# Critical Incident Response

## Toolkit for Developing Organizational Policies and Procedures

switchboard
connecting resettlement experts

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# Overview

In resettlement settings, as in other social service settings, agencies must be prepared to respond to client crises and other critical incidents. Both individual crises and larger threats to the agency and/or staff require immediate and effective responses to ensure the safety and well-being of everyone involved. The development of agency-wide critical incident policies and procedures is essential to an effective response. Without clear policy and staff training, even skilled professionals can be overwhelmed by the emotional intensity of a crisis, leading to potentially harmful outcomes. By proactively addressing the challenges that can arise during a crisis, organizations can create safer environments for both clients and staff.

## About this Toolkit

This toolkit provides an overview of critical incidents and a structured approach for agencies to develop their own policies and procedures. It outlines the key components of effective critical incident responses, including the identification of potential risks, communication protocols, documentation, and post-incident recovery processes. Sample procedures for common types of critical incidents are included in the appendix of this document. These samples should be tailored to each office location to meet your specific context. Office locations require individualized procedures due to staff size, varying staff roles, and different staff levels of experience or skill in handling critical incidents and navigating community resources.

*Please note that some agencies may define critical incidents differently than this guide. Always follow your agency's guidance on what is considered a critical incident and the necessary reporting structures. Additionally, this guide is focused on critical incidents in direct service situations—it is not focused on large-scale disaster preparedness or response. More resources on disaster preparedness and response can be found in the Resources section of this guide.*

## Who Should Read this Toolkit

This toolkit is designed for supervisors, managers, and other agency leaders who are interested in creating or updating their office's critical incident procedures. While they are not the target audience of this document, staff at all levels should be included in the process of developing and implementing new critical incident policies and procedures. It is also important to have your agency's legal team, compliance officers, and other specialized staff, such as your operations or security teams, review your final policies and procedures to ensure they meet federal, state, and local regulatory requirements as well as any funding stipulations.

# Understanding Critical Incidents

**The definitions provided in this guide are intended solely for the purpose of this document and may not reflect the definitions used by other programs, agencies, or organizations. Please note that terminology and interpretations may vary across different contexts, and it is recommended to consult specific program guidelines or agencies for precise definitions applicable to your work.**

**Critical incidents** are unexpected events that involve serious threat, such as injury or death. They are characterized by their potential to disrupt normal operations and require immediate, effective responses to mitigate harm and restore stability. Critical incidents include both *crises* and *emergencies* that may arise in human service contexts.

**Crises** are situations that pose a threat to the safety of individuals but allow for some time to develop a response plan. They may require internal support from supervisors or crisis teams—and/or coordination with external agencies—to ensure effective response and stability.

Examples of crises include:

- Clients experiencing acute emotional distress
- Clients reporting suicidal ideation, but with no immediate risk
- Clients reporting experiences of domestic violence, intimate partner violence, or sexual assault
- Clients experiencing human trafficking
- The abuse, neglect, abandonment, or exploitation of a minor or an adult who, due to age or impairment, cannot act to protect themselves


**Emergencies** are situations that pose an immediate threat to life and safety, necessitating urgent action to protect individuals. These situations require the involvement of external support, such as law enforcement or emergency medical services, to effectively manage the threat and ensure safety.

Examples of emergencies include:

- Clients or staff in immediate danger due to client behavior
- Medical emergencies for clients or staff (e.g., losing consciousness, difficulty breathing, etc.)
- Active shooters or immediate threats of violence against persons or property
- Disaster situations and other hazards (e.g., fire, earthquake, flood, chemical spill, etc.)

# Developing Critical Incident Procedures: Initial Steps

## Consider Agency Scope

As you consider critical incident policy and procedure development, first consider the scope and capacity of your organization. If your agency does not provide 24/7 emergency support to clients, ensure that:

- Clients are informed that staff are not available after hours and that communication (voicemails, texts, etc.) will not be monitored
- Clients have a list of who they can call, and how to access interpretation, in case of different types of emergencies and know what types of support to expect
- Clients have created a safety plan to meet their needs after hours

Additionally, it is important to remind staff that:

- They should not answer phone calls, voicemails, texts, or other communication from clients after hours
- They put themselves and the agency at risk by communicating with clients after hours, when additional support staff and resources are not available
- All office phone numbers should have an office voicemail message with instructions on how clients can access emergency supports outside of office hours

Some offices may have program activities that are scheduled outside of regular office hours. Staff should not be working alone with clients after hours, and agencies should have clear critical incident procedures for any situations that may arise during these times.

## Review Staff Roles

Once staff can identify crises and emergencies, their roles in each will need to be clearly defined. Some types of critical incidents may require support from experienced staff members, mental health or social work professionals, or supervisors. Consider different staff roles in critical incidents, including:

- **Support or administrative staff**—administrative staff may be the first to witness a critical incident in waiting rooms or common areas of the office. Their role may include requesting assistance from a direct service or supervisory staff member, staying with a client while awaiting internal or external resources, or calling 911 for medical emergencies.
- **Direct service staff**—direct service staff may encounter crisis or emergency situations in their work with clients. These situations may occur in the office, at home, on community visits, or while providing remote services. Direct service staff should be trained to de-escalate situations and follow critical incident procedures.
- **Interns and volunteers**—interns and volunteers may have more limited roles during critical incidents than other staff due to the nature of their roles within the agency. Responsibilities may include requesting assistance from a direct service or supervisory staff member or staying with a client while awaiting internal or external resources.

- **Supervisory staff**—supervisors', team leads', and managers' roles in critical incident response may include being available to support other staff during crises or emergencies, debriefing after critical incidents, providing guidance on documentation, and reviewing critical incident reports.

## Determine Critical Response Model

Staff roles may also vary depending on the model used for critical incident response within the agency. Organizations commonly use several different models, including:

- **The all hands approach**—in this approach all staff are trained to respond to critical incidents. A limitation of this approach is that it may overwhelm staff who are not accustomed to managing crises, or lack the specialized knowledge needed in certain types of situations, such as mental health or domestic violence crises. This approach may require more frequent training to maintain readiness and can be more disruptive to staff's regular duties.
- **The tailored support model**—in this model, each staff person has their own individualized list of contacts to reach out to. The first contact on the list is often their direct supervisor, followed by a manager or other senior team member with specialized knowledge and skills.
- **The supervisor on call model**—this model relies on supervisors or experienced staff to rotate being on call to support any agency staff with critical incidents during their scheduled shift. This model provides clarity about who is responsible at any given time, ensuring a quick response. During their time on call, supervisors must be willing and able to interrupt their ongoing duties.
- **The crisis response team model**—offices with more staff can establish dedicated crisis response teams, assigning specific roles to staff members in managing critical incidents. These teams consist of staff with other regular duties and are only activated as needed. This structure allows for staff with specialized training or skills to be available to other staff (e.g., trained mental health professionals who can activate during mental health crises). These teams require more frequent and in-depth training on de-escalation and critical incident response than other staff members.

