CYPSC

CHILDREN & YOUNG PEOPLE'S SERVICES COMMITTEES

South Dublin

INTERAGENCY CRITICAL INCIDENT PROTOCOL

February 2023

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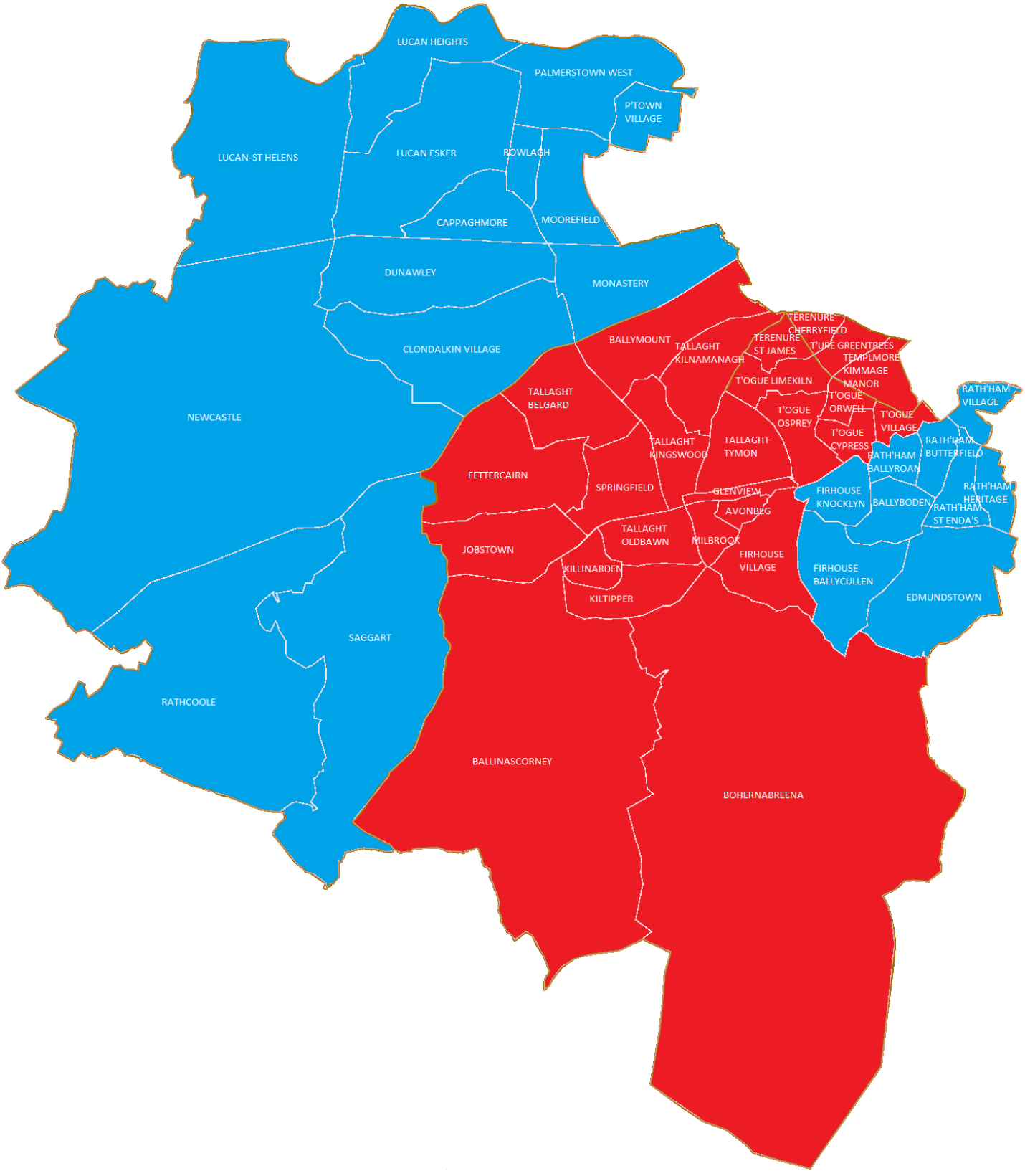
SOUTH COUNTY DUBLIN



1. Introduction

This is the third edition of the Interagency Critical Incident Protocol. It was first published by the South Dublin Childrens' Services Committee in 2009. The protocol was reviewed in 2011 and a second revised edition was published in July 2013. Following the formation of the South Dublin Children and Young People's Services Committee (CPYSC) in January 2017, the committee identified the protocol as a key priority. An Interagency Critical Incident Protocol Steering Group was established to review the document in light of changes to the organisational landscape in South Dublin.

