

Critical Care Response Team

Preparation: The team assembles 29 minutes before the debriefing to be updated on the incident and to set up the room

I. Introduction

- Introduce team and state purpose of meeting
- Set Rules (No outsiders, no break or rank, not a critique, say nothing incriminating)
- You do not have to talk, but your words may reassure & support your colleagues
- Strict Confidentiality (no notes, no recording) we make a pact among us that no one will disclose information about what was said here.

II. Fact Phase

- Each person states name, role at scene and what happened
- Cognitive description of traumatic event

III. Thought Phase

- What was your first thought when you saw and heard what was happening?
- When did you realize you were thinking about the event?
- Offer reassurance and move quickly on to the next person

IV. Reaction Phase

- What was the worst part for you?
- What were you expecting that made this incident different from others?

V. Symptom Phase

- What are you experiencing now? Dreams? Flashbacks? Sounds? Smells? Etc.

VI. Teaching Phase

- Signs and symptoms expressed are normal reactions
- Teach additional symptoms that may occur, provide cognitive anchor
- Teach coping methods & general information about stress management

VII. Re-Entry Phase

- Wrap up loose ends -- Offer additional resources
- Answer questions – Develop plan of action

VIII. Post Debriefing Activities

- Be available to participants who may “hang around” for awhile
- Make appropriate referrals for additional services if needed by individuals
- Team must meet together to assess debriefing and “debrief” on another
- A designated team member make follow-up calls or visits