



PARKS CANADA'S GUIDE TO CRITICAL INCIDENT STRESS MANAGEMENT

Preface

The Parks Canada Guide to Critical Incident Stress Management was developed in collaboration with the Critical Incident Management Working Group, and the National Occupational Health and Safety Policy Committee (NOHSPC) under the authority of the Vice President, Human Resources and Employee Wellness.

This guide will be periodically reviewed to incorporate any lessons learned or updates in available resources and policies.

The Wellness Team appreciates the efforts of employees and all those who have contributed to the development of this guide.

This publication is available on the [ParksNet Wellness page](#).

This documents takes effect on December 31, 2020 and will be reviewed on a three-year basis.



Table of contents

1. Context	3
2. Objective	3
3. Scope	3
4. Definitions	3
Critical Incident (CI)	3
Critical Incident Stress (CIS)	3
Critical Incident Stress Management (CISM)	4
5. Legislative requirements	4
6. Effects on Critical Incidents	4
7. Reactions to Critical Incidents	5
Immediate reactions	5
Reactions after one week	6
Long-Term reactions	7
8. Management of Critical Incident Stress	7
9. Key Issues Managers Face Following a Critical Incident	11
10. Mental Health Assessments	13
11. Preparedness	13
Appendix « A » - Resources	14
Appendix « B » - Mental Health Continuum Model	16
Appendix « C1 » - Reactions to Traumatic Events	17
Appendix « C2 » - Indicators of Stress\Trauma	18
Appendix « D » - Field Unit Resources for Critical Incident Debriefings (CID)	19
Appendix « E » - Complete Traumatic Incident Response Tracking	20
Appendix « F » - Critical incident Stress Management Checklist	21
BEFORE : Have a checklist	21
DURING : Response should be assessed and monitored	25
AFTER : Follow-up and observing symptoms	33



1. Context

Managing critical incidents aim at supporting the health and wellness of employees (and families) affected by a critical incident, maintains a safe and effective management of the ongoing incident and meet legal and policy responsibilities.

Parks Canada's Guide to Critical Incident Stress Management is designed to assist managers and supervisors with the prevention and the response to critical incident stress. A checklist with chronological steps in managing the incident is available in [Appendix "F"](#). It also provides a detailed overview of responsibilities before a critical incident occurs, during the actual management of the incident, and after the incident activity has taken place.

This guide does not replace the local emergency plans or other detailed guidance. It is to be used in conjunction with other references as well as other attached appendixes.

2. Objective

The objective of this guide is to provide information, guidance and tools to supervisors and managers to facilitate the prevention and response when employees face a significant critical incident (e.g. an accident or medical emergency) that occurs during an ongoing incident response.

3. Scope

This guide applies to Parks Canada Agency (PCA) employees involved in managing a critical incident, regardless of whether activities are conducted on Parks Canada administered lands, or lands administered by other jurisdictions.

4. Definitions

Critical Incident (CI):

Any powerful traumatic event that initiates a crisis response and can overwhelm the usual coping mechanisms of individuals. It is typically accompanied by cognitive, emotional, physical and behavioural manifestations of stress.¹

Critical Incident Stress (CIS):

A state of cognitive, physical, emotional and behavioural response that comes together with the crisis reaction. If not managed and properly resolved, it may lead to several psychological disorders such as acute stress disorder, post-traumatic stress disorder, panic attacks, depression, drugs abuse, etc. It is a normal reaction to abnormal events. It is important to point out that it is the incident that is abnormal, and that the stress reaction to such an event is a normal human reaction. A group of people experiencing the same incident may reveal patterns of critical stress

¹ International Federation of Air Traffic Controllers <https://www.ifatca.org/education/guidance-material/cism/>



reactions of different qualities and intensities. Critical Incident Stress reactions can manifest either immediately after the exposure to the incident or up to several weeks later.²

Critical Incident Stress Management (CISM):

The CISM is an intervention protocol developed specifically for dealing with traumatic events. It is a formal, highly structured and professionally recognized process for helping those involved in a critical incident to share their experiences, vent emotions, learn about stress reactions and symptoms. Further help is provided by referral if required although it does not consist of psychotherapy. The service is a confidential, voluntary and educative process, sometimes called “psychological first aid”. Source CISM International³

5. Legislative requirements

- [Canada Labour Code Part II](#) and the [Canada Occupational Health and Safety Regulations](#).
- [PCA OHS Policy and Hazard Prevention Standard](#).
- [Government Employees Compensation Act](#).
- [National Standard of Canada for Psychological Health and Safety in the Workplace](#).

6. Effects of Critical Incidents⁴

While it may not be possible to prevent critical incidents from occurring, developing and strictly implementing the CISM Checklist (See [APPENDIX “F”](#)) can help the affected employees reduce the effects and the risk of traumatic reactions. Above all, it is important to understand some impact or effects of CIs are:

Personal	Each person reacts differently, depending on his or her history and the circumstances of the CI. The same person may also react differently to a new CI.
Dynamic	The effects change over time. A person may seem to be doing well right after the CI, but then experience difficulties in the following days or weeks. Likewise, a person who experiences major negative effects also has a good chance of recovering over time.
Varied	The effects experienced may range from slight, temporary discomfort to serious symptoms, and may even evolve into mental health disorders that affect the person’s ability to function. All these reactions are normal and reflect the variety of human experiences.
Serious	Regardless of whether a CI seems more or less serious and whether its effects seem more or less intense, the effects must be regarded as work related

² International Federation of Air Traffic Controllers <https://www.ifatca.org/education/guidance-material/cism/>


³ https://www.criticalincidentstress.com/what_is_cism

⁴ Preparing for and responding to workplace trauma, A manager’s handbook, Health Canada, 2004




	injuries. They must be assessed and appropriate support provided. Taking them seriously does not mean either panicking or minimizing, but rather, clearly acknowledging the experience and adapting the work organization's response accordingly.
Manageable	Again, regardless of the nature and magnitude of the CI and its effects, employees, employers, support organizations and health professionals can all take action to promote recovery.