## Adopt Communication Protocols

Effective communication is essential during a crisis. Having clear procedures for both internal and external communication is vital to a coordinated response. Some considerations for internal communication include:

- Quickly alerting staff to threats (i.e., emergency alarms, phone trees, text blasts)
- Delineating clear communication channels for internal support (such as activating a crisis response team, or contacting a supervisor on call, depending on your critical response model)
- Considering communication options for sensitive situations with clients, such as silent alarms or panic buttons
- Exploring options for communication and support for staff working remotely or in the community (i.e., keeping an updated list of key staff phone numbers for support)

In addition, communication with clients' families or guardians may be necessary depending on the situation and considering client confidentiality. When appropriate, ensure families or guardians are informed about the crisis, the actions being taken, and any impact on their loved ones. This communication should be handled sensitively and confidentially, respecting the privacy and emotional needs of those involved.

## Consider Procedures for Offsite or Remote Client Meetings

Critical incident procedures should be developed or adapted for staff working offsite, such as when conducting home visits or working remotely with clients. Staff working offsite may face unpredictable environments, limited access to immediate support, and difficulties in quickly contacting emergency services. Therefore, agencies should ensure that offsite staff have clear guidelines on assessing risks, identifying potential threats, and initiating safety measures. At a minimum, staff should develop plans with supervisors to maintain regular communication, including check-in systems and emergency preparation for situations where staff cannot be reached. Staff should be equipped with mobile phones, emergency contact lists, and personal safety alarms. It is also important that staff receive specialized training on de-escalation, personal safety, and emergency response tailored to the offsite context.

For remote work, procedures should outline steps for managing crises during virtual sessions, such as how to assess the client's safety when not physically present, quickly access local emergency services, and document incidents accurately. At a minimum, staff should ensure they have the client's emergency contact information and exact location during the meeting, in case emergency services need to be called.

# Key Components of Critical Incident Procedures

While different emergencies and crises will necessitate their own individualized procedures, there are many commonalities among them. This section will detail the key components that are consistent among critical incident procedures. See the chart below for generalized procedures for emergencies and crises and notice the similarities and differences.

| General Emergency Procedure | General Crisis Procedure |
|---|---|
| **Identify risk and ensure safety** | **Identify risk and ensure safety** |
| Call 911 | Use de-escalation skills and remain calm |
| **Seek internal support** | **Seek internal support** |
| | Make mandated reports as necessary |
| | Create safety plan when calm |
| | Refer to additional services when helpful |
| **Debrief and seek personal support** | **Debrief and seek personal support** |
| **Document** | **Document** |
| **Begin long-term recovery and follow-up** | **Begin long-term recovery and follow-up** |

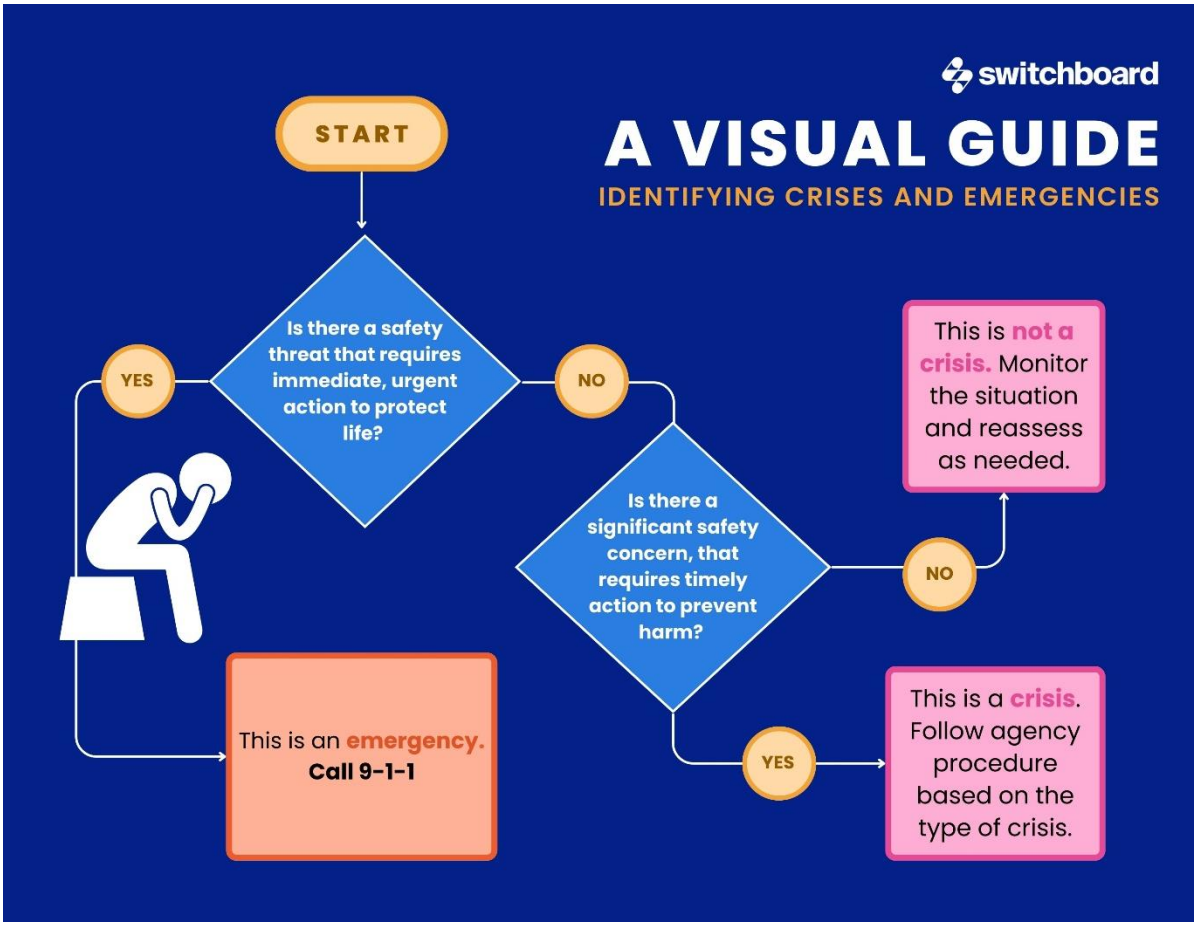
## Limitations of Critical Incident Procedures

Critical incident procedures are intended for use with clients who are known to the agency. When interacting with individuals not known to the agency, staff should limit their involvement to calling 911 or making a mandated report, as required by law.

Staff, interns, and volunteers should always begin services with transparency around critical incident procedures and the limits to confidentiality. It is important to also periodically remind clients of the limits to confidentiality and to work collaboratively with clients whenever possible.

