# Crisis & High-Risk

## Feedback Response Toolkit

A structured protocol for identifying, escalating, and responding to high-risk disclosures in anonymous participant feedback. This toolkit contains 10 ready-to-use documents covering red-flag classification, immediate response decision trees, escalation pathways, staff scripts for sensitive situations, documentation standards, legal boundaries, cross-team coordination, post-incident review, communication protocols, and staff wellbeing — so your organization is prepared before a crisis arrives.

### 10 Crisis Response Documents

Classification Criteria • Decision Trees • Scripts • Protocols

pulseforgood.com

# Toolkit Contents

This toolkit provides a structured protocol for the rare but critical moments when anonymous feedback reveals safety threats, self-harm indicators, abuse disclosures, or other high-risk content. Every document is designed to be used under pressure — clear, sequential, and unambiguous.

**Document 1: Red-Flag Classification Criteria** — Categorizing high-risk feedback by severity and response urgency

**Document 2: Immediate Response Decision Tree** — Step-by-step routing for crisis-level feedback

**Document 3: Escalation Pathway Templates** — Who to notify, in what order, and through what channels

**Document 4: Staff Response Scripts for Sensitive Disclosures** — What to say (and not say) when a participant discloses in person

**Document 5: Documentation & Audit Checklist** — Recording incidents with legal and ethical rigor

**Document 6: Legal & Ethical Boundary Guidance** — Mandatory reporting, anonymity limits, and liability

**Document 7: Cross-Team Coordination Worksheet** — Aligning response across departments during a crisis

**Document 8: Post-Incident Review Template** — Learning from high-risk events to strengthen the system

**Document 9: Communication Freeze & Release Protocol** — Controlling information flow during and after incidents

**Document 10: Staff Support & Burnout Prevention Checklist** — Protecting the wellbeing of staff who encounter difficult feedback

# Red-Flag Classification Criteria

*Categorizing high-risk feedback by severity and required response urgency*

📋 **INSTRUCTIONS:** *Post this classification system in every location where staff review feedback data. Every person who accesses feedback responses — data analysts, program managers, leadership — must be able to recognize these categories instantly. When in doubt, classify UP (treat as higher severity). Misclassifying down can cost lives; misclassifying up costs only time.*

## Classification System

### ⚠ RED FLAG — LEVEL 1: IMMEDIATE DANGER (Response: Minutes)

The feedback describes an imminent threat to life or physical safety.

INDICATORS:

• Explicit statements of suicidal intent ("I'm going to kill myself", "I don't want to be alive")

• Disclosure of active abuse happening NOW (physical, sexual, child abuse in progress)

• Threat of violence toward another person ("I'm going to hurt [someone]")

• Description of an ongoing medical emergency ("I took too many pills")

• A child or vulnerable adult is in immediate danger

RESPONSE: Call 911 and/or crisis services FIRST. Then follow escalation pathway (Document 3). Do NOT wait to consult a supervisor before calling emergency services for Level 1.

### 🚨 ORANGE FLAG — LEVEL 2: SERIOUS CONCERN (Response: Hours)

The feedback describes harm, abuse, or risk that is not immediately life-threatening but requires urgent attention within the same business day.

INDICATORS:

• Past or ongoing abuse (physical, sexual, emotional) that is not in immediate crisis

• Suicidal ideation without explicit plan or timeline ("Sometimes I think everyone would be better off without me")

• Self-harm disclosure ("I've been cutting", "I stopped eating")

• Substance use that poses acute danger ("I'm using again and I don't know how to stop")

• Reports of staff misconduct involving harm, coercion, or sexual behavior

• Reports of exploitation, trafficking, or criminal activity on-site

RESPONSE: Notify designated crisis contact within 2 hours. Follow escalation pathway. Determine mandatory reporting obligations (Document 6).

## YELLOW FLAG — LEVEL 3: ELEVATED CONCERN (Response: 24–48 Hours)

The feedback describes concerning situations that require follow-up but are not emergencies.

INDICATORS:

• Emotional distress without self-harm or safety risk ("I feel hopeless", "No one cares about me")

• Bullying, harassment, or intimidation by other participants

• Feeling unsafe in a general sense ("I don't feel safe here" without specifying an immediate threat)

• Reports of theft, property damage, or petty crime

• Allegations of staff rudeness, discrimination, or favoritism that suggest a pattern

• Requests for help that suggest unmet basic needs (hunger, housing instability, medical access)

RESPONSE: Flag for review by program supervisor within 24 hours. Determine whether systemic action or individual follow-up is appropriate. Document in standard feedback log.