7. Reactions to Critical Incidents⁵


<p>In the hours following the CI</p> 	<p>IMMEDIATE REACTIONS</p> <p>Employees who are involved in a critical incident may react in a wide variety of ways in the following minutes and hours.</p>
	<p>“Minor stress and irritation” profile</p> <p>Individuals may seem to not be affected by the CI. They stay calm, may appear a little angry, annoyed or sad, but does not impair their ability to think or act.</p> <p>Individuals may give the impression of being insensitive or abnormal because they do not react emotionally following a CI. However, this is not necessarily true. These individuals may have the ability to be self aware, express their feelings and act appropriately according to their needs.</p>
	<p>“Horror and fatigue” profile</p> <p>Individuals may feel a combination of horror and fatigue. They are overwhelmed by what they have just been exposed to, experience major physiological reactions that leave them feeling completely drained by the experience.</p> <p>It is important to recognize employees who experience these types of reactions, and to immediately remove them from the incident to help them regain some self-control.</p>
	<p>“Shock” profile</p> <p>Individuals experiencing shock may tremble and loose control of certain movements. As a result of a difficult/traumatic experience, a shock reaction can be common.</p> <p>During this reaction it is important to help these employees regain a sense of calm by taking them to a quiet location as quickly as possible, ensuring someone stays with them and seeks medical attention if required.</p>

⁵ Preparing for and responding to workplace trauma, A manager's handbook, Health Canada, 2004



	<p>“Fear” profile In these situations, people feel intense fear for their safety or even for their life. This type of reaction can be most problematic because it is often associated with the development of a traumatic reaction within the weeks following a CI.</p> <p>When employees are afraid for their lives or safety during a CI, they are at greater risk of unconsciously altering their perception or experience so that it seems unreal (known as “derealisation”). They have the impression of observing themselves from the outside, therefore, creating a feeling of self-detachment and whether what one perceives is in fact reality or not.</p> <p>Regardless of the context derealisation occurs, this blocking effect must be taken seriously, and individuals who experience it must be followed on a daily basis.</p>
<p>One week after the CI</p> 	<p>REACTIONS AFTER ONE WEEK Several profiles can be observed in the days following the critical incident. The reactions may or may not disappear quickly.</p> <p>“Things are going pretty well” profile These individuals may feel temporary fatigue and moderate emotions about what has happened. They may think about the experience, but does not trigger any unpleasant physiological or emotional reactions. Overall, these employees need some time to rest in order to manage the experience. Otherwise, they feel healthy and in control.</p> <p>A large number of employees fit this reaction profile in the days immediately following a critical incident. They may have had a major reaction on site of the CI, but this fades quickly and they feel themselves returning to normal within the next two or three days.</p> <p>This may reflect strong coping skills or may happen when the employee presents fewer risk factors or was exposed to fewer stressful stimuli.</p> <p>“Intense exhaustion” profile Some employees may feel intense exhaustion in the days following a CI. This is often the case when they experience problems sleeping or difficulties recovering.</p> <p>In these cases, it is important for them to identify this sensation and find ways (alone or with help) to relax and regain their mental and physical energy. It is also important that they rest and take the time needed to recover. Living in denial of this fatigue is not a good strategy.</p>



	<p>“Pervasive emotional disturbance” profile Some employees may feel overwhelmed, which affects their mood in the days following the CI. These individuals are at greater risk of falling into a depression after a CI.</p>
	<p>“Pervasive cognitive disturbance” profile This occurs when people ruminate over what has happened, about what they did, or about what others did or did not do. They cannot stop themselves. They may have flashbacks and problems concentrating. All this can make them more irritable in other areas of their life.</p>
<p>3 to 6 months following the CI</p> 	<p>LONG-TERM REACTIONS Three types of effects may become apparent within three to six months of the critical incident.</p> <p>An intense short-term reaction such as acute stress, which diminishes in the month following the CI. Even though this reaction is rare, most exposed workers show some signs of acute stress in the days and weeks following a CI.</p> <p>An intense long-term reaction such as post traumatic stress disorder, known as PTSD, depression or anxiety disorders.</p> <p>A lower-intensity long-term stress reaction, these effects are not significant enough to be diagnosed, but nonetheless have major consequences for the individuals who experience them. This manifests itself in problems sleeping, fatigue, hypervigilance, irritability or flashbacks.</p>
<p>IMPORTANT Each individual is unique and may react differently from one critical incident to another. These reactions and the various profiles should be regarded as guides for observing oneself and one’s co-workers, and not as diagnostic tools.</p> <p>You can also consult APPENDIX “B” for the Mental Health Continuum Model developed by the Mental Health Commission of Canada. APPENDIX “C1” for Reactions to Traumatic Events and APPENDIX “C2” for Indicators of Stress/Trauma.</p>	

8. Management of Critical Incident Stress

Objectives

- To provide employees with an understanding of normal responses to abnormal events;
- To equip employees with healthy coping skills and identify risk behaviors;
- To identify employees who may need additional support;
- To increase cohesion within a group following a critical event;
- To decrease risk of developing more stress-related symptoms; and
- To return employees to their previous level of functioning in the workplace.



Examples of critical incidents that may cause employees to suffer from stress:

- Any incident in a work context resulting or that could have resulted in serious injuries or fatalities;
- Continued or prolonged exposure to apparent danger, especially combined with a perceived lack of control;
- Any sort of serious incident, accident or fatality relating to the employee’s peer group, family, or children;
- Incident involving lethal use of force, threat of force or harm.

Both employees and managers are essential partners in the employees’ recovery following a CI. It can help prevent or reduce negative effects through simple systematic actions.

Immediate action to be taken within 12 hours following event/incident

Management is responsible to provide critical incident stress support to all individuals exposed to a traumatic or distressing event immediately following a CI. It is important to take the pulse of the group, to let people express their feelings and provide them with appropriate support to prevent long-term traumatic reactions. Also, keep in mind that intensive clinical interventions are not necessary for everyone who has experienced a potentially traumatizing event.

Although everyone is affected in some way by these events, there is a wide range of reactions and feelings that can be experienced. Both employees and managers have a role to play in assisting those involved to manage their feelings and reactions in short and long term, such by using the Ad Hoc Incident Review (AIR) method and/or Physiological First Aid (PFA) for those who have been trained:

- **AIR (aka Critical Incident Defusing)**

The AIR is about asking someone how they are doing after an event. It is a tool to reduce distress in teams after adverse events or stressful situations. It is not a formal debriefing but an informal way of checking-in with employees to support them, and to take action if required.

AIR is a simple and effective tool based on early psychological intervention through structured group or individual support following exposure to any potential distress. It is not a debriefing, it is about emotions and how people feel about it.

AIR provides an opportunity for individuals to reflect on how they are feeling, and how to take appropriate steps to self nurture.

