



Illinois Department of Corrections

Administrative Directive

Number: 03.01.405	Title: Staff Wellness Response Team	Effective: 11/1/2023
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Authorized by:	<i>[Original Authorized Copy on File]</i>	Latoya Hughes Acting Director
Supersedes:	03.01.405 effective 7/1/2020	

Authority: 20 ILCS 5/3-2-2	Related ACA Standards: 5-ACI-1C-25, 5-ACI-1D-10
Referenced Policies:	Referenced Forms: DOC 0434 – Incident Report

I. POLICY

The Department shall ensure timely and comprehensive support is available to employees affected by events, both duty-related and otherwise.

II. PROCEDURE

A. Purpose

The purpose of this directive is to establish a written procedure for the selection, training, requirements and activation of the Staff Wellness Response Team (SWRT).

B. Applicability

This directive is applicable to all correctional facilities, offices, programs and parole services within the Department.

C. Facility Reviews

A facility review of this directive shall be conducted at least annually.

D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. Definitions

Canvass – service provided by a group of SWRT members when coming to a work location, and breaking off into smaller teams in order to initiate discussions, provide resources, and check on staff at every post within the work location the team is visiting.

Chief Administrative Officer (CAO) – for the purpose of this directive, shall mean the Chief of Parole; for Central Office, the Chief of Staff; or the highest ranking official of a facility.

Debriefing – a proactive intervention involving a group meeting or discussion about a particularly distressing critical incident, usually provided one to 10 days post crisis, and designed to mitigate acute symptoms and assess the need for follow-up.

Defusing – a shortened version of the debriefing focused on small homogeneous groups within eight (8) hours of the conclusion of an event.

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Employee – for the purpose of this directive, shall mean any Department employee whether full-time or part-time, contractual or temporary and approved volunteers.

F. General Provisions

1. To assist during and following situations of distress, support shall be available to all employees through the Staff Wellness Response Team (SWRT). Assistance may include, but not be limited to, providing information, education, referrals, peer support and debriefing.
2. Nothing herein shall interfere with or supersede emergency response or critical incident procedures; however, an employee's supervisor, executive staff or the Incident Commander during a critical incident may initiate the activation or assistance of the SWRT.

G. Requirements

Information and procedures to access SWRT support shall be made available to all employees for duty related and non-duty related events and shall be included in pre-service training and orientation for new employees.

H. Access and Confidentiality

1. Employees may access SWRT support on their own behalf through a self-referral, or supervisors may refer employees if they are aware of a need for support.
2. Supervisor referrals shall be made confidentially and directly to the Facility SWRT Coordinator.

NOTE: In the event an employee uses a bereavement day, a referral shall be immediately sent from their supervisor to the Facility SWRT Coordinator.

3. The Chief Administrative Officer (CAO) or respective Deputy Director may request SWRT assistance through the Program Administrator following a major facility incident.
4. Participation shall be confidential and voluntary.
5. Specific content from the assistance provided by the SWRT shall not be shared with an employee's supervisor or other staff unless there is a clear indication of danger to themselves or others.

NOTE: Employees found non-compliant with the confidentiality guidelines established herein shall be subject to discipline up to and including discharge.

I. Team Selection and Criteria

1. Team Composition
 - a. The SWRT shall consist of diverse membership from security and non-security staff, including, but not limited to, administration, mental health, clinical services and chaplaincy.
 - b. The respective Regional SWRT Coordinator, with approval of the CAO, shall designate:
 - (1) With the approval of the Statewide Program Administrator, a Facility SWRT Coordinator (Facility Coordinator) and an Assistant Facility SWRT Coordinator (Assistant Facility Coordinator); and

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(2) With the assistance of the Facility Coordinator, SWRT members (team members). The number of team members at each facility shall be dependent upon facility staffing and shall normally follow a ratio of one team member for every 100 staff, or a minimum of four team members, whichever is greater. Department head, shift supervisor or higher may be represented, but shall account for no more than one member or 10%, whichever is greater, of the facility's total team membership.

2. Selection Criteria

- a. Facility team membership shall be voluntary.
- b. The Regional Coordinators, Facility Coordinators and team members shall be professional and reliable and have demonstrated skills and abilities necessary to effectively assist and support others.
- c. Persons chosen for the SWRT shall, at minimum:
 - (1) Have completed five years of institutional experience.
 - (2) Have no documented disciplinary action unless otherwise approved by the Statewide Coordinator (no designees).
 - (3) Maintain and provide proof of a valid driver's license.
 - (4) Have not been suspended within the last two years.
- d. Persons chosen to serve as a Facility Coordinator or Assistant Facility Coordinator shall normally, at minimum:
 - (1) Have completed two years of experience as a team member.
 - (2) Have a demonstrated ability to command and lead specialty teams.
 - (3) Have a thorough knowledge of facility operations and emergency procedures.

3. Team Member Removal

- a. The CAO may submit a request to the Regional Coordinator that a facility team member be removed from the SWRT if the CAO feels there is justifiable reasoning, including but not limited disciplinary actions on the team member's record.
 - (1) The request shall be submitted in writing, via email, to the Regional Coordinator with a detailed reason as to why the CAO is requesting removal.
 - (2) The Regional Coordinator shall forward the request to the Program Administrator with their recommendation.
 - (3) The Program Administrator shall discuss the request and make their recommendation to the Chief of Staff.
- b. The Chief of Staff shall:
 - (1) Make the final determination of whether to remove, temporarily suspend or take no action; and

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- (2) Submit notification of the determination to the Program Administrator, Regional Coordinator and CAO.
- c. If it is determined that a team member is to be removed or temporarily suspended from the SWRT, notification shall be made by the CAO and Facility Coordinator to the team member, in person, as to why they are being removed or suspended.

