STANISLAUS CONSOLIDATED FIRE PROTECTION DISTRICT
POLICIES & PROCEDURES

ARTICLE: C-61
SECTION: Operations Division
DATE: May 22, 2009
SUPERSEDES: NEW
TITLE: CISM Team Policy

# Stanislaus Consolidated Fire Protection District
# Critical Incident Stress Management Team

## MISSION STATEMENT:

The mission of the Stanislaus Consolidated Fire Protection District CISM Team is to provide peer counseling, defusing and debriefings, following critical incidents to any employee of the fire department, as well as to members of other fire agencies within Stanislaus County. The focus of this service is to minimize the harmful effects of job related stress, particularly in crisis or emergency situations.

**The Teams highest priorities are to:**

1. Maintain confidentiality concerning their interaction
2. Respect the feelings of the individuals involved

It is not the place of the Team to replace ongoing professional counseling, but to provide the immediate peer interaction crisis intervention.

The Team will utilize a multidimensional approach through both proactive and reactive response syndromes and stress management techniques, thereby preventing the development of psychological stress disorders. The process is reactive by its presence during a critical incident in order to provide emotional support for those emergency service providers adversely impacted by a critical incident of any size or type.

## CISM TEAM ACTIVATION:

**OBJECTIVE:**

To establish a protocol for the activation of the CISM Team

Introductory problem statement:

Emergency service personnel have become increasingly aware of the toll that unique stressors encountered in their occupation may take on the quality of their lives. The very nature of their jobs may expose these individuals routinely or periodically to stressful events, which they may or may not be able to work through satisfactorily on their own.

Factors that cause stress to one individual may be non-stressful for another. Research has shown that a very small percentage of emergency service personnel are actually not affected by stress. Approximately half of those that demonstrate symptoms related to stress can resolve these alone. The other half continue to be affected.

Responses to stress may be immediate and incident specific. They may be delayed for a period of time after an incident, or they may be cumulative, building up over a long period of time composed from many incidents. All of these factors affect an individual's personal ability to deal with stress.

It has been demonstrated that certain events, such as the death or severe injury of a child, the death or injury of a co-worker and Mass Casualty Incident's are particularly stressful for the emergency worker. Any of these events or any other incident, which added to the accumulative total, can cause an individual employee or a group of employees to experience stress overload.

A "Critical Incident" has been defined as "any situation faced by emergency service personnel, which causes them to experience unusually strong emotional reactions, which have the potential to interfere with their ability to function properly at work or off duty. All that is necessary is that the incident, regardless of the type, generated unusually strong feelings in the emergency worker." A critical incident has also been described as "any event which overwhelms the capacity of a person to psychologically cope with it."

**Incidents that require Team activation:**

1. Serious injury, death or suicide of a Co-worker
2. Serious injury or death of a civilian resulting from events involving SCFPD personnel
3. Death of a civilian, after a prolonged rescue effort which involved considerable effort and expenditure of energy
4. Any incident, in which the circumstances were so unusual, or the sights and sounds so distressing, as to produce a high level of emotional reaction.
5. Any department member may request an activation of the team for themselves, their entire crew, individuals within their engine company, or any other department member which they feel would benefit from a CISM intervention.

## POLICY FOR REQUESTING THE CISM TEAM RESPONSE:

All SCFPD employees will be trained in the recognition and identification of significant events that may require a response of the Team.

1. Once the incident is identified, the chain of command will be followed to request the response of the CISM Team. The on duty B/C, or in the event of their absence, the on call duty Chief will be contacted to request the response. The contact of the Team can be

2. The following information will need to be supplied to the B/C or duty Chief so that it can be relayed to the responding Team members:
   - A: Type of incident
   - B: Companies and number of personnel involved
   - C: Request of outside agencies such as: Dispatch, Police, EMS, etc.
   - D: Time of the incident and amount of time the individuals spent on scene
   - E: As many details concerning the incident as possible

3. The defusing/debriefing will be held at a neutral site away from radios and other distractions. If the session takes place at one of the fire houses, the companies participating will be "occupied" until the discussion has concluded.

4 After the session, the responding Team members will make a recommendation to the B/C or duty Chief as to the ability of the involved crew(s) to continue working. If the crew remains on duty, every effort shall be made to have them remain together as a crew for the remainder of the shift.