1. Acknowledge and listen.	<ul style="list-style-type: none"> ▪ Acknowledge the event: “something bad just happened”, “that was a tough one”. ▪ Event must not be ignored, however, must not be over-emphasized. ▪ Facts only. Must not go into details as this will make people re-live the experience.
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	<ul style="list-style-type: none"> Listen and provide an opportunity for discussion. Some may not want to discuss, and that is OK as each person copes with events in their own way. Make any discussion voluntary and natural.
2. Check-in and apply Mental Health Continuum Model (MHCM) – APPENDIX “B”	<ul style="list-style-type: none"> Use simple, everyday language. Acknowledge and provide the opportunity for employees to identify how and what they are feeling and where they may fit on the continuum model in the upcoming days. Remind employees the importance to take care of themselves if they feel distressed. Provide examples of signs and indicators of distress such as difficulty sleeping, feeling more on edge or irritability and anger. Remind employees to apply healthy coping strategies such as talking to a friend/colleague/counsellor and remind them of the resources available.
3. Respond	<ul style="list-style-type: none"> Observe. Follow-up with employees in upcoming hours, days and weeks. Model healthy coping skills. Refer any employees showing signs of distress to appropriate resources or to take appropriate actions to take care of themselves.
When?	Any time it is believed the stress level is high and after any immediate threat has passed, and it is safe to do so.
How long?	Varies but can be as little as five minutes.
Where?	A private, safe place away from daily activities.
Who?	All individuals affected by the event or situation under command of leader.

Resources

- [How I can help my team \(MHCC\)](#)
 - Example of a good AIR: <https://vimeo.com/316839686> (Nova Scotia Health Authority)
 - Example of a bad AIR: <https://vimeo.com/316850112> (Nova Scotia Health Authority)
 - If AIR or defusing is not possible, it is management’s responsibility to contact [Specialized Organizational Services \(SOS\)](#) by Health Canada to organize a debriefing.
- **Psychological First Aid (PFA)**
PFA is part of an early intervention and mental health prevention practice at the time of or immediately following a CI. PFA is a resiliency-building approach that focuses on helping those impacted by a CI understand the effects of stress, loss, trauma, and grief and how to cope during the aftermath of a traumatic event.
 - [Psychological first aid: Guide for field workers \(World Health Organization\)](#)
 - [Canadian First-Aid Training. Psychological First Aid \(Canadian Red Cross\)](#)
 - [Psychological First Aid](#) – Free online training - Johns Hopkins University



Action to be taken within 24-72 hours following event/incident

Management is responsible to monitor the incident and organize a Critical Incident Debriefing (CID) with all employees involved if they perceive the need to do so.

- **Critical Incident Debriefing (CID):**

A CID is a structured voluntary discussion aimed at putting an abnormal event into perspective. It offers workers clarity about the critical incident they have experienced and assists them to establish a process for recovery. It should occur in a safe space by a mental health professional.

- [Employee and Family Assistance Program \(EFAP\)](#)
- [Specialized Organizational Services \(SOS\)](#)

When should manager or supervisor organize CID services?	Providing an immediate response to a traumatic experience is designed to lessen the effects of the trauma and to identify employees who may need additional support. Group interventions allow employees to process feelings and concerns in a guided environment with a mental health professional. The confidential nature of the services provides an additional level of reassurance to employees who may be experiencing anxiety or stress in the workplace and are unsure about where to find resources and support.
What to expect from a CID group intervention?	The counselor facilitates an exploration of the critical incident, including the facts, thoughts, feelings and reactions to the event. Employees are encouraged to participate at their own level of comfort.
How to organize for debriefing?	This is organized by HRM and management by using Employee and Family Assistance Program (1-800-268-7708), Health Canada Specialized Organizational Services (SOS at 1-888-366-8213) or other local debriefing resources. Parks Canada Wellness Team can help organizing the debriefing
Follow-up	<ul style="list-style-type: none"> - Assess the signs of stress with an affected employee. - Do quick check-in to see if employee is safe and provide additional resources, if necessary. <ul style="list-style-type: none"> ○ Contact your family doctor or a medical practitioner ○ Parks Canada Workplace Wellness Team ○ Employee and Family Assistance Program: 1-800-268-7708 ○ LifeSpeak ○ First Nations and Inuit Hope for Wellness Help line: 1-855-242-3310 ○ Mental Health Commission of Canada ○ eMentalhealth.ca



	<ul style="list-style-type: none"> ○ TEMA keep your mind healthy
Additional support	<p>Access to and use of the resources available in the employee's personal support network are important components in recovery following a potentially traumatic event. The use of community support systems such as a peer support program is one such strategy. Law Enforcement Branch has created a Peer support program which is available to their group. Additional Peer Support Programs will be developed at PCA as per the CI Action Plan.</p>

9. Key Issues Managers Face Following a Critical Incident

Work Performance

Employee work performance may be directly or indirectly affected by a critical incident. Duty to accommodate may be required when dealing with affected employees. Management should contact [Disability Management](#) and [Labour Relations](#) for advice and support.

Management should have regular discussions with the employees to follow up with them to see how they are doing and keep written notes of the work performance and any accommodations agreed upon during this time.

Productivity

Productivity remains a key supervisory responsibility. Employees should be aware that with the support of their manager/supervisor, they are expected to resume the duties of the position they occupy.

Threats of Violence

Threats of violence sometimes follow a critical incident due to increased levels of stress, distress and frustration. All threats of violence should be reported to appropriate authorities. If you become aware of a threat of violence, call 911 immediately. Here are the [procedure in response to work place violence incident](#). You may also call the [International Critical Incident Stress Foundation](#) for consultation.

Inappropriate Behavior

Stress is never an acceptable excuse for inappropriate behavior in the workplace. Address issues promptly according to PCA policies in place.

- [Centre for Values and Ethics](#)
- [Labour Relation](#)



Suicide Prevention

Suicide is a complex issue, and suicide prevention is everyone's responsibility. Management may be in a position to observe changes in behaviour or hear from co-workers that someone appears to be having difficulties. To be more familiar with the signs, you can refer to The Mental Health Continuum (See [APPENDIX "B"](#)).

All hints of suicide must be taken seriously. If you think someone is contemplating suicide, there are specific steps that are recommended you take:

- 1) Ask the individual directly if they are thinking about suicide;
- 2) Listen without judgement;
- 3) Believe what the individual says and take all threats of suicide seriously;
- 4) Reassure the person that help is available and thank them for trusting you; and
- 5) If the employee is contemplating suicide, act immediately: Call 911. Don't try to deal with the situation yourself, get assistance by someone nearby.

Additional resources and assistance are available:

- [Employee and Family Assistance Program](#)
- [Crisis Services Canada](#)
- [The Lifeline Canada Foundation](#)
- ParksNet – [Suicide Prevention](#)
- [Centre for Suicide Prevention](#) (Branch of Canadian Mental Health Association)
- [Preventing Suicide: Warning signs and getting help](#)

Limitations

Recognize your limits as a manager or supervisor. You are not expected to be a psychologist or counsellor or to diagnose a mental health disorder. Focus on work performance and expectations. It could be easy for a manager or supervisor, in helping an employee who is affected by a CI, get too involved in the employee's personal/family situation. As a manager or supervisor you can also utilize the available resources.

For non-work related issues, refer employees to available resources such as their family doctor, [Employee and Family Assistance Program](#) (EFAP) and mental health services.

