**MT DNRC**

**Critical Incident Management Protocol**



***May 2022***

**PURPOSE**

To set forth guidance to MT DNRC **Unit/Land Office** (the **Unit or Land Office**) program managers for handling death and serious injuries to an employee, volunteers, interns, contractors, and cooperators. It is the intent of the **Unit or Land Office** to provide immediate assistance and support to survivors, families, and coworkers of those who die or are seriously injured in the line of duty.

The primary focus of the plan is to provide guidance in our toughest situations. To provide structure in how to work together to address accidents, injuries, or fatalities while employees or others are on duty or in travel status, performing agency missions.

**LEADERS INTENT**

The intent of this document and guidance is to provide a framework of communication that employees can use to respond to a critical incident. It provides a detailed overview of roles and responsibilities before, during, and after a critical incident.

**GENERAL INFORMATION**

MT DNRC **Unit or Land Office** is committed to ensuring the safety and welfare of all its employees. The **Unit or Land Office** has developed this procedure to assist the managers, supervisors, employees and others in their roles and responsibilities when dealing with a critical incident in the workplace.

We are deeply concerned with employees’ well-being as well as their families. In these most difficult times, we will work together to make the aftermath as easy as possible on everyone.

Communication of the plan to all employees is invaluable. Managers and employees shall participate in an annual review of the plan to learn the processes, look for improvement opportunities and to increase understanding.

**Approved /s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **XXXXXXXXXXXX Date**

 **Unit or Area Manager**

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# Key Contact Phone Numbers – During the Incident

\*\*\*DO NOT PROVIDE THIS CELL PHONE NUMBER TO ANYONE OTHER THAN **UNIT OR LAND OFFICE** STAFF

|  |  |  |
| --- | --- | --- |
| **Unit Coordinators**  | **Internal Key Contact** | **Phone Number** |
| **Unit Manager** |  |  |
| **Unit Fire Management Officer** |  |  |
| **Unit AFMO/Safety Officer** |  |  |
| **Unit Logistical Support** |  |  |
| **Unit Fire Operations Specialist** |  |  |
| **Unit Senior Engine Boss** |  |  |
| **Unit Forest Management Supervisor** |  |  |
| **Management Forester** |  |  |
| **Management Forester** |  |  |
| **Unit Service Forester** |  |  |
| **Unit Office Manager** |  |  |

# Support Personnel during the Incident

|  |  |  |
| --- | --- | --- |
| **Land Office & Bureau Coordinators** | **Internal Key Contact** | **Phone Number** |
| **Area Manager** |  |  |
| **Area FMO**  |  |  |
| **Area Office Manager** |  |  |
| **Fire Protection Bureau (FPB) Duty Officer** |  | 406-594-1829 |
| **FPB Training Officer (CISM support)** | Dave Hamilton | 406-431-1948 |
| **DNRC Personnel Department** | Christy Stapley | 406-444-1309 |
| **Employee Assistance Program (EAP)** | [www.MyRBH.com](http://www.MyRBH.com)ACCESS CODE: MONTANA | 866-750-0512 |

# Responsibilities of All MT DNRC Unit or Land Office Employees

1. The responsibilities of all **Unit or Land Office** employees are to perform daily work, and to deal with unexpected situations in a safe and responsible manner. If a critical incident occurs, remain as calm and professional as possible, limit information sharing to those on a need to know basis. Follow established procedures as defined in this plan.
2. If you are a person at the scene of the critical incident, ensure that all individuals are safe and out of danger. Ensure that the scene/building is secured and preserved for investigators and that it does not pose a risk to others in its current condition. If there is a threat of danger, assist in escorting others (employees and public) to safety.
3. It is important that all employees refrain from sharing information regarding the critical incident, except as defined in this process or with immediate supervisors. Refer all inquiries from the public and media to the Line Officer/**Unit or Area** Manager. Keep names of victims and information gathered at the scene confidential. Restrict access to all documents containing Personally Identifiable Information (PII). **To provide as much security and privacy as possible for communications; if available use a landline telephone as your primary means of communications, then cell phone. Use the radio as a last resort.**
4. The Line Officer/**Unit or Area** Manager will designate a “Process Tracker” to collect the documentation as it becomes available and ensure all steps are properly followed.
5. Each role will contact the Process Tracker when all the steps you are responsible for are completed. This will also help in the event that an individual is absent from work or unable to complete the assigned tasks as designated in this procedure, as the tasks may then be reassigned as needed.

