

Critical Incident Stress Management Team Guidelines and Protocols



Serving Emergency Services Providers in:

**Augusta, Bath, Highland, Rockbridge, Rockingham,
Buena Vista, Harrisonburg, Lexington, Staunton and Waynesboro**

Mission Statement

The Central Shenandoah Critical Incident Stress Management Team provides services to community Emergency Services Workers, including police, Fire and Rescue (EMS) personnel. The overall goal of the Team is promoting staff health, mental health and retention. Prevention of critical incident stress reactions and cumulative stress difficulties, along with the reduction in frequency, intensity and duration of stress-related problems are the Team's objectives.

Central Shenandoah EMS Council
Critical Incident Stress Management Team
Memorandum of Understanding

I, _____ do hereby agree to serve as a volunteer on the Central Shenandoah EMS Council Critical Incident Stress Management Team. As a volunteer member of this group, I agree to the following:

1. Successfully complete Virginia CISM, ICISF CISM or equivalent training program.
2. To assist with the training of fire, rescue and police departments.
3. To participate in meetings as scheduled by the team as possible.
4. To complete the required reports as indicated as either mental health or peer debriefers and submit these to the Administrative Coordinator within two weeks of the debriefing.
5. To maintain strict confidentiality regarding any and all debriefings held and not divulge any information regarding incidents, locations, personnel involved or other aspects of the debriefings except to the Team Clinical Coordinator or within the confines of Team meetings and then still not relating names.
6. To coordinate emergency services stress management and Team public education activities with the Team prior to implementation with sufficient lead time in order to enhance communication and avoid duplication of services.
7. To maintain professional liability insurance (mental health team members).
8. To assist as requested in research related to the program.
9. To read and abide by all requirements set forth in the Team protocols and procedures.

I fully understand that any breach in confidentiality/professional code of ethics regarding any debriefings and/or performance of activities deemed to be in direct conflict of interest with the CISM program or the Team operations will result in immediate removal from the CISM Team. All Team materials (ID card, Protocol/Guidelines, etc.) will be returned at this time.

I agree to voluntarily resign from this team at such time when personal and/or professional commitments do not permit compliance with all aspects of the memorandum.

Signed: _____ Date: _____

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Purpose & Background

Purpose: The following material are procedures and guidelines outlining the intent and process to make available to Emergency Response Personnel in a critical incident a means to reduce the emotional and mental anguish associated with the abnormally stressful event.

Background: Studies have shown that rescue personnel can have stress reactions to incidents involving horrific scenes, numerous casualties, or high threat. Most personnel are very resilient and bounce back after going through some temporary negative reactions. In fact, many deal with these challenging situations in very positive ways by carrying out their mission with courage, compassion and hope. However, in spite of their best efforts, a small percentage may experience long-term detrimental effects, such as declining work performance, deterioration of family relationships, illness, and psychological problems. The purpose of an intervention is to promote a positive resolution to a critical incident. Our goal is to help rescue personnel to come together, support one another, and explore how they can take better care of themselves during one of these troubling times.

Definitions: **Debriefing:** A confidential psycho-educational process designed to accelerate normal recovery from a stressful experience.

Defusing: A defusing can be held immediately following a critical incident. This is a time when crew members involved in an incident can meet with a CISM Team member (mental health professional or peer debriefer) and just talk about what has just happened. The Team member associated with the defusing can offer some stress management education to the individuals involved in order for them to be able to understand what type of feelings/reactions that they may have over the next few hours or days and how best to possibly handle those feelings/reactions.

Critical Incident: Is defined by Dr. Jeff Mitchell as, “Any situation faced by emergency service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later... All that is necessary is that the incident, regardless of type, generates unusually strong feelings in the emergency worker.”

Debriefing Team: The Central Shenandoah EMS Council Critical Incident Stress Management Team is composed of a group of individuals who represent many agencies. The team members consist of mental health professionals, nurses, EMT’s, chaplains, administrators, firefighters, police, etc. who have received formal training. Team members are selected on the basis of an application and an interview.

If a formal debriefing is needed, at least one peer debriefer and one mental health professional will conduct the debriefing.

Procedure:

Critical Incident Assessment: Any incident faced by emergency response personnel that causes them to experience unusually strong emotional involvement may qualify for "Critical Incident Stress Debriefing." The following are examples of incidents that may be selected for debriefing:

1. Serious injury or death of an emergency personnel working at an incident, enroute to an incident, or any other operations (i.e. training). *
2. Mass casualty incidents. *
3. Suicide of a crew member. *
4. Serious injury or death of a civilian resulting from emergency operations (i.e. ambulance accident), etc.
5. Death of a child, or violence to a child.
6. Loss of life of a patient following extraordinary and prolonged expenditure of physical and emotional energy during rescue efforts by emergency personnel.
7. Incidents that attract extremely unusual or critical news media coverage.
8. Any incident that is charged with profound emotion.
9. An incident in which circumstances were so unusual or the sights and sounds so distressing as to produce a high level of immediate or delayed emotional reaction.

* Indicates high priority for minimizing personnel exposure at the scene.

