

# PATIENT RESTRICTED

Coalinga State Hospital

OPERATING MANUAL

SECTION - HUMAN RESOURCES  
ADMINISTRATIVE DIRECTIVE NO. 977  
(Replaces AD 977 dated 12/15/2005)

Effective date: November 9, 2006

## SUBJECT: CRITICAL INCIDENT DEBRIEFING

### I. PURPOSE

To provide debriefing services to employees of Coalinga State Hospital (CSH) following critical incidents where the emotional response may compromise the well being of employees, patients, and/or hospital operations. Activation of debriefing services requires approval of the Executive Director.

### II. AUTHORITY

Under the direction of the Hospital Executive Director, the Critical Incident Debriefing (CID) Coordinating Team Chairperson at CSH.

### III. POLICY

It is the policy of CSH to ensure all involved staff has assistance following a traumatic incident. An onsite CID can help resolve the aftermath of a trauma that has the potential to affect one's normal functions.

### IV. METHOD

The Executive Director will assign debriefing services to designated personnel at CSH. The assigned personnel will conduct debriefing services utilizing handouts, on the job training, recognized hands-on communication techniques, and the services of our Employee Assistance Program.

### V. DEFINITION

- A. Critical Incident - A critical incident is any traumatic event that happens at work, which may cause an unusually strong emotional reaction.
- B. Debriefing - A debriefing is a confidential discussion of the facts and feelings relative to the critical incident. The focus is to provide education, support, and preventative intervention for those affected by the incident. It is generally scheduled 24-72 hours after the incident and may be done individually or in groups. Information regarding symptoms of exposure to trauma and resources available for help are provided. CID is NOT considered crisis intervention, psychotherapy, counseling, nor is it a critique of the incident.

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- C. Defusing - A defusing is also an opportunity for affected employees to discuss confidentially the facts and feelings relative to a critical incident. The word defusing means to render something harmless before it can do damage. A defusing is less structured and less formal than a debriefing and occurs sooner. It may be done during the incident or up to 72 hours after.

## VI. ORGANIZATION

- A. CID Coordinating Team:

This team shall coordinate the critical incident debriefings and defusing for the hospital. It is responsible for recruiting and training a group of debriefers, developing educational materials for employee awareness regarding normal stress responses to critical incidents and various hospital-supported resources, and monitoring debriefing services.

- B. Debriefing Team Members:

A group of assigned debriefing staff will be available to provide CID for an employee, a unit, a program, a department, or on a hospital wide basis. Team members will be selected by the Coordinating Team (and approved by the Executive Director) and will receive training in the principles and methods of debriefing. A listing of team members shall be maintained and distributed by the CID Chairperson.

- C. Membership: At a minimum, the CID Coordinating Team shall consist of:

Chairperson (appointed by the Executive Director)  
Employee Assistance Program Coordinator  
Supervisor of Occupational Health Clinic or designee

## VII. PROCEDURE - ACCESSING SERVICES

- A. The request for debriefing services is typically made by the Program/Department manager or supervisor to the Chairperson of the CID Coordinating Team. However, any employee of CSH may request debriefing services. This request should be made through the employee's program/department management, but may be made directly to a member of the CID Coordinating Team. In this case, program/department management will be notified that the request has been made.
- B. The request for debriefing services may also be made through the Nurse of the Day (NOD) who will refer the request to the CID Coordinating Team.
- C. The request for debriefing services should include the designation of the target areas for debriefing, e.g., individual employee, unit, program/department, or hospital wide. Time frames should also be included.

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- D. Our Employee Assistance Provider, Managed Health Network's Management Consultant liaison, may be called to assess the best way assistance will be provided.

## VIII. EVALUATION

Documentation will be completed by the Debriefing Team Member when an employee requests service, whether the service was actually provided or not, and forwarded to the CID Coordinating Team Chairperson.



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W. T. VOSS  
Executive Director

### Cross Reference:

- A.D. No. 568 – Nursing Staff Allocation
- A.D. No. 980 - Employee Assistance Program