Once an incident is identified, the chain of command will be followed to request the response of the CISM Team. If an employee is unable to work at anytime due to an incident, they must seek medical attention. This is a requirement in order to process workers compensation information and normal procedures for work related injuries should be followed. They may also seek treatment with the Employee Assistance Program Workplace Wellness (EAP). The social workers with EAP will not determine disability as this is determined from the treating physician.

## TYPES OF CISM SERVICES:

***On Scene Defusings:***

The Team member's functions are to observe and advise on any signs of acute stress reactions in the personnel immediately involved. The Team offers encouragement and support, checks on the well being of personnel, and allows for ventilation of feelings and reactions as needed.

***On Scene Support Services:***

One-on-one counseling to the personnel showing obvious signs of distress as a result of the incident or their participation in the incident. Provide education on topics of stress management, specifically issues related to the incident.

***On Scene Leadership:***

A Team Leader will be designated before the Team leaves to respond to the incident.

The following will be the responsibility of the Team Leader:

1. Make contact with the requesting person
2. Upon arrival, Team Leader will meet and coordinate with other responding Team members
3. Upon arrival, Team Leader should notify the Program Director, Team Coordinators or Clinical Director of status and CISM needs
4. Team Leader will advise requesting personnel of where the Team will be located and what services are recommended
5. Any recommendations and observations of any Team members should be made to the Team Leader so that appropriate action may be taken

***Defusings:***

Generally takes place within several hours after the critical incident and will be facilitated by CISM Team members. This is an informal process and encourages expression of feelings with out critiquing the incident or provider responses. The purpose is to offer information, support and to allow the ventilation of feelings. They are also used to set up or establish a need for a formal debriefing as well as to stabilize crew members so they can go home or go back in service.

**Guidelines for Defusing Services are:**

1. Defusings should be accomplished as close to the incident (with regard to time and proximity) as possible. If unable to accomplish on scene, the crews can be moved to one of the SCFPD stations. The room needs to be absent of distractions such as radio traffic, TV, etc. The involved crews will be "occupied" until completion.
2. Defusings are a "group" process.
3. Defusings should last approximately 45 minutes.
4. Defusings can be performed by peer support personnel. Additionally, the CISM peer support personnel should be well aware of their limitations and should call for support from a mental health team member if the situation warrants.
5. Defusings should be held in a comfortable atmosphere, free from distractions and interference. All parties should remain in the defusing until its conclusion.

***Debriefings:***

Debriefings will be peer driven with a specially trained mental health professional involved. Debriefings are usually held within 72hrs after the incident. They are structured group meetings between the personnel directly involved with the critical incident and the CISM Team members.

It is a confidential, non-evaluative discussion of the involvement, thoughts, reactions and feelings resulting from the incident. It serves to mitigate the stress impacts resulting from exposure to a critical incident through ventilation of feelings along with educational and informational teaching.

***IT IS NOT PSYCHOTHERAPY NOR IS IT ANY FORM OF THERAPY OR TREATMENT!***

The goals of the debriefing are to:

1. Provide stress education
2. Provide a mechanism for ventilation of feelings before they can do harm
3. Provide reassurance that what the personnel did was appropriate, what they are experiencing is normal and they will most probably recover
4. Forewarn those who have not been impacted that they may be impacted later and inform them on ways to deal with their emotions
5. Provide positive interaction with mental health and peer support providers
6. Add or restore group cohesiveness
7. Assist inter-agency cooperation
8. Refer those requesting or requiring additional service

The formal debriefing process will adhere to the guidelines developed by the International Critical Incident Stress Foundation. No alternate forms of group process, group dynamics, therapy, or counseling will be employed during these sessions. The Program Director, Clinical Director or On Duty Team Coordinator will evaluate the need for a debriefing when one has been requested.

Considerations are:

1. The number of individuals affected
2. The symptoms that are being reported by the participants in the event
3. Any noted or reported change in, or regression of, behavior of the participants in the incident
4. Other factors and considerations pertinent to the event, personnel involved and the signs and symptoms expressed
5. Any personnel directly involved in the operation of the event, or any person for whom the event has elicited an unusually strong reaction should be debriefed
6. Debriefings are lead or facilitated by mental health Team members
7. A formal debriefing will not be held for less than 3 people. When there are less than 3, one to one consults or mini group sessions will be held
8. Ideal debriefing group size is between 3 and 40 participants

The Team Leader will be an individual with a strong background in group interactions and dynamics. They should possess knowledge of stress responses, as well as, an understanding of the operational procedures of the personnel involved. The debriefing will follow the general outline below:

A. *Introductory Phase:* The Team Leader will introduce self and other Team members, describe the rules of the debriefing and emphasize the need for confidentiality.
B. *Fact Phase:* The Team Leader will ask participants to briefly introduce themselves and their role in the incident.
C. *Thought Phase:* The Team Leader asks participants their initial thoughts on arrival at the incident.
D. *Reaction Phase:* The Team Leader asks participants to describe their reactions during the incident.