## Classification Decision Aid

| IF THE FEEDBACK CONTAINS... | CLASSIFY AS | BECAUSE |
|---|---|---|
| The word "kill," "die," "suicide," or "end it" | RED — Level 1 | Explicit language about death requires immediate response regardless of perceived sincerity |
| Description of abuse of a minor (any age reference under 18) | RED — Level 1 | Mandatory reporting is triggered; treat as immediate |

| Past tense abuse disclosure ("I was abused") | ORANGE — Level 2 | May still trigger mandatory reporting; requires same-day assessment |
|---|---|---|
| "I feel unsafe" without specifics | YELLOW — Level 3 | Requires follow-up but is not an immediate safety event |
| Staff named in allegation of misconduct | ORANGE — Level 2 | Staff misconduct affecting participants requires urgent investigation |
| General dissatisfaction or complaints | NOT A RED FLAG | Route through normal feedback prioritization process |

## The Over-Classification Principle

### When in Doubt, Classify UP

It is always better to treat a Level 3 as a Level 2, or a Level 2 as a Level 1, than to underestimate risk.

No one will be disciplined for over-classifying a response. People may be harmed if we under-classify one.

If you cannot tell whether feedback is a Level 1 or Level 2, treat it as Level 1.

If you cannot tell whether feedback is a Level 2 or Level 3, treat it as Level 2.

If you cannot tell whether feedback is a red flag at all, consult your supervisor immediately.

# Immediate Response Decision Tree

*Step-by-step routing logic for crisis-level feedback — designed to be used under pressure*

📋 **INSTRUCTIONS:** *Print this decision tree and post it at every workstation where feedback is reviewed. When a red flag is detected, there is no time to search for a protocol. This tree tells you exactly what to do, in what order, in every scenario. Start at Step 1 every time.*

## The Decision Tree

**STEP 1: You have identified a potential red-flag response. Is anyone in IMMEDIATE physical danger right now?**

→ **YES:** Call 911 immediately. Then proceed to Step 2.

→ **NO or UNSURE:** Proceed to Step 2.

**STEP 2: Classify the response using Document 1 criteria. What level is it?**

→ **LEVEL 1 (Immediate Danger):** Call designated crisis contact NOW. If you cannot reach them within 5 minutes, call their backup. Go to Step 3.

→ **LEVEL 2 (Serious Concern):** Notify designated crisis contact within 2 hours. Go to Step 3.

→ **LEVEL 3 (Elevated Concern):** Flag for supervisor review within 24 hours. Go to Step 4.

**STEP 3: Does this response trigger mandatory reporting obligations? (See Document 6)**

→ **YES (child abuse, elder abuse, imminent harm):** File mandatory report with appropriate authority. Document per Document 5. Timeline: SAME DAY for Level 1, within 24 hours for Level 2.

→ **NO:** Document per Document 5. Proceed to Step 4.

→ **UNSURE:** Consult with your organization's legal contact or compliance officer. When in doubt, report.

**STEP 4: Can the respondent be identified? (Remember: the feedback**

**system is anonymous.)**

**→ YES (participant self-identified or situation is clearly identifiable):**
If Level 1 or 2: initiate welfare check or direct outreach through appropriate clinical/case management staff. Never through the feedback system.

**→ NO (respondent is truly anonymous):** You cannot contact the individual. Activate environmental response: increase monitoring, post crisis resources, brief relevant staff. Go to Step 5.

**STEP 5: Activate communication protocol.**

→ Implement Communication Freeze (Document 9) if Level 1 or Level 2.

→ Notify cross-team stakeholders per Escalation Pathway (Document 3).

→ Complete Documentation & Audit Checklist (Document 5) within 24 hours.

→ Schedule Post-Incident Review within 1 week (Document 8).

## Quick Reference: Who To Call

| ROLE | NAME | PHONE | EMAIL | BACKUP |
|------|------|-------|-------|--------|
| Primary crisis contact | | | | |
| Backup crisis contact | | | | |
| Mandatory reporting (child welfare) | | | | N/A |
| Mandatory reporting (adult protective svcs) | | | | N/A |
| Law enforcement (non-emergency) | | | | N/A |
| Organization legal counsel | | | | |
| Executive director / CEO | | | | |

### ⚠ CRITICAL: Fill In This Contact List NOW

This contact list must be completed BEFORE a crisis occurs, not during one.