With the extension of the age remit for the South Dublin CYPSC, so too has this protocol extended its age remit to all children and young people up to 25 years of age.

The protocol is designed to coordinate the response of organisations involved in dealing with critical incidents that impact on children, young people and their families in South Dublin County. The protocol does not replace the county emergency plan or any participating organisations own critical incident response.

South Dublin Children and Young People's Services Committee would like to the Steering Group for reviewing this document and all the management and frontline staff, who have contributed to the successful implementation of the protocol in the past and who are committed to its future implementation. This protocol involves all relevant statutory and non-statutory agencies working together to provide necessary services and support for children, young people and their families in a time of stress and upset where coordinated action is required to safeguard and protect our children and young people's physical and mental health.

2. When is the Interagency Critical Incident Protocol required?

The Interagency Critical Incident Protocol is required when an incident overwhelms a local community's capacity to support children or young people and their carers affected by events and where more than one organisation is required for support. For the purpose of this document, a community is overwhelmed where existing services are unable to effectively respond in isolation to the outcome of the incident and a coordinated response amongst a number of agencies is required.

Some examples where the protocol may require activation include murder, a cluster of suicides, extremely violent assault, witnessing or experiencing an incident involving firearms, sudden death in a public/community setting, serious accidents e.g. fires, drowning, road traffic accidents

Acts of intimidation and threats by criminals towards a number of children and/ or their families may be considered *critical incidents* when they are extreme in nature and/ or are connected with the fact that a child has witnessed a serious criminal act.

3. What do we mean by an interagency critical incident response?

When a critical incident happens, the coordinated interagency response will generally involve:

Screening of the incident

Assessment of the impact on child's or young person's family and wider community

Planning a coordinated critical incident response plan

Mobilising community resources and accessing other support systems.

Providing information and advice to parents, carers, front line staff and agencies and the wider community as they come to terms with the situation

Supporting by providing consultation as needed to parents, carers, staff, front line agencies and the wider community. This may involve regularly convened support meetings for key people in the child's or young person's life, until the crisis phase has passed

Referral pathways: Working with parents, carers, staff, front line agencies and the wider community to identify children and families who are most in need of additional ensuring that no child or young person falls through the net.

The PROTOCOL DOES NOT REPLACE THE COUNTY EMERGENCY PLAN OR A CRITICAL INCIDENT PLAN DEVISED BY ANY ORGANISATIONAL MEMBER.
This critical incident protocol is devised as a guide to dealing with critical incidents in a coordinated interagency manner in South Dublin County.

4. General principles

In the event that a critical incident has occurred that fulfils the criteria outlined in section 2 for an interagency response, there are two ways to initiate a triage of the incident:

1. Communicating with the appropriate Tusla Area Manager and/or HSE General Manager office
2. Communicating via a dedicated email address for South Dublin that is checked on a daily basis.

A 'Triage' group made up of the Tusla (Area Manager), the HSE (General Manager) and An Garda Síochána (Inspector) liaise via conference call to share information and screen whether or not the incident in question requires the activation of the Interagency Critical Incident Protocol and the formation of a Critical Incident Management Team (CIMT).

Ahead of the conference call the CYPSC Coordinator / Area Manager's office will communicate with the Interagency Critical Incident Protocol Steering Group advising them of the upcoming Triage Group call and inviting inputs to inform the decision of the group. The CYPSC Coordinator will also liaise with relevant local organisations who may be able to provide further information.

The decision to activate the protocol and call a meeting of the CIMT will be based on:

- the nature and seriousness of the incident;
- the potential impact on the community affected;
- the necessity for an interagency response;
- requests from the community for an interagency response;
- the number of children or young people affected;
- the level of attention given to the incident by the media.