## Identify Risk and Ensure Safety

Identifying whether a situation is a crisis or an emergency is an essential first step in any critical incident procedure. All staff should be trained to identify and differentiate crises and emergencies and stay vigilant in recognizing signs that a situation is escalating. Agencies should develop or adapt guidelines for assessing crises and emergencies, like the decision tree below.




Additionally, staff should act swiftly to ensure the safety of themselves and those nearby, including by leaving dangerous situations and encouraging others to leave the area if needed. This may also involve moving with clients to safe, confidential spaces when having sensitive conversations or using de-escalation skills.

## Seek Internal Support

Internal support can be crucial early in the critical incident response process. When responding to emergencies, additional staff can support by:

- Remaining with the client until first responders arrive
- Staying on the phone with 911 as necessary
- Meeting first responders at the front door of the office and escorting them to the client's location
- Managing other clients on site, ensuring their safety and wellbeing

Crisis response procedures may include a step for seeking internal support—i.e., requesting assistance from a supervisor, more experienced staff member, or member of your own team who specializes in mental health, domestic violence, trafficking, or other niche areas. Even experienced staff members can benefit from seeking additional internal support, which can provide new insights and perspective.

## Debrief and Seek Personal Support

After the emergency or crisis has subsided and the client has left your office, an important step in the critical

incident process is debriefing with the staff involved and a supervisor. The intense nature of a crisis can impact individuals emotionally, physically, and mentally, often in ways that are not immediately apparent. Debriefing provides a structured opportunity to reflect on the incident, process emotions, and assess the effectiveness of the response. It allows team members to share their experiences, clarify any misunderstandings, and identify strategies to move forward.

Additionally, seeking personal support—whether through supervision, peer support, or professional counseling, such as through an Employee Assistance Program—ensures that staff members address any lingering stress, trauma, or emotional distress. This step is crucial not only for personal well-being but also for maintaining a healthy, resilient workforce capable of delivering high-quality care. By prioritizing debriefing and personal support, agencies can foster a culture of safety, support, and continuous improvement.

## Document

Accurate and timely documentation is a fundamental step in any critical incident procedure. Documentation is essential to ensure accurate records, manage agency and staff liability, and meet regulatory compliance after a critical incident.

For emergency or crisis situations that directly involve a specific client, staff will need to complete a **case note** and retain it in the client's case file. Case notes should include a factual, concise account of what occurred; any interventions provided by staff; the client's reactions; and the client's status at the resolution of the incident. Case notes should be completed as soon as possible, ideally by close of business the same day as the incident. Additionally, there should be ongoing documentation monitoring the situation until it has resolved—many crises are not immediately resolvable, including suicidal ideation, mental health crises, domestic violence, and others.

If a **safety plan** was created, a copy should also be retained in the client's case file.

**Critical incident reports** may also need to be completed depending on the type of critical incident and your agency's policy. Critical incident reports are internal documents which cover specific details about the incident, focusing on the broader context and operational impact. These forms are typically created in collaboration with an agency's legal team and include details such as the date, time, and location of the incident; the individuals involved; a description of the incident; the response actions taken; and any follow-up steps needed. The purpose of these forms is to ensure organizational accountability, promote transparency, and support a structured review process to identify trends, areas for improvement, and necessary policy updates.

## Begin Long-Term Recovery and Follow-Up

After critical incidents, agency leadership is responsible for considering the organizational impact of the critical incident and any long-term recovery processes that may be necessary. Leaders should restore normal operations when it is safe to do so; offer ongoing support those impacted by incidents; and ensure staff have access to necessary resources. They should also review critical incident report forms to identify patterns and determine if additional training, policy changes, or other actions need to be taken.

# Emergency-Specific Procedures

This section will cover steps specific to emergency procedures.

| General Emergency Procedure |
| --- |
| Identify risk and ensure safety |
| **Call 911** |
| Seek internal support |
| Debrief and seek personal support |
| Document |
| Begin long-term recovery and follow-up |

## Call 911

Calling emergency responders such as police, fire, or emergency medical services is essential to an emergency response. Train staff on the fundamentals of calling 911, including the types of questions that a dispatcher may ask. A list of common questions is available in the sample procedure in the appendix of this guide.

Staff should be prepared to inform the dispatcher of the language spoken by the individual in question, advocating for an interpreter or the use of a language line by first responders. Callers should ask for an incident or event number for their call, which can be helpful if there is ever a need to call back for updated information. In some sensitive situations, such as mental health emergencies, callers can also request that first responders arrive without sirens, or separately request mental health crisis intervention support, if available.

# Crisis-Specific Procedures

This section will cover steps specific to crisis procedures.

| General Crisis Procedure |
| --- |
| Identify risk and ensure safety |
| **Use de-escalation skills and remain calm** |
| Seek internal support |
| **Make mandated reports as necessary** |
| **Create safety plan when calm** |
| **Refer to additional services when helpful** |
| Debrief and seek personal support |
| Document |
| Begin long-term recovery and follow-up |

## Use De-escalation Skills and Remain Calm

When responding to a crisis, it is essential to use de-escalation skills and maintain a calm demeanor to ensure the safety of all involved. Newcomers may be particularly sensitive to crisis situations, as they can trigger memories of past traumatic events, causing heightened emotional responses or feelings of fear and mistrust. By staying calm and using de-escalation techniques such as active listening, clear communication, and non-threatening body language, staff can help create a sense of safety and stability. This approach is essential for preventing further escalation and reducing the risk of re-traumatization.

Remaining calm not only models appropriate behavior but also allows staff to think clearly, make sound decisions, and respond effectively under pressure. In this context, a calm, empathetic response not only facilitates a safe resolution but also fosters trust and reinforces a supportive, therapeutic environment for clients who have already endured significant hardship and vulnerability.

See the Resources section of this document for more resources on de-escalation.

## Make a Mandated Report

Mandated reporting becomes a necessary step in a crisis response procedure when staff become aware of known or suspected abuse, abandonment, neglect, or exploitation of a minor or vulnerable adult. Staff who are

considered mandated reporters should be trained on what is reportable, and how and where to report to the appropriate authorities. Additionally, staff should be comfortable discussing confidentiality and their role as a mandated reporter with clients. In collaboration with their supervisors, staff will determine whether or not to inform the individuals involved about the report and/or make the report in collaboration with the client.

When making a mandated report, the hotline worker will have a list of questions. Whenever possible, staff should collect information for reporting in advance of making the call. A list of common questions can be found in the sample procedure in the appendix of this guide.

It is common for staff to have questions or concerns about mandated reporting, so an internal expert should be identified for staff to go to with questions. See the Resources section of this document for more resources on mandated reporting.

