



East Contra Costa Fire Protection District Standard Operating Procedure

Subject: Critical Incident Stress Management (CISM)		SOP 13-1	
Date: 5/14/14	Revised: 2/15/15	Page 1 of 9	Approved by: Chief Hugh Henderson

I. INTRODUCTION

The Critical Incident Stress Management (CISM) Program exists to provide an organized approach to supporting East Contra Costa Fire Protection District personnel who have been involved in emergency operations under conditions of extreme stress, who are showing signs of traumatic and/or cumulative stress experienced in the line of duty, or who have experienced significant emotional events while off-duty for which personal support has been requested. In addition, the CISM Team may also be utilized to assist the community, and/or other agencies that have experienced a critical incident. The CISM Team does not provide therapy, diagnosis, or any type of treatment. The CISM Team does provide support as outlined in the debriefing/defusing goals listed below.

Critical incident stress research and experience have shown that immediate, focused intervention by trained peers, and or counselors, can and does significantly reduce the negative after-effects of exposure to trauma.

In addition, this research has revealed that a percentage of emergency service personnel do experience continuing, long-term detrimental effects resulting from exposure to trauma. Without trained intervention, declining work performance, deterioration of family relationships, and health problems may be experienced.

The Critical Incident Stress Management (CISM) Program will provide a confidential environment for all participants.

II. PURPOSE

- A. To define and establish a Critical Incident Stress Management (CISM) Program.
- B. To provide guidelines for the utilization of the CISM program.

III. OBJECTIVES

- A. The objective of this program is to provide CISM intervention immediately after critical incidents to minimize stress related responses to District personnel.
- B. Creation of a CISM program enables the District to deliver assistance in the restoration of normal job and personal function to people who are experiencing symptoms or reactions of distress after being exposed to significant emotional events.

IV. GOALS

- A. To provide all employees with the opportunity for peer support through times of personal or professional crisis.
- B. To provide a readily accessible support network for employees and their families who express a need for assistance.
- C. To promote a trusting environment for employees participating in Peer Support.
- D. To develop employee ability to anticipate personal conflicts and an awareness of available alternatives for self-help.
- E. To maintain an effective, ongoing peer support training process.
- F. To provide services, upon request, to personnel off duty to injury and illness.

V. POLICY

- A. It shall be the policy of the District to provide Critical Incident Stress Management interventions, when necessary, after a critical incident has occurred.
- B. It shall be the policy of the District to maintain the ongoing participation of a pool of qualified local mental health professionals and Peer Support Members to help facilitate the program.
- C. It shall be the policy of the District, whenever possible, to respond to mutual aid requests for CISM assistance from other emergency response agencies.

VI. DEFINITIONS

- A. **Mental Health Professional** - A licensed mental health clinician that volunteers and assists with the District's CISM Team and functions.
- B. **East Contra Costa Fire Protection District's CISM Coordinator**- A member of the Fire Department who coordinates the CISM program and maintains records of activity. The CISM coordinator maintains liaison with operations, assists with the logistics of defusings and debriefings the CISM program, and assists in the program's training activities.
- C. **CISM Team Members**; Professional and Peer - The CISM team members come from two pools 1. Fire Department Peers Support Members 2. Mental Health Professionals:
1. **Mental Health Professional** - licensed mental health care professionals who are specially trained in CISM and can perform all CISM functions.
 2. **Peer Supporters Members** who are specially trained in CISM and Peer Counseling and can perform debriefings only with a Mental Health Professional . Peer Support Members can work alone to perform defusings.
- D. A **"Critical Incident"** does not have to be a disaster of major proportions to be experienced as a trauma. A critical incident is defined as any situation faced by District personnel which:
1. Generates unusually strong feelings and/or emotional reactions.
 2. May cause a detrimental impact on present or future performance.
 3. Surpasses the normal coping mechanisms of District personnel.

