of the ERT responsibilities and its timeline:

Immediate response

- If the incident has happened at [XX]: Ensure the immediate safety of staff and youth (e.g., provide first aid, call ambulance and police).
- If the incident has happened away from [XX]: Find out as many of the facts and circumstances as possible. Do not ignore rumors – investigate them immediately.
- Ensure those affected (youth/staff) are not left alone.
- Inform the relevant [XX] representative
- Convene the Emergency Response Team (ERT) and plan the following steps:
 - Contact the relevant mental health agency.
 - Identify and plan support for staff and youth who are at risk.
 - Set up a youth support room in the organization.
 - Inform staff. Give them a script explaining what has happened, so that all staff are giving youth the same consistent message.
 - Inform youth via a script. Do this in small groups, not at a whole organization meeting.

The first week

- Restore the organization to its regular routine.
- Organize regular staff meetings, to ensure they are provided with up to date information.
- Monitor youth
- Monitor staff wellbeing and provide opportunities for debriefing.
- Collect all the belongings of the deceased youth or staff
- Continue documenting all the organization's actions.

The first month

- Monitor staff and youth wellbeing.
- Plan for relevant events that will be held by the organization that may be triggering to other youth
- Gather information from staff that is relevant for a critical incident review.
- Conduct a critical incident review.
- Continue documentation of all the organization's actions.

Longer term

- Continue to support and monitor youth and staff.
- Keep staff and youth informed.
- Plan for anniversaries, birthdays and other significant events.
- Implement the recommendations of the critical incident review.
- Include your organization's crisis response plan in its staff induction process.

Pre-Tragedy Considerations

- Contract with a mental health specialist
 - Neutral person
 - Someone who knows the agency
 - Develop relationship before tragedy hits
- Dedicate a section of staff orientation about grief and managing grief
- Staff should be trained on first aid

Immediate Response

Immediate response refers to a timeframe of the moment of the incident to 48 hours later.

Location

- Onsite Incidents
 - Ensure no other participants or staff are in immediate danger
 - Administer first aid when necessary
 - Call 911 for emergency services
 - Alert the Emergency Response Team for assistance
 - Have staff help witnesses move to safe locations
 - Isolate the site of the incident and do everything possible to protect others from viewing the site
- Offsite Incidents
 - Do not ignore rumors

- If true, find out as many of the facts and circumstances as possible
- Reports of death should be confirmed with police or hospital staff

Participants

- Do not leave directly affected participants alone
- Identify safe and secure places where crisis support can be provided
- Informing participants: think about how, when, where, and who
- Make a plan for informing:
 - Start with the friends closest to the participant and other participants identified as vulnerable
 - Speak to them individually or in small groups.
 - Provide them with immediate support and information about where they can receive continuing assistance
 - Inform the rest of the program in small groups, not at a whole agency meeting.
 - Recognize their close association with the participant, their anticipated desire for more information, and their different need for support.
 - Use a script. This is an important way of supporting staff who find the task of informing participants stressful. It also ensures that accurate and consistent information is provided to participants. Use different scripts for participants who were close to the participant and all other participants
 - If it is a suicide, do not describe the method
 - Ask anyone you inform not to spread sensitive information
- Support for participants
 - Set up a participant support room in the agency
 - Should be a safe, supervised location
 - Participants' grief and needs can be expressed, responded to and monitored.
 - An appropriate staff member must supervise the room at all times.
 - The room's door should be left ajar rather than shut.
 - The support room should be quiet and out of the way.
 - Keep a sign-in sheet, so you can monitor which participants are using the room and may be at increased risk.
 - Allow distressed participants access to this room for several days after the incident.

Staff

- Do not leave directly affected staff alone
 - Identify safe and secure places where crisis support can be provided
- Get staff from other programs to fill in for staff directly affected
- The leader of the ERT should brief non-ERT staff about:
 - The facts of the situation. If death is not confirmed as suicide, then refer to it as a participant "death" at this stage
 - The members of the ERT and their roles
 - The response plan for the day, in particular changes to responsibilities or routines
 - How phone inquiries are to be managed
 - Contact being made with staff who were absent at that time or who are on leave. Relevant information about roles and special procedures should also be displayed in a space that is widely used by staff, such as a kitchen or break room.