## Safety Plan

Safety planning can play an important role in the response to many different types of crises and should be embedded in crisis response procedures as appropriate. **Safety planning may not be appropriate in emergency situations: when a client is in immediate danger, at high risk of harm to self or others, unable or unwilling to engage in the safety planning process, or unable or unwilling to maintain a safety plan after leaving your office.**

Safety plans are practical action plans for clients to follow when they are feeling overwhelmed, helping them navigate difficult emotions and dangerous situations. Resettlement staff can collaborate with clients to create individualized, practical plans that will help mitigate future crises or unsafe situations.

See the Resources section of this document for more on safety planning.

## Refer to Additional Services

To effectively serve clients in crisis, each agency should maintain an updated list of ancillary resources to support clients' needs in different situations. Clients experience many different stressors that may contribute to a crisis situation, so additional resources may help de-escalate some client crises. Referral to additional internal resources such as intensive case management, employment services, or wellness groups should not be overlooked. Consider community mapping and maintaining an up-to-date list of resources and referral pathways in the following areas:

- Behavioral health
- Crisis hotlines
- Domestic violence, intimate partner violence, and sexual assault
- Public safety
- Financial assistance
- Housing, including emergency shelters
- Food security and emergency food banks
- Public benefits
- Medical and dental
- Transportation
- Immigration and legal needs
- Child care and youth programming
- Resources for specific populations such as LGBTQ+, elderly and disabled individuals, children, etc.

See the Resources section of this document for more resources on community mapping.

# Staff Training

Training in critical incident procedures and de-escalation techniques is essential for all staff members. Proper training ensures that staff are well-prepared to handle crises effectively, minimizing risks to clients, themselves, and others. When staff understand the agency's critical incident procedures, they are better equipped to act swiftly and confidently during emergencies, reducing confusion and potential harm. De-escalation training is equally important, as it provides staff with the skills needed to defuse potentially volatile situations and maintain a safe environment for everyone involved.

Regular training is necessary to keep these skills sharp and up to date. All staff should receive initial training upon hire and participate in refresher courses at least annually. More frequent training sessions may be needed for staff working in high-risk environments or with clients who frequently experience crises. Incorporating simulations, role-playing, and scenario-based exercises can help staff practice responses in a controlled setting, improving their ability to stay calm and apply the correct procedures in real-life situations. By investing in regular, comprehensive training, agencies promote a culture of safety, preparedness, and continuous learning, ultimately improving client outcomes and staff well-being.

## Staff Safety and Security

Critical incidents can deeply affect both individuals and agencies. Staff and clients may experience increased anxiety, stress, or trauma, which can impact their well-being and trust in the environment. Additionally, staff members, particularly those with lived experience, may experience burnout, vicarious trauma, or a sense of helplessness, which can affect their ability to provide effective, compassionate services. Operationally, these incidents disrupt routines, strain resources, and may lead to long-term challenges like decreased morale, higher turnover, and potential legal issues. Proper planning is essential to minimize these effects and maintain a stable, supportive environment.

Protecting staff safety and security is a key consideration in the development of critical incident response procedures. Given the unpredictable nature of critical incidents, it is imperative that protocols are designed to safeguard both the physical and psychological well-being of staff members while responding to crises or emergencies. Staff should be equipped with the proper tools, including emergency alarms and communication devices, and trained to recognize and respond to potential threats effectively. Additionally, offering access to mental health resources and regular debriefing can help staff manage stress and prevent burnout.

Incorporating staff feedback into the development of these protocols can also enhance safety measures, as those on the front lines often have valuable insights into effective strategies and potential risks. By prioritizing both physical and psychological safety, agencies can ensure that staff are protected, supported, and prepared to handle critical incidents effectively.



## Conclusion

Responding quickly and effectively to critical incidents is essential to maintaining a safe and supportive resettlement environment. By creating and implementing comprehensive protocols with ongoing staff training, agencies can ensure that their teams are well-prepared to handle emergencies with competence and care. With ongoing training, agencies can create a culture of preparedness and resilience that supports both staff safety and high-quality client care.

# Resources

## Crisis Response

- **Switchboard**
  - **Guide:** Introduction to Safety Planning (2024)
  - **Template:** Low-Risk Safety Plan (2024)
  - **Guide:** Preventing Crises and De-Escalating Difficult Situations with Newcomer Clients (2023)
  - **Webinar:** A Trauma-Informed Approach to De-escalation and Crisis Response (2023)
  - **Webinar:** Foundations Of Mandatory Reporting For Refugee Service Providers (2024)
  - **Guide:** Fundamentals Of Mandatory Reporting: A Guide For Refugee Service Providers In The U.S. (2024)
  - **Blog:** Navigating the Impact of Hate Incidents and Hate Crimes on Clients and Direct Service Staff (2024)
  - **Webinar:** Safety Planning with Unaccompanied Refugee Minors (2021)
  - **Webinar:** Fundamentals of Gender-Based Violence (GBV) for Refugee Service Providers: The What, Why and How of Safety Planning (2020)
  - **Guide:** Fundamentals of Gender-Based Violence (GBV) for Refugee Service Providers: The What, Why and How of Safety Planning (2020)
- **International Rescue Committee (IRC)**
  - **E-Learning:** Psychological First Aid in Resettlement, Asylum and Integration Settings (2021)
  - **E-Learning:** Empathic Communication in Resettlement, Asylum and Integration Settings (2021)
  - **E-learning:** De-escalation in Resettlement, Asylum and Integration Settings (2021)
  - **E-learning:** Safety Planning in Resettlement, Asylum and Integration Settings (2022)
  - **E-Learning:** Suicide Prevention in Resettlement, Asylum and Integration Settings (2021)
  - **E-learning:** Responding to Intimate Partner Violence in Resettlement, Asylum and Integration Settings (2022)
- **U.S. Committee for Refugees and Immigrants (USCRI)**
  - **Guide:** Safety Planning with Foreign National Children and Youth Survivors of Trafficking (2021)

## Disaster Preparedness and Response

- **Switchboard**
  - **Evidence Summary:** What are the best strategies for emergency preparedness and emergency information dissemination among resettled refugees? (2024)
- **Administration for Children and Families (ACF)**
  - **Guide:** Disaster Human Services Capabilities Playbook (2023)
- **Welcoming America**

- **Webinar:** Access to Housing, Disaster Relief, and Homelessness Assistance Programs for Immigrants (2021)
- **Webinar:** Establishing and Maintaining Inclusive Emergency Management with Immigrant and Refugee Populations (2021)

