I. **Policy Statement**

The Division administration will utilize a Critical Incident After Action Process (AAP) to review, respond, and report information about critical incidents in Division facilities and programs, with an emphasis on juvenile and staff well-being, staff recognition, program improvement and accountability.

II. **Rationale**

Information gathered through the Critical Incident After Action Process will be analyzed to identify factors that contributed to successful outcomes and determine if improvements or changes are needed. The Process will provide the Division a better understanding of the circumstances and events contributing to critical incidents and facilitate improved Division policy, procedure, and practice.

III. **Definitions**

A. "Critical Incident After Action Process (AAP)" is the Review, Response, and Reporting of information process prescribed by this Policy for critical incidents (of severity Level 1 or 2, as defined in the Division’s Incident Report Reference Guide).

B. "Administrative Internal Investigation" is an investigation of a critical incident by the Division Investigations Bureau as designated by Division Director.

C. "Critical Incident Debriefing Team" is a group consisting of at least two (2) staff as designated by the APD or designee to review a critical incident and provide feedback regarding what worked, what didn’t work, and what needs to be improved.

D. "Critical Incident After Action Review Checklist" is a form (attached to this policy) that is completed within three business days by the Assistant Program Director (APD) or designee documenting action taken after a critical incident.

E. "Individualized Response" is the review of the critical incident by the APD or designee with individual staff, which may include an improvement plan and/or disciplinary action.

F. “Critical Incident” is any non-routine, unusual, or potentially threatening event which is classified as of Level 1 or Level 2 severity according to the Division’s Incident Report Reference Guide (copy attached to this Policy, and also referenced in Policy 05-15 Incident Reports).
IV. Procedures

A Critical Incident After Action Process shall be followed upon the occurrence in any Division facility or program of any critical incident (an incident classified as of Level 1 or 2 severity according to the Division’s Incident Report Reference Guide).

The Critical Incident After Action Process shall be conducted in a fair and equitable manner, with respect for the rights and privacy of juveniles and staff involved. Information will be provided and reviewed in an unbiased and independent manner in an effort to recommend a course of action.


A. Critical Incident Review (within three (3) business days)

1. As described in Policy 05-15, an initial Incident Report is required for each incident, of any severity level, to be submitted by end-of-shift or within 24 hours. For critical incidents, this Policy 05-12 additionally requires a Critical Incident Review, which provides a comprehensive analysis of the incident, to be submitted within three (3) business days.

2. The APD or designee shall utilize the After Action Review Checklist form (attached to this Policy) to ensure a thorough review and gather supporting documentation.

3. The APD or designee shall sign and date the After Action Review Checklist form and submit it, with the supporting documentation to Division Administration by 5:00 pm on the third business day.

4. The APD or designee will comply with the process of dissemination of Incident Report(s), and the After Action Review Checklist and supporting documentation in accordance with the Division’s Incident Reports Policy 05-15.
B. Critical Incident Response

There are four possible responses to a critical incident (to be determined by the APD, PD, and/or the Division Director):

1. No Further Action: Information collected, per the Review Checklist, indicated no further response is necessary.

2. Critical Incident Debriefing Team: A team of staff are assigned by the APD and PD or designee to review a critical incident and provide feedback regarding what worked, what did not work, and what can be improved. This process will not take the place of any investigation process or any legal procedure. The team shall follow the guidelines listed below:
   a. The team leader shall not have any personal involvement in the incident being reviewed.
   b. The team members may include, but are not limited to direct care staff, Supervisors and/or APD.
   c. Utilizing the Critical Incident Debriefing Team Form (attached), the team will prepare a report no later than ten (10) business days following the completion of the team review. Exceptions to the timeline will be documented and reported to the PD.

3. Individualized Incident Response: As a direct result of the critical incident, the APD will address concerns or problematic behaviors with a specific person which may result in a warning or a disciplinary action.

4. An Administrative Internal Investigation: The APD or PD requests an internal investigation to be conducted and reported in accordance with all applicable laws, rules, and Department and Division policies and procedures. An Administrative Internal Investigation must be approved by the Division Director.
C. Reports/ Documentation

1. For all critical incidents, the minimum required reports/ documentation will include (i) the initial Incident Report as described in Policy 05-15 (end-of-shift/ 24 hours), (ii) the Critical Incident Review required by this Policy to be completed by the APD (3 business days, with Critical Incident Review Checklist and supporting documentation), and (iii) the Critical Incident After Action Plan (see below).

2. When applicable, a Debriefing Team Report (form attached) is to be completed. The Team Report will provide a comprehensive analysis of the event and examine the areas relevant to; juvenile and staff well-being, staff recognition, program improvement and increased accountability. The report shall emphasize aspects of the incident that were managed well, address potential concerns, and make recommendations for improvement.

3. When applicable, Individualized Responses will remain confidential and be documented through letters of warning or discipline.
Policy No.: 05-12  Effective Date: 03-02-15  Revision Date: 03-02-15
Subject: Critical Incident After Action Process

4. When applicable, an Investigative Findings Report will be completed by a designated member of the Bureau of Investigations.

5. Retention. The initial Incident Report, Critical Incident Review Checklist and supporting documentation, Critical Incident Debriefing Team Report, and Critical Incident After Action Plan are retained at the program/facility. Copies will be disseminated to the PD and Investigations Bureau.

D. Critical Incident After Action Plan

A Critical Incident After Action Plan shall be developed by the APD, Supervisor, or designee and shall include recommendations/suggestions made by the Critical Incident Debriefing Team and/or Bureau of Investigations. The After Action Plan shall be written and submitted to the PD within thirty (30) business days.

E. Staff Support Protocol for Critical Incidents

All staff exposed to critical incidents shall be offered assistance through the State's Employee Assistance Program (EAP). The EAP provides for staff welfare during and after major emergencies and is also available to assist staff with their ability to process and cope with the effects of critical incidents.

V. Continuous Renewal

This policy shall be reviewed every three (3) years to determine its effectiveness and appropriateness. This policy may be reviewed before that time to reflect substantive change.

This policy has been reviewed by the Board of Juvenile Justice Services, and is approved upon the signature of the Director.

Russell K. Van Vleet, Chair
Board of Juvenile Justice Services 03-02-15
Signature Date

Susan V. Burke, Director
Division of Juvenile Justice Services 03-02-15
Signature Date