# Checklist for Person Reporting the Incident

|  |  |  |  |
| --- | --- | --- | --- |
| **Phase 1 Respond** | **Priority** | **Completed by** | **Date/Time** |
| Ensure safety of self and others. | Phase 1 | Y/N and Print Name |  |
|  |
| **Call 911 by phone or radio on MisFire4 in Group 7 of your radio.** Report that a possible critical incident has occurred. Tell them: who you are, where you are and what has happened. **Do not use names while on the radio!** | Phase 1 |  |  |
| **If Fire Program related or if you cannot contact 911 directly: call Missoula Interagency Dispatch Center at 406- 829-7070, Helena Interagency Dispatch Center at 406-442-4242 or on the radio.**  If you have already contacted 911 make sure you let Dispatch know. Tell them: who you are, where you are and what has happened. **Do not use names while on the radio!** | Phase 1 |  |  |
| Administer First Aid/CPR if trained or seek qualified Emergency Medical Technician (EMT) assistance. When EMT/Police/Fire arrives on the scene allow them to do their jobs. | Phase 1 |  |  |
| Secure area if appropriate: If incident occurs on highway, apply traffic control procedures as necessary. | Phase 1 |  |  |
| If there is a body on the scene and it cannot be removed right away, please be sure that the face of the victim and any identifying articles are out of sight except to investigating personnel. This can be done by blocking view or by covering with a blanket or other material.Do not use names, especially if a live camera is in the vicinity. | Phase 1 |  |  |
| Do not let anyone disrupt the scene except to attempt rescue. This includes moving the body (until the coroner arrives) and materials or property associated with the incident.  | Phase 1 |  |  |
| **Phase 2 Assess** | **Priority** | **Completed** | **Date/Time** |
| Collect all information on the incident and relay to Process Tracker once designated. If unsure of whom the Process Tracker is, contact **Unit or Area** Manager/Line Officer. **If you do not know who the Line Officer or Process Tracker is, ask.** | Phase 2 | Y/N and Print Name |  |
|  |
| **Phase 3 Manage** | **Priority** | **Completed** | **Date/Time** |
| Document event: Identify and make note of the date, time and location of the incident, as well as the individual(s) who have been fatally injured and/or taken to the hospital, and any other information. **DO NOT LEAVE THE SCENE UNTIL YOU HAVE CHECKED WITH LAW ENFORCEMENT OR OTHER OFFICIAL WHO HAVE TAKEN OVER THE SCENE.** | Phase 3 | Y/N and Print Name |  |
|  |

 **NOTES:**

# Checklist for On-Scene Senior Official

|  |  |  |  |
| --- | --- | --- | --- |
| **Phase 1 Respond** | **Priority** | **Completed by** | **Date/Time** |
| Communicate with Dispatch and Immediate Supervisor or designee if not at scene. Obtain accurate information regarding the involved employee(s), notify all appropriate parties that the employee(s) emergency contact information needs to be retrieved, and inform Unit or Area Manager/Line Officer of immediate needs (shelter, food, etc.). **If you do not know who the Line Officer is, ask.** | Phase 1 | Y/N and Print Name |  |
|  |
| Make sure all personnel on scene are equipped properly with the correct safety gear and using appropriate PPE. | Phase 1 |  |  |
| **Phase 2 Assess** | **Priority** | **Completed by** | **Date/Time** |
| Refer all media inquiries to the Unit or Area Manager/Line Officer. The media may be on the scene.  | Phase 2 | Y/N and Print Name |  |
|  |
| Contact the Unit or Area Manager/Line Officer for the area and provide regular updates if not on the scene. | Phase 2 |  |  |
| Designate an assistant, at the scene or at an office as needed to assist with documentation, phone calls, and other needs. | Phase 2 |  |  |
| Arrange for transportation for the employees directly involved in the incident. Do not allow them to operate vehicles or equipment immediately following the incident. | Phase 2 |  |  |
| Ensure collection and safe keeping of personal items. Confirm with law enforcement, if present, that the items may be removed from the scene. Give items to the Supervisor.  | Phase 2 |  |  |
| Coordinate with local law enforcement and other officials that may arrive on the scene.  | Phase 2 |  |  |
| Collect all information on the incident and relay to Process Tracker once designated.  **If unsure of whom the Process Tracker is, contact Unit or Area Manager/Line Officer.** | Phase 2 |  |  |
| **Phase 3 Manage** | **Priority** | **Completed by** | **Date/Time** |
| Begin to return operations to normal when possible. | Phase 3 | Y/N and Print Name |  |
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 **NOTES:**