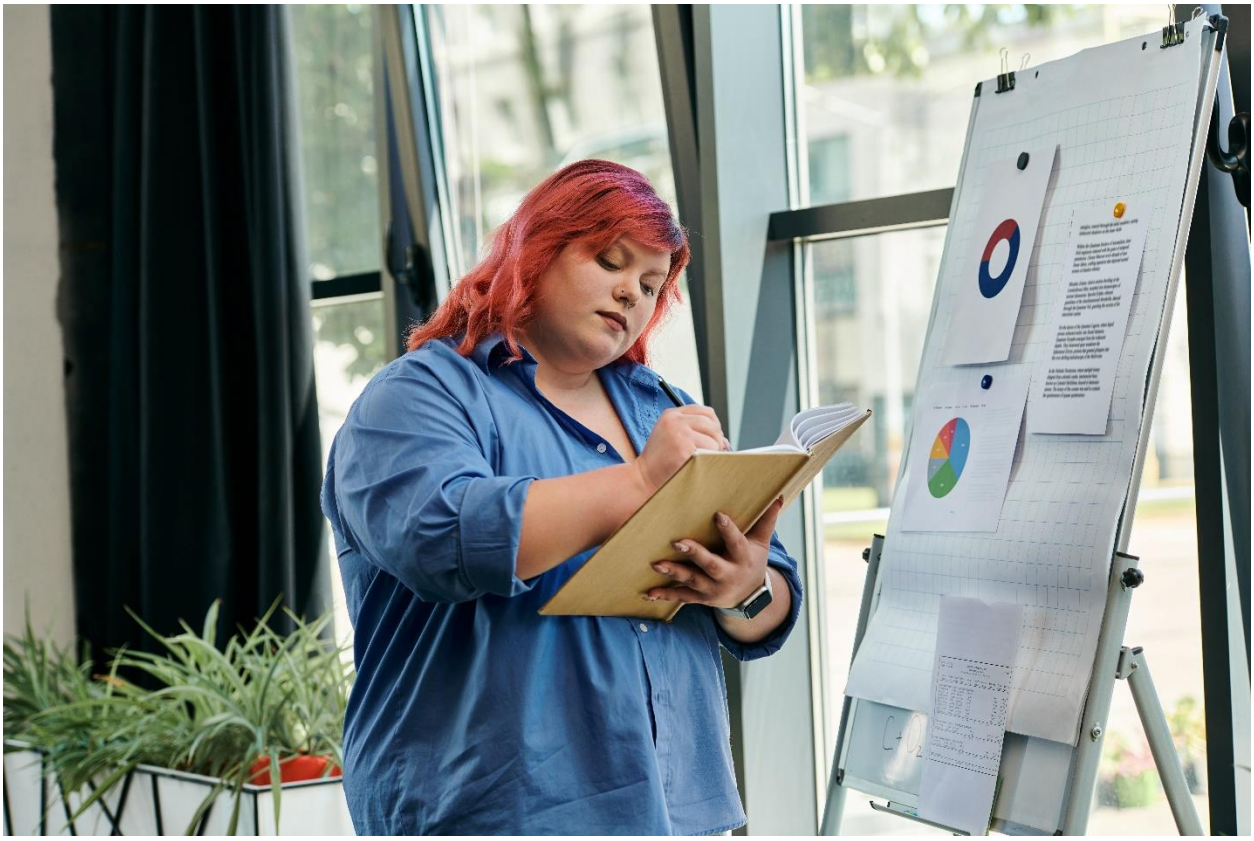
- **Seattle Office of Emergency Management**
  - **Tool:** Prepare Your Family (2017)

## Community Mapping

- **Switchboard**
  - **Blog:** Looking for Local Healthcare Providers Who Can Serve Refugee and Immigrant Patients? A New Directory Can Help! (2023)
  - **Webinar:** Strengthening Refugee Integration through Community Resource Mapping (2019)
  - **Tool:** Community Resource Mapping Templates (2019)
- **Center for Adjustment, Recovery and Resilience (CARRE)**
  - **Guide:** Mental Health and Psychosocial Support Service Mapping (2023)

## Staff Care and Self-Care

- **Switchboard**
  - **Webinar:** Organizational Approaches to Staff Care and Retention in Resettlement (2024)
  - **Webinar:** I Was Already Burned Out and Now This…Strategies for Staff and Supervisors to Mitigate Burnout, Vicarious Trauma and Other Occupational Hazards (2020)
  - **Guide:** Preventing Organizational Hazards by Promoting Organizational Resilience (2020)
- **Center for Victims of Torture (CVT)**
  - **Tool:** Self-Care Tools: Core Concepts (2021)
  - **Tool:** Self-Care Tools: Fundamental Skills for Self-Care (2021)
  - **Tool:** Professional Quality of Life (ProQOL) [*available in 28 languages*] (2021)
- **National Child Traumatic Stress Network (NCTSN)**
  - **Fact Sheet:** Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals (2011)



# Appendix

## Sample Critical Incident Procedures

The following are sample procedures for specific types of critical incidents. These procedures are intended only as samples, as each agency should create their own customized critical incident procedures specific to their agency needs and community resources. It is recommended that you include your agency's office contacts depending on the critical incident response model chosen, as well as local contacts and resources for quick access. Each procedure created should be reviewed and updated annually or during relevant staff changes.

## Emergency Procedure—Immediate Danger

This procedure is to be followed when a client or staff member is in immediate danger. The focus of this procedure is to prioritize safety, call 911, and follow pre-established office procedures, including contacts for support.

Definition:

- Immediate danger—when a person is experiencing a medical or other emergency, including being a danger to oneself or others, and action needs to be taken quickly to help protect against harm.

Examples:

- An individual is hurt and needs medical intervention.
- An individual is acting violent or erratic and will not leave the office.
- An individual is experiencing a mental health crisis where they are threatening harm to themselves or others, have a high likelihood of hurting themselves or others, and/or are having delusions that could lead to injury (e.g., they can fly or stop moving cars).

What to do:

1. Identify the risk as an **emergency.** Ensure your safety—leave any situation that is dangerous and encourage others to leave the area as well.
2. Once safe, **call 911** and seek support from other staff to help manage the situation.
   - Explain the situation to the best of your ability. If you believe this is a mental health emergency, specifically request mental health crisis intervention support.
     - Inform the dispatcher of the language spoken by the individual and advocate for an interpreter or the use of a language line by first responders.
     - Ask the dispatcher for an Incident Number or Event Number. You can then easily reference your incident if you need to call the dispatcher back—for example, if the arrival time is extended, if the client has left, if you need an update, if you request a welfare check not at your location, or if you are asking for an update.
3. Contact [SUPERVISOR NAME] for consultation and to inform them of the incident. You may also need to contact your RA Safety & Security focal point depending on the type of emergency. If your supervisor is not available, contact:
   - [SECOND DESIGNATED OFFICE CONTACT NAME] at [XXX-XXX-XXXX]
   - [THIRD DESIGNATED OFFICE CONTACT NAME] at [XXX-XXX-XXXX]
4. After the crisis is over, debrief with your team and request any additional support you may need.