- Informing staff: think about how, when, where, and who
 - Make a plan for informing staff
 - Think about all staff who could be affected.
 - Visual way for how to prioritize which staff to notify is through concentric circles. Place staff names within the circles. Staff with the most contact with the client would be at the center and should be notified first. Be aware that those who worked the most closely with the client may not necessarily be impacted the most. Grief situations impact everyone differently.
- What to share with staff closest to youth:
 - Situation and the facts as you know them
 - Offer all options for support available, then ask them if there is anything additional they need for support
 - Have options for taking leave
 - Do not have a blanket policy
 - Staff choice of leaving work or staying-keep in mind that in the moment we don't always know what we need, so staff who stay will need to be monitored for signs of increased stress
 - Offer sick time/leave off when possible
 - If the staff person wants to stay, consider temporarily removing them from high stress job responsibilities
 - Give them low-stress, low-risk work, such as office support, cleaning, organizing, etc.
 - Monitor extended absence- stay in touch with staff
 - Encourage use of EAP
 - Review how responsibilities will be covered for the next few days
 - Provide ongoing support. Support/check-ins need to be ongoing over a period of weeks and possibly, months
 - Consider the use of a crisis debriefing team
- All staff should be given:
 - Sources of support they can access for themselves
 - The option of not being involved in informing youth, if they feel this will put their own wellbeing at risk.
 - Preference for if they want to be told over the phone or wait until they come into the office if they are not there at the time of the event
 - When to inform
 - Ideally, staff should meet at the beginning and end of the working day following the incident. This allows for ongoing communication about decisions made by the ERT, while also providing space for staff feedback and support.
 - Staff should be notified in a private setting (away from the youth) when possible.
 - Have water and healthy snacks available
 - Try to limit processed sugar
 - Nutrients that reduce stress (Vitamin C- lowers cortisol and blood pressure in high anxiety situations)
 - Food choices: oranges or strawberries (complex carbohydrates- increases serotonin and stabilizes blood pressure), whole grain pretzels or crackers, fruit (omega-3 fatty acids- reduce surges of stress hormones), almonds, walnuts, pistachios, dark chocolate (helps relieve stress), oatmeal (lowers cortisol and increases serotonin), tea (relieves stress and induces calmness)
 - Have someone contain the space- but open it up for staff to speak or sit in silence
- Staff should be provided with:
 - A script which they should follow to inform participants

- Information on how to offer support, how to manage discussion about death, signs to watch out for youth, and information on grief
- Offer to allow staff to work in pairs for support when informing youth

Notification

- Inform other [XX] supervisors and [XX] rep, as soon as possible
- Have a plan for referring media enquiries

Mental Health Agency Support

- Contact the relevant mental health agency. Their role is to:
 - Provide immediate counseling to the affected participants
 - Identify other vulnerable youth
 - Screen youth at risk
 - Take referrals from staff

The First Week

Participants

- Restore the agency to its regular routine
 - After approximately three days
 - Routine is important to recovery
- Monitor participants and, in collaboration with the relevant mental health agency, begin assessments of participants identified as being at risk.
 - In the first 24 hours the closest friends and associates of the participants and anyone who witnessed the death should be provided with immediate support
 - Develop a plan to support people at risk

Staff

- Restore the agency to its regular routine.
 - After approximately three days
 - Routine is important to recovery
- Organize regular staff meetings, to ensure they are provided with up to date information.
 - Staff should meet regularly during the first week
 - First staff meeting
 - Conducted by the ERT leader or supervisor
 - Held as soon as possible
 - Goals: Introduce ERT members, share accurate information about the death, allow staff an opportunity to express their own reactions and grief, provide staff with scripted statement to tell participants informing them of the death, prepare for youth reactions and questions by discussing the issue with staff
 - At each meeting staff should share any information, concerns or observations which they consider important
 - ERT mental health rep should attend the staff meeting to support staff and stay updated on any at-risk youth
 - Discuss participants of concern and activities of concern

- Continue documenting all the agency's actions.
- Have one team member manage documentation