Notification:

As soon as possible after identification for the potential need of a debriefing, the CISM should be notified. The mechanism for notification is listed below. The Team relies on the "Eyes and Ears" of personnel in the field for notification. Eyes and Ears refer to personnel who are aware of CISM services available and who are alert to critical incident events.

Notification Policies

1.0 Request or Notification:

- 1.1 Field personnel contact **Augusta County Emergency Operations Center at 540-245-5501.**
Advise them they have a CISM request.
- 1.2 Augusta County EOC should automatically notify the CISM contact for one of the following:
 - a) Pediatric trauma resulting in death
 - b) Line of duty death or severe injury of squad member, firefighter or Police officer
 - c) Suicide or unexpected death of squad member, firefighter or police officer
 - d) An accident involving an ambulance, fire apparatus or police vehicle resulting in injury
 - e) Serious injury or death of a civilian resulting from emergency operations
 - f) A mass casualty incident
 - g) Prolonged events > 90 minutes
 - h) Any event in which a dispatcher or officer has concerns for the mental health of providers
 - i) Any person calling and requesting CISM services

2.0 Obtaining Information:

- 2.1 Augusta County EOC will obtain the following information to be given to the CISM team member on call for a confirmed request: (defusing, debriefing or on-scene)
 - a) Name of person to call
 - b) Agency name
 - c) Phone number(s) w/area code(s) to call the individual back
 - d) Tell them a CISM investigator will call them back within 30 - 45 minutes
- 2.2 If the Augusta County EOC is just notifying about an incident without an actual request or message of a potential defusing, debriefing or on-scene request; the information can be snap paged to the on call CISM Investigator.

3.0 Notification Procedure:

- 3.1 Augusta County EOC alerts the CISM Investigator on the call down list.
 - a. CISM team member should return call within 15 minutes, **IF NOT**
 - b. continue to the next CISM team member **IF NO** response again after 10 minutes
 - c. Continue to contact the CISM team members in order down the call list
- 3.2 Once a CISM team member has been contacted, Augusta County EOC will give the information obtained in section 2.1 or 2.2.

4.0 **Other Information:**

4.1 The Administrative Coordinator will notify Augusta County EOC of any on-call changes or changes to the notification procedure via telephone and/or memo.

4.2 In case of some strange or unusual circumstances where the Augusta County EOC is unable to reach the first 4 CISM team members on call – CALL the Clinical Coordinator

5.0 **Travel Reimbursement:**

5.1 Travel reimbursement for training, conferences and/or participating in defusings and debriefings will follow the Local Travel and Overnight and Out-of-Region Travel policies in the CSEMS Policy Manual.

Categories of Debriefings

The debriefing process provides an opportunity for personnel to discuss their feelings and reactions in order to reduce stress resulting from exposure to critical incidents. A debriefing is not a critique of department operations at the incident, nor will performance be discussed, except as appropriate to the debriefing.

Debriefings are usually conducted in small groups of not more than 25 people; however, they may also occur on an individual basis. All debriefings will be strictly confidential.

The type of debriefing conducted depends upon the circumstances of a particular incident and the needs assessed. The following is a listing of the debriefings most commonly utilized, singularly or in combination:

On-Site Management and Debriefing: Minimizing personnel exposure to these stressful incidents produces fewer stress-related problems. The CISM Team recommends that Command should reduce this exposure by rotating personnel and by removing initial personnel from the scene as soon as possible.

Any personnel directly involved in incident examples 1 through 4 listed previously, should be considered high priority for immediate removal from the scenes. Relief from duty for the balance of the shift is also highly recommended for these personnel. Debriefings for these events should always be offered.

On-site evaluation and counseling by a debriefing team member should also be considered for some critical incidents when time and circumstances permit. In such situations, debriefing team members can observe, watch for acute reactions, provide support, encouragement, and consultation and be available to help resting personnel deal with stress reactions. Team members should be considered a resource available to incident command for assignment to staging, rest area or other sectors as needed.

Team members asked to report to an incident must report to the command located near the incident first. Team members should not allow themselves to become directly involved in the incident but should be observing all others involved in the incident including the command officers.

Team members reporting to the scene of an incident should be able to produce appropriate identification, identifying themselves as members of the CISM Team.

Team members should not report to an incident unless requested to do so by the Clinical Coordinator, Administrative Coordinator, Senior Peer Debriefing, or the Command Officers at the scene.

Initial Defusing: A defusing, which is conducted shortly after the incident, is a spontaneous, non-evaluated discussion often with no designated leader. It is primarily informational, often including an update and status report on the incident and related injuries.

Formal Debriefing: This debriefing is usually conducted within 48 – 72 hours after a critical incident. It is confidential, non-evaluation discussion about involvement in the incident, thoughts and feelings, and stress reactions. All personnel involved in the incident (i.e. police, fire, rescue, dispatchers, etc) are invited and encouraged to attend. Debriefings are conducted anywhere that provides ample space, privacy, and freedom from distractions. Selection of the site will be determined by the CISM Investigator or other designated team member

The person requesting the debriefing should be contacted and told:

- a. Encourage all involved personnel to attend
- b. Attendance is not mandatory
- c. A debriefing requires honest and open communication
- d. A debriefing is confidential
- e. Please arrive on time
- f. Expect to stay through the entire debriefing

Follow-up Debriefing: This informal debriefing, which occurs weeks or months after the incident, is concerned with delayed or prolonged stress reactions.