What Do I Say? Basic communication skills following any critical incident

As a manager or supervisor, you will be expected to support employees following a critical incident. You may worry that you will say "the wrong thing" in these circumstances. Your presence and compassion are the most important resources during this time. The following is a list of basic supportive communication skills to guide you in talking with employees.

- Use accurate language. When referring to a death, for example, use died rather than a euphemism such as passed away.
- Expect employees to talk about the event and their reactions and feelings to it.
- Familiarize yourself with the basics of the grieving process. As you listen to and work with employees, take note of any significant changes in behavior. Examples include attendance issues, forgetfulness, irritability, and decreased productivity.



- Know when to refer an employee for professional help. This may be based on an observed change in behaviors or from concerns the employee brings directly to you.
- Make resources easily available through the [Employee and Family Assistance Program](#) (EFAP), the [Center for Values and Ethics](#) and supporting materials.
- Respect employees' confidentiality—regardless of whether the details of a critical incident are widely known or the media has gotten involved.
- Recognize that employees may indirectly try to get you to make decisions for them. Instead, direct them to the [Employee and Family Assistance Program](#) (EFAP), the [Center for Values and Ethics](#) and their own support network (friends, family).
- Respect cultural and social diversity among employees. This is particularly important in times of crisis, when employees are more likely to talk about their personal values and beliefs.
- Avoid statements that, although well intended, may devalue employees' experiences or feelings. Some examples include: "I don't understand why this is still bothering you. Everyone else seems to be handling this just fine." "I know how you feel. I had the very same thing happen to me." "Everything will be just fine."

10. Mental Health Assessments

Employees and managers share responsibility in ensuring ability to carry-out their duties. Employees should monitor their health; this can be done by completing a self-assessment questionnaire.

[Mental Health Self-Assessment Tools](#) (Canadian Institute for Public Safety Research and Treatment (CIPSRT)). Anonymous online screening tools to help identify symptoms of mood disorders, anxiety disorders, or post-traumatic stress disorder. The tools are intended to educate and are not designed to provide a clinical diagnosis.

Self Assessment Tools may be needed in the weeks, months, and years after the critical incident.

- [Mental Health Self-Assessment Tools](#) (Canadian Institute for Public Safety Research and Treatment (CIPSRT))
- [PTSD Self-Assessment Tools](#) (Canadian Institute for Public Safety Research and Treatment (CIPSRT))
- [Mental Health Assessment Tool – How am I doing?](#) (Mental Health Commission Canada)
- The physical and psychological assessment conducted during pre-placement and periodic health evaluations act as a means to detect and prevent illness and disability that could arise out of, or be aggravated by, conditions of work; and to ensure individuals are able to continue working without it being detriment to their health.

11.Preparedness

Complete the Critical Incident Stress Management Checklist that you can find in [APPENDIX "F"](#). In this checklist you will find more details on how to be prepared Before, During and After a CI. It will also give you additional tools and resources for stress management when a CI happens in your workplace.



APPENDIX "A"

RESOURCES

Policy and Legal Responsibilities

- [Contact an OHS advisor](#)
- **Inform Senior Management:** if it is a serious incident involving significant consequences to an employees or Parks Canada assets, services, or ecological/cultural integrity ([Reporting and recording of serious incidents](#)).
- **Report to the Labour Program:** if it is an incident that involves an employee fatality, serious injury, or explosion (Toll Free 1-800-641-4049).
- **Contact other authorities:** if there has been a serious injury, fatality or there is a criminal element, including possibly the police, coroner, Transport Canada, etc.
- **Notification of next of kin:** decisions regarding the release of the names of people who have died is the responsibility of the coroner's office, police, or health authorities. Liaise with authorities so loved ones can be informed as soon as possible so they can learn first-hand about the incident.
- **Protect privacy:** radio or other unprotected communications should not include the name(s) of employees involved in the incident.
- **Careful documentation:** of actions will be needed for all employees directly involved with the response and management of the critical incident.
- [OHS reports, or an incident investigation report](#) may be required.
- **A more detailed incident investigation report:** may be needed.

Mental health resources may be needed in the weeks, months, and years after the critical incident.

- [Employee and Family Assistance Program:](#) 1-800-268-7708
- ParksNet – [Workplace Health and Wellness](#)
- [LifeSpeak](#)
- First Nations and Inuit Hope for Wellness Help line: 1-855-242-3310
- Government of Canada - [Mental health support: Get help](#)
- [Crisis Services Canada](#)
- [Self-Help Resource Centre](#)
- [Centre for Suicide Prevention](#) (Branch of Canadian Mental Health Association)

For more information on posttraumatic stress or to find the resources available in your community, visit

- [The Canadian Mental Health Association](#) (CMHA)
- The Government of Canada – [Posttraumatic stress disorder](#) (PTSD)

Training

- [Psychological First Aid](#) – Free online training - Johns Hopkins University
- The Working Mind First Responder – Should be available at Parks in XXX
- [Living Works course on suicide intervention](#)
- How to have difficult discussion ([LifeSpeak](#), group access, password canada)



Mental Health First Aid (MHFA): MHFA is the help provided to a person developing a mental health problem or experiencing a mental health crisis.

The Working Mind (TWM): training aimed at management and employees in maintaining their own mental health as well as promoting positive mental health in their workplace.

The Working Mind First Responders (TWMFR): training aimed at management and employees in maintaining their own mental health as well as promoting positive mental health in a first-responder setting.

Applied Suicide Intervention Skills Training (ASIST) (2 day) Interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.

References and Tools:

Internal

- [PCA Workplace Health and Wellness - Tools and Resources](#)
- [PCA Mental Health Awareness Training page](#)

External

- [Mental Health Commission of Canada](#)
- [Canadian Mental Health Association](#)
- [Centre for Suicide Prevention](#) (Branch of Canadian Mental Health Association)
- [Peer Support Canada](#) (Partner with Canadian Mental Health Association)
- [#FIRSTRESPONDERSFIRST](#)

Additional Resources

- [The Incident within The Incident - Incident Command Multitasking is an art](#) (2019 William L. Harvey)
- [Mental Health Brochures](#) (Canadian Mental Health Association)
- Preventing suicide: a community engagement toolkit Pilot version 1.0 (2016 World Health Organization)
- Crisis & Trauma Resources Institute – [Printable Handouts](#)



Mental Health Continuum Model

The Mental Health Continuum Model, which categorizes one's mental health within a continuum: green (healthy), yellow (reacting), orange (injured), and red (ill).

- Allows individuals to identify indicators of declining or poor mental health in themselves, and others (without diagnostic labels and their associated stigma)
- Stresses that individuals can move along the continuum; if one ends up in the red "ill" phase, he or she can move back towards the green "healthy phase"
- Teaches the appropriate action one can take for themselves and for others at each point along the continuum.

