**STAFF SAFETY & SECURITY**

**Critical Incident Protocol**

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# About this Document

The purpose of this document is to provide a guideline to XXXX Leadership (HQ and Countries) on crisis escalation, communication, and decision-making processes.

**Definitions**

* **Safety:** Freedom from risk resulting from unintentional acts where there is no motive to inflict damage or harm (e.g. Road Traffic Accident due to mechanical fault)
* **Security:** Freedom from risk resulting from violence or intentional acts where there is a motive to inflict damage or harm (e.g. compound robbery, carjacking, kidnap)
* **Concern:** Any occasion where staff have reason to believe that a contextual situation or event may possibly impact the safety, security, health or well-being of themselves, their colleagues, partners or communities.
* **Incident:** Any situation or occasion where the safety, security, health or well-being of staff, partner or communities are compromised or put at any undue risk.
* **Near-Miss:** Any situation that has narrowly avoided becoming an incident through either luck or adherence to policies or procedures.
* **Critical Incident:** Any situation or occasion where the safety, security, health or well-being of staff, partner or communities are seriously compromised or put at extreme risk. If not managed through a coordinated response, the critical incident may have the tendency to escalate into a crisis.
* **Staff:** Any individual, including employees, volunteers, short-term workers, Trustees/Board members, accompanied legal dependants (relocated staff), and freelance consultants working for XXXX under a contract of employment or under XXXX’s instruction.
* **Dependant (s):** For the purpose of this document, the term means accompanying Partner, Spouse and/or dependent children of a relocated or deployed staff member.
* **Duty of Care:** A legal, moral and contractual obligation that requires an employer to minimise any risks to staff and third parties as far as reasonably practicable in pursuit of its mission (i.e. standard of reasonable care)**[[1]](#footnote-2)**
* **Hibernation:** The temporary suspension of programmatic activities or the restriction of staff’s physical movements in response to any incident.
* **Relocation:** The physical movement of staff over within the same country in response to a significant deterioration in the security environment or any situations where associated safety and security risks are no longer manageable.
* **Evacuation:** The physical movement of staff over an international border in response to a significant deterioration in the security environment or any situations where associated safety and security risks are no longer manageable.

# The Purpose of Critical Incident Management

The objective of critical incident/ crisis management is to mitigate and contain the impact of an incident, with the specific aim to:

1. Prevent (further) harm and ensure the health and safety of those involved (directly or indirectly);
2. Assure concerned families of a responsible and effective response;
3. Ensure programme continuity;
4. Fulfil organisational responsibilities and reduce the risk of litigation/liability claims;
5. Safeguard organisational image and reputation.

# The Crisis Management Team

* 1. **Role**
* Ensures appropriate preparedness and response capacities are in place corresponding to each part of the Crisis Management Cycle.
* During a crisis, makes a **crisis management strategy**, takes decisions, and ensures their implementation;
* Continually gathers information on the incident (from partners, organisations, authorities, embassies, media, any other source).
* Assesses the situation and its impact on operations, reputation and security
* Establishes media policy and external engagement strategy and provides official information releases internally and externally.
* Secures appropriate external expertise as required.
* Acts as the principle point of contact for the crisis.
* Makes business resumption and programme continuity efforts.
* Establishes crisis log to record all information received and actions/decisions taken.
* Sets up family support and coordination mechanisms.
* Ensures psychosocial support for the employees, families, third parties and CMT members.
* Manages financial decisions related to the crisis and post crisis situation.
* Ensures a post crisis After-Action learning and reflection report.
  1. **Members**

Whether it is at the Country or HQ level, XXXX’s Crisis Management Team should be headed by the highest decision-making authority supported by the senior management and security staff as this will enable quick decision and accountability.

So, for example:

* A country level CMT must be chaired by the CD or next in charge
* A Hub level CMT must be chaired by the relevant ILT member
* International CMT must be chaired by the Secretary General or Director

In recognition that dealing with a serious incident or major crisis can be traumatic and may last an indefinite period of time, all individuals assuming roles or duties as part of a defined CMT must do so on a voluntary basis (i.e. with consent) and nominated deputies must be assigned to each function for contingency purposes (e.g. during periods of leave and for rotation during prolonged crises).

In line with our commitment to staff welfare and well-being, during a crisis response, all members of the CMT must be offered frequent professional psychosocial support and other support options as needed.

* 1. **Hierarchy and Reporting Lines**

For the duration that Crisis Management Teams are active, the normal management hierarchy will be suspended and all CMT members shall report directly to the CMT Lead on matters relating to the critical incident/crisis.

Other than the business of crisis management team, the members will continue to report to their line managers as before. However, they must keep confidential the proceedings of ICMT/NCMT meetings unless formal communication is released by the chair. This will ensure appropriate information management which at times can be critical for the security and wellbeing of affected staff.

