



# Critical Incident Stress Management Team Guidelines and Procedures

## Guideline

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### **Purpose:**

The following materials are guidelines and procedures 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:**

Case studies conducted by medical groups of major incidents where numerous injuries or fatalities occurred have revealed significant numbers of rescue 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 interventions, these personnel have experienced declining work performance and deterioration of family relationships, as well as increased health and mental health problems.

### **Definitions:**

#### **Critical Incident:**

“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.”

#### **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.

#### **Debriefing:**

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

#### **Debriefing Team:**

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

**Procedure:****Critical Incident Assessment:**

Any incident faced by emergency response personnel that causes them to experience unusually strong emotional involvement may qualify for a “Critical Incident Stress Defusing and/or 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.

**Notification:**

As soon as possible after identification for the potential need of a debriefing, the CISM team 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.

## Activation Procedure:

### Request or Notification:

Field personnel contact **Charlottesville-UVA-Albemarle Emergency Communications Center: (434) 977-9041**, ask for the Shift Supervisor and advise them they have a CISM request.

### Obtaining Information:

ECC will obtain the following information to be given to the CISM Coordinator or designee for a confirmed request: (defusing, debriefing or on-scene)

- Name of person to call
- Agency name
- Phone number(s) w/area code(s) to call the individual back
- Tell them a CISM member will call them back within 30 - 45 minutes

If ECC 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 given to the CISM Coordinator or designee.

### Notification Procedure:

ECC alerts the CISM Coordinator or designee via text message.  
The CISM Coordinator or designee will return text page within 15 minutes

If the CISM Coordinator or designee does not return the text message within 15 minutes, ECC will start calling those on the contact list outlined in Section 5.

Once the CISM Coordinator or designee has answered the text page, ECC will give the information obtained above.

**On Call:**

On call scheduling will be handled by the CISM Coordinator or their designee. A calendar will be produced by the CISM Coordinator.

The CISM Coordinator, TJEMS Executive Director and Education Coordinator will each be on call for one (1) month at a time in rotation in which they are responsible for returning pages to ECC reference CISM.

The Mental Health Clinical Coordinator will always be on call for CISM activities. In the event of vacation or absence, the Mental Health Clinical Coordinator will notify the CISM Coordinator and provide contact information for the Mental Health Debriefers that will be on call for CISM activities.

The on-call month will start at 0700 on the first day of the month and run until 0659 the first day of the following month. Any changes to the on-call schedule will be worked out with appropriate level of coverage and the CISM Coordinator should be notified as soon as possible.

If the on-call person is unavailable or becomes unavailable by phone during their on-call month they should immediately notify the next available on-call person to cover in their absence.

If the TJEMS on-call person is not reachable by their normal documented means they need to call ECC and let the on-duty supervisor know of the temporary change in contact information.

If the on-call Mental Health Debriefers is not available by normal documented means they need to contact the on-call TJEMS CISM representative and make notification of the temporary change in contact information.

**Other Information:**

The CISM Coordinator will notify ECC of any on call changes or changes to the notification procedure via telephone and/or memo.

Permanent changes to staff contact information should be relayed to ECC as soon as possible by the CISM Coordinator.

## Categories of Service

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.

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 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 Mental Health Clinical Coordinator, Administrative Coordinator, or the Senior Peer Debriefing Officer.

**Defusing:**

- Conducted within 12 hours of the incident
- Performed by a trained peer team member
- Primarily informational and educational
- May include an update and status report on the incident.

**Debriefing:**

- Ideally conducted within 48 to 72 hours after a critical incident.
- Confidential discussion about involvement in the incident, thoughts and feelings, and stress reactions.
- All personnel involved in the incident in any fashion (i.e. police, fire, rescue, communication's officers, etc.) are invited and encouraged to attend.
- Debriefings are conducted anywhere that provides ample space, privacy, and freedom from distractions.
- The person requesting the debriefing should be contacted and told:
  - Participants should not be coerced into attending the debriefing.
  - Participants should be encouraged to stay when the debriefing is in progress unless it is an extreme emergency.
  - Participation in the debriefing by anyone involved in the incident is encouraged but not required.
  - Participants are encouraged to arrive on time for the debriefing.
  - If the on duty crew is participating in the debriefing, it is highly recommended that adequate coverage be found to allow crew attendance without interruption.