The CIMT, and the organisations represented, will provide a response to a critical incident in an integrated and timely fashion. The area covers is the local authority catchment area of South County Dublin

Promptness of response is very important. Each CIMT member will be proactive in the identification and notification of any potential critical incident in as timely a manner as possible. In some cases delays will be experienced if the Gardaí require time to interview witnesses. The actions of the CIMT will be informed by the advice of the Gardaí where appropriate.

5. Structure of Groups:

Critical Incident Steering Group

The Critical Incident Steering Group is a sub-group of the South Dublin Children & Young People's Services Committee. The group is chaired by the South Dublin CYPSC Chairperson.

The Steering Group has four main functions:

1. to inform the content of the Interagency Critical Incident Protocol;
2. to advise on the update of the Interagency Critical Incident Protocol.
3. to ensure the Interagency Critical Incident Protocol is an appropriate, timely and up-to-date tool to respond to critical incidents;
4. where the Interagency Critical Incident Protocol is enacted, to review the response of the protocol;

Membership of the Steering Group includes representatives from Tusla (Dublin South West [DSW] and Dublin West [DW]), HSE Primary Care, An Garda Síochána (DSW and DW), National Educational Psychological Services (DSW and DW), Lucena/CAMHS, Tallaght Hospital, HSE Resource Officer for Suicide Prevention, South Dublin County Council, South County Dublin Partnership, Dublin Dun Laoghaire Education and Training Board, Clondalkin Drugs and Alcohol Task Force, Foróige, Jigsaw Clondalkin and Jigsaw Tallaght.

Triage Group

The Triage Group is an initial information sharing and screening group made up of representatives from three statutory agencies – Tusla, HSE and An Garda Síochána. Depending on the area of South Dublin where the incident occurs, the Tusla Area Manager from Dublin South West or Dublin South Central will chair the meeting with support from the South Dublin CYPSC Coordinator. Likewise HSE and Garda representation will depend on where the location of the incident takes place. See Appendix 1 for Triage Group membership.

The Triage Group is chaired by the Tusla Area Manager except where the main impact of the incident is on those between 18-24 years of age. In such a case, the HSE will take the lead.

Critical Incident Management Team (CIMT)

The role of the CIMT is to coordinate an interagency response to a critical incident in South County Dublin. The function of the CIMT is to decide upon and coordinate the interventions required and the relevant agencies needed to address the issues.

The CIMT members are of appropriate seniority to be able to make quick decisions and have access to relevant information from front line staff in each agency.

The appropriate Tusla Area Manager will chair this group except where the main impact of the incident is on those between 18-24 years of age. In such a case, the HSE will take the lead. Membership of the CIMT will, in the first instance, be drawn on from the Critical Incident Steering Group. Further members will be identified depending on the nature and location of the incident.

The roles and responsibilities of required services in the management of the incident will be clearly identified.

Frontline Operational Team (FLOT)

Some critical incidents may be of significant complexity that they require a Frontline Operational Team (FLOT). The decision to form a FLOT will be made by the CIMT.

The CIMT will assign members of their own organisation to this team. Each agency will identify front line staff who have knowledge of the Interagency Critical Incident Protocol. These staff should be released from their other duties to respond in a prompt fashion when the need arises.

6. Activation of Interagency Critical Incident Protocol: Phases of Response

It is important to note that allowing time to screen and clarify will inform the type of interventions required. At the same time there is cognisance that time is also of the essence and every effort will be made to initiate interventions within a timely manner.

Phase 1: Triage Group

The Tusla Area Manager will consider the activation of the protocol following a request from any member partner, agency or service where the request meets the criteria of the protocol as described in section 2 on page 4. Referring agencies are asked to carefully consider the issues before making that request.

A decision to activate the protocol will require an initial 'Triage' teleconference between Tusla, HSE and Gardaí to clarify the issues, provide the relevant background and ensure the incident meets the agreed criteria. This process is particularly important to ensure prejudicial interventions do not occur before the Gardaí, if involved, have conducted their investigation. The decision of the Triage Group will be communicated to the Interagency Critical Incident Protocol Steering Group, the referrer of the incident and any other agencies who might be involved in responding to the incident locally.

In the case where the impact of a critical incident is not immediately evident, the Triage Group can agree to a further conference call at a later date during which time further information can be gathered.

