



Critical Incident Stress Management (CISM) Team

Guidelines and Protocols

**Serving Emergency Services Providers In:
Clarke County, Frederick County, Page County,
Shenandoah County, Warren County, the City of
Winchester and the Shenandoah National Park**

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**LORD FAIRFAX EMERGENCY MEDICAL SERVICES COUNCIL, INC.
CISM GUIDELINES & PROTOCOLS**

Revision History

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Lord Fairfax EMS Council's Critical Incident Stress Management Team Protocol and Procedure Manual

Mission:

The objective of Critical Incident Stress Management, herein after referred to as CISM, is to provide professional intervention after critical incidents to minimize stress-related injury to emergency services personnel. The Lord Fairfax EMS Council CISM Team serves law enforcement, fire and rescue, dispatch, other health care personnel within the Lord Fairfax Region. All other requests are referred to the appropriate health care entity.

Purpose:

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

Background:

Case studies conducted by medical groups of major incidents where numerous injuries or fatalities occurred have revealed that significant numbers of emergency services 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 continuing, long-term detrimental effects resulting from this exposure to the 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, separating themselves from public service, as well as increased health problems.

There is no fee associated with these services.

Definitions:

Debriefing: This is a formal group process, lasting from 1 to 3 hours (sometimes longer) and takes place 24-48 hours after the incident has concluded. The debriefer:peer ratio is 1:5, all accommodations will be made to benefit everyone. This service must be requested. The intent of a debriefing is to mitigate the impact of a traumatic event, to facilitate the recovery process and to restore adaptive functioning in all personnel. A set of protocols will be followed by both peers and mental health debriefers. **A debriefing is ONLY for those individuals who were part of the incident.**

Defusing: A defusing is a shortened version of a debriefing. It usually lasts from 20 to 45 minutes. A defusing is provided at the end of an incident by peers, clergy and/or mental health providers. A defusing targets the group closest to the incident.

Critical Incident: defined 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 the type, generates unusually strong feelings in the emergency worker.”

Team Administration:

The Administrative Coordinator of the Lord Fairfax EMS Council provides overall administrative support to the Lord Fairfax EMS Council’s CISM Team. The duties of the Administrative Coordinator include assisting with planning, training, recording all activities, application process, meeting schedules, and any activity to assist the team as necessary.

Appointment to represent the team on the State CISM Committee is by nomination from the committee. The nominee’s name and credentials will be forwarded to the State CISM Coordinator.

Meetings:

The Lord Fairfax EMS Council CISM Team should meet quarterly, if possible, but shall meet at least semi-annually. The number of members present will qualify as a quorum. The council staff will schedule the meetings and be responsible for the attendance roster and minutes. Team members will be required to attend one half of the scheduled meetings.

Member Travel Reimbursement:

Members will be reimbursed at the State rate for travel to and from locations that the team responds to as long as the funds are available. Team members are always encouraged to travel together to reduce costs.

Member Training Reimbursement:

Members will be reimbursed for training outside of the LFEMS region if the funds are available. A request should be made with the Executive Director as soon as possible, or within 30 days prior to the training.

OEMS Statistical Documentation:

A CISM Coordinator will notify the Lord Fairfax EMS Council when an individual has requested a debriefing.

Upon completion of the debriefing, the Team Leader of each debriefing will call or email the Lord Fairfax EMS Council with the statistical report within 24 hours. The Lord Fairfax EMS Council will report the information to the OEMS CISM Coordinator quarterly per the contract. Information submitted will include event date, action date, nature of activity, role of attendees, total present, number of peers/clinicians and reason for CISM. **No identifying information regarding providers is ever disclosed.**

Confidentiality:

In order to maintain strict confidentiality, **ONLY** the following people will be admitted in to the debriefing room:

- CISM Team members
- Emergency services personnel directly involved to the incident

All information discussed in the meetings is strictly confidential to protect the CISM team members and participants.

Membership Application Process:

The minimum age for applicants is eighteen (18) years of age at the time of the application. The applications are available through the Lord Fairfax EMS Council website and complete applications shall be submitted to the Lord Fairfax EMS Council. The applications are forwarded to the CISM Team Membership Committee for review and consideration. The CISM Team Membership Committee will review all applications, interview all applicants, and approve or deny membership.

The mental health requirement for a registered nurse, counselor, clergy, psychologist and other health professionals must have completed the minimal training in Individual Crisis intervention and Peer Support certification class in order to be part of the team.

CISM Team Membership Committee:

The CISM Team Membership committee will be composed of the following

- The clinical coordinator or designee
- Two team members

The role of the Membership Committee is to review new applications and interview perspective team members. The membership committee is also charged with the responsibility of approving or denying new applicants. The committee is chosen by the Clinical Coordinator and the term lasts for two years and each position is staggered in years.