5. Follow any incident reporting documentation procedures required by your office.

Confidentiality

- In an emergency, staff will need to share relevant information. This is a permissible time to share medical diagnoses or histories without a release of information.
- Only share information that is specifically relevant to the emergency, or that could benefit the client's care and possible outcome.
- Limits on confidentiality should be discussed with all clients as part of their enrollment in any program.

Common Questions When Calling 911

When dialing 911, callers will encounter common questions from the dispatcher including:

- ✓ What is the address of the emergency?
  - (If the individual is at their home, give this address; if at the office, give the office address.)
- ✓ Who are you? What is the best phone number to reach you?
  - (This is for arrival instructions or to allow first responders to call you back for more information and history on the individual.)
- ✓ What is the emergency?
  - (Be brief, e.g., "They are breathing heavy and gripping their chest," or "They are saying they are going to kill themselves," or "They are throwing chairs, threatening others, and refusing to leave the office.")
    - There may be follow-up questions depending on the type of emergency, such as, "Who else is in the home? Does the individual have access to any weapons? Are they currently intoxicated?"
    - If this is a medical emergency, the dispatcher will ask as if the individual is conscious; if they are responsive; and if someone is monitoring the person.
    - If this is a mental health emergency, the dispatcher will ask about any known diagnoses and history.
- ✓ What is the client's name? What is the physical description of the client?
  - (For example—"adult, female, Caucasian, long dark hair, average height, and build, wearing black pants and a white sweater"; this helps identify the individual when first responders arrive or if they leave their current location. Be sure to include relevant information about the client's language proficiency and/or need for interpretation as well.)

Staff Training Resources

- [RESOURCE 1]
- [RESOURCE 2]

Relevant Client Resources

- [RESOURCE 1]
- [RESOURCE 2]

## Mental Health Crisis (Non-Emergency) Procedure

This section addresses client mental health crises that do not present an immediate danger to the client or those around them. If this is a situation where there is an immediate danger, please follow all instructions in the Emergency Procedure—Immediate Danger section above.

Definitions:

- A mental health crisis (non-emergency) occurs when a client is in significant distress or may be experiencing significant mental or behavioral symptoms, but they are not an immediate danger to themselves or others.

Examples:

- An individual seems to be in an altered state or not connected to reality (e.g., hearing voices, seeing things).
- An individual is intoxicated or otherwise impaired.
- An individual is angry and becomes escalated but is not threatening harm and can return to calm with the support of others.
- An individual is crying uncontrollably or dissociates—that is, they behave as if they were somewhere else and/or don't seem to be present in the conversation.
- An individual makes vague statements that they do not want to be here anymore, without a plan to harm themselves, and asks for support.

What to do:

1. Identify the risk as a **crisis, not an emergency**. Ensure your safety; leave any situation that is dangerous.
2. Use de-escalation skills and remain calm. Move the client to a safe and confidential space.
    - Let someone in the office know what is happening and where. Staff should sit near an unobstructed exit in case they need to leave quickly if the situation escalates.
    - Respond calmly and compassionately, express concern, listen, and validate the individual's emotions.
3. Seek internal support. If available, seek support from [TEAM MENTAL HEALTH SPECIALIST NAME] at [XXX-XXX-XXXX], or from another staff member trained in mental health. If no mental health staff is available, seek support from [SUPERVISOR NAME].
    - Continually assess for safety concerns. For example, has the individual made any statements that change the risk level, such as claiming intent to harm themselves or others, and which now require a different response?
4. Determine if an individual has support in the office or the community that you can contact. For example, can an established case worker or family member come to the office or be on the phone?
5. When calm, engage in safety planning and identify warning signs, coping skills, and support systems. At a minimum, provide individuals with crisis resources such as 988 for after-hours and weekends (see Safety Planning resources below).
6. If the client is not currently connected, offer referrals to internal or external programs such as Preferred Communities and/or community-based mental health resources.
    - If the individual agrees to referrals, complete a Release of Information to connect them as soon as possible to support services and follow-up care.
7. Debrief with your supervisor and seek any personal support as needed.
8. Document the situation in a case note and a critical incident report.

Case Consultation

In an event of a mental health crisis, it is advised to seek case consultation from your direct supervisor and/or:

- [SECOND DESIGNATED OFFICE CONTACT NAME] at [XXX-XXX-XXXX]
- [THIRD DESIGNATED OFFICE CONTACT NAME] at [XXX-XXX-XXXX]

Staff Training Resources

(*Consider resources on de-escalation, safety planning, suicide prevention, and mental health and psychosocial support, in addition to any internal resources, forms, and policies.)*

- [RESOURCE 1]
- [RESOURCE 2]

Relevant Client Resources

- [RESOURCE 1]
- [RESOURCE 2]

Support Hotlines

- 988 Suicide and Crisis Hotline
- The Trevor Project: 1-866-488-7386
- [LOCAL WARM LINE]: [XXX-XXX-XXXX]

## Domestic Violence, Intimate Partner Violence, and Sexual Violence (Non-Emergency) Procedure

This section addresses individual disclosures of intimate partner or domestic violence that does not present an immediate danger to the client or those around them. If this is a situation where there is an immediate danger, please follow all instructions in the Emergency Procedure—Immediate Danger section.

Definitions:

- **Domestic violence (DV)** is defined as a pattern of abusive behavior in a family relationship or by persons living in the same domicile that one person uses to gain or maintain control over the other person.
- **Intimate partner violence (IPV)** describes violence that takes place between intimate partners (married couples, people who are dating, same-sex partners, teen dating relationships, etc.) which causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behavior. This type of violence may also include the denial of resources, opportunities, or services.
- **Sexual violence (SV)** describes any harmful or unwanted sexual act; attempt to coercively obtain a sexual act; or act directed against a person's sexuality without their consent.

Examples:

- Any Individual disclosure of DV, IPV, and/or SV should trigger this procedure.

What to do:

1. Identify the risk as a **crisis, not an emergency.** Ensure your safety; leave any situation that is dangerous.
2. Offer to speak with the survivor in a private setting where others, including program participants or the survivor's family/children, cannot overhear the conversation.
3. If your team's designated DV/IPV/SV-trained staff member is available—[IF APPLICABLE: DV/IPV/SV CONTACT NAME] at [XXX-XXX-XXXX]—contact them and ask for their availability to meet with the client immediately. If staff are not available, proceed independently as follows.
4. Listen to the survivor.
    - Practice active listening to show the survivor that you are receptive to what they are sharing and open to speaking about difficult topics like DV, IPV, and SV.
    - Recognize that survivors' perceptions and understanding of the abuse can vary widely based on factors such as culture, personal history, and the abuse's duration and severity.
    - Respond with empathy and healing statements, such as "I believe you," "I'm sorry this happened to you," or "Thank you for feeling comfortable enough to share this with me."
5. Maintain confidentiality. Inform the survivor of your agency's client confidentiality policy and empower them to make their own choices regarding sharing their experiences.
6. In accordance with the survivor-centered approach, *do not advise the survivor on whether to leave or stay*. Survivors are the experts on their own situation and are best equipped to take calculated risks.
7. If there is a safety risk, complete a safety plan, consult with your supervisor, and follow your agency's DV/IPV/SV standard operating procedures—[IF APPLICABLE: LINK TO AGENCY DV/IPV/SV PROTOCOLS]—to ensure the safety of both the survivor and staff.
8. If the client is not currently connected, offer referrals to internal or external programs such as Preferred Communities and/or community-based DV/IPV/SV resources.
    - If the individual agrees to referrals, complete a Release of Information to connect them as soon as possible to support services and follow-up care.
9. Debrief with your supervisor and seek any personal support as needed.
10. Document the situation in a case note and a critical incident report.