Phase 2: CIMT

If the protocol is activated a CIMT meeting will be coordinated between the Tusla Area Manager's Office and the South Dublin CYPSC Coordinator.

The CIMT will identify a lead agency to manage the intervention and will also set a timeframe for engagement and completion of the intervention.
In consideration of an incident the following issues will be addressed:

- Background to case
- Role of Gardaí in incident
- Information on impact of incident on children and young people
- Update from agencies on involvement in case to date
- Specific services being provided to family
- Services which will need to be provided
- Identification of other vulnerable children/young people/families
- Management of the media
- Identification of Front Line Operational Team (FLOT) if appropriate
- Agree next steps
- Reconvene or close off – clearly recorded
- Sign off- closure of critical incident

The CIMT will adhere to Data Protection legislation until such time as the South Dublin CYPSC has revised its information sharing principles as documented in the Casework Information Sharing Protocol.

In carrying out the required intervention, the CIMT may call on the services of relevant frontline workers. The personnel supporting the affected children and families will be frontline workers from a member agency of the CIMT and other identified local services as required. These frontline staff comprises the **F**ront**l**ine **O**perational **T**eam, known as the FLOT.

At the CIMT meeting a further meeting date will be set to review any agreed interventions and to decide whether the protocol response should be closed.

Phase 3: Frontline Operational Team (FLOT)

If the CIMT deems it appropriate, a FLOT will be formed. From its pool of staff the CIMT will appoint members to respond to each particular incident. A lead will be identified to steer the FLOT. The FLOT shall remain in place for the duration of the critical incident response. A decision to disband the FLOT will be referred back to the CIMT. The FLOT is required to note all actions taken and report to the CIMT for review.

The role of the FLOT is as follows:

- Advise the CIMT on further relevant background and contextual knowledge
- Liaise and support staff in community groups and projects to prepare a response to the critical incident
- Ensure information about the critical incident is checked for accuracy before being shared
- Disseminate supportive information as appropriate
- Liaise with families including processing consent forms if required
- Identify and report on the status of vulnerable children and families
- Set up community based meetings as appropriate
- Provide up to-date information for the media spokesperson

Phase 4: Response

A coordinated interagency response is delivered, drawing on/mobilising community resources and accessing other support systems. This includes providing information, advice and, if required, consultation, to parents, carers, front line staff and agencies and the wider community as they come to terms with the situation and until the crisis phase has passed.

Phase 5: CIMT Review

The CIMT will meet at an agreed date, no longer than two weeks after the initial meeting to review interventions and explore if the needs of the local community are being met. If a FLOT has been established, its identified lead will attend this meeting. A decision will be made whether it is necessary to continue with the FLOT and whether the case should be continued or closed.