General Team Membership Requirements:

All accepted applicants must have completed the minimal training in Individual Crisis Intervention and Peer Support certification class in order to be part of the team. In addition, mental health and associate mental health members must complete a ride-a-long program with a rescue, fire, and law enforcement agency. This information shall be documented and placed in each individuals file.

All members must complete an updated training class every five (5) years and must submit the documentation to the Lord Fairfax EMS Council where the permanent record of each member will be maintained.

Specific Membership Types and Qualifications:

Clinical Coordinator: The Clinical Coordinator must be a mental health professional who has received initial CISM training utilizing the standard Virginia training model. The Clinical Coordinator will work with the Administrative Coordinator in determining the need for a formal debriefing if one is requested. The Clinical Coordinator will be responsible for finding all mental health debriefers and coordinating with the Senior Peer Debriefers, as needed. The Clinical Coordinator is responsible for the coordination of all public relations/education programs presented by the Team. The Clinical Coordinators are responsible for establishing and providing continuing education programs for all Team members. The Clinical Coordinator must comply with the Lord Fairfax EMS Council CISM Team's Memorandum of Understanding.

Senior Peer Debriefers (Assistant Clinical Coordinator): The Senior Peer Debriefers may have a non-mental health background but must have received CISM training utilizing the approved Virginia training model. The Senior Peer Debriefers must be an experienced and active member in good standing of the LFEMS regional CISM Team. The Senior Peer Debriefers shall be the designee in the absence of the Clinical Coordinator. The Senior Peer Debriefers should be familiar with all fire, rescue, and police agencies and their functions. The Senior Peer Debriefers shall work with the Clinical Coordinator, Assistant Coordinator and Administrative Coordinator in contacting peer debriefers if a formal debriefing is needed. The Senior Peer Debriefers shall work with the Clinical Coordinator in establishing public relations/education programs to be presented to rescue, fire, and police agencies upon request. The Senior Peer Debriefers is responsible for working with the Clinical Coordinator in establishing training programs for peer debriefers on the Team. The Senior Peer Debriefers will be acting Clinical Coordinator in the event that the Clinical Coordinator is not available. The Senior Peer Debriefers must comply with the Lord Fairfax EMS Council CISM Team's Memorandum of Understanding.

Mental Health Debriefers: Mental Health Debriefers shall consist of individuals who have a minimum of a Masters Degree in a mental health field. All Mental Health Debriefers shall have received CISM Training utilizing the standard Virginia training model before participating as a Team member. The Mental Health Debriefers after observing, then assisting with a debriefing may then lead a formal debriefing when requested to do so by one of the Clinical Coordinators. All functions/assignments of the Mental Health Debriefers are determined and coordinated by the Clinical Coordinators. Mental Health Debriefers must comply with the Lord Fairfax EMS Council CISM Team's Memorandum of Understanding.

Associate Mental Health Debriefers: Associate Mental Health Debriefers shall consist of individuals who do not have a Masters Degree in a mental health field. These persons have a minimum of three years of delivery experience in their area to include pastors, registered nurses, and criminal justice degrees. All Associate Mental Health Debriefers shall have received CISM training utilizing the standard Virginia training model before participating as a Team member. 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 Coordinator. All functions/assignments of the Associate Mental Health Debriefers are determined and coordinated by the Clinical Coordinators. Associate Mental Health Debriefers must comply with the Lord Fairfax EMS Council CISM Team's Memorandum of Understanding.

Peer Debriefers: Peer Debriefers shall consist of individuals who do not have a minimum of a Masters Degree in mental health (i.e. rescue squad member, firefighter, police officer, minister, RN, etc.). The Lord Fairfax EMS Council's CISM Team is a "peer driven" team. All Peer Debriefers should receive CISM training utilizing the standard Virginia training model before participating as a Team member. The Peer Debriefers are responsible for working with the mental health professionals during a formal debriefing or an on-scene team function. The Peer is the "eyes and ears" for their agency's personnel after response to a critical incident. The Peer Debriefers should contact the Clinical Coordinator on call or Administrative Coordinator if a defusing or a debriefing is needed. All functions of a Peer Debriefers during a defusing, formal debriefing, or an on-scene debriefing are coordinated and directed by the Lead Debriefers. At no time will a Peer Debriefers lead a formal debriefing, unless authorized by the Clinical Coordinator. Peer Debriefers must comply with the Lord Fairfax EMS Council CISM Team's Memorandum of Understanding.

Debriefing Team: The Lord Fairfax EMS Council's debriefing team is composed of a group of individuals who represent many agencies. The team members consist of mental health professionals, nurses, emergency services personnel, chaplains, administrators, etc. who have received formal CISM training utilizing the standard Virginia training model. Team members are selected on the basis of a suitable application, an interview and training before beginning with the team. Members are encouraged to ride along with police, fire and rescue which are coordinated by the team's Clinical Administrator.