# Crisis Escalation Levels in XXXX

**Escalation Level 01**

Any critical security incident that takes place at a country must first be managed by the National Crisis Management Team (NCMT) led by the relevant Country Director or next in charge.

Once the NCMT is activated, the FEDev Head of Country Support and Staff Security Advisor should be informed. If required, they will provide oversight and/or support to the NCMT.

Other HQ staff and external expertise should be brought in as needed.

ILT/ICMT should be informed at this stage to prepare them in case there is a need for further escalation later. However, at escalation level 01, the crisis management will be led by the NCMT.

*Note: It may happen that the staff from an XXXX country faces a critical incident while visiting another XXXX country. In such situations, it is reasonable to activate two NCMT’s which should work in harmony and coordination and take joint decisions in the best interest of the staff and the organisation.*

**Escalation Level 02**

A critical incident/crisis is escalated to the highest level (Level 02) if the following general conditions are met.

* The Global Secretariat has better capacity and resources to manage the crisis;
* The Global Secretariat and International Leadership Team can add value to the process;
* The crisis is likely to have a wider organisational impact;
* The crisis is likely to draw significant national/regional/international political and/or media attention;
* More than one country is involved, and there is a general agreement that GS is better placed to coordinate the response;
* Any other **compelling** reason for Level 02 escalation.

If any or all of the above are true, the CD/ED or relevant Head of Country Support will propose the next level escalation to the XXXX Secretary General or Director, in consultation with the Global Security Advisor.

Upon acceptance of the proposal, the **Secretary General (SG)** or the **Federation Development Director** will activate the International Crisis Management Team (ICMT), which is the highest level of crisis escalation in XXXX.

When activated, the ICMT will work in close coordination with the National Crisis Management Team(s) and other stakeholders to contain the effects of and respond to the critical incident/crisis.

At level 02 escalation, the crisis is led by the ICMT as opposed to the NCMT.

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# Phases of Crisis Management

Crisis management is divided into the preparedness, response, and recovery phases.

1. **Preparedness**

**Crisis preparedness** comprises the foundations for a successful crisis response and entails the following:

* Identify and train a **Crisis Management Team**
* Have in place an effective **Incident Reporting Mechanism**
* Setting up reference documents and tools, and preposition equipment and material
* Prepare **Crisis Plans** for various scenarios
* Identify and allocate **financial resources**
* Identify **external expertise**

1. **Response**

There are six sequential crisis response processes:

1. **Alert:** The initial stage of a crisis response consists in capturing an event that has the potential to trigger a crisis, acknowledging the seriousness of the situation at hand, swiftly bringing it to the attention of the right level and structure, which will assess whether the situation requires the activation of a crisis management mechanism, basing the reflection on the three key questions analytical model What, So What, What Now.
2. **Activation:** The Crisis Management Team (CMT) validates that the crisis threshold is met and is responsible for activating the crisis response. The CMT defines the strategic orientation for the response and the mechanism to be used to manage it; confirms appointments and members; and maintains the information flow to the Governance, as required. Some members will need to be detached from their normal function for a full dedication to the crisis management.
3. **Orientation:** The CMT provides strategic orientations outlining the objectives and the overarching limitations to be respected in the crisis response. The role and responsibility of each CMT member is confirmed.
4. **Mobilisation:** The required resources (personnel and equipment) are put into place to facilitate the implementation of the established crisis response activities.
5. **Implementation:** The crisis response activities and decisions are implemented.
6. **Termination:** This stage consists of the preparation of the closure plan of action and the subsequent handover of pending tasks and unresolved issues to the permanent management structures. It marks the end of the active crisis response and therefore the return to normal operating mode.

**D. Aftermath & Recovery**

* Learn from what happened and how it was managed by conducting a post-crisis analysis and developing an After-Action Report within 28 days of CMT deactivation.
* Employ staff care strategies to recuperate from the stressful crisis response operations.
* Acknowledge the involved staff efforts in crisis handling and response.

# Crisis Management Strategy

These are the various components of a standard crisis management strategy, presented as a guide only.

1. Crisis Alert & Escalation
2. Crisis Management Structure & Organisation
3. Crisis Log
4. Safety, Security & Wellbeing of Staff Involved
5. Reputation & Media Management
6. Internal Communication
7. Family Liaison & Support
8. Stakeholder Engagement
9. External Expertise
10. Legal Advice
11. Relocation, Evacuation And Medevac
12. CMT Wellbeing
13. Insurance and Financial Matters



# Crisis Log

It is essential that from the onset of the crisis management process, an incident or crisis log is maintained, capturing the key events with dates/time and the decisions and actions taken.