Distribute copies to every person who reviews feedback data.

Review and update quarterly. Test phone numbers annually.

# Escalation Pathway Templates

*Who to notify, in what order, and through what channels for each red-flag level*

📋 **INSTRUCTIONS:** *Each red-flag level has a different escalation pathway. The principle: the higher the severity, the faster the escalation and the more senior the people notified. Never skip a level in the pathway. If you cannot reach someone, move to their backup immediately — do not wait.*

## Level 1: Immediate Danger

| ORDER | WHO TO NOTIFY | METHOD | TIMELINE | WHAT TO COMMUNICATE |
|---|---|---|---|---|
| 1 | Emergency services (911) | Phone call | Immediately | Location, nature of threat, any identifying information available |
| 2 | Primary crisis contact | Phone call (not email/text) | Within 5 minutes | Classification level, content summary, actions already taken |
| 3 | Executive director / CEO | Phone call | Within 15 minutes | Brief summary, actions taken, next steps |
| 4 | Legal counsel (if mandatory reporting) | Phone call | Within 1 hour | Nature of disclosure, reporting obligations, actions taken |
| 5 | Direct supervisor of impacted program | Phone call or in person | Within 1 hour | Need-to-know summary; activate staff support if needed |

## Level 2: Serious Concern

| ORDER | WHO TO NOTIFY | METHOD | TIMELINE | WHAT TO COMMUNICATE |
|---|---|---|---|---|
| 1 | Primary crisis contact | Phone call | Within 2 hours | Classification level, content summary, initial assessment |
| 2 | Program director / supervisor | Phone call or in person | Within 4 hours | Summary, any mandatory reporting considerations |
| 3 | Executive director (if mandatory reporting or staff misconduct) | Phone or email | Same business day | Summary, actions planned, any external reporting |

| 4 | Legal counsel (if applicable) | Phone or email | Same business day | Nature of disclosure, legal considerations |
|---|---|---|---|---|
| 5 | HR director (if staff misconduct alleged) | Phone or email | Same business day | Summary of allegation, investigation protocol |

## Level 3: Elevated Concern

| ORDER | WHO TO NOTIFY | METHOD | TIMELINE | WHAT TO COMMUNICATE |
|---|---|---|---|---|
| 1 | Direct supervisor | Email or in person | Within 24 hours | Flag description, suggested follow-up |
| 2 | Program director (if systemic issue) | Email | Within 48 hours | Pattern description, recommended action |
| 3 | Data/quality team | Email | Within 48 hours | Add to monitoring dashboard; track for patterns |

## Escalation Communication Template

Use this template when notifying someone in the escalation pathway:

### Escalation Notification Script

"[Name], this is [your name]. I'm calling because we received a [Level 1/2/3] red-flag response in our anonymous feedback system.

WHAT WE KNOW: [Brief summary of the feedback content — relevant facts only, no speculation].

WHAT WE'VE DONE: [Actions already taken — e.g., called 911, filed mandatory report].

WHAT WE NEED: [What you need from this person — guidance, approval, action].

ANONYMITY NOTE: The respondent is anonymous. We [can / cannot] identify them based on context.

I've documented this per our protocol and will follow up with [next steps]."

# Staff Response Scripts for Sensitive Disclosures

*What to say (and not say) when a participant discloses something concerning in person near the kiosk*

📋 **INSTRUCTIONS:** *Although the feedback system is anonymous, participants sometimes disclose sensitive information directly to staff — often prompted by their experience using the kiosk. These scripts prepare staff for those moments. The goal is to respond with compassion, avoid making promises you can't keep, and connect the person to appropriate help without taking on a clinical role.*

## Core Principles

### The 4 Rules for Every Sensitive Disclosure

1. LISTEN without interrupting, judging, or showing shock.

2. VALIDATE the person's courage in sharing: "Thank you for telling me."

3. DON'T PROMISE confidentiality you can't guarantee: "I want to help, and that may mean I need to involve someone who can."

4. CONNECT to the appropriate person: "Let me get you to someone who can help with this."

## Scripts by Situation

**SITUATION: A participant tells you they are thinking about suicide or self-harm**

STAFF RESPONSE: "Thank you for telling me. I'm glad you said something. You don't have to go through this alone."

"I'm not a counselor, but I want to make sure you're connected to someone who can help. Can I walk you to [clinical staff / case manager / on-site counselor]?"