# Checklist for Immediate Supervisor

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| --- | --- | --- | --- |
| **Phase 1 Respond** | **Priority** | **Completed by** | **Date/Time** |
| Ensure that affected crew and coworkers are provided with essential information, as appropriate. Emphasize that this **information is not to be shared with anyone** and that all additional questions must be referred to the Unit or Area Manager or designated representative. | Phase 1 | Y/N and Print Name |  |
|  |
| If available, designate an individual on scene who will be responsible for collecting data.  | Phase 1 |  |  |
| **Phase 2 Assess** | **Priority** | **Completed by** | **Date/Time** |
| If a Fire Program related incident, check with Dispatch to ensure all required notifications have occurred (Unit or Area Manager, Line Officer, FMO, AFMOs, Duty Officer). If a non-Fire Program related incident, notify Unit or Area Manager/Line Officer. **If you do not know who the Line Officer is, ask.** | Phase 2 | Y/N and Print Name |  |
|  |
| Communicate with Unit or Area Manager/ Line Officer and On-Scene Senior Official. Provide assistance where possible, with phone calls, reports, strategizing, etc. | Phase 2 |  |  |
| If injured employees are being transported to a local hospital, go to the hospital, or have Unit or Area Manager contact designated Family Liaison to assist the injured employee and their family members. In the interim the Immediate Supervisor, Unit or Area Manager, or designees should go with the patient and remain with them until the Family Liaison arrives. The Family Liaison paperwork is in Appendix I. **Completed Appendix D: Employee Emergency Contact Information paperwork is located in the Unit or Area Manager lock box and is accessible by the Unit or Area Manager or other designees.** It is only to be opened if the patient cannot personally contact their family members.  | Phase 2 |  |  |
| Contact DNRC Personnel to provide them with notification of a claim. | Phase 2 |  |  |
| Collect all information on the incident and relay to Process Tracker once designated. **If you do not know who the Process Tracker is, ask.** | Phase 2 |  |  |
| Refer all media inquiries to the Unit or Area Manager/Line Officer.  | Phase 2 |  |  |
| Monitor remaining employees for being fit for duty. If an employee does not seem to be fit for duty, work with the Unit or Area Manager. Also be prepared to transport employees home. | Phase 2 |  |  |
| **Phase 3 Manage** | **Priority** | **Completed by** | **Date/Time** |
| Confer with Unit or Area Manager/Line Officer and Family Liaison regarding family travel/transport needs.  | Phase 3 | Y/N and Print Name |  |
|  |
| Fill out necessary workers comp/claim paperwork and enter information into agency specific accident reporting system. | Phase 3 |  |  |
| Follow up with EAP (Employee Assistance Program), CISM resources and affected staff to determine if another employee debriefing session is needed. (Recommend a follow-up session within 30-60 days.)  | Phase 3 |  |  |
| Change employee’s name from email, voicemail, check-in/out board, etc., if applicable. | Phase 3 |  |  |
| Prepare Final Timesheets, if applicable. | Phase 3 |  |  |
| Request that the Family Liaison collect employees’ office belongings to be returned to the family, if applicable. Determine appropriate time and method of delivery. | Phase 3 |  |  |
| Retrieve any keys, badges, computer hardware/software, and other DNRC property when time is appropriate, if applicable. | Phase 3 |  |  |