This document should be treated as sensitive/confidential.

In the event of a post crisis evaluation or inquiry, crisis log will be one of the key documents which will reflect why certain decisions were taken. A crisis log also helps the crisis management team to analyse the sequence of events that unfold during a crisis.

**This is NOT an incident reporting form. The crisis log is maintained by the SFP during the crisis management process and not used by the person reporting an incident.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nature of the Incident:** | **Location ( where it happened):** | | **CMT Lead (Country or Hub Level):** | |
| **Log maintained by:** | **Last update on**: | | **ICMT Lead ( if ICMT activated)** | |
| **Date and time** | **Information source** | **Detail** | | **Actions/Decisions Taken and Rationale (why the decision was taken)** |
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# After-Action Review

An incident or crisis that requires a CMT to be activated must have an in-depth After-Action Review within 28 days of the CMT being disbanded.

The Review must be in writing and circulated to the relevant Board of Trustees as well as the GS Security Advisor.

# Annexure

## Meeting Agenda Guideline

**CMT Activation & First Meeting**

* The Crisis Management Team should meet within the first few hours of a crisis escalation & notification (irrespective of normal business hours), or as soon as reasonably possible. The CMT chair or the assigned secretary (i.e. SFP) should send out an alert (email, WhatsApp, other) notifying the CMT activation and asking all members to attend the meeting.
* During the meeting, the chair provides background to the situation and known facts. All members, corresponding to their roles contribute to the analysis and way forward.
* The Chair clarifies roles and responsibilities and the team agrees on who else should be on the team.
* Refer to the crisis plan (if there is one corresponding to the situation at hand) and adapt it.
* Communication strategy is agreed, legal needs and external security expertise is identified, staff /family wellbeing and psychosocial needs are discussed.
* Urgent action points are noted, with person responsible and timeline. Non-urgent decisions should be kept for subsequent meetings.
* Confirm the next meeting, in the next few hours or the next day, depending on the nature of the incident.

**Second Meeting**

* This should be held shortly after the first meeting, however, allowing sufficient time to complete the agreed tasks from the first meeting.
* Take account of actions completed and any consequences.
* New issues and angles that should be reviewed and analysed.
* Review all strategies already in place and adjust.
* Agree actions points and timelines.

**Subsequent Meetings**

* Subsequent meetings may follow a similar agenda to the second meeting. Their frequency will depend on the nature of the crisis and how it unfolds.
* CMT may need to constantly review the crisis management strategy and bring in relevant expertise (internal /external) and seek professional input such as negotiators, legal experts, security experts, family liaison advisors, psychosocial support, any other.
* Consider longer-term consequences and programme continuity.

**De-escalation & CMT deactivation**

* When a crisis is resolved to a point where the CMT is no longer needed, the chair will hold a de-escalation meeting and the following will be agreed.
* Post crisis support, who will get it, how and by whom?
* Discontinuing or continuing the external specialist support.
* Agreeing on an exit strategy and notifying the deactivation of the Crisis Management Team.
* Wellbeing of the CMT members.
* Handing down the responsibilities with periodic check-in and updates as necessary.
* After-action review report with learning and recommendations (within 28 days of the CMT deactivation)