**Peer to Peer:**

- Can happen at any point
- Informal discussion between a trained team member and another peer.
- Confidential discussion about involvement in the incident, thoughts and feelings, and stress reactions.
- Peer may suggest individual consultation or further services.

**Individual Consultation:**

- Team members will contact the Mental Health Clinical Coordinator after having received a request for an individual consultation.
- The Mental Health Clinical Coordinator will then make recommendations and referrals as needed.

## **Team Member Job Descriptions**

### **Mental Health Clinical Coordinators:**

- Individual who have a minimum of a Master's Degree in a mental health field.
- Licensed in Virginia for independent practice.
- Must carry current malpractice insurance.
- Must be mental health professionals who have received initial CISM training from a CISD training format (or approved equivalent).
- Will work with the Administrative Coordinator in determining the need for a formal debriefing if one is requested.
- Responsible for finding all mental health debriefers and coordinating with the Senior Peer Debriefers as needed.
- Responsible for reviewing all applications for Team membership and make recommendations for approval or disapproval of the applicant.
- Must comply with the Thomas Jefferson EMS Council CISM Team's Memorandum of Understanding.

### **Administrative Coordinator:**

- May be a non-mental health professional but should have received approved CISM training.
- Responsible for maintaining all team records, updated mailing and telephone listings, updated guidelines and protocols, minutes, etc.
- Responsible for notifying Team members about upcoming meetings.
- Will prepare meeting agendas and conduct team meetings.
- Will work with the Mental Health Clinical Coordinator in determining the need for a formal debriefing.
- Responsible for notifying the requesting agency/contact person about the date, time and place of the debriefing.
- Must also make sure all agencies involved in the critical incident are notified that a formal debriefing is going to be held.
- Responsible for membership of CISM which includes but is not limited to:
  - Interviewing candidates for membership with the interview panel.
  - Maintain member files and certifications.
  - With assistance as needed from the TJEMS Executive Director and the Mental Health Clinical Coordinator; removes members with cause or due to violation of the Memorandum of Understanding.
- Must comply with the Thomas Jefferson EMS Council CISM Team's Memorandum of Understanding.

### **Assistant Administrative Coordinator:**

- May be a non-mental health professional but should have received approved CISM training.
- Shall work with the Administrative Coordinator, if needed in performing all duties and responsibilities.
- In the absence of the Administrative Coordinator, the Assistant Administrative Coordinator shall assume all of the Administrative Coordinator's duties.
- Must comply with Thomas Jefferson EMS Council CISM Team's Memorandum of Understanding.

**Senior Peer Debriefers:**

- May have a non-mental health background but must have received approved CISM training.
- Should have a rescue, fire, and/or police background and be familiar with rescue, fire and police agencies and their functions.
- Shall work with the Mental Health Clinical Coordinator and Administrative/Assistant Coordinator in contacting Peer Debriefers if a formal debriefing is needed.
- Shall work with the Mental Health Clinical Coordinator in establishing public relations/education programs to be presented to rescue, fire and police agencies upon request.
- Responsible for working with the Mental Health Clinical Coordinator in establishing training programs for Peer Debriefers on the Team.
- Must comply with the Thomas Jefferson EMS Council CISM Team's Memorandum of Understanding.
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**Peer Debriefers:**

- Shall consist of individuals from the public safety field (i.e. rescue squad member, firefighter, police officer, minister, RN, etc.).
- Should have received approved CISM training before participating as a Team member.
- Responsible for working with Mental Health Professionals during a formal debriefing or an on- scene team function.
- Is the "eyes and ears" for the agency's response to critical incidents.
- Should contact the Mental Health Clinical Coordinator or Administrative Coordinator if a defusing or debriefing is needed.
- All functions of the Peer Debriefers during a defusing, debriefing or an on-scene debriefing are coordinated and directed by the Mental Health Clinical Coordinator.
- At no time will a Peer Debriefers lead a formal debriefing without approval from the Mental Health Clinical Coordinator.
- Must comply with the Thomas Jefferson EMS Council CISM Team's Memorandum of Understanding.