J. SWRT Training

- 1. All persons serving on the SWRT shall complete required training prior to activation and shall attend quarterly training. Failure to complete training may result in removal from the SWRT.
- 2. The Program Administrator shall:
 - a. Establish and maintain a protocol manual that shall, at minimum, provide procedures for:
 - (1) Team member recruitment and selection;
 - (2) Team member responsibilities and expectations, including objectives, annual reviews and disciplinary procedures;
 - (3) Training requirements;
 - (4) Activation criteria;
 - (5) Notification requirements and activation procedures for:
 - (a) Self-referrals;
 - (b) Facility limited events; and
 - (c) Statewide response.
 - (6) Response protocol including peer support, group intervention, debriefing and defusing procedures;
 - (7) Confidentiality requirements and duty to report; and
 - (8) Response critique and overall program evaluation.
 - b. With the approval of the Manager of Staff Development and Training, develop standardized training programs based on Critical Incident Stress Management principles. Training programs shall include, but not be limited to:
 - (1) All information contained in the SWRT protocol manual.
 - (2) Basic Critical Incident Stress Management theory and application strategies.
 - (3) Peer support strategies.
- 3. The Facility Coordinator shall ensure all team members complete quarterly training.
 - a. Quarterly training shall consist of a refresher on Critical Incident Stress Management application strategies but shall be specific to the needs and response procedures for the individual facility or office.

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- b. The Regional Coordinator shall provide the CAO with the dates of quarterly training by July 1st of each year. A copy of the notice shall be provided to the Facility Coordinator.
- 4. Documentation of training shall be entered and tracked by the Department's electronic training tracking system. A hard copy will be maintained in the employee's training file.

K. Program Evaluation

- 1. To ensure program effectiveness, the Program Administrator, Mental Health Training Coordinator and Regional Coordinators shall meet annually to, among other matters, discuss team management and training requirements. Additionally, a review of the protocol manual and response application and strategies employed shall be evaluated.
 - a. The Regional Coordinator shall coordinate semi-annual meetings and shall provide the dates and locations to the CAO of each facility and all attendees as early as possible to give sufficient notice for scheduling.
 - b. An agenda and summary of discussions shall be maintained by the Program Administrator and a copy shall be distributed to the Chief of Staff.
- 2. Within 72 hours following a critical incident response, activated Coordinators and team members shall meet to assess the overall response effectiveness and identify areas of strength and areas for improvement for SWRT protocol.
 - a. The review shall be limited to a critique of the response efforts and shall not include specific information about the incident, participants or any information about the conversations between participants and team members.
 - b. The response critique shall be documented and a copy, including areas requiring improvement, shall be submitted to the Program Administrator for review and appropriate action.

L. SWRT Activation to a Critical Incident

- 1. Notification of critical incidents or events to the Program Administrator shall be required to ensure appropriate outreach and services are provided to employees. Notification shall prompt the Program Administrator to determine the level of service that is required. Services may range from an informal contact to a formal response to a critical incident/event, such as a debriefing, defusing or canvass.
- 2. The Program Administrator shall notify the Regional Staff Wellness Coordinator to determine the level of service that is required.
- 3. Activation of all or part of the SWRT may be made dependent upon the type and scope of the incident and the number of employees involved. The Regional Staff Wellness Coordinator, or Program Administrator shall make the final determination.
- 4. The Program Administrator shall be added to the reportable distributing list in order to monitor incidences and determine the proper response to reported incidences.
- 5. The Program Administrator shall be notified by phone, immediately, of all of the following:
 - a. All staff assaults that require outside emergency medical care;
 - b. Death of an employee on duty (regardless of the cause of death);

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- c. Life threatening injuries of an employee on duty;
- d. Hostage incident;
- e. Loss of a portion of an institution where a planned response to regain control is implemented;
- f. Unexpected death of an employee off-duty;
- g. Any situation where employees are exposed to extreme violence or harm;
- h. Staff suicide or attempted suicide; and
- i. Any other incidents that have the potential to negatively impact the employee(s).

6. A SWRT response shall be required for the following critical incidents:

- a. All staff assaults that require outside emergency medical care;
- b. Death of an employee on duty (regardless of the cause of death);
- c. Life threatening injuries of an employee on duty;
- d. Loss of a portion of an institution where a planned response to regain control is implemented;
- e. Unexpected death of an employee;
- f. Hostage incident;
- g. Any situation where employees are exposed to extreme violence or harm;
- h. Individual in custody suicide or serious suicide attempt, where staff members are involved in life saving measures;
- i. Staff suicide or attempted suicide;
- j. Significant threats of harm to the employee or their family;
- k. Any situation where staff members are involved in life saving measures, such as a CPR response to an individual in custody, employee or other persons on site; and
- l. Any other incidents that have the potential to negatively impact the employee(s).

M. Response to Employees at Risk for Suicide

1. The CAO, in consultation with the respective Deputy Director, shall:

- a. Review any situation in which an employee attempts, or reports a plan, to harm themselves to determine, on a case-by-case basis, the appropriate course of action in order to maintain the safety of the employee, other employees and individuals in custody; and
- b. Ensure that the staff member(s) who witnessed the event or to whom the employee reported the plan complete an Incident Report, DOC 0434.

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2. Employees shall never:

- a. Personally transport another employee who has attempted, or reported a plan, to harm themselves.
- b. Perform a wellness check at the residence of an employee who has attempted, or reported a plan, to harm themselves.