There are several situations that could be defined as a "critical incident". The following list is intended to provide examples and is not considered all inclusive:

1. Serious injury or death of a District member or other emergency personnel.
2. Major disaster: airline crash, earthquake, etc.
3. Mass Causality Incident (MCI) due to fire, auto accidents, etc.
4. Suicide of a District member.
5. Serious injury or death of a civilian (adult or child) resulting from violence, neglect, or other conditions having a lasting effect on District personnel.
6. Serious injury or death of a civilian resulting from fire department operations (i.e. auto accident, etc.)

7. Loss of life of a victim following extraordinary and prolonged expenditure of physical and emotional energy during rescue efforts.
8. Incident where District personnel are exposed to toxic or unknown chemicals or communicable disease exposure(s) which are likely to have lasting physical or emotional side effects.
9. Incidents where District personnel are placed in extreme danger (structural collapse, hostage situations, assaults, etc.).
10. Incidents that attract extremely unusual or critical news media coverage.
11. Any incident that is charged with profound emotion.
12. Any incident in which the circumstances were so unusual or the sights and sounds so distressing as to produce a high level of immediate or delayed stress responses.

E. **“Cumulative Stress”** is defined as the negative impact related to a build-up of the effects of multiple incidents over a period of time. This may invoke a strong emotional reaction to a seemingly innocuous or unrelated incident or manifest itself in a variety of forms.

F. **Defusing**

1. Conducted after a small scale crisis in a small homogeneous group.
2. Best applied immediately (within 1-2 hours), but up to 8 hours after a crisis.
3. Conducted with trained CISM peer team members (mental health member is not required)
4. The defusing will normally take approximately one hour, but may last up to three hours, and the unit(s) will be taken out of service during that time.
5. Goals are to allow immediate ventilation of the stressful experience, normalize reactions, lower tension, provide information to the group members, restore cognitive processing of the event, discuss coping methods, affirm the value of the personnel, establish expectancies for the future, and identify those who may need additional support.

G. **Critical Incident Stress Debriefing (CISD)**

1. Conducted after a traumatic event with a small homogeneous group, who has completed the event and moved past the acute phases.
2. Ordinarily provided between 24 and 72 hours after a traumatic event.
3. CISM team must include one CISM trained mental health professional and at least one CISM trained Peer Support member.

4. Goals are to lower tension, mitigate reactions to the event, facilitate the recovery process, and identify those who may need additional support or referral for professional therapeutic intervention.

H. **Demobilizations** - Quick informational and rest session applied when operations units have been released from service at a major incident that requires 2/3 of all available personnel (typically more than 100). It serves a secondary function as a screening opportunity to assure that individuals who may need assistance are identified after the traumatic event.

1. Conducted during a large scale, on-going disaster (e.g. 9/11, Oklahoma City, Loma Prieta)
2. Applied immediately after work teams have been released from the incident, and before they return to duty.
3. Conducted by multiple CISM team members
4. Goals are to assess well-being of personnel after an incident, mitigate the impact of the event, provide stress management information, provide rest and food, and assess the need for debriefing and/or other services.

I. **Crisis Management Briefings (CMB)** aka “town hall meetings”

1. Designed for use with large groups (up to 300) of primary victims. May be implemented with civilians after disasters, students after school related incidents, employees after work related crisis, etc.
2. Goals are to provide the group with information about the incident, provide a sense of leadership, reduce the sense of chaos, provide coping resources, facilitate follow-up care, engender increased cohesion and morale, assess further needs of the group, and restore personnel to adaptive functioning.

VII. AUTHORITY AND RESPONSIBILITY

- A. A pool of peer support members and local mental health professionals shall be the resources to the District for delivering CISM services.
- B. The District CISM coordinator, as identified by the Chief shall have the responsibility of overseeing the Department CISM program.
- C. It shall be the responsibility of any Fire District member to identify, and or, recognize significant incidents that may qualify to be evaluated for defusing or debriefing.
- D. It shall be the responsibility of the District CISM coordinator to maintain CISM program activity records. These records are strictly statistical as to event type, date, numbers of individuals involved, etc. Information concerning specific personnel will not be recorded or maintained.

