Critical Incident Playbook: Mental Health Crisis

Overview

This playbook provides a structured response to one of the most sensitive and high-risk situations the organization may face: a team member suicide attempt or acute mental health crisis.

These situations require immediate coordination, clear decision-making, and a consistent approach that balances compassion with operational control. Variability in response increases risk, to the individual, the team, and the organization.

This guide ensures leaders know exactly:

- What to do
- What not to do
- Who owns each step
- How to protect both people and the business

Purpose

Provide a consistent, legally sound, and human-centered response to team member suicide attempts or acute mental health crises, whether occurring on-site or off-site, while protecting:

- Team member wellbeing
- Workplace safety
- Organizational risk

Guiding Principles (Non-Negotiables)

- Safety > speed (no rushed return-to-work decisions)
- Fact-based, not rumor-based
- One point of coordination (no fragmented outreach)
- Supportive, not investigative tone
- Medical issue, not disciplinary issue

ERT Activation Consideration

Mental health crises that involve an on-site suicide attempt, threat to others, emergency medical response, hospitalization, law enforcement involvement, significant operational disruption, media exposure, or multiple impacted employees should be evaluated for Emergency Response Team (ERT) activation in accordance with the Critical Incident Response Program Toolkit.

Incident Classification

On-Site / Work-Adjacent Incident

Occurs:

- At a company location
- In parking lot / immediate vicinity
- During working hours or tied to shift

Off-Site Incident

Occurs:

- Outside work
- Not during shift
- Reported after the fact

Immediate Response Protocol

STEP 1: Activate Emergency Response

Owner: First Leader on Scene / Operations Leadership

If a medical emergency/ life-threatening situation is suspected:

- Call 911 immediately (if not already contacted)
- Follow dispatcher instructions

- If trained and appropriate, initiate CPR, AED use, or first aid until emergency responders arrive
- Do not move the individual unless necessary to prevent further harm
- Ensure emergency responders have clear access to the location

Priority: *Preservation of life and immediate medical care.*

STEP 2: Ensure Immediate Safety
Owner: Operations (GM / AD / RD)
If ON-SITE:

- Clear and secure the area
- Protect privacy and dignity of the individual
- Ensure no team member is left managing the situation alone
- Remove unnecessary spectators
- Maintain normal operations only when safe to do so

If OFF-SITE:

- Confirm someone has verified the team member's safety
- If wellbeing cannot be confirmed and circumstances warrant concern, consult HR regarding a welfare check through local authorities

STEP 3: Confirm Facts (Within 1–4 Hours)
Owner: HRBP + RD
Minimum facts required:

- What happened (objective sequence of events)
- Location (on-site vs. off-site)
- Timing
- Emergency services involvement
- Current team member status (hospitalized, released, unknown)
- Who has direct knowledge of the event

Guideline: *No employment decisions or conclusions should be made based on secondhand reports, assumptions, or incomplete information.*

STEP 4: Assign Single Point of Contact
Owner: HRBP

- HRBP serves as case owner
- Designate one Operations partner (typically RD or AD)
- One individual should communicate directly with the affected team member and/or family as appropriate
- Avoid multiple leaders contacting the individual simultaneously

STEP 5: Initial Team Member Outreach (Within 24 Hours)
Owner: HRBP
Approach:

- Supportive
- Compassionate
- Non-intrusive

- No probing into medical details

Core Message:
- We're glad you're safe.
- Your wellbeing comes first.
- We're here to support you.
- We'll coordinate next steps when you're ready.

Offer:
- Employee Assistance Program (EAP) resources
- Available leave options
- Time away from work without immediate pressure to return

Site Management (ON-SITE ONLY)
Immediate Actions
- Remove impacted team members from scene if needed
- Pause operations if required (case-by-case)
- Ensure leadership presence onsite

Team Communication (Same Day)
Keep it simple and controlled:
- Acknowledge an incident occurred
- Reinforce support resources
- Do NOT share details
- Do NOT speculate

Follow-Up
- Monitor team for distress
- Consider EAP group session if impact is visible
- Ensure coverage if team is shaken

Return-to-Work Protocol
Non-Negotiable Requirements Before Return, team member must have:
- Medical clearance / fitness for duty
- Confirmation of stability to return
- Any work restrictions identified

HR Assessment Before Approval
A. Role Risk
- Safety-sensitive?
- Working alone?
- Customer-facing intensity?

B. Workplace Impact
- Were coworkers exposed?
- Will return create disruption?

C. Readiness Indicators
- Medical clearance provided
- Team member demonstrates basic stability in communication

Return Options
Depending on situation:
- Full return
- Modified schedule
- Temporary reassignment
- Short-term leave extension

What NOT to Do

- Do not allow “next day return” without clearance
- Do not rely on team member self-assessment alone
- Do not ignore team impact

Documentation Standards

HRBP documents:

- Timeline of events (confirmed vs reported)
- Actions taken
- Communication points
- Return-to-work requirements and decisions

Roles & Responsibilities

Role	Responsibilities
HRBP	Owns case management. Leads return-to-work decision. Ensures compliance and documentation. Serves as the Single Point of Contact (SPOC) for mental health crisis response and coordinates with the Emergency Response Team (ERT) when activation criteria are met.
HR Rep	Supports logistics (leave tracking, documentation)Coordinates EAP/resources.
Regional Director (RD)	Owns site stabilization. Ensures GM execution. Partners with HRBP on decision.
Area Director (AD)	Manages immediate site response (on-site only)Supports team communication. Escalates quickly.

Escalation Triggers

Immediately escalate to HR leadership and consideration for ERT activation is required if:

- Attempt occurred on-site
- Multiple team members impacted
- Media/social exposure risk
- Team member safety status cannot be confirmed
- Law enforcement or emergency responders are involved
- Significant operational disruption occurs
- Team member insists on immediate return without clearance

Risk Management Guardrails

Legal / Compliance

- Treat as potential medical/ADA-related situation
- Maintain confidentiality
- Avoid collecting unnecessary medical details

Workplace Safety

- Do not place team members in high-risk environment prematurely

Cultural Risk

- Poor handling = loss of trust across team

Case Closure & Post-Incident Review

Case Closure Criteria

A case may be formally closed once:

- The team member has returned to work *or* transitioned to leave/exit
- All required documentation is complete
- Workplace stabilization actions are complete
- No active safety or operational risks remain

Post-Incident Review (Required for On-Site or High-Impact Cases)
Owner: HRBP + HR Leadership
Within 5–10 business days of stabilization:

- Review timeline of events and response effectiveness
- Identify any breakdowns in communication or execution
- Assess leadership adherence to playbook protocols
- Determine if additional training or policy updates are needed

Key Questions:

- Were roles and ownership clear?
- Was communication controlled and appropriate?
- Were return-to-work decisions handled correctly?
- Was team impact adequately addressed?

Continuous Improvement
Insights from each incident should inform:

- Training for Ops and HR
- Updates to this playbook
- Broader mental health and safety initiatives

The manner in which we handle these situations is a direct reflection of our leadership standard. Consistency, care, and control are non-negotiable.