E. *Symptom Phase:* The Team asks the participants to describe any cognitive, physical, emotional or behavioral experiences they may have encountered during or after the incident.

F. *Teaching Phase:* The Team provides participants with education about stress response syndromes, with emphasis on how normal and natural such responses are. Coping strategies are also outlined.

G. *Re-entry Phase*: The last phase of the debriefing answers questions, provides reassurances and outlines plans for further action when indicated. The Team offers summary comments and personnel are advised on how to seek additional help should they need it.

**Rules for the Debriefing:**

- ❑ Participants do not have to talk during the debriefing, but anything they may say may help reassure and support their colleagues.
- ❑ The debriefing is strictly confidential. No notes will be taken and no records will be made.
- ❑ No breaks are taken during the process.
- ❑ No one talks for another.
- ❑ Do not say anything that may legally incriminate you and do not offer information that may be necessary for an investigation.
- ❑ Pagers are to be "silenced" and the personnel should be "occupied."
- ❑ No one has rank during the debriefing process. Everyone is equal.
- ❑ This is not a critique of the operations.
- ❑ The CISM Team is not part of any investigation. We are only interested in the well being of the participants.
- ❑ Feel free to ask questions.

**Additional Debriefing Considerations:**

If the event is a line of duty death, multiple interventions may be necessary.

The size of the Team will be dependent on the size of the group. The rule of thumb of 1 to 10 will generally be employed for an event.

Debriefings may need to be postponed for the following reasons:

- ❑ A child is present at the debriefing
- ❑ Media will not leave.
- ❑ Spouses / family of the providers are present.
- ❑ Survivors, victims and family are present.
- ❑ If more participants attend than expected.
- ❑ In situations where the participants are very resistant, more education and teaching will need to be employed.
- ❑ If a participant is obstructive to the point that the debriefing process is jeopardized, sabotaged or otherwise irrevocably interrupted and disrupted, it will be the responsibility of the Team Leader to attempt to successfully "join" this individual or negotiate a stop to the behavior. If this is not possible and the debriefing process is

***Demobilization Services:***

Demobilization services will be reserved for large scale, highly intense or unusual events that last a minimum of 8 hours.

***Spousal/Family Support Services:***

This program will be offered in the future once peer personnel have had the proper training.

***Follow Up Debriefing:***

Debriefing requested several weeks or months after the initial debriefing, designed to resolve issues or problems which were not addressed in the earlier sessions.

## INTERVENTION PROCESS:

The Team is activated through the request of any on-duty SCFPD personnel. This activation can be accomplished through the B/C or Duty Chief or by contacting dispatch at (209)552-3915. A contact sheet will be posted in all SCFPD stations. All CISM interventions are coordinated by the Program Director and Team Coordinators to guarantee the quality of the intervention and to ensure appropriate procedures are followed. The Program Director and Team Coordinators are available by pager or phone 24 hours a day while on call.

The Team coordinator contacts the requesting party to:

- ❑ Assess the need for the type of CISM intervention.
- ❑ Determine the nature of the incident.
- ❑ Magnitude or scope of incident.
- ❑ Agencies involved.
- ❑ Number of personnel involved.
- ❑ Types of personnel involved (i.e. firefighters, paramedics, police, etc.).

**Intervention process considerations:**

The Team coordinator selects a Team from available on-duty personnel if possible. During a defusing or one-on-one counseling, the Team will be peer driven. If a debriefing is scheduled, a mental health professional will be added to the Team.

Team members should coordinate a meeting place prior to the intervention. This will insure adequate discussion of pre-intervention information. The Team Leader will insure intervention information is available during this pre-intervention process.