To provide immediate assistance to SV survivors in crisis, service providers should consider the following steps in addition to the procedure above:

1. If your team's designated SV-trained staff member is available—[IF APPLICABLE: SV CONTACT NAME] at [XXX-XXX-XXXX]—contact them and ask for their availability to meet with the client immediately. If staff are not available, follow the guidance below.
2. Offer to connect the survivor with local support centers or hotlines (e.g., 1-800-656-HOPE, a national 24-hour sexual assault hotline; [XXX-XXX-XXXX], [LOCAL HOTLINE NAME]).

3. Address any medical concerns. If the assault has recently occurred and the survivor has sustained physical injuries, provide them with a referral to seek medical attention.

4. Address safety concerns. Acknowledge and address any fears about the perpetrator returning or feelings of vulnerability for the survivor themselves or their children. Complete a safety plan.

5. Sexual assault responses should be conducted by trained providers to ensure client safety and appropriately manage issues such as pregnancy prevention, sexually transmitted infections (STIs), reporting to law enforcement, and forensic medical exams. Please note that there are prevention mechanisms for potential exposure and treatment to HIV/AIDS, STIs, and unwanted pregnancy for SV survivors. However, these services are administered within three to five days of the incident; immediate consultation or referral to specialized providers is essential. Staff should facilitate referral to internal or external providers and/or consult with internal agency experts for support on SV cases.

In summary, when responding to disclosures of sexual violence, prioritize the survivor's safety and well-being, provide accurate information, and create a supportive and non-judgmental environment for them to express their concerns and seek assistance.

Case Consultation

In an event of a disclosure of interpersonal violence and/or sexual assault, seek case consultation from your direct supervisor and/or:

- [SECOND DESIGNATED OFFICE CONTACT NAME] at [XXX-XXX-XXXX]
- [THIRD DESIGNATED OFFICE CONTACT NAME] at [XXX-XXX-XXXX]

Staff Training Resources

(*Consider resources on DV, gender-based violence, and safety planning in addition to any internal resources, forms, and policies*.)

- [RESOURCE 1]
- [RESOURCE 2]

Relevant Client Resources

- [RESOURCE 1]
- [RESOURCE 2]

Support Hotlines

National Domestic Violence Hotline

- 1-800-799-SAFE (1-800-799-7233)
- 1-800-787-3224 (TTY service for hearing impaired individuals)
- www.ndvh.org

National Sexual Assault Hotline of the Rape, Abuse and Incest National Network (RAINN)

- 1-800-656-HOPE (1-800-656-4673)
- www.rainn.org

National Center for Missing and Exploited Children

- 1-800-THE-LOST (1-800-843-5678)
- www.missingkids.com

The National Center for Victims of Crime

- 1-800-FYI-CALL (1-800-394-2255)

- 1-800-211-7996 (TTY service for hearing impaired individuals)
- www.victimsofcrime.org

[LOCAL DV/IPV/SV HOTLINE]
- [XXX-XXX-XXXX]
- [WWW.XXX.XXX]

## Mandated Reporting (Non-Emergency) Procedure

This section addresses individual disclosures of child, elder, or dependent adult abuse and neglect that does not present an immediate danger to the client or those around them. If this is a situation where there is an immediate danger, please follow all instructions in the Emergency Procedure—Immediate Danger section.

Depending on state-specific laws, your staff may be categorized as Mandated Reporters and required to contact CPS/APS and/or law enforcement when there is suspected abuse or neglect. Failure to do so creates both personal and organizational liability.

Definitions:

- Mandatory reporting is the process of telling officials at a designated government agency about known or suspected abuse, abandonment, neglect, or exploitation of a child or vulnerable adult when required to do so by law.
- A child is defined as anyone under the age of 18 (regardless of marital status).
- The definition of a vulnerable adult includes the following two categories:
    - Elder adults aged 60 years or older.
    - Dependent adults aged 18 to 59—this category is defined differently by specific state laws but generally includes adults with a developmental, physical, or mental disability; living under guardianship; and/or residing in care facilities.

Examples:

- A minor discloses physical or sexual abuse by their caregiver.
- A 15-year-old reports a sexual relationship with a 23-year-old.
- An adult client tells you that they have been using their 75-year-old grandparent's bank account to pay their bills without their knowledge or consent.
- An adult with Alzheimer's is left home alone for several days.

What to do:

Please see [LINK TO: YOUR AGENCY'S MANDATED REPORTING GUIDELINES] for detailed steps and decision-making around mandated reporting. More resources on mandated reporting are available above in the Resources section of this toolkit. Below is a summary:

1. Identify the risk as a **crisis, not an emergency.** Ensure your safety; leave any situation that is dangerous.
    - Determine if you have safety concerns and make a report. Collect information relevant for reporting—including the names, addresses, and phone numbers of the individuals involved; the date(s) of the incidents; and the names, ages, and schools of all children in the home (if filing a CPS/CWS report).
2. Seek internal support. Collaborate with [SUPERVISOR NAME] before making a report.

3. Determine if you will inform the individuals involved that you are making a report. If so, consider making the report in collaboration with the client.
4. Call the appropriate hotline. Most states have dedicated but separate hotlines for children and vulnerable adults. In [YOUR AGENCY'S STATE], you can reach CPS at [XXX-XXX-XXXX] and APS at [XXX-XXX-XXXX].
    - Provide only the factual information you have about the case. Tell the CPS/APS caseworker you don't have information if asked a question to which you don't have the answer.
    - Note the name of the CPS/APS worker contacted. Request the referral number for your documentation.
    - In some states, a written report must be submitted within 24 to 48 hours, in addition to contacting the hotline.
5. Support the individual's ongoing safety through safety planning.
6. Refer to appropriate resources such as external medical or mental health providers, legal supports, etc.
7. Debrief with your supervisor and seek any personal support as needed.
8. Document the situation in a case note and a critical incident report.