IF THE PERSON DECLINES: "I hear you. I want you to know that [crisis line: 988 Suicide & Crisis Lifeline] is available 24/7 if you want to talk to someone. Can I write that number down for you?"

AFTER THE INTERACTION: Immediately notify your supervisor. Do not leave this unreported even if the person declined help. Document per Document 5.

**SITUATION: A participant discloses past or current abuse**

STAFF RESPONSE: "Thank you for trusting me with this. What you're describing sounds really difficult, and I'm sorry you've experienced it."

"I want to be honest with you: depending on what you've shared, I may be required to report this to make sure you and others are safe. That doesn't mean you're in trouble — it means we take this seriously."

"Would it be okay if I connected you with [case manager / advocate / clinical staff] who can talk with you more about this and what your options are?"

AFTER THE INTERACTION: Notify supervisor immediately. Determine mandatory reporting obligations (Document 6). Document per Document 5.

**SITUATION: A participant tells you they feel unsafe at the facility**

STAFF RESPONSE: "Thank you for telling me. Your safety matters to us, and I want to understand more about what's happening."

"Can you tell me a bit more about what's making you feel unsafe? Is there something happening right now that I can help with?"

IF IMMEDIATE DANGER: Move the person to a safe location. Notify supervisor. Follow Level 1 or 2 protocol.
IF NOT IMMEDIATE: "I'm going to make sure this gets to someone who can address it. Is it okay if I share what you've told me with [supervisor/program director]?"

**SITUATION: A participant makes an allegation about a staff member**

STAFF RESPONSE: "Thank you for telling me. I take this seriously, and I want to make sure the right people hear about it."

"I'm going to let my supervisor know about this so it can be looked into properly. You won't be in trouble for bringing this forward."

DO NOT: Investigate the allegation yourself. Interview the accused staff member. Promise a specific outcome. Discuss with other staff. Share the participant's identity with anyone other than the designated investigator.

AFTER THE INTERACTION: Notify supervisor immediately. Follow HR/investigation protocol. Document per Document 5.

# What NEVER to Say

| NEVER SAY THIS | SAY THIS INSTEAD |
|---|---|
| "Are you sure that happened?" | "Thank you for telling me." |
| "You should have said something sooner." | "I'm glad you're telling me now." |
| "I promise this will stay between us." | "I want to help, and that may mean involving someone who can." |
| "That doesn't sound that bad." | "What you're describing sounds really difficult." |
| "Calm down." | "Take your time. I'm listening." |
| "Why didn't you tell someone before?" | "It takes courage to share this." |
| "I'll take care of it." (vague promise) | "I'm going to connect you with the right person." |

# Documentation & Audit Checklist

*Recording high-risk incidents with legal and ethical rigor*

📋 **INSTRUCTIONS:** *Every red-flag response — regardless of level — must be documented. This documentation serves three purposes: legal protection, institutional learning, and accountability. Complete this checklist within 24 hours of identifying the red flag. Store documentation in a secured, access-controlled location separate from general feedback data.*

## Incident Documentation Form

| FIELD | YOUR CONTENT |
|---|---|
| Incident ID | [Auto-assign: YYYY-MM-DD-###] |
| Date/time red flag identified | |
| Identified by (name and role) | |
| Classification level | Level 1 / Level 2 / Level 3 |
| Feedback content summary | [Factual summary of the response. Do NOT editorialize or interpret. Quote directly if needed.] |
| Was the respondent identifiable? | Yes / No / Partially |
| Immediate actions taken | [What you did, in what order, with timestamps] |
| Escalation pathway followed? | Yes / No — If no, explain why |
| Persons notified (names, roles, times) | |
| Mandatory reporting triggered? | Yes / No / Under review |
| If yes: report filed with | [Agency name, date, reference number] |
| External services contacted? | [911, crisis line, CPS, APS, law enforcement] |
| Communication freeze activated? | Yes / No |
| Follow-up actions planned | |
| Documentation completed by | [Name, role, date] |
| Documentation reviewed by | [Supervisor name, date] |