**NOTES:**

# Checklist for Unit or Area Manager – if Unit or Area Manager is not available, Line Officer

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| --- | --- | --- | --- |
| **Phase 1 Respond** | **Priority** | **Completed by** | **Date/Time** |
| Notify Area Manager/Bureau/Division Administrator/Director’s Office. | Phase 1 | Y/N and Print Name |  |
|  |
| Notify Unit or Land Office Safety Representative. | Phase 1 |  |  |
| Assign Line Officer– assess need & make a decision. | Phase 1 |  |  |
| Assign a Public Information Officer (PIO) – assess need & make a decision.  | Phase 1 |  |  |
| Designate a Process Tracker to ensure that the process is followed and to keep you informed, as appropriate. Let Dispatch as well as Unit or Land Office staff know who that person is. | Phase 1 |  |  |
| **Phase 2 Assess** | **Priority** | **Completed by** | **Date/Time** |
| Begin to coordinate what information should be released.  | Phase 2 | Y/N and Print Name |  |
|  |
| If affected employee is “hosted” (also called “virtual”), on detail, or from another unit, contact Unit or Land Office Leadership for the victim’s home duty station with as much information as possible. Ask if any cultural or religious requirements are appropriate.  | Phase 2 |  |  |
| Strategize with Immediate Supervisor, Line Officer, Law Enforcement, and Family Liaison on notification of next of kin.  **Determine if Law Enforcement must be present with Family Liaison.** | Phase 2 |  |  |
| Consider using PIO to be point of contact for inquiries or requests from other agencies. | Phase 2 |  |  |
| Contact Land Office Manager and/or applicable Bureau Chief to begin coordination of travel and hotel arrangements for injured employee and/or family members. | Phase 2 |  |  |
| If there is a possibility of a claim being filed against the government (i.e. MVA, property damage, etc.) notify the Land Office about the basic information regarding the incident.  | Phase 2 |  |  |
| Collect all information on the incident and relay to Process Tracker once designated.  | Phase 2 |  |  |
| Determine if additional assistance is needed from neighboring units, the Land Office or applicable Bureau.  | Phase 2 |  |  |
| **Phase 3 Manage** | **Priority** | **Completed by** | **Date/Time** |
| Confer with Immediate Supervisor, Line Officer and Family Liaison regarding family travel/transport needs.  | Phase 3 | Y/N and Print Name |  |
|  |
| Order Critical Incident Stress Management (CISM) individuals or team through Dave Hamilton (406-431-1948). Consult with Team lead regarding employee needs prior to teams’ arrival. Inquire about immediate Peer Support and the Employee Assistance Program (EAP). | Phase 3 |  |  |
| If/when Critical Incident Stress Management (CISM), peer support, or post incident analysis teams (SAIT, FLA/CRP, etc.) are activated, ensure a briefing packet is prepared.  | Phase 3 |  |  |
| Assess the emotional and physical condition of unit employees that are a result of the incident and identify their needs and additional responsibilities that may arise as a result of the incident.  |  |  |  |
| Inquire with Family Liaison concerning requests by the family for agency participation in service arrangements.  | Phase 3 |  |  |
| Follow-up frequently in the months and year ahead with coordinators and liaisons to determine if needs of the employee, family and co-workers are being met. Assign tasks to response team personnel to meet those needs as appropriate. | Phase 3 |  |  |

 **NOTES:**

# Checklist for Line Officer

|  |  |  |  |
| --- | --- | --- | --- |
| **Phase 1 Respond** | **Priority** | **Completed by** | **Date/Time** |
| Determine the scope of the incident, identify the involved jurisdictions, and implement initial actions. Obtain accurate information regarding the involved employee(s), locate their emergency contact information, ensure their immediate needs (shelter, food, etc.) are met and provide a private and safe place away from the incident. | Phase 1 | Y/N and Print Name |  |
|  |
| Contact the Family Liaison, if not done, and have them respond to the hospital. In cases with multiple patients/hospitals, you may need to designate more than one Family Liaison. | Phase 1 |  |  |
| Designate a Process Tracker, if not done, and let Dispatch know who that person is. | Phase 1 |  |  |
| Identify other agencies that are or should be involved (such as local law enforcement, other federal agencies, etc.). Contact other identified agencies, and begin coordination immediately. | Phase 1 |  |  |
| **Phase 2 Assess** | **Priority** | **Completed by** | **Date/Time** |
| Determine if additional assistance is needed from neighboring units, the Land Office or applicable Bureau. | Phase 2 | Y/N and Print Name |  |
|  |
| Speak with Immediate Supervisor, Unit or Area Manager, Law Enforcement, and Family Liaison on notification of next of kin.  **Determine if Law Enforcement must be present with Family Liaison.** | Phase 2 |  |  |
| Provide information agency-wide discussing the pertinent details of the incident. Coordinate with the Unit or Area Manager for employee notification. If multiple agencies are affected, consider synchronizing notification. | Phase 2 |  |  |
| As warranted, provide a Delegation of Authority and objectives for the management of the incident. | Phase 2 |  |  |
| When contractors or off-unit employees are involved, have the Unit or Area Manager contact their counterpart at the victim’s workplace/home duty station with as much information as possible. If a contractor, notify contracting officer. | Phase 2 |  |  |
| Check with Family Liaison & Immediate Supervisor to ensure that the Workers’ Comp and Benefits processes have been started.  | Phase 2 |  |  |
| Work with Unit or Area Manager or PIO to identify key contacts during the incident. | Phase 2 |  |  |
| Order a CISM team, if not done. | Phase 2 |  |  |
| **Phase 3 Manage** | **Priority** | **Completed by** | **Date/Time** |
| Periodically monitor the Family Liaison/family dynamics to ensure a mutually beneficial relationship exists for both parties. In cases with multiple families, you will need to designate more than one Family Liaison. | Phase 3 | Y/N and Print Name |  |
|  |
| Communicate with the Family Liaison to determine if they need any assistance to carry out their tasks and make arrangements to provide that assistance. | Phase 3 |  |  |
| Confer with Unit or Area Manager, Immediate Supervisor and Family Liaison regarding family travel/transport needs.  | Phase 3 |  |  |
| Create a central log of offers of assistance from other organizations.  | Phase 3 |  |  |
| If/when Critical Incident Stress Management (CISM), peer support, or post incident analysis teams (SAIT, FLA/CRP, etc.) are activated, ensure a briefing packet is prepared – if not done. | Phase 3 |  |  |
| Assess the emotional and physical condition of unit employees as a result of the incident. Confer with Unit or Area Manager, and CiSM Coordinator regarding the needs of theother unit employees. | Phase 3 |  |  |
| Ensure completion of Closeout Checklist. | Phase 3 |  |  |

