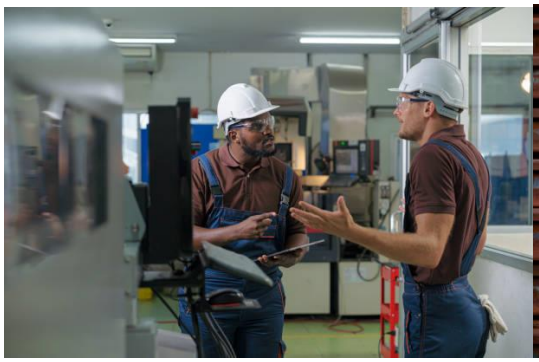
Mental Health Crisis Response Guide for Safety Professionals

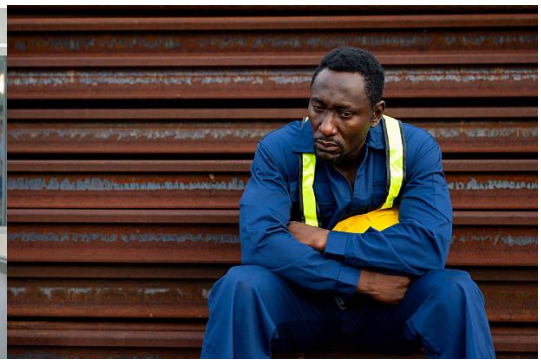
Playbook for Responding to Workplace Mental Health Crises on Safety-Sensitive Worksites

Overview

Safety is more than physical protection; it includes the ability to respond quickly and compassionately when someone is in mental distress. Mental health crises can occur anywhere, including safety-sensitive worksites, and when they do, every second and every action matters. This guide equips safety professionals with clear, practical steps to stabilize the situation, protect those involved and activate the right supports through established emergency response systems.

- **Audience:** Safety professionals, supervisors, foremen and incident response leads
- **Applies to:** Safety-critical environments
- **Purpose:** Provide clear, field-ready steps to recognize, stabilize, de-escalate and document acute mental health situations (e.g., panic attacks, suicidal ideation, disorganized behavior, etc.) while protecting people and operations





Guide Outline

- **Section 1:** Universal Response Protocol – actions for *all* scenarios
- **Section 2:** Decision Guide (Red/Yellow/Green) to determine response level
- **Section 3:** Scenario Playbooks, which include specific guidance for panic attacks, suicidal ideation, disorganized behavior/psychosis, grief, etc.
- **Section 4:** Roles and responsibilities
- **Section 5:** Integration with existing emergency systems to ensure alignment with Incident Control System and safety protocols
- **Appendices A–B:** Fill-in templates and site-specific inserts

Section 1: Universal Response Protocol (All Scenarios)

1. **Pause and Secure the Area**
   - Remove immediate hazards (lockout/tagout where relevant, stop the line, pause machinery, redirect traffic)
   - Position the person away from edges, vehicles, moving equipment, hot work or heights
   - Ensure your own safety, maintain an exit path, and call for backup (radio or contact the designated responder)

2. **Check for Medical Emergencies**

- Call 911 and the site emergency contact immediately if the situation involves active self-harm, weapons, unresponsiveness, life-threatening behavior or a medical crisis (e.g., overdose, heat illness, head injury)
- Begin first aid per training
- Follow the site's reasonable cause protocol if you suspect substance involvement

3. **Engage Calmly (See sample scripts in Section 6 for specific scenarios)**
   - Introduce yourself, use a calm tone, give simple choices, and minimize the audience/crowd
   - Avoid sudden movements, arguing or physical contact unless necessary for immediate safety

4. **Triage and Decide the Path (Use Section 2: Red/Yellow/Green Coding)**
   - Red = Immediate danger → 911 + site emergency
   - Yellow = Significant distress, not immediately dangerous → onsite responder + supervisor + Employee Assistance Program/crisis line
   - Green = Mild/moderate distress → supervisor support + same-day referral (EAP/clinic) + remove from safety-sensitive duties until stable

5. **Document and Notify (Section 8 flowchart)**
   - Capture facts only (who/what/when/where)
   - Initiate incident report
   - Inform HR/health and safety team per policy
   - Preserve privacy

6. **Transition and Follow Up**
   - Arrange safe transport if leaving site (no driving self)
   - Schedule check-in
   - Coordinate return-to-work plan if applicable
   - Conduct team debrief focusing on learning and support, not blame