Phase 6: Review

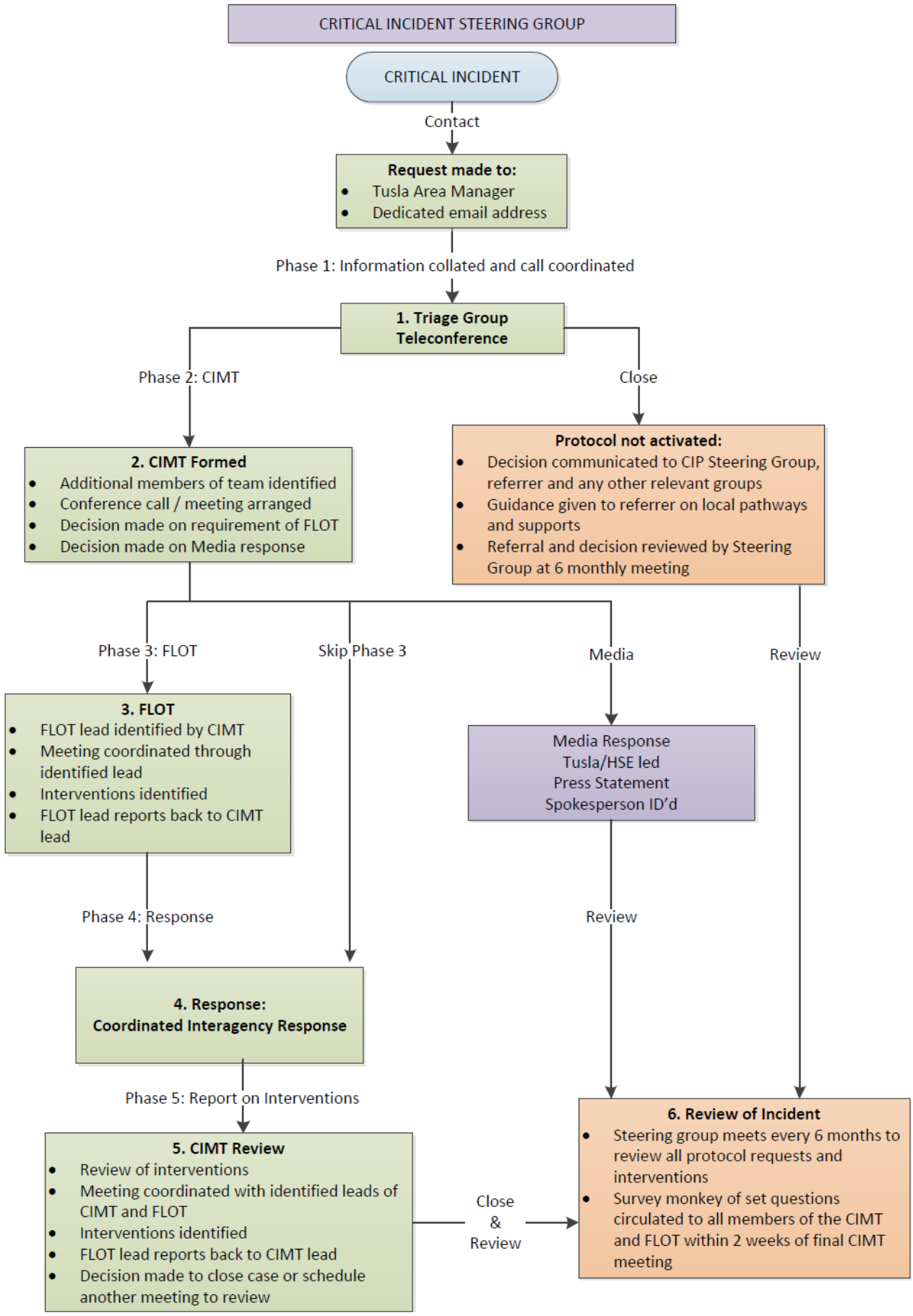
A survey monkey questionnaire will be circulated by the South Dublin CYPSC Coordinator to all members of the Triage Group, CIMT and FLOT to gauge the type, effectiveness and timing of the response. This questionnaire will be circulated within four weeks of the CIMT having closed the case. The results will be collated by the CYPSC Coordinator. See Appendix X for more details on the questionnaire.

Each critical incident response will be reviewed by the South Dublin Interagency Critical Incident Protocol Steering Group on a 6 monthly basis, the protocol reviewed, and any appropriate amendments made.

Any amendments made to the protocol will be circulated to the relevant networks.

A joint approach across the Tusla areas may be indicated for certain incidents because of their location on a geographical boundary or because of the scale of impact. In such circumstances the CIMTs should function as one 'overarching' CIMT with one designated chair

Activation of Critical Incident Protocol: Phases of Response - Flowchart



7. Governance structure

Interagency Critical Incident Protocol Steering Group
Membership of the Steering Group is outlined in Section 5.

- The Steering Group will meet every 6 months to review incidents and the learning from these incidents
- The Steering Group will amend/update the protocol as required
- The Steering Group will feed back to the South Dublin CYPSC.

Triage Group

- Membership of the Triage Group is outlined in Section 5 and listed in Appendix 1.

CIMT
Membership of the CIMT has been described in Section 5.
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- The Chairperson of the CIMT will be the Tusla Area Manager except in the event that the incident response focuses on supporting young people between 18 to 24 years of age. In such circumstances, the HSE nominee will take the lead.
- The CIMT will identify relevant supports agencies and decide whether or not to engage the FLOT
- The CIMT will decide on a lead agency to lead the intervention.
- Relevant documentation, notes of meetings, sharing of information will be kept in line with the requirements of the Data Protection Act.
- The CIMT will liaise on an ongoing basis with the FLOT

8. Sharing information about children and families

Effective and timely intervention to improve outcomes for children and families will require the sharing of information between agencies. All structures within the protocol will adhere to Data Protection legislation until such time as the South Dublin CYPSC has revised its information sharing principles as documented in the Casework Information Sharing Protocol and best practice guideline for sharing information.