# Audit Checklist

After completing the incident documentation, verify:

| | |
|---|---|
| ☐ | All timestamps are recorded accurately (times of discovery, notification, action) |
| ☐ | The feedback content is recorded factually, without interpretation or opinion |
| ☐ | Every person in the escalation pathway is documented with time of notification |
| ☐ | Mandatory reporting decision is documented with rationale |
| ☐ | If mandatory report was filed: agency name, date, reference number are recorded |
| ☐ | The respondent's anonymity has been maintained throughout documentation (no speculation about identity) |
| ☐ | Documentation is stored in a secured location with access limited to authorized personnel |
| ☐ | A copy has been provided to the supervisor for review |
| ☐ | Post-incident review has been scheduled within 1 week (Document 8) |
| ☐ | Staff involved have been offered support (Document 10) |

# Documentation Storage Requirements

| REQUIREMENT | STANDARD |
|---|---|
| Storage location | Secured, access-controlled system separate from general feedback data |
| Access | Limited to: crisis contact, executive director, legal counsel, HR (for staff allegations) |
| Retention period | Follow your organization's record retention policy; minimum 3 years recommended |
| Encryption | Required for electronic storage |
| Physical copies | Locked filing cabinet if paper records exist |
| Destruction | Per retention policy; document destruction date and method |

# Legal & Ethical Boundary Guidance

*Mandatory reporting obligations, anonymity limits, and liability considerations*

📋 **INSTRUCTIONS:** *This document provides general guidance, NOT legal advice. Your organization should review this with legal counsel and customize it to your state/jurisdiction. Laws vary significantly by state, and mandatory reporting requirements depend on your organization's licensure, the populations you serve, and the nature of the disclosure.*

## Mandatory Reporting: When Anonymity Has Limits

### The Core Tension

Your feedback system promises anonymity. Mandatory reporting laws may require you to act on information received through the system. These two obligations can create tension, but they do not conflict: anonymity protects the respondent's IDENTITY from staff and leadership. It does not exempt the ORGANIZATION from its legal duty to report suspected abuse or imminent harm.

You are not breaking the promise of anonymity by filing a mandatory report. You are fulfilling a legal obligation that exists regardless of how the information was received.

## Mandatory Reporting Triggers

| TRIGGER | TYPICAL REPORTING OBLIGATION | REPORT TO | YOUR STATE REQUIREMENT |
|---------|------------------------------|-----------|------------------------|
| Suspected child abuse or neglect | Report within 24–48 hours (varies by state) | Child Protective Services (CPS) | [Confirm with legal counsel] |
| Suspected elder abuse or neglect | Report within 24–48 hours | Adult Protective Services (APS) | [Confirm with legal counsel] |
| Suspected abuse of a person with a disability | Report per state-specific timelines | Disability services or APS | [Confirm with legal counsel] |
| Imminent threat of harm to self | Duty to warn / duty to protect (varies by state) | Crisis services, emergency services | [Confirm with legal counsel] |
| Imminent threat of harm to others | Duty to warn named potential victims (varies by state) | Law enforcement, potential victim | [Confirm with legal counsel] |
| Sexual assault | Report per state- | Law | [Confirm with legal |

| disclosure (recent) | specific requirements | enforcement (in some states, victim's consent required) | counsel] |
|---|---|---|---|

## The Anonymous Respondent Challenge

When a mandatory reporting trigger appears in anonymous feedback, you face a unique challenge: you may not be able to identify the victim or the perpetrator. Here's how to navigate this:

| SCENARIO | WHAT TO DO |
|---|---|
| You can identify the respondent from context clues | File the mandatory report with all information available. Note that identification was inferred, not confirmed. |
| You cannot identify the respondent | File the report with the information available. Reporting agencies can determine whether they have enough to investigate. Your obligation is to report, not to investigate. |
| The disclosure involves a named perpetrator | Report the named perpetrator even if the victim is anonymous. The reporting agency will assess. |
| You're unsure whether this triggers mandatory reporting | Consult legal counsel same day. If you cannot reach counsel, file the report. Over-reporting is legally protected; under-reporting is not. |

## What You Can and Cannot Promise

| YOU CAN PROMISE | YOU CANNOT PROMISE |
|---|---|
| Individual responses are not shared with staff | That no one outside the organization will ever see any response (mandatory reporting may override) |
| Feedback is reviewed in aggregate, not individually monitored | That a crisis response won't reference specific feedback content when necessary for safety |
| No one will be punished for what they write | That illegal activity disclosed in feedback won't be reported to authorities |
| Staff will not know what any individual wrote | That the organization will never act on a specific response (they may act to protect safety) |

## Liability Considerations

> ⚠ **Consult Legal Counsel on These Questions**

• Does our organization's licensure status affect our mandatory reporting obligations?