# Line Officer Closeout Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| **Phase 3 Manage** | **Priority** | **Completed by** | **Date/Time** |
| Work with CISM Team to schedule a debriefing session with responders, affected personnel, as appropriate, local partners. | Phase 3 | Y/N and Print Name |  |
|  |
| Conduct an After Action Review to determine the overall effectiveness of the plan. | Phase 3 |  |  |
| Coordinate with CISM Team to provide notes from session to the local Unit or Area Manager for use in updating the Critical Incident Plan. | Phase 3 |  |  |
| Send thank you letters to all first responders to the incident. | Phase 3 |  |  |
| Participate with Unit or Area Manager as well as the Land Office and appropriate Bureau in preparing for and conducting any memorial event or recognition for the employee. | Phase 3 |  |  |
| Meet with the affected crew personally.  | Phase 3 |  |  |

 **NOTES:**

# Checklist for Process Tracker

|  |  |  |  |
| --- | --- | --- | --- |
| **Phase 1 Respond** | **Priority** | **Completed by** | **Date/Time** |
| Let dispatch know that you are the Process Tracker for the incident and give them all your contact information. | Phase 1 | Y/N and Print Name |  |
|  |
| Determine who is acting in each role and establish contact if possible. You may need to work this through Dispatch. | Phase 1 |  |  |
| Utilize checklists from Critical Incident Management (CIM) plan to track progress. | Phase 1 |  |  |
| **Phase 2 Assess** | **Priority** | **Completed by** | **Date/Time** |
| Keep in contact with employees who are responsible for Checklists to track their progress toward completion. | Phase 2 | Y/N and Print Name |  |
|  |
| **Phase 3 Manage** | **Priority** | **Completed by** | **Date/Time** |
| Report progress updates to Unit or Area Manager/Line Officer on an ongoing basis. | Phase 3 | Y/N and Print Name |  |
|  |
| Gather contact information on people and agencies that assisted in the incident. Create a central log of offers of assistance from other organizations.  | Phase 3 |  |  |
| Give final documentation to Unit or Area Manager/Line Officer. | Phase 3 |  |  |

 **NOTES:**

# Process Tracker Assignment Sheet

|  |  |  |  |
| --- | --- | --- | --- |
| Assignment  | Name | Home Unit | Contact Info:Cell Phone, e-mail |
| Person Reporting  |  |  |  |
| Immediate Supervisor |  |  |  |
| Unit or Area Manager |  |  |  |
| Line Officer |  |  |  |
| Public Information Officer  |  |  |  |
| On-Scene Senior Official  |  |  |  |
| Safety Representative |  |  |  |
| Dispatch |  |  |  |
| Law Enforcement |  |  |  |
| Department Safety Officer |  |  |  |
| Family Liaison |  |  |  |
| Funeral Liaison |  |  |  |
| Department Personnel Rep |  |  |  |
| Business Management Rep |  |  |  |
| Critical Incident Stress Management (CISM) Coordinator |  |  |  |

Provide up-to-date listings to Line Officer, other team members and investigation teams.