The Irish constitution guarantees that the State will in its laws and as far as is practicable, defend and vindicate the personal right of its citizens (ARTICLE 40.3.1). Personal protections are also enshrined in Article 8 of the *European Convention for the Protection of Human Rights* and the Data Protection acts 1998 and 1993.

However the Data Protection Office has confirmed there is no impediment in law to the sharing of information between agencies working in the best interests of children where there is consent for the sharing of such information. [1]

9. Management of the media

All media communication regarding the Interagency Critical Incident Protocol and the supports it provides in the aftermath of a critical incident will be coordinated through either Tusla or the HSE in consultation with An Garda Síochána. The relevant communication office will be consulted of the proposed response where appropriate. This will be coordinated between the lead agency and the CYPSC Coordinator.

[1] South Dublin CYPSC is currently reviewing its previously published guidelines: *Sharing information about children and families; best practice guidelines for practitioners, managers and agencies working in South Dublin County*.

APPENDICES

Appendix 1: Critical Incident Triage Group

Agency	Dublin South West	Dublin West
Tusla	Audrey Warren (Dublin South West Area Mgr)	Grainne Sullivan (Dublin South Central Area Mgr)
An Garda Síochána	Insp. Raymond Blake (Tallaght)	Insp. Leonard Brennan (Clondalkin)
HSE	Mary McGrath (General Manager, Dublin South West)	Paula Barron (General Manager Dublin West)
HSE	Kevin Brady (Head of Service Mental Health)	Kevin Brady (Head of Service Mental Health)
South Dublin CYPSC	Joe Rynn (South Dublin CYPSC Coordinator)	Joe Rynn (South Dublin CYPSC Coordinator)

Appendix 2: Members of Interagency Critical Incident Protocol Steering Group

Inspector Raymond Blake	An Garda Síochána (Tallaght)
Inspector Leonard Brennan	An Garda Síochána (Clondalkin)
Caroline Sheehan	Tusla (Dublin South West)
Pádraig Doherty	HSE Disability Services
Justin Parkes	HSE
Tara Deasy	Clondalkin Drugs and Alcohol Task Force
Mary Mullany	NEPS (Dublin South West)
Sharon Eustace	NEPS (Dublin West)
Audrey Warren (Chair)	Tusla / CYPSC Chairperson
Marsha Williams	HSE Resource Officer for Suicide Prevention
Maria Hayes	Tusla (Dublin West)
Andy Leeson	Foróige
Greg Tierney	Crosscare
Dr. Fionnuala Lynch	Lucena
John Owens	Dublin South West
Niamh Miliken	South Dublin County Council
Maeve Murphy	Tallaght Hospital
Larry O'Neill	South County Dublin Partnership

Appendix 3: Template for suggested members of Critical Incident Management Team (CIMT) and Frontline Operation Team (FLOT)

Appointees and their delegates to this team must be fully briefed about the team's role and function and must be empowered to make decisions on behalf of their own organisation and as a team member.

Note: the template below is not an exclusive list of agencies. Depending on the type of incident that occurs some of the organisations may not be appropriate.

Organisation	**Role/Contact Details**
Tusla	Audrey Warren Grainne Sullivan Joe Rynn
HSE	Sinead Reynolds, Head of Head of Quality, Safety and Service Improvement (QSSI)
An Garda Síochána	Raymond Blake Liam Casey
South Dublin County Council	Colm Ward
South County Dublin Partnership	Larry O Neil
Tallaght Hospital	
Education Welfare Service	Emer Hyland
Child and Adolescent Mental Health Services	Initial Point of Contact: Kevin Brady, Head of Service Mental Health
National Educational Psychological Service	Mary Mullany Sharon Ustace
Clondalkin / Tallaght Drugs & Alcohol Task Force.	Grace Hill Tara Deacy
Dublin and Dun Laoghaire Education and Training Board	Martin MacEntee
Tallaght / Clondalkin Youth Service	Greg Tierney Crosscare Andy Lesson Foroige
Dublin South West Jigsaw	John Owens Clinical Manager
Local Community Organisation	To be identified at the time
Local Community Organisation	To be identified at the time
Administration Support	Joe Rynn