• Are all staff who review feedback data classified as mandated reporters in our jurisdiction?

• What are our liability risks if we fail to act on a red-flag response?

• Should our privacy notice / terms of service for the feedback system include an exception for mandatory reporting?

• What documentation standards does our jurisdiction require for mandatory reports?

• Do we have duty-to-warn obligations if a feedback response names a specific potential victim?

**DOCUMENT 7**

# Cross-Team Coordination Worksheet

*Aligning response across departments during a crisis or high-risk incident*

📋 **INSTRUCTIONS:** *High-risk feedback often requires coordination across multiple teams: clinical staff, management, legal, HR, and sometimes external agencies. This worksheet ensures everyone is aligned on what happened, what's being done, and who is responsible for each piece. Complete during or immediately after the initial crisis response.*

## Incident Summary

| FIELD | DETAILS |
|---|---|
| Incident ID | |
| Date/time identified | |
| Classification level | Level 1 / 2 / 3 |
| Brief summary | [2–3 sentences: what the feedback said, what category it falls into] |
| Initial responder | [Name, role] |
| Actions taken so far | |

## Team Responsibilities

| TEAM | ROLE IN THIS INCIDENT | POINT PERSON | ACTIONS ASSIGNED | STATUS |
|---|---|---|---|---|
| Program / Clinical | Direct participant safety and welfare response | | | |
| Executive Leadership | Decision authority, external communications, funder notification (if needed) | | | |
| Legal / Compliance | Mandatory reporting assessment, liability review | | | |
| HR | Staff-related allegations, staff support coordination | | | |

| Data / Quality | Secure the data, restrict access, document chain of custody | | | |
|---|---|---|---|---|
| Communications | Communication freeze enforcement, media response if needed | | | |
| External Partners | [CPS, APS, law enforcement, crisis services] | | | |

## Coordination Meeting Agenda (30 Minutes)

| TIME | TOPIC | LED BY |
|---|---|---|
| 0:00–5:00 | Incident summary and current status | Initial responder |
| 5:00–10:00 | Actions taken and outstanding items | Each team lead: 1 minute each |
| 10:00–15:00 | Mandatory reporting status and legal considerations | Legal / compliance |
| 15:00–20:00 | Participant safety and welfare status | Clinical / program lead |
| 20:00–25:00 | Staff implications (if applicable) | HR |
| 25:00–30:00 | Communication decisions and next steps | Executive / facilitator |

## Information Boundaries

> ⚠ **Need-to-Know Principle**
>
> Not everyone on the coordination team needs to know every detail. Share only what each person needs to fulfill their specific role.
> • Clinical staff need enough detail to assess participant safety.
> • Legal needs enough to assess reporting obligations.
> • HR needs enough to assess staff implications.
> • Communications needs a factual summary without identifying details.
> • No one outside the coordination team should receive any information until the communication release protocol (Document 9) is activated.

# Post-Incident Review Template

*Learning from high-risk events to strengthen the system — conducted within 1 week of every Level 1 or Level 2 incident*

📋 **INSTRUCTIONS:** *This is NOT a disciplinary review. It is a systems-level learning exercise. The goal is to identify what worked, what didn't, and what should change for next time. Conduct within 7 days of any Level 1 or Level 2 incident. Optionally conduct for Level 3 incidents that reveal systemic issues.*

## Review Setup

| FIELD | DETAILS |
|---|---|
| Incident ID | |
| Date of incident | |
| Date of review | |
| Facilitator | [Should be someone NOT involved in the initial response, if possible] |
| Attendees | [All persons involved in the response; optional: external advisor] |
| Review classification | Level 1 / Level 2 / Level 3 |

## Timeline Reconstruction

Walk through the incident chronologically. Record what happened, when, and by whom:

| TIME | EVENT | WHO WAS INVOLVED | OUTCOME |
|---|---|---|---|
| | Red flag identified | | |
| | First escalation contact made | | |
| | Emergency services / mandatory report (if applicable) | | |
| | Cross-team coordination activated | | |
| | Participant safety confirmed / intervention completed | | |
| | Documentation completed | | |

| | Communication decisions made | | |
|---|---|---|---|

## Review Questions

| QUESTION | TEAM'S ASSESSMENT |
|---|---|
| Was the red flag identified promptly? If not, why? | |
| Was the classification level correct? Should it have been higher or lower? | |
| Was the escalation pathway followed correctly? Were there delays? | |
| Were the right people notified? Was anyone missing? | |
| Were mandatory reporting obligations assessed accurately and in time? | |
| Was participant safety secured? How quickly? | |
| Was documentation completed accurately and on time? | |
| Was the communication freeze maintained? Any leaks or premature disclosures? | |
| Were staff involved adequately supported during and after the incident? | |
| What worked well that we should preserve? | |
| What would we do differently next time? | |