For more information: https://theworkingmind.ca/sites/default/files/resources/r2mr_poster_en.pdf

Mental Health Continuum Model



Signs and Indicators

HEALTHY	REACTING	INJURED	ILL
<ul style="list-style-type: none"> ▶ Normal mood fluctuations ▶ Calm/confident ▶ Good sense of humour ▶ Takes things in stride ▶ Can concentrate/focus ▶ Consistent performance ▶ Normal sleep patterns ▶ Energetic, physically well, stable weight ▶ Physically and socially active ▶ Performing well ▶ Limited alcohol consumption, no binge drinking ▶ Limited/no addictive behaviours ▶ No trouble/impact due to substance use 	<ul style="list-style-type: none"> ▶ Nervousness, irritability ▶ Sadness, overwhelmed ▶ Displaced sarcasm ▶ Distracted, loss of focus ▶ Intrusive thoughts ▶ Trouble sleeping, low energy ▶ Changes in eating patterns, some weight gain/loss ▶ Decreased social activity ▶ Procrastination ▶ Regular to frequent alcohol consumption, limited binge drinking ▶ Some to regular addictive behaviours ▶ Limited to some trouble/impact due to substance use 	<ul style="list-style-type: none"> ▶ Anxiety, anger, pervasive sadness, hopelessness, ▶ Negative attitude ▶ Recurrent intrusive thoughts/images ▶ Difficulty concentrating ▶ Restless, disturbed sleep ▶ Increased fatigue, aches and pain ▶ Fluctuations in weight ▶ Avoidance, tardiness, decreased performance ▶ Frequent alcohol consumption, binge drinking ▶ Struggle to control addictive behaviours ▶ Increase trouble/impact due to substance use 	<ul style="list-style-type: none"> ▶ Excessive anxiety, panic attacks, easily enraged, aggressive ▶ Depressed mood, numb ▶ Non compliant ▶ Cannot concentrate, loss of cognitive ability ▶ Suicidal thoughts/intent ▶ Cannot fall asleep/stay asleep ▶ Constant fatigue, illness ▶ Extreme weight fluctuations ▶ Withdrawal, absenteeism ▶ Can't perform duties ▶ Regular to frequent binge drinking ▶ Addiction ▶ Significant trouble/impact due to substance use

Actions to Take at Each Phase of the Continuum

<ul style="list-style-type: none"> ▶ Focus on task at hand ▶ Break problems into manageable tasks ▶ Controlled, deep breathing ▶ Nurture a support system 	<ul style="list-style-type: none"> ▶ Recognize limits, take breaks ▶ Get enough rest, food, exercise ▶ Reduce barriers to help-seeking ▶ Identify and resolve problems early ▶ Example of personal accountability 	<ul style="list-style-type: none"> ▶ Talk to someone, ask for help ▶ Tune into own signs of distress ▶ Make self-care a priority ▶ Get help sooner, not later ▶ Maintain social contact, don't withdraw 	<ul style="list-style-type: none"> ▶ Follow care recommendations ▶ Seek consultation as needed ▶ Respect confidentiality ▶ Know resources and how to access them
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Mental Health Commission of Canada
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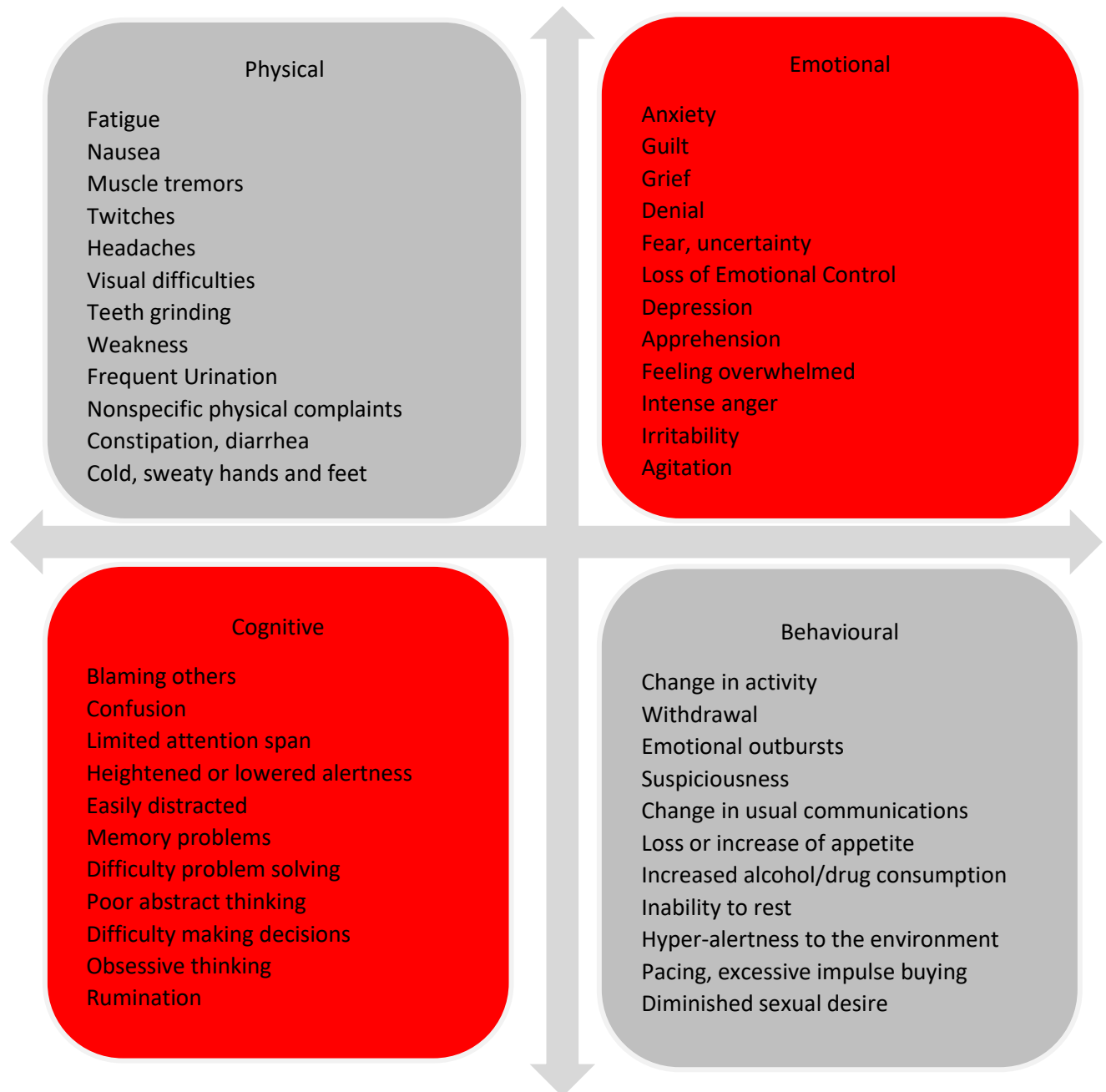
Reactions to Traumatic Events





APPENDIX "C-2"

Indicators of Stress/Trauma





APPENDIX “D”

Field Unit Resources for Critical Incident Debriefings (CID)

Park/site	Resource provider	Site visit	Response time (hr)	Mental Health Professional	CID Skills	Telephone	Email/Web



APPENDIX “E”

Complete Traumatic Incident Response Tracking

By tracking exposure for CI, if an employee develops mental health issues and are requested to provide documentation of exposure then the documentation is ready, rather than the staff needing to “relive” all the events (which can be very traumatic) while trying to assemble the documentation.