What Not to Do

- **Do not** minimize (e.g., "You're fine"; "Snap out of it")
- **Do not** threaten discipline during crisis moments
- **Do not** leave a person expressing suicidal intent alone
- **Do not** make promises of secrecy; explain you must involve help to keep the person safe
- **Do not** diagnose; just describe observable behaviors

Section 2: Decision Guide for Red/Yellow/Green Coding

RED – Immediate Danger (Call 911 + Site Emergency)

If the individual is showing any of these signs:

- Threats of imminent harm to self/others, weapon present or attempts to harm self/others in progress
- Severely altered consciousness or medical crisis (e.g., seizure, overdose, head injury)
- Psychosis with severe agitation, violence or inability to be redirected

Actions:

1. **Activate 911 and the site's Incident Command System immediately**
2. **Prioritize safety using judgment:**
   - **If the person is combative or has a weapon, maintain a safe distance and await trained responders**
   - **If the person is unconscious or unresponsive, move in to provide first aid or naloxone per training**
3. **Protect bystanders and clear the area as needed**
4. **Provide first aid or emergency care within the limits of your training and Personal Protective Equipment**
5. **Communicate calmly and factually when emergency responders arrive (e.g., what you observed, timeline, substances on scene)**

YELLOW – Acute Distress, Not Imminently Dangerous

If individual is showing any of these signs:

- Suicidal thoughts without a plan/intent
- Escalating panic but not near hazards
- Disorganized behavior but redirectable
- Severe anxiety or grief

Actions:

1. **Move to a quiet area**
2. **Have a supervisor and trained responder engage**
3. **Contact crisis resources (988) and/or Employee Assistance Program**
4. **Remove from safety-sensitive tasks**
5. **Consider transport to clinic/ER if needed**

GREEN – Significant Stress, Stable

If individual is showing any of these signs:

- Panic is resolving with support
- Distress is manageable
- Individual is oriented and cooperative

Actions:

1. **Provide support**
2. **Refer for same-day Employee Assistance Program, Member Assistance Program, or counseling services**
3. **Offer temporary reassignment or break**
4. **Document and plan follow-up**

Section 3: Mental Health Scenario Playbooks (Step by Step)

A. Panic Attack (e.g., hyperventilating, trembling, dizziness)

Panick attacks can include a sudden surge of intense fear or discomfort with strong physical symptoms (shortness of breath, racing heart, chest tightness, shaking, dizziness). Panic attacks themselves aren't usually medically dangerous, but on safety-sensitive sites, they can quickly create risk near machinery, heights or traffic because attention and motor control are impaired.

Goal: Reduce physiological arousal, keep the individual away from hazards, and avoid medical missteps.

How to do it:

- **Environment:** Have the individual sit or lean against a stable surface away from machinery, edges or traffic
- **Breathing:** Coach exhalation longer than inhalation (this stimulates the vagal response)
- **Grounding:** Shift attention from internal panic to external, concrete sensations

Avoid: Debating whether "it's a panic attack" or medical, minimizing (e.g., "You're fine"), or rushing.

Steps to take:

1. **Secure and move:** Stop tasks; move to low-stimulus area away from machinery/traffic.

2. **Lead Grounding Exercises:** Speak slowly: "You're safe. Let's slow the breathing together." Use paced breathing (inhale 4, exhale 6) or 5-4-3-2-1 grounding (i.e., name 5 things you see, 4 you feel, 3 you hear, 2 you smell and 1 you taste).

3. **Avoid Over-reassurance:** Don't say, "Calm down"; instead, offer practical steps such as the grounding techniques above.

4. **Assess:** If the person is experiencing chest pain or loss of consciousness or there is a suspected medical cause, treat as a medical emergency **(RED)**.

5. **Stabilize and Transition:** When symptoms ease, offer water and a short break, and escort the individual to the supervisor's office.

Next Steps: Temporarily remove from safety-sensitive work and provide same-day EAP or onsite clinic referral; document and schedule follow-up.

B. Suicidal Ideation (thoughts of self-harm)

Suicidal ideation involves thoughts about ending one's life that range from passive ("I wish I wouldn't wake up") to active (specific plan, intent or means). Any expressed suicidal thinking is a safety-critical event at work. The priority is to determine the immediacy of danger, keep the person in sight, and connect them to emergency or clinical support without delay.

