CRITICAL INCIDENT STRESS MANAGEMENT

Escambia County, Florida - ALS/BLS Medical Protocol

The purpose of a Critical Incident Stress Management (CISM) is to provide support and professional intervention after emergency personnel have been subjected to a significant traumatic event. CISM is designed to mitigate the impact of a critical incident and accelerate the mental healing process.

OVERVIEW

A. CISM teams are designed and implemented to specifically address the needs of emergency personnel, thus assuring that the very best support services are provided. The team is comprised of licensed mental health professionals and peer support personnel drawn from fire-rescue, police, nursing, dispatchers, disaster management, etc.

B. Peer support members are volunteers who have received training in a CISM Basic/Advanced training course. They are selected to participate in the CISM Team because they are trained, have the respect of their peers, are mature and care about the well being of their fellow emergency workers. Peer support personnel perform the following:

1. Initiate the first contact with those who have responded to the scene of a critical incident.

2. Assess the need for defusing or debriefings.

3. Contact the CISM Team Leader to begin the process of organizing a debriefing.

4. Call for mental health support when their training and resources are exceeded.

5. Assist with CISM-related educational activities.

CRITICAL INCIDENT STRESS MANAGEMENT TEAMS

A. CISM teams are designed and implemented to specifically address the special

personalities, stressors, and needs of emergency personnel, thus assuring that the very best support services are provided.

B. INFORMATION SHARED DURING ANY PART OF THE CISM PROCESS IS **CONFIDENTIAL** AND **WILL NOT** BE UTILIZED FOR ANY PURPOSE OTHER THAN THE BENEFIT OF THE INDIVIDUAL(S) INVOLVED.

C. Critical Incident Stress Management involves on scene support, demobilization for large-scale events, defusings, debriefings, and awareness education.

   1. On-Scene Support.

   Peer support personnel play a key role in providing on-scene support services to distressed emergency workers. There are generally three things peer support personnel may handle at the scene:

   a. Brief assistance to obviously distressed co-workers.

   b. Advice to the command staff as the situation warrants.

   c. Brief assistance to victims and their family members to reduce interference with operations. Once other appropriate victim-oriented agencies arrive, the care of distressed victims is turned over to the qualified agencies.

   2. Demobilization Support.

   a. This intervention is reserved for large-scale events.

   b. Demobilization support takes place at a site away from the scene when the work is completed.

   c. The entire process takes about 30 minutes and is coordinated by a mental health professional.

   d. Personnel are given information about stress and the typical signs and symptoms people experience.

3. <u>Defusings</u>.

    a. Defusings are small group processes that involve personnel from the initial arriving unit(s).

    b. Defusings are much shorter, less formal, and less structured than a debriefing. They are given within a few hours of the event and usually last about 30 to 40 minutes.

    c. The main purpose of a defusing is to stabilize the on-duty personnel so they can return to normal service or, if they are at the end of the shift, allowed to go home without unusual stress.

    d. Defusings allow personnel an initial forum to ventilate their reactions to a critical event. It also provides for stress related information to be distributed.

    e. Defusings are typically managed by peer support personnel, preferably from outside the involved agency, but may be led by a mental health person if peer support personnel decide that it is necessary.

    f. Defusings will accomplish one or two major goals in reference to the formal debriefing process. A well-run defusing will either eliminate the need to provide a formal debriefing, or it will enhance the formal debriefing.

4. <u>Debriefings</u>.

    a. Debriefings are structured group meetings that emphasize ventilation of emotions and other reactions to a critical event. In addition, they are educational discussions designed to address the impact of stress producing situations and their effects on the emergency service personnel. Debriefings are essentially discussions of the critical incident in a <u>confidential</u> meeting. They are not considered psychotherapy, nor are they psychological treatment. Instead, debriefings are discussions designed to put a bad situation into perspective. The two major goals of debriefings are to:

        1) Reduce the impact of a critical event.

2) Accelerate the recovery of normal people who are suffering through normal but painful reactions to abnormal events.

b. The formal debriefing process achieves its best effects when it is offered after 24 hours and before 72 hours following a critical incident. However, when necessary, debriefings have been performed up to eight weeks after an incident.

c. Debriefing Guidelines.

1) All members MUST be off-duty (or relieved of duty) to participate in any CISM related activities.

2) The formal debriefing process will include ONLY the members that were involved in the incident. This may include multiple agencies, such as police agencies, communications, specialty teams, etc.

3) CISM will be in a "quiet" place preferably away from the scene and/or agency. Radios and pagers will be turned "off" during the CISM process.

4) There will be no written, video, audio record of CISM activities.

5) The CISM process is CONFIDENTIAL. Only personnel involved with the incident are permitted to attend.

6) Debriefings are not a critique of the incident and thus will not allow specifics to be addressed.

5. Educational Awareness.

The CISM team is active in pre-hospital stress education and prevention programs. The team serves as a resource and referral network for emergency personnel who need more support than can be provided by a debriefing.

Family education and support programs are also an integral part of the team effort.

CRITICAL INCIDENT PROCESS

Critical incidents can be any event with sufficient impact to overcome the usual coping abilities of emergency personnel. Effects could be immediate or delayed.

There are a number of criteria to which an employee, supervisor, peer support personnel or command staff might decide to request or provide CISM to personnel after a critical incident. The final decision to conduct a formal debriefing will be made by the CISM Team Leader or Agency Officer, and the Clinical Director, after consultation with the affected personnel.

A. The following incidents automatic notification of the CISM Team is <u>highly recommended</u>:

    1. Line of Duty Death.

    2. Suicide of an emergency worker.

    3. Serious injury to an emergency worker.

    4. Serious multi-casualty incident/disaster.

B. Other types of incidents where the need for CISM may be useful but is <u>not mandatory</u> include:

    1. Significant event involving children.

    2. Incidents where personnel may know the victim.

    3. Police involved shooting.

    4. Prolonged incident with loss of life.

    5. Incident with excessive media interest.

6. Any other significant event having an unusually powerful impact on emergency personnel.

C. Some individual signs that indicate the need to consider CISM include:

1. Many personnel appearing distressed after being involved with particular incident.

2. Behavioral changes noted in (a) person(s) after a critical event.

3. Personnel noted making significant errors on calls occurring after a critical incident.