Traumatic Incident Response Tracking⁶			
Incident #	Date:	Response Type:	Responder Name:
Response Details			
<p>Did this response involve a fatality: <input type="checkbox"/>Y - <input type="checkbox"/>N If yes, number of fatalities: _____</p> <p>Did this response involve traumatic injury to responders or incident victim: <input type="checkbox"/>Y - <input type="checkbox"/>N If yes to responder, were you injured: <input type="checkbox"/>Y - <input type="checkbox"/>N</p> <p>Did this response involve someone known to the responder (other than responding team): <input type="checkbox"/>Y - <input type="checkbox"/>N</p> <p>Did this response involve children: <input type="checkbox"/>Y - <input type="checkbox"/>N</p> <p>At any time during this response, did you feel in fear of personal injury or death to yourself? <input type="checkbox"/>Y - <input type="checkbox"/>N</p> <p>At any time during this response, did you feel in fear of serious injury or death to anyone else involved? <input type="checkbox"/>Y - <input type="checkbox"/>N</p>			
Response Debriefing			
<p>Did a critical incident stress debriefing take place after the incident: <input type="checkbox"/>Y - <input type="checkbox"/>N If yes, how long after the incident: _____</p> <p>Did a private one on one debriefing take place: <input type="checkbox"/>Y - <input type="checkbox"/>N</p> <p>Did any follow-up debriefing take place: <input type="checkbox"/>Y - <input type="checkbox"/>N</p> <p>Would you like to talk with someone about this incident: <input type="checkbox"/>Y - <input type="checkbox"/>N</p>			
Additional Comments Regarding This Response:			

⁶ Coming from the [Tracking exposure: Traumatic incident report forms recognize early signs of PTSD](#)



APPENDIX “F”

Critical Incident Stress Management Checklist

Before: pages 21 to 24 - **During:** pages 25 to 32 - **After:** pages 33 to 35

BEFORE: Have a Checklist

- A healthy workplace is one where physical health and safety is as important as psychological health and safety. As per the internal responsibility system, management should conduct regular check-ins with employees to ensure that they are physically and mentally fit for duty.
- Recognize that critical incidents are a serious health and safety hazard.
- Decisions you make before a critical incident are likely to be more rational than decisions you make in the heat of the moment.
- Complete the critical incident response Checklist below to:
 - identify gaps in your field unit;
 - mitigate the impacts of various situations;
 - limit damage to the employees.
- The plan should not be so specific that it becomes difficult to adapt it to different situations.

“BEFORE” Checklist

1.	Managers and supervisors’ roles and responsibilities	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	Determine what types of incidents are likely to occur on lands for which you are responsible. Type: <ul style="list-style-type: none"> • Fire • Law Enforcement • Avalanche • Vehicle Accident • Search and Rescue 			
	Identify those who that have statutory/jurisdictional responsibilities for those incidents.			
	Pre-establish roles, responsibilities, authorities, and objectives for the critical incident management team which can be edited at the time of the incident to reflect specific complexity and scope.			



	Ensure ALL employees have current emergency notification information on file (secured yet accessible). Update information as seasonal employees are hired.			
	Develop local emergency operating plan which includes initial response and notification procedures.			
	Provide training and conduct exercises focusing on interagency cooperation, coordination, and incident management.			
	Ensure key employees designated to manage the critical incident are capable, organized, and clearly understand their roles and responsibilities.			
2.	Notification and reporting	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	Develop contact list for reporting process			
	Identify the Agency's process for reporting and investigating serious injury or deaths (Hazardous Occurrence Investigation, Recording and Reporting)			
3.	Family Liaison	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	Employees must keep their emergency contact information updated in PeopleSoft.			
	Identify PCA resources that can assist the designated family liaison(s).			
4.	Critical Incident Debriefing (CID)	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	Ensure that CID protocols and resources are identified prior to the occurrence of a critical incident. <ul style="list-style-type: none"> Identify local/regional/area CID resources (e.g., peer support, defusing, debriefing). 			



	<ul style="list-style-type: none"> Contact the Wellness team to discuss capabilities/costs. 			
	<p>Identify Employee and Family Assistance Program (EFAP) and its capabilities in:</p> <ul style="list-style-type: none"> Grief counseling Family support Critical incident stress support 			
5.	Information and Communications	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	<p>Develop critical incident communication procedures as part of a local emergency operating plan. Include:</p> <ul style="list-style-type: none"> Local/regional/national support Key spokesperson List of communication tools and resources needed Coordination of information dissemination Coordinate communication process with accident investigation team 			
	<p>Create fact sheets approved by the internal communication team (National office):</p> <ul style="list-style-type: none"> Agency Community Generic format for additional fact sheets/bio-sketches Glossary of terms 			
6.	Administration	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	<p>Establish a resource list of experts within the Agency:</p> <ul style="list-style-type: none"> Workplace Wellness Centre for values and ethics (CVE) Labour relations Disability management 			
	<p>Establish a list of the nearest medical facilities, burn/trauma centers, hours of operation and transport capabilities.</p>			



	Ensure that emergency notification information is periodically reviewed and updated (must have street addresses; no PO boxes) and that this information is easily accessible in an emergency.			
7.	Investigations	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	Become familiar with local, provincial, and territorial laws/regulations, and involvement concerning investigating critical incidents.			
	Review agency/interdepartmental accident investigation guidelines/procedures			
	Meet/develop rapport with key local law enforcement administrators			
	Conduct joint training and simulation exercises, where possible, with cooperators.			



DURING: response should be assessed and monitored

Taking charge at the time of the incident

- Contact the employees identified in Roles and Responsibilities.
- Assess the complexity of the CI and adapt management and support strategies accordingly.
- Take charge of the scene of the CI and oversee the physical, emotional and social needs of the employees present during the CI.
- Demobilize the employees affected (stop their work shift and release them so they can go home).
- Ensure their physical safety and well-being (cold, heat, hydration, food, change of clothes), except for cases involving medical emergencies, which require treatment by the first responders at the CI site.