- E. It shall be the responsibility of the CISM Group to prepare and deliver "pre-incident" CISM approved training to all personnel and new recruits as hired. If the CISM team does not deliver the training, the training will be delivered by an instructor as designated by the CISM Team coordinator. This "pre-incident" training course shall be provided, updated and conducted annually by the Department CISM team and or their designee.
- F. It shall be the responsibility of the Department CISM coordinator to provide a means to, and annually evaluate the program performance and quality.
- G. It shall be the responsibility of the Department CISM team members to maintain and update their skills by participating in ICISF continuing education exercises as needed
- H. The CISM team will adhere to ICISF models and methods / intervention protocols

VIII. PROCEDURES

- A. **Implementation of the CISM Program** - All Fire District members shall have the responsibility to identify "critical incidents" (as described above) and have the ability initiate the CISM process. A request for debriefing consideration should be made as early as possible.
 - 1. Identification / Notification: When a "critical incident" is identified, the chain of command shall be used to confirm notification to these levels:
 - a. District CISM support team (*refer to the CISM Team Brochure*)
 - b. Company officer(s) of involved crew(s) or Employees Supervisor
 - c. Battalion Chief(s) of involved personnel
 - d. Mental Health Professional
 - e. Fire Chief
 - 2. Any incident commander may initiate the CISM process. For serious events, this can be done from the scene through appropriate contacts.
 - 3. If warranted, the CISM team will set up a meeting place and time for the debriefing/defusing session, then will notify the Duty Battalion Chief and involved Company Officers.
 - 4. The Company Officers will inform their crews of when and where the debriefing/defusing session will take place. Attendance is automatic, although participation is not mandatory. Individuals not involved in the incident will not be allowed to attend the debriefing/diffusing.
 - 5. If necessary, a separate debriefing/defusing will be provided for the Battalion Chief level and above, as their presence during the employee session may cause a reluctance on the part of the participants to speak openly.

6. The debriefing/defusing of the unit(s)/ personnel identified will be done as soon as possible after the conclusion of the incident unless conditions dictate otherwise. This is in recognition of the importance to meet with the crews and/or individuals while they are still assigned together and prior to their going off shift.
7. The debriefing/defusing is not considered an After Action Review; therefore, participants will not discuss the strategy or tactics used or the actions taken at an incident except when discussing how it relates to an individual's emotional state.
8. The debriefing/defusing will normally be held in a District fire station or the administration building, but may be held in any appropriate location. In some unusual and protracted incidents, a debriefing/defusing may be held at or near the site of the incident itself.
9. Managers/Supervisors who are Peer Support team members cannot overlook their supervisory responsibilities when on-duty, confronted by misconduct, disciplinary problems, or other improper actions on the part of employees.
10. In the event a request for the CISM Team has been made by another agency, or the community, a CISM Team Shift Coordinator will evaluate the request, inform the Program Manager, who will contact the Fire Chief for permission to proceed with mobilizing a team of Peer Support members as necessary.
11. Unless required by law, information arising from the debriefing/defusing session is confidential and must not be discussed outside of the session. Nothing is to be written, photographed, or recorded during the session.

B. Evaluation: The shift Battalion Chief and the CISM support team members will evaluate the incident for the level of intervention required. The Fire Chief shall be kept informed of the CISM intervention plan.

C. Mental Health Professional Contact: When a Professional debriefer is needed for a defusing or debriefing, the appropriate provider will be contacted with the request. The Mental Health Professional should be provided the following information.

1. Time of the incident
2. Location of the incident
3. Type or nature of the incident
4. Responding units, and number of individuals involved
-Incident commander
5. Access information, authorization, and if necessary a
-meeting place prior to and at the incident
6. The name of the contact person making the request
-(department team member or incident commander)

D. Relieving Personnel From Duty - Appropriate CISM under circumstances of extreme critical incidents may result in personnel being relieved from duty. Final decisions to relieve personnel from duty rests with the Fire Chief.