## Crisis Plan Outline

|  |  |
| --- | --- |
| **Scenario/incident** | **Response tips for the CMT [[2]](#footnote-3)** |
| **Relocation and evacuation** | Refer to this relocation – evac guide. |
| **Medical evacuation** | * Assuming first aid has been provided and staff have been taken to the medical facility * Acquire medical certificate * Inform family/next of kin through family liaison point * If this is a visitor, inform the base country HR and management and ask then to contact next of kin. * Coordinate logistics with Insurance company or UN or other medevac services * Assign a staff to accompany * Organise medical facility at the destination * Support family to accompany the staff * Communicate with staff and relevant parties * Provide Psychosocial support |
| **Death of staff** | * Liaise with local authorities and acquire death certificate. * Report to insurance * Inform next of kin (if the staff is a visitor, inform the NoK through their base HR) * Sort out police and legal matters on cause of death * Media management * Internal comms * Check repatriation protocols in case of a foreigner * Psychosocial support services for staff and family * Insurance pay out for the next of kin. |
| **Staff disappearance, Abduction, detention or kidnap** | * Rule out ‘missing staff ‘through contacts, friends, social media. * Rule our accidents or illness or loss of contact due to other reasons. * Narrow down the possibilities, could this be abduction or detention by authorities? Depending on the work that they do and any previous threats. * Check if someone saw the incident and can explain what happened, which will help establish the nature of the abduction. * Stay alert to receive a ransom call, ask the family to stay alert and inform the CMT immediately. * If abduction and kidnap is established, inform the specialist security firm and bring on board an abduction specialist. * Do not report to the police until the first meeting has been held and, the context has been established and a crisis strategy has been agreed. * In certain cases, community contacts are also very helpful in negotiating release and providing context specific advice. So please explore all avenues. * Pull out the ‘proof of life form’ and establish the person is alive or ask to speak to the person for evidence that they are still alive. * Depending on who has been abducted, inform the relevant HR, embassy in case of a foreigner, police, but all after careful analysis as these alerts can also cause harm. Therefore, follow the crisis strategy and analyse pros and cons. * Manage reputational risks and media, have a holding statement ready, * Manage internal comms with staff * Make sure there is utmost confidentiality and information is shared on a need to know basis. * Establish family liaison support and ensure that family is on board with the crisis response strategy * If detained by authorities, utilise any of the following: lobbying through allies, advance efforts, backdoor diplomacy and negotiation or full-on media and international community’s involvement, depending on the context and CMT’s assessment * Safeguard the family and other staff that may be at similar risk * Relocate family to a safer place if needed * Have CMT replacements in place as such crises can be quite protracted. |
| **Attack against or threat of attack against programme** | * Assess the situation with partners, communities, frontline staff and other stakeholders * Liaise with authorities and other NGOs working in the area * Establish indicator and implement evacuation plan. Refer to this relocation – evac guide. |
| **Terrorist attack on hotel /guest house where staff are staying or at our office** | * Establish how man staff may be trapped and pull out their next of kin details. * Set up family liaison point and establish family support and information system * Work with the authorities and cooperate as they secure the premise and evacuate trapped persons. * Prepare for medical treatment or management of deceased persons. * Communicate with staff and provide facts, offer emotional support services |
| **Online threats to staff** | * Establish safety of the staff and family * Depending on the context, report to the authorities * Prepare legal or media response * Depending on the context, it may be necessary to make the threat known widely to increase the political cost of such an attack. * Alternately, the person under threat may be advised to adopt a low profile, come off social media and implement anti-surveillance posture. * Reassess the situation when the threat has subsided. |
| **Media or reputation crisis** | * Do not respond until an assessment has been made and advice has been sought from the media/comms team. |
| **Disease outbreak/pandemic** | * Establish safety and wellbeing of staff * Ensure accurate information is passed to the staff in a timely manner. * Update health measures and contingency plans in case of illness. * Restrict business travel and other activities that may expose staff to risk * Provide PPE and support services to staff * Establish a health monitoring and management mechanism so that staff are kept up to date and well advised. * Establish a business continuity strategy that ensures staff safety as well as a continuation of critical process. |
| **Natural hazard (earthquake, hurricane, flood, volcanic eruption, other)** | * Establish safety of all staff and families * Organise building evacuation as per the building evac plan, and or relocating them to a safer location * Restrict travel and other activities immediately. * If communication networks have failed, immediately activate the Sat phone and establish critical contacts. * Reach out to the specialist security firm or hire local external expertise for evacuation and rescue etc. * Assess asset damage and insurance claims * Organise replacement laptops and server for business continuity. * Establish family liaison point * Communicate with staff internally to provide an update and facts * Assess structural damage and ascertain safety before returning * Otherwise establish service agreement with another office or org to use their premises for work or ask staff to work from home until the office is safe and ready. |

## After-Action Report Format

The After-Action Review Report should be written in a succinct, reader friendly manner addressing the following key areas.

Supplementary information should be provided in the annex. Tables, graphs and charts can be used where necessary.

An after Action Review Report is a confidential document but one that may be used for future trainings and learning.

|  |  |
| --- | --- |
| **Sections** | **Purpose** |
| * **Executive Summary** | A summary of the report, ideally just one or two pages, for quick reference. |
| * **Section One: The Crisis** * What actually happened? * Why did it happen? * What factors contributed to the situation? | These questions establish a common understanding of the crisis under review. |
| **Section Two: The Response**   * What worked? * What didn’t? * Why? | These questions generate reflection about the successes and failures during the course of the crisis management. The question ‘Why?’ generates understanding of the root causes of these successes and failures. |
| * **Section Three: Learning and Recommendations** * What would you do differently next time? * What improvements or changes will need to be made, by whom, and by when. | These questions are intended to help identify specific actionable recommendations. These should be crisp and clear, achievable and future-oriented. Indicate resources required to achieve the actions, where applicable. |
| * **Annexure** * Maps * Financial overview, costs incurred for crisis handling and services * Any other information that may be relevant |  |

1. XXXX’s liability as an employer is provided by the applicable laws in each country where XXXX acts in this capacity. [↑](#footnote-ref-2)
2. Every context is different therefore these tips must be taken as a guide only. [↑](#footnote-ref-3)