Support

In the hours and days following the critical incident

- Comfort the employees and take care of their needs.
- Explain to them that their reactions are normal: there is no “right way” to react to such an abnormal event as a CI.
- Ensure the employees’ safe removal from the site.
- Consider granting sick leave.
- Take into account the complexity factors involved in the CI, such as the employee’s nature or history.
- Check with all employees, including those not directly involved in the CI, how they are coping with the situation.
- Remind employees that support is available through the [Employee and Family Assistance Program \(EFAP\)](#).

Manage the Ongoing Incident

- **Incident within an incident:** When a CI occurs during an ongoing incident management operation which requires continued management, it will be challenging to release key employees from the incident. Efforts will be required to provide support to these employees while they continue to manage the incident until the end of their shift or until relief individuals arrive on scene.
- **A reception centre, muster point, or safe zone:** may be needed if there are a large number of affected staff, or if a workplace or command post is affected.
- **Emergency social services** might also be needed.
- **Additional resources:** call upon all available resources to assist with critical incident response.

Health and Wellness of Affected Employees

- **Identify affected employees:** Includes employees directly impacted by the critical incident, but also those who are indirectly affected by observing or responding to the incident or by their relationships with the others who are affected.
- **Reassure employees:** Tell your employees that the team is doing all it can to deal with the critical incident.
- **Family notification:** Encourage employees to notify family members that they are safe.
- **Injured employees:** If injured employees are unable to notify family members as soon as possible, consider arranging a call on their behalf. Provide the family with the hospital's name and address, but do not discuss in detail the employee’s health condition. Provide reassurance that everything is being done to help their loved one.
- **Manage the media:** Ensure that affected employees have privacy so they can work through, and gain control over, strong emotional reactions triggered by the event.



- **Basic measures to provide support:** (Refer to APPENDIX “C1”-“C2”)
 - a) Employees experiencing strong stress reactions and wanting to go home: Arrangements should be made to ensure they are accompanied until they arrive home. Connecting with family members, friends or co-workers.
 - b) Employees may have strong reactions, yet want to stay at work: They should not be left alone.
 - c) Employees who are experiencing acute stress reactions, such as severe anxiety, fear, shock or show signs of confusion, let them know what has happened, what is happening now and what is going to happen in the next few minutes. Ask colleagues to help by sitting with them. People usually recover within a short period of time.
 - d) Validate employees' reactions to the event. Let them know that it's normal to experience fear, anxiety, shock, disbelief, anger or strong feelings of helplessness or powerlessness. Reassure them that these are typical reactions and everyone responds differently. Share your own reactions with them.
 - e) Listen attentively to employees who want to share their reactions to the event. Acknowledge their reactions. Reassure them that these are common reactions to what has happened. Avoid empty promises such as: "Everything will be fine." Instead, acknowledge their feelings.
 - f) Some people will not want to talk about the critical incident. Everyone has their own way of dealing with stressful situations. They may want to talk in a few hours, days or weeks. Follow-up with them.
 - g) Managers should follow the [hazardous occurrence reporting flow chart](#) and form distribution for Hazardous Occurrence investigation, recording and reporting (HOIR) and for Workers Compensation Board claims (WCB).

“DURING” Checklist

During (This section builds on the previous **BEFORE** section by implementing the previous identified actions).

1.	Roles and responsibilities	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	Clarify and agree upon roles, responsibilities, authorities, and objectives for all subsequent steps.			
	Provide for and emphasize the treatment and care of survivors, coworkers, and their families. <ul style="list-style-type: none"> • Affected employees: will include those employees directly impacted by the critical incident, but also those who are indirectly affected by observing or responding to the incident or by their relationships with the others who are affected. 			



	<ul style="list-style-type: none"> • Re-assure employees: that the team is doing all it can to deal with the critical incident. • Suggest that uninjured employees call home: to report that they are safe or consider calling an employee’s family if that employee cannot call home themselves. • Family members: Provide family with the hospital's name and address, but do not discuss in detail the employee’s health condition. Provide reassurance that everything is being done to help their loved one. 			
	Determine the scope of the incident, identify the involved jurisdictions, and implement initial actions.			
	<p>Determine the capabilities and limitations of your organization and request assistance.</p> <ul style="list-style-type: none"> • Contact other authorities if there has been a serious injury, fatality or there is a criminal element including the police, coroner, Transport Canada, etc. 			
	Determine the level of management required.			
	Implement reporting/notification procedures.			
	Identify key contacts during the critical incident.			
	Prepare for accident investigation.			
	Determine need for, and level of, Critical Incident Stress Management (CISM).			
	Monitor the management of the critical incident. Be readily available to provide direction, guidance and support as needed.			
2.	Initial Action checklist	CONTACTS/ PHONE	ASSIGNED TO	STATUS



	Conduct risk assessment on rescue/recovery operations.			
	Ensure that rescue/recovery response is activated.			
	<p>Gather and verify initial information:</p> <p>Who: Full names of victims, including nicknames</p> <p>When: Approximate time and date of accident</p> <p>What: Suspected cause of injury, death, etc.</p> <p>Where: Location of accident (incident name, closest town, jurisdiction, or other geographic information)</p>			
	<p>Implement local emergency operating plan and critical incident communication procedures.</p> <ul style="list-style-type: none"> • Ensure that communications are controlled to guarantee privacy of names until next of kin are notified. • Instruct incident employees not to use communication methods that could compromise privacy and not to use names of victims if communications can be monitored. 			
	Obtain victims' personal emergency notification information and make notification to next of kin.			
3.	Notification and reporting	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	Follow procedure as outlined in Parks Canada's Hazardous Occurrence Reporting Flow Chart and Form Distribution available on ParksNet in the case of an incident, death or explosion.			
4.	Family Liaison	CONTACTS/ PHONE	ASSIGNED TO	STATUS



	<p>Designate family liaison</p> <ul style="list-style-type: none"> • Consideration should be given to unique circumstances (e.g., non-traditional family situations) and need for multiple family liaisons. • Assign one person per family, but consider the need for other individuals to assist. • Allow the designated family liaison the opportunity to decline the assignment. 			
	<p>Coordinate communication among liaisons.</p>			
	<p>The family liaison should be available to the family within the first 24 hours.</p> <ul style="list-style-type: none"> • Consider the need for appropriate representative(s) at locations where family members may be present (e.g., hospitals, helicopter/ambulance shuttle points) to assist with their needs. 			
	<p>Provide family members access to the Employee and Family Assistance Program (EFAP).</p>			
5.	Critical Incident Debriefing (CID)	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	<p>As needed, activate CID resources.</p> <ul style="list-style-type: none"> • The Wellness team will be able to assist the local unit with identifying CID needs. 			
	<p>Coordinate CID logistics:</p> <ul style="list-style-type: none"> • When, where, who 			
	<p>Ensure that CID resources can handle the magnitude of debriefing requirements.</p> <ul style="list-style-type: none"> • Identify the approximate number of employees that have a need for CID services. • Contact CID resources and discuss approximate numbers of participating employees, timeframes for mobilization and conducting CID sessions, and participant limits per session. 			