Memorialization

- Collect all the belongings of the deceased participant
 - Do not allow youth to be present for this
 - An empty space could be a distressing symbol so it is appropriate to forewarn them when this is going to happen
- Determine the agency's involvement in the funeral.
 - Participants and staff may wish to hold a memorial service at the agency
 - Large numbers of participants are not recommended
 - Consider using the support room for reflective activities with small groups
 - Treat all deaths in the same way
 - Meet with closest youth to work out a meaningful and safe way of acknowledging the loss
 - Have a mental health professional on site post-service
 - Spontaneous memorials
 - Set some limits around the material, the content, the location and the length of time
 - For example, set up poster paper for youth to write messages but set posters up in an area that may be avoided by those who do not wish to participate. Monitor for messages that are inappropriate. After a few days (2-5) remove posters and give to staff or close youth
 - Consider adopting a ritual as a standard part of practice when a participant dies.

The First Month

- Monitor staff and participant wellbeing.
 - Look for staff and participant distress
- Plan for the impact this incident could have on all relevant events that will be held by the agency
- Gather information from staff that is relevant for a critical incident review.
- Conduct a critical incident review.
 - Allow staff to contribute their views on how the agency has managed the crisis
 - Anonymous, written survey
 - Collate responses and incorporate them into policy and planning
 - Important to also highlight what was done well
- Consider offering staff information sessions with a mental health agency.
 - General training on signs of suicide risk
 - Current research on building resilience
 - Understanding grief and loss
- Continue documentation of all the agency's actions and decisions
 - 12 months
- Check in with staff at staff meetings and supervision
- Staff get together time- e.g. "Monthly Breakfast" or "Self-Care group"
- Begin implementing critical incident review

Longer Term

- Continue to support and monitor participants and staff.
 - Participants
 - Reminders about there is no right way to remember or grieve the loss of a friend and that they must be kind to each other and respect their differences
 - Staff
 - Consider additional personnel support
- Keep staff and participants informed.
 - Regular and relevant communication
- Plan for anniversaries, birthdays and other significant events.
 - Be aware that anniversaries can bring people back to the early stages of grief
 - Discourage large group memorials
 - Let youth and staff know it's normal to re-experience grief and sadness at significant times, and tell them things will get easier over time
 - Suggest activities which make the youth feel good and which remind them of the good times they shared with the person they have lost
 - Encourage them to contact sources of support rather than spending their days alone
 - Remind them that there is no 'right' way to mark an anniversary, and help them find a way of coping which they feel comfortable with
 - Help them connect with counselors or other support services if they are feeling overwhelmed or unable to cope in the lead-up to the event.
- Complete the recommendations of the critical incident review.
- Include your agency's tragedy plan in its staff induction process.

Citations

- Headspace. (2012). *Suicide postvention toolkit: A guide for secondary schools*. Retrieved from <http://www.headspace.org.au/media/274777/hsp040%20postvention%20toolkit%20final.pdf>
- Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 3(2), 80-100.
- Miller, J. (2004). *Critical incident debriefing and social work: Expanding the frame*. *Journal of social service research*, 30(2), 7-25.
- NAMI, NH: Frameworks Youth Suicide Prevention Project. (2006). *Social service agency/youth program postvention response*. Retrieved from <http://www.maine.gov/suicide/docs/SocialService-postvention.pdf>
- Southwest Ohio Critical Incident Stress Management Team, Inc. Self care following a critical incident. Retrieved from http://www.cism-southwestohio.org/uploads/5/3/1/3/5313025/cismself2_care_blue.pdf
- Strom-Gottfried, K., & Mowbray, N. D. (2006). *Who heals the helper? Facilitating the social worker's grief*. *Families in Society: The Journal of Contemporary Social Services*, 87(1), 9-15.
- Washington State Employee Assistance Program. *Supporting a Grieving Employee Ideas for Manager*. Retrieved from <http://www.eapassn.org/Portals/11/Docs/Workplace%20Disaster/WDPIdeasforMgrs.pdf>
- Wongvibulsin, Shannon. (2014). *Eat Right, Drink Well, Stress Less: Stress-Reducing Foods, Herbal Supplements, and Teas*. Retrieved from <http://exploreim.ucla.edu/wellness/eat-right-drink-well-stress-less-stress-reducing-foods-herbal-supplements-and-teas/>