Goal: Identify immediacy (plan/means/intent), keep the person safe, and connect them to help.

How to do it:

- Be direct, nonjudgmental and specific. **Asking if they have any intent to end their life or cause self-harm does not increase risk.**
- Stay with the individual until a warm handoff (EAP/988/EMS/support person) is complete.
- Do not promise secrecy. Explain you must involve help for safety.

Avoid: Saying things like, "Why would you do that?"; debating morals; leaving them alone; or promising to keep it secret.

Steps to take:

1. **Immediate Check:** Ask directly but calmly, "Are you thinking about killing yourself?"

    - **If yes with plan/intent or means present** → **RED**: Call 911 + Site Emergency; keep them in sight; remove means if safe to do so; **do not leave them alone**

    - **If yes without plan/intent** → **YELLOW**: Move to private space; engage the 988 Lifeline (call/text 988) or site clinician/EAP services; remove from safety-sensitive duties; arrange safe handoff to support person / referral network

    - **If no but high distress** → **GREEN**: Provide support; connect to EAP/988; reassess readiness to work; consider medical evaluation

If they fear consequences:

- "Right now, safety is the priority. Getting support isn't punishment; it's part of keeping you and others safe."

2. **Documentation and Follow-Up:** Record exact words/observations; notify HR/health and safety team; create a return-to-work plan with restrictions, if needed

C. Disorganized Behavior/Psychosis (e.g., hearing voices, fixed false beliefs, severe disorganization)

Disorganized behavior and psychosis can include a loss of contact with reality that may include hallucinations, delusions, disorganized speech/behavior or extreme paranoia. Causes can include primary mental illness, severe sleep deprivation, substance effects or medical conditions. On worksites, misinterpretation of surroundings and poor hazard awareness elevate incident risk; de-escalation and environmental control are key.

Goal: Lower stimulation, reduce perceived threat, and protect from hazards; **do not challenge beliefs**.

How to do it:

- Maintain 6–8 feet of space, keep hands visible, use a calm posture and ensure the exit path clear.
- Designate one speaker and have others hang back.
- Don't argue about delusions. Focus on safety and next steps.

Go-to lines:

- "I hear that this feels real to you. I'm not here to argue. Let's move to a safer spot, and we'll figure out next steps."
- "My name is _____. I'm going to stand right here. No one is going to touch you. We'll walk over there together."

If agitation rises:

- "I won't let anyone get hurt, including you. I need you to keep your hands where I can see them. We'll take three slow breaths together, then walk to the office."

If nonverbal:

- Use gestures: Open palm toward the quiet area, nod once, take two slow steps, pause, and invite them to mirror.

Avoid: Grabbing/touching, crowding, joking or whispering nearby, or logical debates (e.g., "That's not true").

Steps to take:

1. **Address Safety First:** Reduce stimuli; keep 6–8 feet of space; avoid touching. Remove hazards and bystanders.

2. **Begin Engagement:** Use short, concrete statements: "My name is __. I'm here to keep you safe. Let's step over here." **Avoid arguing about beliefs**; **instead focus on safety and next steps.**

3. **Assess Severity:** If paranoia/agitation escalates, individual has incoherent speech or is making threats → **RED**: 911 + Site Emergency.

4. **Redirect** (**YELLOW**)**:** Move to quiet space; contact EAP/onsite clinician; consider medical evaluation; do not return to safety-sensitive tasks.

5. **Provide Handoff and Document:** Arrange clinical handoff; document behaviors, not diagnoses.

D. Severe Grief/Acute Stress Reaction (e.g., news of loss, traumatic event)

Severe grief or an acute stress reaction can include an intense, often-immediate reaction to shocking news or exposure to a traumatic event. Signs include crying, shaking, numbness, confusion, dissociation or inability to concentrate. These are normal human responses but are temporarily incompatible with safety-sensitive tasks; the goal is compassionate stabilization and removal from hazards.

Goal: Stabilize, protect from hazards, normalize the reaction, and connect to support without forcing decisions.

How to do it:

- Environment: Move to a low-stimulus space; sit if possible; keep water/tissues available
- Presence: Have one lead speaker; maintain a calm posture; allow silence
- Normalize and pace: Acknowledge the reaction is human; offer small next steps (sit, breathe, call support)
- Safety: Remove from safety-sensitive duties for the shift; arrange escorted transport if leaving site

If the individual is dissociating (numb/staring/spacey):

- "Place both feet on the floor and feel the ground. Can you name three things you see in this room with me?"
- "Hold this cool bottle and tell me what it feels like."