	<p>CID is generally implemented within 48-72 hours of the critical event.</p> <p>Consideration the following:</p> <ul style="list-style-type: none"> • Initial CID provided to employees directly involved in the incident (e.g., survivors, rescue workers, Incident Management Team members) • Relieving involved employees from external responsibilities. • Keep employees together, if possible. • Hold separate sessions for employees involved in the immediate critical incident and outside peers/coworkers. 			
	<p>Ensure confidentiality throughout the CID process.</p>			
6.	Information and Communications	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	<p>Implement critical incident communication procedures. Needs may vary based on complexity of the critical incident.</p> <ul style="list-style-type: none"> • Develop communication strategy • Use internal bulletin boards to communicate with employees. 			
	<p>Place order(s) for qualified incident information officer(s) or equivalent.</p> <ul style="list-style-type: none"> • Designate a lead Information Officer. 			
	<p>Confirm roles and responsibilities, and ensure that appropriate coordination occurs.</p>			
	<p>With National office communications team, establish approval process for release of information.</p> <ul style="list-style-type: none"> • Designate primary spokesperson for external release of information. • Provide information to victim/family first. • Respond quickly and compassionately. • Names of fatality victims can be released as soon as next of kin have been notified. 			



	<ul style="list-style-type: none"> Never release names of injured or missing victims. 			
	<p>Document all events, contacts, etc.</p> <ul style="list-style-type: none"> Chronology Contact Log Photos 			
	<p>Prepare agency condolence letters within 24 hours, if possible. Coordinate at all levels within the agency.</p>			
7.	Administration	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	<p>Evaluate local unit's added workload and request assistance as needed.</p> <ul style="list-style-type: none"> Request additional employees to maintain daily operations. Consider requesting relief from identified work targets for affected employees. 			
	<p>Designate employee(s) to take lead in preparing/processing required paperwork.</p> <ul style="list-style-type: none"> Worker's compensation Death benefits (Provide a benefits package to families so they are aware of all entitlements.) 			
	<p>Designate a single source for administrative record keeping and tracking throughout the critical incident.</p>			
	<p>Assist Serious Accident Investigation Team as needed.</p>			
8.	Investigations	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	<p>Ensure the investigation team(s) receives a thorough briefing about:</p> <ul style="list-style-type: none"> What happened Jurisdictions involved Search and rescue Lists of employees involved (injuries, fatalities, etc.) 			



	<ul style="list-style-type: none"> • Location • How to contact • Key officials • Cooperators • Criminal/civil implications 			
	<p>If a fatality or serious injuries have occurred, an Investigation Team will likely be appointed by a higher-level. The field unit should be prepared to host and cooperate.</p>			



AFTER: follow up and observing symptoms

During the employee's absence

- Have a mental health professional do a debriefing in order to assess the employee's reactions and needs.
- Provide the employee with information about what constitutes a critical incident, its consequences and the available support resources.
- Establish a plan of action with the employee for the period of leave in order to support his or her return to normal.⁷
- Have each employee's fitness to return to work assessed by an independent professional before any return to work.
- Important to contact the [Disability Management Program](#) for more information.
- Check in with the employee periodically to ensure they are doing well and to stay connected while absent from work.

The day when the employee returns to work

- Meet with the employee to ensure they are doing well and to create a work plan.
- May require some form of accommodation to respect functional limitations as per medical report.

After the first day of work and during the following weeks

- Meet with the employee to check his or her overall status. Refer to the continuum [APPENDIX "B"](#) and also [APPENDIX "C-1"](#), ["C-2"](#).
- Review plan of action to determine lessons learned that can be applied in future.

"AFTER" Checklist

1.	Roles and responsibilities	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	Clarify and agree upon roles, responsibilities, authorities, and objectives for all subsequent steps.			
	Ensure that key individuals (families, survivors and other appropriate individuals) are briefed on the accident investigation report prior to its release.			
	When accident investigation reports are released, make subject-matter experts available to answer families' questions and concerns.			
	Debrief and release CISM providers.			

⁷ You could refer to the section on [Recovery and Return to work](#) in the First Responders Employers Resource Guide.



	<p>Monitor stress reactions and cumulative stress in agency employees, especially during:</p> <ul style="list-style-type: none"> • Release of investigative reports and incident management review reports • Anniversary dates • Memorial services <p>Provide Employee and Family Assistance Program (EFAP), Center for Values and Ethics and other sources for assistance.</p>			
	<p>Ensure that administrative requirements for affected employees and families (e.g., compensation for claims, benefits) are expedited.</p>			
	<p>Conduct an After Action Review (AAR) of the management of the critical incident. Develop recommendations for improvement and incorporate into existing plans and share lessons learned.</p> <ul style="list-style-type: none"> • Address how well agency worked • Determine if the local emergency plan was effective. • Identify weak areas. • Update plans as necessary. 			
	<p>Follow up on recommendations/corrective actions from incident investigation reports.</p>			
2.	Family Liaison	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	<p>Continue working with family members concerning:</p> <ul style="list-style-type: none"> • Claims and benefits • Information requests (e.g., media interviews) • Visiting site of incident 			
	<p>Ensure that family liaison(s) receive debriefing/stress counseling as necessary.</p>			



	Continue to communicate regularly with families, but establish a mutually agreed-upon conclusion to official involvement.			
	Provide family with information on follow-up resources.			
3.	Information and communications	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	<p>Develop a communication transition plan to ensure the dissemination of information regarding the critical incident.</p> <ul style="list-style-type: none"> • Address continuing impacts, visitors, traffic, media, etc. • Identify potential need for follow-up committee. • Plan for facilitating return visits to the incident site by family members/survivors/visitors. • Develop mechanism for dissemination for follow-up information to family members/survivors. 			
	Prepare thank-you letters			
4.	Administration	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	<p>Assist survivors and family members with paperwork as necessary.</p> <ul style="list-style-type: none"> • Worker's compensation benefits. • Death benefits • Other benefits as applicable 			
5.	Investigation	CONTACTS/ PHONE	ASSIGNED TO	STATUS
	<p>Ensure critical incident investigation team closes out with:</p> <ul style="list-style-type: none"> • Agency Administrator • Agency officials at appropriate levels 			