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, in route 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 the circumstances were so unusual or the sights and sounds so distressing as to produce a high level of immediate or delayed emotional reaction
10. Fear of injury or death as a result of work
11. Unexpected death

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

Team Operations

Notification/Activation of the Debriefing Process:

All emergency services personnel have the responsibility for identifying and/or recognizing significant incidents that may qualify for a debriefing. When an incident is identified as a “critical incident”, a request for a debriefing should be made as soon as possible, preferably within 24 hours of the incident. Anyone can make this request.

As soon as possible after identification for the potential need of a debriefing, the CISM Team should be notified utilizing the identified procedure. The Team relies on the “Eyes and Ears” of personnel in the field for notification.

To request a debriefing during normal business hours 8 AM – 4 PM Monday - Friday, call the Lord Fairfax EMS Council office at 540-665-0014 or (877) 208-9111.

To request a debriefing after normal business hours, nights, weekends or state holidays, call the Frederick County Emergency Communications Center (FCECC) at (540) 665-5645. The phone number is available 24 hours a day, seven days a week. FCECC will contact the Clinical Coordinator on call. The following information will be helpful when calling to request a debriefing or defusing:

1. Name and title
2. Information about the incident that led to the call, including
 - date and time of incident
 - duration of incident
 - number of emergency services personnel involved and their level(s) of training

- number of victims/patients
- disposition of victims/patients
- type of incident
- call back number
- suggested time and place for debriefing

Procedures when a request is received:

1. The Team's Clinical Director will be contacted by Frederick County Emergency Communications Center (FCECC).
2. The CISM Team will be contacted by the on-call Coordinator.
3. The Coordinator will arrange the time and place for the debriefing in conjunction with the requesting party.
4. The Coordinator will call back with the time and place for the debriefing.
5. While the debriefing is in session, no pictures, tapes, or notes will be taken by anyone in attendance. Attendance/participation should not affect an individual's employment. Media will not be allowed to attend the meetings. Only individuals who participated in the incident will be allowed to attend the meeting. All information pertaining to the meeting shall remain confidential.
6. The Coordinator will report the event to the Lord Fairfax EMS Council for reporting purposes.
7. The CISM meeting will be reported to the Virginia Office of EMS. All information will remain confidential.
8. Follow-up calls will be made within one week of debriefing by the Lead Debriefers to check the status of emergency services personnel involved in the incident.
9. Follow-up will also be done with the Debriefers that held the debriefing.

Location of Debriefing:

Debriefings may be conducted anywhere that provides ample space, privacy, and freedom from distractions. Selection of the site will be mutually determined by the Team Coordinator and emergency services personnel. The location may be on-site or a local building suitable to the Team Coordinator and Emergency Personnel.

Debriefing Attendance:

Attendance to a debriefing is extremely important for all initial responding personnel who were directly exposed to the traumatic aspects of an incident selected for debriefing. No one should be coerced in attending a debriefing. If you have a particular concern about an emergency responder after the debriefing, please let one of the mental health debriefers know about your concern.

General Information:

The debriefing process provides an opportunity for personnel to discuss their feelings and reactions in order to reduce the stress resulting from exposure to critical incidents.

A debriefing is not a critique of department operations at the incident, nor will performance be discussed. No one will be forced to talk.

The number of participants to debriefer ratio is 5:1; however, they may also occur on an individual basis. All debriefings will be strictly confidential.

In order to maintain strict confidentiality, **ONLY** the following people will be admitted in to the debriefing room:

- CISM Team members
- Emergency services personnel directly involved in the incident

Categories of Debriefings:

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

1. *On-Scene:*

Upon arrival at the scene, report immediately to the Incident Commander and ask what that person wants your role to be and where you are to be stationed. Team members reporting to the scene should be able to produce appropriate identification identifying themselves as members of the CISM Team. You may offer to work with the disaster victims, as well as rescue personnel, who are in need of emotional support. Remember the Incident Commander is in control of the scene and should make decisions about relieving his rescue personnel from duty; you are an advisor. Minimizing personnel exposure to these stressful incidents produces fewer stress-related problems. Command should reduce this exposure by rotating personnel and by removing initial personnel from the scene as soon as possible. Encourage the Incident Commander and his staff to have someone check vital signs on rescuers who appear physically or emotionally overstressed. Any personnel directly involved in incident examples 1 through 5 listed on page 7 should be considered high priority for immediate removal from the scene. Relief from duty for the balance of the shift is also highly recommended for these personnel. These incidents should always be debriefed.

CISM Team Members should remain in the background and should not be involved in the actual rescue mission. Once a CISM Team Member becomes involved in rescue activities, he/she loses his/her objectivity as a Team Member.