Appendix 4: Tusla Areas, HSE Areas and Garda Stations

Electoral District Name	Tusla Area	HSE Area	Garda District
Clondalkin-Dunawley	Dublin South Central	Dublin West	L District
Clondalkin-Monastery	Dublin South Central	Dublin West	L District
Clondalkin Village	Dublin South Central	Dublin West	L District
Newcastle	Dublin South Central	Dublin West	L District
Rathcoole	Dublin South Central	Dublin West	L District
Saggart	Dublin South Central	Dublin West	L District
Palmerston Village	Dublin South Central	Dublin West	L District
Clondalkin-Moorfield	Dublin South Central	Dublin West	Q District
Palmerston West	Dublin South Central	Dublin West	Q District
Clondalkin-Rowlagh	Dublin South Central	Dublin West	Q District
Clondalkin-Cappaghmore	Dublin South Central	Dublin West	Q District
Lucan-Esker	Dublin South Central	Dublin West	Q District
Lucan Heights	Dublin South Central	Dublin West	Q District
Lucan-St. Helens	Dublin South Central	Dublin West	Q District
Lucan North	Dublin South Central	Dublin West	Q District
Ballyboden	Dublin South Central	Dublin West	M District
Firhouse-Ballycullen	Dublin South Central	Dublin West	M District
Firhouse-Knocklyon	Dublin South Central	Dublin West	M District
Rathfarnham Village	Dublin South Central	Dublin West	M District
Rathfarnham-Ballyroan	Dublin South Central	Dublin West	M District
Rathfarnham-Butterfield	Dublin South Central	Dublin West	M District
Rathfarnham-Hermitage	Dublin South Central	Dublin West	M District
Rathfarnham-St. Enda's	Dublin South Central	Dublin West	M District
Edmondstown	Dublin South Central	Dublin West	M District

Electoral District Name	Tusla Area	HSE Area	Garda Station
Ballymount	Dublin South West	Dublin South West	Clondalkin
Firhouse Village	Dublin South West	Dublin South West	Rathfarnham
Tallaght-Belgard	Dublin South West	Dublin South West	Tallaght
Tallaght-Fettercairn	Dublin South West	Dublin South West	Tallaght
Ballinascorney	Dublin South West	Dublin South West	Tallaght
Bohernabreena	Dublin South West	Dublin South West	Tallaght
Tallaght-Avonbeg	Dublin South West	Dublin South West	Tallaght
Tallaght-Glenview	Dublin South West	Dublin South West	Tallaght
Tallaght-Jobstown	Dublin South West	Dublin South West	Tallaght
Tallaght-Killinardan	Dublin South West	Dublin South West	Tallaght
Tallaght-Kilnamanagh	Dublin South West	Dublin South West	Tallaght
Tallaght-Kingswood	Dublin South West	Dublin South West	Tallaght
Tallaght-Millbrook	Dublin South West	Dublin South West	Tallaght
Tallaght-Oldbawn	Dublin South West	Dublin South West	Tallaght
Tallaght-Springfield	Dublin South West	Dublin South West	Tallaght
Tallaght-Tymon	Dublin South West	Dublin South West	Tallaght
Tallaght-Kiltipper	Dublin South West	Dublin South West	Tallaght
Templeogue-Limekiln	Dublin South West	Dublin South West	Crumlin
Terenure-Cherryfield	Dublin South West	Dublin South West	Crumlin
Terenure-Greentrees	Dublin South West	Dublin South West	Crumlin
Terenure-St. James	Dublin South West	Dublin South West	Crumlin
Templeogue Village	Dublin South West	Dublin South West	Terenure
Templeogue-Cypress	Dublin South West	Dublin South West	Terenure
Templeogue-Kimmage Manor	Dublin South West	Dublin South West	Terenure
Templeogue-Orwell	Dublin South West	Dublin South West	Terenure
Templeogue-Osprey	Dublin South West	Dublin South West	Terenure