## Action Items from Review

| FINDING | CHANGE NEEDED | OWNER | DEADLINE | STATUS |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Protocol Updates

| | |
|---|---|
| ☐ | Does the classification criteria (Document 1) need updating based on this incident? |
| ☐ | Does the escalation pathway (Document 3) need modification? |
| ☐ | Do staff scripts (Document 4) need revision? |
| ☐ | Does the contact list (Document 2) need updating? |
| ☐ | Does any staff member need additional training? |
| ☐ | Are any policy or procedure changes needed beyond this toolkit? |

# Communication Freeze & Release Protocol

*Controlling information flow during and after high-risk incidents to prevent harm*

📋 **INSTRUCTIONS:** *A communication freeze prevents premature, inaccurate, or harmful information from spreading during a crisis. It protects the participant, the staff, and the organization. Activate the freeze immediately upon identifying a Level 1 or Level 2 incident. The freeze remains in effect until explicitly released by the designated authority.*

## Communication Freeze Protocol

> ⚠ **When to Activate a Communication Freeze**
>
> Activate IMMEDIATELY for any Level 1 or Level 2 red-flag response.
>
> Consider activating for Level 3 responses involving staff allegations, criminal activity, or media-sensitive content.
>
> The freeze is activated by the crisis contact or executive director.
>
> The freeze applies to ALL staff, including those not directly involved.

## What the Freeze Means

| DURING THE FREEZE | EXAMPLES |
|---|---|
| NO staff may discuss the incident with other staff who are not on the coordination team | ✘ "Did you hear what someone wrote on the kiosk?" |
| NO staff may discuss the incident with participants | ✘ "Someone reported something really concerning" |
| NO staff may discuss the incident on personal devices, social media, or messaging apps | ✘ Texting a coworker about the response |
| NO staff may contact media, funders, board members, or external parties without authorization | ✘ Calling a board member to "give them a heads up" |
| NO one may speculate about the respondent's identity | ✘ "I bet it was [name], they seemed upset yesterday" |
| ALL information flows through the designated communication lead ONLY | ✔ "Please direct all questions to [name]" |

# Communication Release Protocol

The freeze is lifted by the designated authority (typically executive director) through a formal release. The release specifies exactly what information can be shared, with whom, and by whom.

| FIELD | YOUR DECISION |
|---|---|
| Freeze lifted by | [Name, role] |
| Date/time of release | |
| What can be shared with all staff | [Approved language — typically: "A sensitive matter was identified through our feedback system and was handled per our crisis protocol. The situation has been resolved. If you have questions, please speak with [name]."] |
| What can be shared with participants | [Typically: nothing specific. General messaging about safety commitment is acceptable.] |
| What can be shared with funders | [If applicable: use Document 9 of Feedback-to-Funders Toolkit for framing] |
| What can be shared with board | [Executive summary only. No identifying details. Focus on process adherence.] |
| What can be shared with media | [Typically: no comment, or a prepared statement reviewed by legal counsel] |
| What CANNOT be shared under any circumstances | [Feedback content, respondent identity speculation, investigation details, staff involved] |

# Approved Staff Talking Point

### Give This to All Staff When the Freeze Is Lifted

If anyone asks you about a recent incident related to the feedback system, here is what you can say:

"Our feedback system identified a concern that required immediate attention. Our team followed established protocols to address it. The situation has been handled. If you have questions, please speak with [designated contact]."

Do NOT share any additional details, speculate about what was reported, or discuss the identity of anyone involved.

