

SUBJECT: CRITICAL INCIDENT STRESS MANAGEMENT (CISM)	SECTION: 306.16
REVISED: MAY, 18, 2004	PAGE(S): 4

PURPOSE

The procedure identifies the application of a "Critical Incident Stress Management".

BACKGROUND

Case studies of major incidents where numerous injuries or fatalities occurred have revealed that significant numbers of emergency personnel experienced some form of stress-related symptoms following the incident. Many of these symptoms were transitory and most personnel had no long-term detrimental effects. These studies, however, have also revealed that a small percentage of personnel do experience some form of long-term detrimental effects resulting from exposure to such incident. Some of these effects have been delayed, surfacing later after a period of no apparent symptoms. Without professional intervention, these personnel have experienced declining work performance and deterioration of family relationships, as well as increased health problems. The objective of this procedure is to provide professional intervention (immediately) after major incidents to minimize stress-related injury to Fire Department personnel.

The Department's Medical Director will provide medical guidance in the management of the critical incident stress program.

THE CRITICAL INCIDENT

Fire Department response to incidents that expose personnel to unusually strong emotional involvement may qualify for "Critical Incident Intervention". The following are examples of incidents that may be selected for intervention:

1. Serious injury or death of a Fire Department member or other emergency personnel.
2. Mass Casualty Incidents.
3. Suicide of a Fire Department member.
4. Serious injury or death of a civilian resulting from Fire Department operations (i.e., auto 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 Fire Department 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 the circumstances were so unusual or the sights and sounds so distressing as to produce a high level of immediate or delayed emotional reaction.

ON-SITE MANAGEMENT

Minimizing personnel exposure to these stressful incidents results in few stress-related problems. 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 high-stress incidents (particularly examples 1 through 6 on previous page) should be considered as high priority for immediate removal from the scene. Relief from duty for these personnel may also be a consideration. Examples 1 through 6 should be evaluated by behavioral health professionals to determine a need for early intervention and debriefing.

On-site evaluation and counseling by a intervention team member should also be considered for some critical incidents when time and circumstances permit. In such situations, intervention 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 command for assignment to the Rehab, Welfare, or other sectors as needed.

ACTIVATION OF THE CISM PROCESS

Company Officers, Command Officers, and available Debriefing Team members bear the responsibility for identifying/recognizing significant incidents that may qualify for CISM intervention. When an incident is identified as a "Critical Incident" (as described), a request for debriefing consideration should be made as soon as possible.

Any individual can initiate the CISM intervention process simply by contacting his/her supervisor or officer. Company officers whose crew may have experienced a traumatic event may also initiate the debriefing process by contacting a chief officer. The CISM Intervention team will then be contacted and the incident will be evaluated for the level of intervention required. The specific CISM services utilized will depend greatly upon how early the team is activated, and the nature of the incident.

Contacting the SW Ohio Critical Incident Stress Management Team:

1. Through the Reading or Hamilton County Dispatcher;
2. Telephone: 1-800-212-1322 (non-emergency: 513-563-2172)
 - a. Press in your number after the tone; allow up to twenty (20) minutes for an on-duty Team Coordinator to return your call.
 - b. You will be asked the following information:

- i. Your name and phone number for re-contacting
- ii. Your agency name, address and phone number
- iii. The nature of the incident
- iv. The perceived urgency of the situation (immediate v. formal debriefing)

DEBRIEFING ATTENDANCE

Attendance to a debriefing is **MANDATORY** for all personnel who were directly exposed to the traumatic aspects of an incident or otherwise identified as a person experiencing symptoms. Further participation is voluntary within the scope of the CISM intervention.

DEBRIEFING

Critical incident defusing or debriefing is not a critique of Fire Department operations at the incident. Performance issues will not be discussed during the intervention. The debriefing process provides formats in which personnel can discuss their thoughts and reactions and, thus, reduce the stress resulting from exposure to critical incidents. All CISM interventions will be strictly confidential.

Several types of CISM interventions may be conducted depending upon the circumstances of a particular incident. They may be conducted on an individual one-on-one basis or, more typically, in small groups of not more than 25 members. The following five types of debriefings, singularly or in combination, are most commonly utilized:

- On-Scene or Near-Scene Debriefing: (see "On-Site Management")
- Initial Defusing: Conducted shortly after the incident. Primarily informational. An update and status report on the incident and related injuries. A brief review of stress related symptoms will be provided by a professional counselor. More intense debriefing may be provided on an individual basis as requested by a crew member or as the need is observed by the debriefing team during the defusing meeting.
- Formal Debriefing Meetings: Conducted within 72 hours of incident. Confidential non-evaluative discussion of involvement, thoughts, and feelings resulting from the incident. Also, discussion of possible stress-related symptoms.
- Follow-Up Debriefing: Conducted weeks or months after incident, concerned with delayed or prolonged stress symptoms, may be done informally.
- Individual Consults: Available at any time, as needed. One-to-one counseling for any concerns related to the incident.

LOCATION

CISM interventions may be conducted anywhere that provides ample space, privacy, and freedom from distractions. City facilities or other available meeting facilities, centrally located to the involved companies are worthy of consideration. Selection of the site may be determined by either the Command Officer or the CISM Team Coordinator.

THE DEBRIEFING TEAM

The SW Ohio Critical Incident Stress Management Team consists of a competent International Critical Incident Stress Foundation approved trained peers, mental health and chaplains based on the needs of the requesting agency. The Fire Department liaison's role in the debriefing process will be to assist and support the professional counselors as necessary. Any follow-up care will be administered by the counseling group under contract with the City of Reading (PEAP).

RELIEVING PERSONNEL FROM DUTY

Circumstances of a critical incident may result in a recommendation by the CISM Team that individuals or companies are taken out of service. Such decisions may include returning personnel to their station(s) in an out-of-service status and allowing crew(s) to determine for themselves when they are mentally and physically prepared to return to service. In other circumstances, the crew member(s) may decide that they cannot return to duty, or the professional counselor may recommend relief from duty for the balance of the shift. If this is the case, appropriate steps should be taken to notify the member's spouse, roommates, or family of his/her status, and to provide direction on how they can best assist the member through this difficult time. Under no circumstances is such action to be construed as a negative toward the member. Personnel taken out of service are to be viewed as, and are to be treated with the same consideration as an "Injured" Firefighter.

TRAINING

The Reading Fire Department will provide training on an on-going basis to provide members and their families the necessary information regarding stress management, signs and symptoms related to stress, the member assistance program, and the Debriefing Process.