If they want to work through it:

- "Given what just happened, it's safer to step away from equipment today. We'll set you up somewhere quiet and call our support line together."

Avoid: Platitudes ("everything happens for a reason"), prying for details, public conversations or pushing them to "finish the shift."

Steps to take:

1. **Remove from Hazard:** Stop work; sit in quiet area with support person
2. **Stabilize:** Offer tissues/water; normalize reaction; avoid platitudes
3. **Support:** Offer to call a family/support person; consider sending home with escort; provide EAP/988 info
4. **Follow Up:** Offer flexible scheduling, a RTW plan and peer support check-in

E. Closing and Handover (All Scenarios)

Goal: Summarize the plan, ensure safe transport, reduce shame, and signal continued support.

How to do it:

- Summarize next steps in 1–2 sentences
- Name the handoff ("I'm staying until you're with __")
- Explicitly remove safety-sensitive work for the day
- Offer a choice when possible (EAP call here versus private room)

Go-to lines:

- "Here's the plan: We'll connect you with [EAP/clinician/988], and we'll make sure you don't operate equipment today. You're not alone in this."
- "I'll walk with you to the office and stay until you're on the line with the counselor."

If they're embarrassed:

- "Needing support is normal. We handle medical and mental health situations the same way: safety first, help fast."

Avoid: Vague endings, letting the person drive themself if acutely distressed or oversharing info with co-workers.

Section 4: Role Clarity and Responsibilities

All Employees:

- Report concerns
- Do not attempt physical restraint
- Maintain confidentiality
- Follow supervisor instructions

Supervisors/Foremen:

- Lead scene safety
- Make Red/Yellow/Green triage decision
- Call 911/site emergency when indicated
- Assign a recorder
- Ensure removal from safety-sensitive tasks
- Initiate documentation
- Notify chain of command

Designated Responder (Safety/HR/Medical):

- Conduct brief assessment
- Coordinate referrals
- Liaise with EMS
- Ensure privacy and ADA-compliant handling
- Arrange transportation
- Start incident review

EAP/Onsite Clinician:

- Provide crisis consultation
- Offer short-term support
- Refer to higher care
- Advise on RTW fitness considerations

Security:

- Control perimeter
- Support EMS access
- Preserve evidence, if needed

HR/Communications/Management:

- Control rumors
- Provide factual internal updates on a need-to-know basis
- Support workforce wellbeing

Section 5: Ensure Integration with Existing Emergency Response Protocols

- **Incident Control System Alignment:** Plug mental health crises into your Incident Command System
- **Define Who Is:**
  - Incident commander
  - Safety officer
  - Medical/behavioral health lead
- **Lockout/Tagout and Stop-Work Authority:** Clarify that mental health crises trigger stop-work authority as needed to prevent incidents
- **Medical Response:** Coordinate with first aid/CPR/AED teams and onsite clinic, if available; add 988 to emergency call lists and radios where possible
- **Security and Access Control:** Establish routes for EMS; ensure badge access and escorts

- **Critical Incident Stress Management:** Establish a structured post-incident stress response process, including defusing, debriefing and peer support activation
- **After-Action Review:** Incorporate psychological safety controls (refer to ISO-45003 for guidance) and confidentiality; focus on systems improvements
- **Training and Drills:** Offer Mental Health First Aid trainings to supervisors and employees; add mental-health-crisis tabletop exercises to annual drills; include de-escalation and suicide inquiry practice

Appendix A: Template (Fill-In)

Mental Health Incident Report (Behavioral Health-Related)

Date/Time: _____

Location/Unit:

_____

Person Involved (Employee ID):

_____

Observed Behaviors/Statements (quotes):

_____

Immediate Actions Taken:

_____

Triage Level (R/Y/G):

_____

Notifications (who/when):

Referrals (EAP/988/EMS):

_____

Transport (by whom/where):

_____

Restrictions/RTW Notes:

_____

Follow-Up Dates:

_____

Appendix B: Site-Specific Inserts (to be completed by safety lead)

Site map and EMS access points

Radio codes and scripts

Local mobile crisis number and hospital list

Names/contacts for designated responders

Integration notes for lockout/tagout, hot work, confined space, permit-to-work