# Staff Support & Burnout Prevention Checklist

*Protecting the wellbeing of staff who encounter traumatic, disturbing, or emotionally heavy feedback*

📋 **INSTRUCTIONS:** *Staff who review anonymous feedback — especially from vulnerable populations — are exposed to secondhand trauma, distressing content, and emotionally demanding situations. This is cumulative. A single disturbing response may not cause harm, but months of exposure to pain, despair, and crisis can. This checklist ensures your organization is proactively protecting the people who do this work.*

## Immediate Support: After a High-Risk Incident

Within 24 hours of any Level 1 or Level 2 incident, the supervisor of the staff member who identified the red flag should:

| | |
|---|---|
| ☐ | Check in privately with the staff member: "How are you doing after what you encountered? That was heavy." |
| ☐ | Acknowledge the emotional weight: "Reading something like that is hard. It's normal to feel [upset/shaken/drained]." |
| ☐ | Offer immediate relief: "Would it help to take a break, step outside, or leave early today?" |
| ☐ | Remind them of available support: EAP (Employee Assistance Program), counseling resources, peer support |
| ☐ | Clarify that they handled the situation correctly: "You followed the protocol. You did the right thing." |
| ☐ | Do NOT minimize: Avoid "It wasn't that bad" or "You'll be fine." |
| ☐ | Follow up again within 3 days to check ongoing wellbeing |
| ☐ | Document that the check-in occurred (for organizational records, not performance tracking) |

## Ongoing Protection: Preventing Cumulative Trauma

For all staff who regularly review feedback data (weekly or more):

| PROTECTION | HOW TO IMPLEMENT | FREQUENCY |
|---|---|---|
| Rotation of review duties | Don't assign the same person to review all open-ended feedback indefinitely. Rotate monthly. | Monthly rotation |

| Volume limits | Set a maximum number of open-ended responses to review in a single sitting (recommended: ≤50). | Every review session |
|---|---|---|
| Decompression time | After reviewing feedback, allow 15–30 minutes of non-feedback work before the next task. | Every review session |
| Peer support | Pair data reviewers so they can debrief with each other after difficult content. | Ongoing |
| Supervisor check-ins | Supervisors ask feedback reviewers specifically about emotional impact during 1:1s. | Monthly |
| EAP promotion | Actively remind staff that EAP services exist and are confidential. Don't assume they know. | Quarterly |
| Training on vicarious trauma | Annual training on recognizing signs of secondary traumatic stress. | Annually |
| Permission to escalate for support | Staff can flag a response as "I need support processing this" without judgment. | Ongoing |

## Signs of Burnout or Secondary Trauma

Supervisors should watch for these signs in staff who review feedback regularly:

| SIGN | WHAT IT LOOKS LIKE | SUGGESTED RESPONSE |
|---|---|---|
| Emotional numbing | Staff stops reacting to distressing content; says "I'm used to it" | Normalize the content being hard. Rotate duties. Offer EAP. |
| Cynicism about participants | Staff begins dismissing feedback: "They're just complaining" | Address directly but compassionately. This may be a defense mechanism. |
| Avoidance | Staff delays or avoids reviewing feedback; procrastinates on data duties | Check in privately. Reduce volume. Rotate. |
| Hypervigilance | Staff reads crisis into non-crisis feedback; over-classifies everything | Reassure. Review classification criteria together. Provide grounding. |
| Physical symptoms | Headaches, fatigue, sleep disruption, increased sick days | Recommend EAP. Consider temporary reassignment. |
| Withdrawal | Staff pulls back from team interactions, becomes isolated | Direct supervisor check-in. Offer peer support pairing. |

# Organizational Commitments

### The Organization's Duty of Care to Its Own Staff

We ask staff to hold space for the pain, fear, and vulnerability of the people we serve. That is sacred, difficult work. In return, the organization commits to:

• Never treating exposure to traumatic content as "just part of the job."

• Providing resources for processing difficult material, not just protocols for handling it.

• Rotating emotionally demanding duties so no one person carries the full weight.

• Checking in proactively — not waiting for staff to ask for help.

• Recognizing that staff who care deeply are not weak — they are doing the hardest work well.

# Quarterly Staff Wellbeing Check

Complete this assessment quarterly for every staff member who regularly reviews feedback:

| STAFF MEMBER | ROLE | REVIEWING FEEDBACK SINCE | ANY SIGNS OF BURNOUT? | EAP OFFERED? | ROTATION SCHEDULED? | NOTES |
|---|---|---|---|---|---|---|
| | | | Y / N | Y / N | Y / N | |
| | | | Y / N | Y / N | Y / N | |
| | | | Y / N | Y / N | Y / N | |
| | | | Y / N | Y / N | Y / N | |

Quarterly check completed by: _____     Date: _____

---

## End of Toolkit

For implementation support, contact your Pulse For Good account manager or visit pulseforgood.com