**Pre-debriefing CISM Team member activities:**

- To permit Team members the opportunity to go over all facts, rumors and data concerning the incident.
- To visit the incident site, if necessary.
- To review videos, news stories, reports, etc. about the incident.
- To talk to the participants to become aware of any other facts about the incident not previously known and to lessen the chance of any surprises during the debriefing process.
- To develop a strategy for the debriefing.
- Develop any signs or signals that may be needed during the debriefing.
- Establish Team member roles.
- To set up seating.
- To make sure the unit is "occupied" and that the participants will not be called to service during the debriefing.
- Doors to the debriefing will be closed.
- A peer will act as the doorkeeper to insure no admittance of anyone not involved in the intervention.

**Disciplinary review board:**

A disciplinary review board will be established to evaluate any criteria for membership revocation or suspension. This board will be composed of the Program Director, Clinical Director and the SCFPD shift Team Leaders.

Team membership is revocable through the process of the Disciplinary Review Board after a complaint is made to the Program Director. Anyone may make such a complaint. Action is appropriate for, but not limited to, the following:

- Failure to maintain strict confidentiality. Any breech in confidentiality will result in immediate removal from the team.
- Failure to follow all protocols and directives regarding team activity. Organizing any type of debriefing, other than one-on-one peer counseling, without notifying the proper persons will result in board review.
- Failure to be present at an assigned debriefing when the member has made a commitment to do so.
- Failure to attend 2 of 4 yearly training meetings.
- Acting against the expressed direction of the Program Director, Team Coordinators, the Clinical Director or their designated representatives.
- Failure to complete required paperwork.

## TEAM MEMBERSHIP:

The following applies to Team Membership application and length of membership:

New members will be solicited through application and screening according to the following criteria:

- Number of vacancies
- Must successfully have completed an approved Basic ICISF CISM two-day training course.

The following is a list of criteria for selection of peer support personnel:

- Emotional maturity
- Respect of peers
- Ability to maintain confidentiality
- Sensitive of the needs of others
- Willing to work as a team member
- Willing to learn psycho-social processes
- Agree to follow within one's own limits
- Agree to follow established criteria
- Basic ICISF CISM 2 day approved training course completed

The CISM team members donate their time for services.

Two year commitment time to the team is required.

## LEADERSHIP POSITIONS:

***Program Director:***

The Program Director shall be in charge of the day-to-day operations of the Team. The Program and Clinical Director will work together to ensure that the appropriate interventions are provided to emergency services agencies. The Program Director shall be responsible for recruitment and retention of Team members.

The Program Director must have a background in fire department and emergency services and have shown organizational leadership skills in their perspective field.

The Program Director will serve as an educator and must be comfortable speaking in large or small groups.

The Program Director or his/her designee will perform the following duties:

- General management of the CISM team
- Co-lead Team meetings with the Clinical Director
- Sponsor regular team meetings
- Coordinate with the Clinical Director for appropriate support services
- Provide and develop continuing education programs for the Team
- Assist in selection for appropriate members for the Team
- Assist in writing Team policies and procedures

- ❑ Develop a quality assurance tool for the Team
- ❑ Maintain records of Team activities
- ❑ Maintain the most current research, findings and theories on provider stress, occupational stress, critical incident stress, post traumatic stress disorder and other related topics
- ❑ Maintain a close relationship with the Norcal CISM Foundation and the ICISF

***Clinical Director:***

The Clinical Director will insure that the proper support services are provided at all incidents requiring CISM.

The Clinical Director shall have at a minimum a Master's degree in one of the following areas: Psychology, Social Work, Mental Health Counseling or a physician who specializes in Psychiatry or Psychiatric Nursing and will be employed by one or more of the following services: Social Services, Psychological Services, Crisis Intervention services, Psychiatric Nursing or other specific counseling services.

The Clinical Director must have completed training in Basic CISM and advanced CISM.

The Clinical Director (including any persons from this field acting on the behalf of the CD) will "ride along" with fire and emergency service agencies a minimum of 3 times a year. This will benefit their ability to understand these cultures.

***Team Coordinators:***

A Team Coordinator will be assigned to each shift (if possible) in the Stanislaus Consolidated Fire District. Their responsibilities will include:

- ❑ Coordination with the Program Director and Clinical Support person for appropriate support services.
- ❑ Provide leadership and support for their respective peer support persons.
- ❑ Maintain records of team activities.

Written by: Captain Rick Bussell

Approved by: __________________________ Date: December 15, 2009