Common Questions When Making a Mandated Report

When making a mandated report, hotline workers will gather as much information as you have available. You must still make a report even if you do not have all of the following information.

- ✓ What is your name, contact information, and relationship to the victim?
- ✓ What is the incident information? This includes what happened, where and when, any witnesses, and a description of any injuries sustained.
- ✓ What is the victim's demographic information? This includes name, age, sex, language, address, telephone number, school, current location, developmental delays, physical disabilities, cultural considerations, etc.
- ✓ What is the demographic information for other children or individuals living in the home?
- ✓ What is the demographic information for caregivers?
- ✓ What is the demographic information for the person responsible for the alleged abuse or neglect?
- ✓ What is the demographic information for any witnesses to the event?
- ✓ Any there any other environmental hazards or weapons in the home which may impact the victim or caseworker's safety?
- ✓ Are there any family strengths, supports, or other protective factors?

Case Consultation

In the event of a non-emergency disclosure of child or vulnerable adult abuse, seek case consultation from your direct supervisor and/or:

- [SECOND DESIGNATED OFFICE CONTACT NAME] at [XXX-XXX-XXXX]
- [THIRD DESIGNATED OFFICE CONTACT NAME] at [XXX-XXX-XXXX]

Staff Training Resources

(*Consider resources on DV, mandated reporting, and safety planning in addition to any internal resources, forms, and policies*.)

- [RESOURCE 1]
- [RESOURCE 2]

Relevant Client Resources

- [RESOURCE 1]
- [RESOURCE 2]

Reporting Hotlines

- File a CPS report:
  - National Child Abuse Hotline: 1-800-422-4453
  - [STATE-SPECIFIC ONLINE REPORT WEBSITE]: [WWW.XXX.XXX]

- File an APS report:
  - [STATE-SPECIFIC ADULT ABUSE HOTLINE]: [XXX-XXX-XXXX]
  - [STATE-SPECIFIC ONLINE REPORT WEBSITE]: [WWW.XXX.XXX]

## Human Trafficking (Non-Emergency) Procedure

This section addresses individual disclosures of human trafficking that does not present an immediate danger to the client or those around them. If this is a situation where there is an immediate danger, please follow all instructions in the Emergency Procedure—Immediate Danger section.

Definitions:

- Human trafficking—also known as trafficking in persons (TIP), or trafficking in human beings (THB)—is an economic crime and human rights violation whereby traffickers use force, fraud, or coercion to transport or harbor other human beings and exploit them for gain or profit.
- Sex trafficking and labor trafficking occur within many industries and impact a wide range of demographics across age, gender, sexuality, nationality, ethnicity, and religious affiliation.

Examples:

- A client tells you that someone else is holding their identity documents against their will.
- A client reports that they found housing in exchange for cleaning and cooking for a family or for sexual favors.

What to do:

1. Identify the risk as a **crisis, not an emergency.** Ensure your safety; leave any situation that is dangerous.
   - Caseworkers are at the frontline, uniquely positioned to encounter signs that their client is a victim of or at risk for human trafficking. Be aware of potential indicators.
2. If your team's designated human trafficking-trained staff member is available—[IF APPLICABLE: HUMAN TRAFFICKING CONTACT NAME] at [XXX-XXX-XXXX]—contact them and ask for their availability to meet with the client immediately. If staff are not available, follow the guidance below.

3. Adopt survivor-centered approaches, providing information to clients in private and individual meetings and remaining aware that your actions could put clients at greater risk.
4. Determine if a mandated report is required and if you will inform individuals involved that you are making a report. In this case, please see the Mandated Reporting section above.
5. If appropriate, support the individual's ongoing safety through safety planning and referral to appropriate resources, such as community health care and legal support.
6. Offer to connect the survivor with local support centers or hotlines (e.g., the National Human Trafficking Hotline at 888-373-7888; [LOCAL HOTLINE NAME] at [XXX-XXX-XXXX]).
7. Debrief with your supervisor and seek any personal support as needed.
8. Document the situation in a case note and a critical incident report.

Case Consultation

In an event of a disclosure of human trafficking, seek case consultation from your direct supervisor and/or:

- [SECOND DESIGNATED OFFICE CONTACT NAME] at [XXX-XXX-XXXX]
- [THIRD DESIGNATED OFFICE CONTACT NAME] at [XXX-XXX-XXXX]

Staff Training Resources

(*Consider resources on human trafficking, mandated reporting, and safety planning in addition to any internal resources, forms, and policies.*)

- [RESOURCE 1]
- [RESOURCE 2]

Relevant Client Resources

- [RESOURCE 1]
- [RESOURCE 2]

Reporting Hotlines

- National Human Trafficking Hotline

## After-Hours Programming Critical Incident Procedures

If your agency's program activities include after-hours work with clients, critical incident procedures during these times should be clearly defined. After-hours is considered any time your agency's program office is not open, including non-working days. If an emergency arises or a case requires consultation, staff should have clear guidance on procedures for contacting emergency responders and supervisors.

Staff should not have contact with clients outside of program office hours unless it is due to scheduled after-hours programming. Staff should not work alone with clients after hours; see the Consider Agency Scope section for more details. If a client contacts staff outside of working hours, please refer them to community emergency responders and support hotlines.

In the event of an incident during after-hours programming, staff should contact [LOCAL ON-CALL NAME] at [XXX-XXX-XXXX] for consultation and to inform them of the incident as soon as possible.

If they are not available, contact:

- [SECOND DESIGNATED OFFICE CONTACT NAME] at [XXX-XXX-XXXX]
- [THIRD DESIGNATED OFFICE CONTACT NAME] at [XXX-XXX-XXXX]

## Virtual Programming Critical Incident Procedures

In a virtual setting, staff have limited control over the environment and outcome. Clients can choose to end the session at any time and not answer their phone. For this reason, staff should assume that every encounter could be one where they need to contact emergency responders. By collecting information early on, staff will be prepared for protection issues should they arise.

At the beginning of each session staff should always:

- Verify client contact information, including **current** location address and phone number
- Ask who else is with the client at their location (e.g., spouse, children)
- Remind clients of confidentiality policies, with an emphasis on the limits of confidentiality
- Discuss plans to follow up if there are technology issues

Program leadership should develop clear steps for escalating cases in a virtual setting. Staff may not have the support of team members in a nearby office, or easy access to supervisors. Methods of seeking support and consultation may include emergency message channels to be monitored in real time, or simply the cell phone number of an on-call staff member. Staff are encouraged, when possible, to continue the session with clients while seeking consultation.

# About Switchboard

Switchboard is a one-stop resource hub for refugee service providers in the U.S. With the support of the Office of Refugee Resettlement (ORR), we offer tools and materials, learning opportunities, research, and technical assistance on resettlement-related topics. From employment, education, and health, to monitoring and evaluation, Switchboard's focus areas reflect real-world needs.

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