Remember that any rescue mission is a stressful event for all involved; as a CISM Team Member you should not add to that stress or be overly concerned about “normal” high levels of stress you may observe. 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 should not report to an incident unless requested to do so by the Clinical Coordinator or the Command Officers at the scene.

Observe behaviors; do not push people to talk about their stress; work with those people who have obvious symptoms that are distressing to them.

Offer emotional support, nutritious food, and non-caffeine drinks; do not attempt to offer stress management education in a formal manner at the scene. People are too stressed to hear you.

As rescuers prepare to leave the scene for home, let them know the Team is available and talk with those who ask to talk at that time. Brief defusings for small groups or individuals are appropriate at this time.

If you, or fellow Team Members, find that you are overstressed, be willing to step back and leave the scene for a recovery period. If you have questions about your own behavior or that of another Team Member, talk with your Team Leader at the scene.

2. Defusing:

This debriefing, which is conducted shortly after the incident, is a spontaneous, non-evaluative discussion often with no designated leader. It is primarily information, often including an update and status report on the incident and related injuries.

3. Formal Debriefing:

This debriefing is usually conducted within 72 hours of a critical incident. It is a confidential, non-evaluative discussion about involvement in the incident, thoughts and feelings, and stress reactions. All personnel involved in the incident in any fashion (i.e. fire, police, rescue, dispatchers, etc.) should attend this formal debriefing. Debriefings are conducted anywhere that provides ample space, privacy, and freedom from distractions. Selection of the site will be determined by the Clinical Coordinator in conjunction with the requesting agency's contact person.

1. Do not entice people into coming to the debriefing.
2. People should not be allowed to leave when the debriefing is in progress unless it is an extreme emergency.
3. People must arrive on time for the debriefing.
4. If the crew that is on duty at the time of the debriefing is part of the debriefing, another crew should replace them until the debriefing is over.

5. All electronic equipment shall be silenced.
6. Smoking is not permissible during the meeting.

4. Follow-up:

This informal debriefing, which occurs weeks or months after the incident and initial debriefing, is concerned with delayed or prolonged stress reactions. In addition, depending on the severity of the incident, there may be a need to have additional/multiple debriefings for a particular incident.

5. One-on-One:

Peer debriefers must contact the Clinical Coordinator when receiving a request for an individual debriefing. The Clinical Coordinator will then make recommendations and referrals, as needed.

The Debriefing Team:

The Team will consist of two mental health professionals as team leader and co-leader, and two peer debriefers. Any follow-up care will be provided by a mental health debriefer or a professional counselor. Individual team members may not perform a debriefing unless it is a one-on-one debriefing and approved by the Clinical Coordinator or designee.

Non-Sanctioned Debriefings:

Team members will not attempt to provide a formal debriefing without adhering to all sections of this protocol. When a debriefing is requested, the Clinical Coordinator will be notified and all requirements set forth in this protocol will be met. Any requests for a debriefing outside of these regulations will be referred to the Clinical Coordinator.

Final Disposition:

One week after a debriefing, the CISM member who led the debriefing will call the initiating agency contact person to determine the status of the persons who participated in the debriefing. If any problems exist, another formal debriefing or one-on-one may need to be scheduled.

Amendment of Administrative and Operational Guidelines:

The Clinical Coordinator has the power to change or amend any part of the policy to ensure a safe and functional CISM Team responds to the request of fire, rescue, and police personnel in an efficient and orderly process.

The CISM Team is a sanctioned committee granted by the Board of Directors of the Lord Fairfax EMS Council.

Lord Fairfax EMS Council Notification Process:

1. If you receive a request for debriefing please obtain the following information from the caller:

- Name
- Organization
- Telephone number(s)
- Brief synopsis of the incident
- When they hope to have the debriefing

Upon obtaining the above information during normal business hours 8 AM – 4 PM, call the Lord Fairfax EMS Council office at 540-665-0014 or (877) 208-9111. After normal business hours, nights, weekends or state holidays, call the Frederick County Emergency Communications Center (FCECC) at (540) 665-5645 and they will contact the Team Coordinator on call.

**Lord Fairfax EMS Council
Critical Incident Stress Management Team
Memorandum of Understanding**

I, _____, do hereby agree to serve as a volunteer on the Lord Fairfax 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 one half of the scheduled meetings per year. The Clinical Coordinator may grant excused absences on a case by case basis.
4. To complete the required reports as indicated as either mental health or peer debriefers and submit these to the Administrative Coordinator within 24-hours 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 complete a ride along with fire, rescue, or police.
9. To assist as requested in research related to the program (mental health team members).
10. To read and abide by all requirements set forth in the Team guidelines and protocols.

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 (i.e. ID badges, guidelines/protocols) will be returned at that 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 this Memorandum.

Signed: _____ Date: _____