Garda Stations, Districts and Divisions

Garda Station	District	Superintendent	Divisional HQ	Chief Super
Clondalkin	Clondalkin	Brendan Connolly	Blanchardstown	Lorraine Wheatley
Rathcoole	Clondalkin	Brendan Connolly	Blanchardstown	Lorraine Wheatley
Ballyfermot	Clondalkin	Brendan Connolly	Blanchardstown	Lorraine Wheatley
Ronanstown	Lucan	Dermot Mann	Blanchardstown	Lorraine Wheatley
Lucan	Lucan	Dermot Mann	Blanchardstown	Lorraine Wheatley
Blanchardstown	Blanchardstown	Liam Carolan	Blanchardstown	Lorraine Wheatley
Rathfarnham	Tallaght	Peter Duff	Crumlin	Michael Mangan
Tallaght	Tallaght	Peter Duff	Crumlin	Michael Mangan
Crumlin	Crumlin	Daniel Flavin	Crumlin	Michael Mangan
Terenure	Terenure	Gearoid Begley	Crumlin	Michael Mangan

Appendix 5: Information Gathering Tool

Information Gathering Tool for the Activation of the Interagency Critical Incident Response Protocol

The purpose of this information gathering tool is to ascertain whether or not the Interagency Critical Incident Response Protocol should be initiated. It will ensure that all relevant information available at the time is gathered so that the situation in communities can be assessed and monitored. This information will support the Triage Group in making a decision on whether or not to activate the protocol.

The Interagency Critical Incident Protocol is required when an incident overwhelms a local community's capacity to support children or young people and their carers affected by events and where more than one organisation is required for support. For the purpose of this document, a community is overwhelmed where existing services are unable to effectively respond in isolation to the outcome of the incident and a coordinated response amongst a number of agencies is required.

If the protocol is not activated, the information collated will allow communities to be connected with alternative support pathways in the aftermath of an event.

Information Gathering

1. The person conducting the information gathering will link initially with the referrer of the incident or the investigating Garda/Garda Victim Liaison Service to clarify the information and, where possible, to obtain further information on the circumstances of the incident.
2. The person conducting the information gathering records the information in the form below. All information is maintained according to relevant data protection guidelines and legislation.
3. When the information has been reviewed, the person conducting the information gathering forms a list of organisations, sports clubs, workplaces, educational settings, community groups, parish team, clergy etc who may have been impacted by the critical incident.
4. This information will be passed on to the Triage Group and inform their decision on whether or not to activate the protocol.
5. Where the protocol is activated, the information is passed on to the Critical Incident Management Team.
6. If the person gathering the information comes across information that is immediately concerning, this will immediately be passed on to the relevant person or organisation.

Questions to consider for Initial Screening Conversation

1. What is the nature of the critical incident? What happened? When? How? Where?
2. Are there any children or young people directly affected by the incident? How many? Ages?
3. If the incident relates to a death or serious injury, what is the family situation? I.e. married, partner, children, parents, siblings, son, daughter etc.
4. Are those directly impacted by the critical incident in education/employment/unemployed?
5. If in education or employed, where and has contact been made?
6. Does the person/people have a high profile role in the local community?
7. Was the person/people linked in with young people in the community?
8. Was the person/people linked in with any sports clubs or community groups or any other services?
9. What were the circumstances of the critical incident?
10. Have there been reports of any worrying behaviour by any person(s) in the community? Or any reports from community members of being concerned for others?
11. Is the person/people linked in with any services?
12. Are they aware of any activity on social media?
13. Any other information?

Information Gathering Form

Date:	Screening done by:	Organisation contacted:	Contact details for organisation:
What is the nature of the Critical Incident? • What happened? • When? • How? • Where?			
Are there any children or young people directly affected by the incident?			
If the incident relates to a death or serious injury, what is the family situation? I.e. married, partner, children, parents, siblings, son, daughter etc.			
Are those directly impacted by the critical incident in education/ employment/unemployed? If in education or employed, where and has contact been made?			
Does the person/people have a high profile role in the local community?			
Was the person/people linked in with young people in the community?			

Was the person/people linked in with any sports clubs or community groups or any other services?	
What were the circumstances of the critical incident?	
Have there been reports of any worrying behaviour by any person(s) in the community? Or any reports from community members of being concerned for others?	
Is the person/people linked in with any services?	
Are they aware of any activity on social media?	
Any other information	