A decision to relieve personnel from duty should be based upon the recommendation of a Mental Health Professional . If the relieved person(s) ability to adequately transport themselves is in question, the Duty Battalion Chief shall make transportation arrangements. Before personnel are relieved from duty, all personnel involved should attend a defusing. The defusing is led by a peer support member / CISM team member. If after a defusing conducted by a peer support member / CISM team member only, if personnel are not yet able to return to their assigned duties, all reasonable attempts shall be made to provide an additional defusing session led by a Mental Health Professional . The Mental Health Professional can assist with all aspects of further care as personnel are relieved from duty. Arrangements for a follow-up session for involved District personnel will be made on an as-needed basis. Steps should be taken to notify the family or roommates of the personnel's status. Direction should be provided as to how they can best assist the personnel through this difficult time. Under no circumstances is such action to be construed as discipline or negative toward the personnel involved.

The CISM Shift Coordinator, or CISM team member(s), will consult with the Duty Battalion Chief when District personnel have requested, and or, when they are recommended to be relieved of their duties for the remainder of the shift. The Duty Battalion Chief will obtain the approval of the Fire Chief to the release of District personnel. Upon obtaining approval, the Duty Battalion Chief will release the employee(s) for the remainder of the shift and place the employee(s) on paid administrative leave and the employee will complete the appropriate worker compensation paperwork.

Also, District personnel can / may be directed to the Employee Assistance Program, through MHN, for additional, confidential services. Information is available on the District's Target Solutions File Center or by calling (800) 227-1060 or visiting www.members.mhn.com (Access Code: FASIS).

E. Returning Personnel To Duty - A formal debriefing will be provided for members who have been relieved from duty. This debriefing is put in place to ensure that Fire Department members shall receive the highest level of CISM care available. If after the debriefing, personnel are not yet able to return to their assigned duties, the Mental Health Professional can make recommendations as to the appropriate continuing care that should be provided for the personnel.

1. The Contra Costa County MHN / EAP, and or, local Mental Health Professionals can provide continuing care for personnel beyond the formal debriefing.

F. On-Site Management - Minimizing personnel exposure to these stressful incidents can help minimize stress related responses. Command should reduce this exposure by rotating personnel and by removing initial personnel as soon as possible.

1. Any personnel directly involved in high stress incidents (particularly examples 1 through 6) should be considered as high priority for immediate removal from the scene. Relief from duty for these personnel may also be a consideration.

2. On-site evaluation and counseling by a CISM team member (both Peer and Professional) should be considered for critical incidents when time and circumstances permit, i.e., earthquake, long scene time incidents. In such situations, CISM team members can observe, watch for acute reactions, provide support, encouragement, consultation, and be available to help resting personnel deal with stress responses. CISM team members should be considered a resource available to command for assistance with rehab, welfare, or other sectors as needed.

X. CONFIDENTIALITY

All personal information and responses volunteered by participants regarding the incidents discussed in any intervention shall be held in strict confidence. At no time are written notes, audio recordings, or video recordings allowed. Session participants and Peer Support members will be asked to adhere to these guidelines.

Unless required by law, information arising from the debriefing/defusing session is confidential and must not be discussed outside of the session. Nothing is to be written, photographed, or recorded during the session.

However, it should be understood that by law, no legally confidential and privileged communication exists between a Peer Support member (including a mental health personnel) and an employee. Situations that cannot be maintained in confidentiality by any Peer Support member include:

1. When there is reason to believe that child abuse, or elder adult, or dependent adult abuse exists.
2. When the employee expresses that he/she is suicidal or a danger to himself/herself.
3. When the employee expresses the he/she intends to harm another person.

This information must be reported to the Fire Chief via the CISM Program Coordinator.

These requirements and constraints will be upheld and enforced by the East Contra Costa Fire Protection District.