inhealth | Crisis Management Protocol

ESC-CRISIS-01

inHealth health coaches are NBC-HWC board certified. Coaches do not diagnose, interpret diagnostic results, or adjust medications. This tool guides recognition, response, and escalation only. **When in doubt, escalate. Where 911 is indicated, it is step one.**

BEFORE YOU CALL 911

1. Confirm the participant's current physical address and a callback number. Do not assume the address on file is where they are right now.
2. You are calling from a different location, so your 911 call may route to your own local dispatch. State this immediately: give the participant's city, state, and full address, and ask to be transferred to that jurisdiction's dispatch.
3. Stay on the line with the participant until EMS arrives or another responsible adult takes over.
4. Do not advise a participant with emergency symptoms to drive themselves.

1 · MEDICAL EMERGENCY

TIER 1 · CALL 911 FIRST

BE-FAST for stroke: Balance loss, Eyes or vision change, Face droop, Arm weakness, Speech difficulty, Time to call.

Also: chest pain or pressure; pain radiating to arm, jaw, neck, back, or stomach; new shortness of breath; sudden severe headache; acute confusion; seizure; uncontrolled bleeding; signs of anaphylaxis.

Actions:

1. **Call 911 now.** Confirm the participant's current address first.
2. Stay on the line until EMS arrives or another responsible adult takes over.
3. Do not advise the participant to drive themselves.
4. Notify referring provider within 1 hour.
5. Complete Crisis Management Referral/Incident Form same day.
6. Follow up within 24 hours to confirm outcome.

2 · FALL AND INJURY

TIER 1 · CALL 911 FIRST IF ANY OF

- Head strike, especially on an anticoagulant or antiplatelet (warfarin, apixaban, rivaroxaban, clopidogrel, aspirin)
- Loss of consciousness
- Suspected fracture, or unable to bear weight
- Uncontrolled bleeding
- New confusion, vomiting, or worsening headache after a fall

TIER 3 · FALL WITHOUT THE ABOVE

Same-day provider notification, fall risk review, check for orthostatic symptoms, flag for medication review. Weight loss on antihypertensives is a known contributor. Document.

3 · MENTAL HEALTH CRISIS

TIER 1 · CALL 911

Threat to self or others, acute psychosis with impaired judgment, mania with unsafe behavior, unable to care for self safely, severe disorientation.

TIER 2 · 988 WARM HANDOFF

Overwhelming distress, panic, unable to function. Offer to stay on the line while connecting to **988 Suicide & Crisis Lifeline**. Notify provider same day.

TIER 3 · PROVIDER REFERRAL

Persistent low mood, anxiety, sleep or appetite change, reduced daily functioning. Refer to provider for mental health referral. Document within 24 hours.

4 · SUICIDE RISK

ASK DIRECTLY. ASKING DOES NOT INCREASE RISK.

Indicators: expresses they can no longer continue or feel out of control; has been thinking about harming themselves; talks about self-harm or having lost the desire to live; describes a plan.

1. If there is immediate threat, a plan with intent, or the participant is in the act: **call 911 now.** Confirm location. Stay on the line.
2. If ideation without immediate threat: connect to the **988 Suicide & Crisis Lifeline**. Call or text **988**, or chat at 988lifeline.org. Veterans: 988 then press 1.
3. Stay on the line through the handoff wherever possible. Do not leave the participant alone on the call while arranging help.
4. If the participant is willing, encourage them to put distance between themselves and anything they have identified as a method, ideally with help from someone they trust.
5. Alert the emergency contact on file.
6. Notify referring provider within 1 hour.
7. Complete Crisis Management Referral/Incident Form same day.
8. Follow-up contact within 24 hours. Document the outcome.

5 · SUBSTANCE USE AND OVERDOSE

TIER 1 · CALL 911 FIRST

Suspected overdose, unresponsive, slowed or stopped breathing, blue lips or fingertips.

1. **Call 911 now.**
2. If naloxone is on hand and someone present is trained, direct them to administer it.
3. Stay on the line.

TIER 3 · DISCLOSED PROBLEMATIC USE

No acute danger. Refer to provider. Provide the **SAMHSA National Helpline: 1-800-662-4357**, free, confidential, 24/7. Notify referring provider within 24 hours.

6 · DISORDERED EATING RED FLAGS

Recognize: self-induced vomiting; laxative or diuretic misuse; severe restriction or skipping meals; compulsive or punishing exercise; rapid unintended weight loss; fainting or dizziness; preoccupation with weight or shape that interferes with daily functioning.

Actions:

1. **Pause weight-focused goal setting immediately.** Do not set calorie targets, weight targets, or structured exercise prescriptions.
2. Do not comment on body size or weight change.
3. Refer to the referring provider for clinical assessment.
4. Provide the National Alliance for Eating Disorders helpline resource to the patient: **1-866-662-1235**.
5. Notify referring provider within 24 hours.
6. If fainting, chest pain, or signs of severe dehydration are present, escalate to **Tier 1**.

IF THE PARTICIPANT DECLINES ESCALATION

Document all four: the recommendation you made, the participant's response in their own words, the risks you explained, and the alternative you offered. Notify the referring provider regardless of refusal. A refusal does not close the incident.

CLOSING THE LOOP

Follow-up contact within 24 hours to confirm the participant reached care. Record the outcome in the SOAP note. An escalation is not complete until the outcome is documented.

AFTER HOURS

911, 988, SAMHSA, and the hotlines above run 24/7 and are the after-hours path. For provider notification use the after-hours or nurse line on the referral.

TIER 1 IMMEDIATE — Call 911 now, before any other step

TIER 2 URGENT — Provider contact within 1 hour

TIER 3 SAME DAY — Provider notified same business day

TIER 4 ROUTINE — Documented in routine note within 24 hours