Individual Consultation: Peer debriefers will contact the Clinical Coordinator when having received a request for an individual debriefing. The Clinical Coordinator will then make recommendations and referrals as needed.

Team Member Job Descriptions

Clinical Coordinator:

1. The Clinical Coordinator must be mental health professional who has received Virginia CISM, ICISF CISM, or equivalent CISM training.
2. The Clinical Coordinator or designee will be responsible for finding all mental health debriefers and coordinating with the Senior Peer Debriefers as needed.
3. The Clinical Coordinator is responsible for reviewing all applications for Team Membership and make recommendations for approval or disapproval of the applicant.
4. The Clinical Coordinator must comply with the Central Shenandoah EMS Council CISM Team's Memorandum of Understanding.

Administrative Coordinator:

1. The Administrative Coordinator may be a non-mental health professional but should have received Virginia CISM, ICISF CISM, or equivalent CISM training.
2. The Administrative Coordinator shall be responsible for maintaining all Team records, updated mailing and telephone listings, updated guidelines and protocols, minutes, etc.
3. The Administrative Coordinator is responsible for notifying Team members about upcoming meetings.
4. The Administrative Coordinator will prepare meeting agendas and conduct Team meetings.
5. The Administrative Coordinator must comply with the Central Shenandoah EMS Council CISM Team's Memorandum of Understanding.

Mental Health Debriefers:

1. Mental Health Debriefers shall consist of individuals who have a minimum of a Master's Degree in a mental health field.
2. Mental health Debriefers shall have received Virginia CISM, ICISF CISM, or equivalent CISM training before participating as a Team member.
3. The Mental Health Debriefers after observing, then assisting with a debriefing may then lead a formal debriefing when requested to do so by the CISM Investigator.
4. Mental Health Debriefers must comply with the Central Shenandoah EMS Council CISM Team's Memorandum of Understanding.

Associate Mental Health Debriefers:

1. Associate Mental Health Debriefers shall consist of individuals who do not have a Master's Degree in a mental health field.
2. Associate Mental Health Debriefers should have a minimum of three years of mental health service, delivery experience, and should currently provide Clinical Services to clients in a mental health setting. **-Or-** be currently pursuing a master's degree in a mental health field.
3. All Associate Mental Health Debriefers shall have received Virginia CISM, ICISF CISM or equivalent training before participating as a Team member.

4. The Associate Mental Health Debriefers, after observing, then assisting with a debriefing, may then co-lead a debriefing, under the supervision of a Mental Health Debriefers.
5. All functions/assignments of the Associate Mental Health Debriefers are determined by the Clinical Coordinator.
6. Associate Mental Health Debriefers must comply with the Central Shenandoah EMS Council CISM Team's Memorandum of Understanding.

Peer Debriefers:

1. Peer Debriefers shall consist of individuals who do not have a minimum of a Master's Degree in mental health (i.e. rescue squad member, firefighter, police officer, minister, RN, etc.).
2. All Peer Debriefers should have received Virginia CISM, ICISF CISM, or equivalent training before participating as a Team member.
3. The Peer Debriefers is responsible for working with the Mental Health professionals during a formal debriefing or an on-scene Team function.
4. The Peer is the "eyes and ears" for the agency's personnel after response to critical incidents. The Peer Debriefers should contact the Augusta County EOC if a defusing or debriefing is needed.
5. All functions of the Peer Debriefers during a defusing, formal debriefing or an on-scene debriefing are coordinated and directed by the Mental Health Debriefers.
6. At no time will a Peer Debriefers lead a formal debriefing.
7. Peer Debriefers must comply with the Central Shenandoah EMS Council CISM Team's Memorandum of Understanding.

On Call CISM Team Member:

1. The On Call CISM Team Member must be an active Mental Health Debriefers, Associate Mental Health Debriefers, or Peer Debriefers.
2. The On Call CISM Team Member must maintain an up to date call list for the CSEMSC CISM Team
3. The On Call CISM Team Member must participate with the CSEMSC CISM Team on call rotations
4. Once contacted by the Augusta County EOC, the CISM Investigator is responsible for:
 - a. Organizing an appropriate CISM team for a defusing or debriefing
 - b. Notifying the requesting agency/contact person about the date, time and place of a defusing or debriefing.
 - c. The CISM Investigator must also make sure all involved agencies involved in the critical incident are notified that a formal debriefing is going to be held.

Any deviations or waivers of these job descriptions must receive approval of the Clinical Coordinator.

Application Process

1. Applicants must complete an application approved by the Clinical Coordinator
2. The Application will be turned in to the Administrative Coordinator
3. The Administrative Coordinator will assist in arranging an interview.
4. An interview will be conducted by at least one Mental Health/Associate Mental Health Debriefers and one Peer Debriefers

5. If the interviewing panel accepts the applicant the applicant must read and comply with the Central Shenandoah EMS Council CISM Team's Memorandum of Understanding.