**Mental Health Debriefers:**

- Individuals who have a minimum of a Master's Degree in a mental health field.
- Licensed in Virginia for independent practice.
- Must carry current malpractice insurance.
- Shall have received approved CISM training before participating as a Team member.
- After observing, then assisting with a debriefing may then lead a formal debriefing when requested to do so by the Mental Health Clinical Coordinator.
- All functions/assignments of the Mental Health Debriefers are determined and coordinated by the Mental Health Clinical Coordinator.
- Mental Health Debriefers must comply with the Thomas Jefferson EMS Council CISM Team's Memorandum of Understanding.



**Associate Mental Health Debriefers:**

- Individuals who have a Master's Degree in a mental health field or in a pastoral related field.
- Shall have received approved CISM training before participating as a Team member.
- After observing, then assisting with a debriefing, may then co-lead a debriefing, under the supervision of a Mental Health Clinical Coordinator.
- All functions/assignments of the Associate Mental Health Debriefers are determined and coordinated by the Mental Health Clinical Coordinator.
- Must comply with the Thomas Jefferson EMS Council CISM Team's Memorandum of Understanding.

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

## **Guidelines for On-Scene CISM Team Activities**

### **Team Members**

- Wait for the call from the Administrative Coordinator. Do not go to the scene unless requested. Remember the name of the caller. Use safe transportation to the scene and dress appropriately. Take team identification with you.
- Upon arrival at the scene, report to the Incident Commander. Remain in one assigned location. Remain in the background and do not become involved in rescue activities.
- If directed to enter the internal perimeter (hot zone), use appropriate safety gear, conduct the CISM related activities and then exit the area to your original assigned area.
- Encourage the Incident Commander to have someone check vital signs on rescuers who appear physically or emotionally over-stressed. Remember, the Incident Commander is in charge of the event and should make the decisions about relieving rescue personnel from duty, you are the advisor.
- Given that any rescue mission is a stressful event for all involved, do not add to the stress by being overly concerned about “normal” high levels of stress you may observe. Keep a low profile, observe behaviors, provide brief, crisis- oriented support, and stop once the person is stabilized. Do not attempt to provide stress management education in a group or formal manner at the scene.
- As a CISM worker, if over-stressed, be willing to step back and leave the scene for a recovery period (advise the Incident Commander).
- As rescuers prepare to leave the scene, let them know the CISM Team is available. Talk to those who wish to talk at the time. Brief defusings for groups or individuals are appropriate at this time.

### **Mental Health Professionals**

- In addition to the above, provide support to the obviously distressed personnel. Advise Incident Command about stress or related matters. Assist victims and families as needed until appropriate resources arrive (without becoming part of the rescue effort) to ease their distress and to reduce their interference with operations. Peers may provide the same function as the Mental Health Professional and may act as their assistant.

**All CISM Team members at a scene must:**

- Avoid any politics
- Limit approach
- Provide only short intervention, usually about 2 – 5 minutes
- Avoid criticism of the operation
- Stay out of the “hot zone” unless directed by Command
- Avoid the media (“I am here in a support role. Please see ... I am not familiar with all the operations.”)
- Support the Command staff
- Follow the rules
- Communicate
- Pre-plan defusings/debriefings as possible

## **Membership Application Process**

### **Candidates:**

- May apply once every 6 months.
- Must have approved CISM training.
- Must have 911 Dispatch/Communication Centers, EMS, Fire, Law Enforcement or Medical experience or be a Mental Health Professional.

### **Peer Members:**

- Candidates need to complete the Peer Membership Application and provide verification of having completed the required training and submit to the Administrative Coordinator.
- Upon receipt of the application, the Membership Committee consisting of the Administrative Coordinator, the Mental Health Clinical Coordinator and one additional team member (senior/peer debriefer) will review the application, interview the references and, conduct an interview with the team candidate.

### **Mental Health Professionals:**

- Interested Mental Health Professionals need to submit a Curriculum Vitae (CV) and the CISM Mental Health Professional Application to the Mental Health Clinical Coordinator.
- Upon receipt of the CV and application, the Mental Health Clinical Coordinator will interview the applicant along with the Administrative Coordinator.

## **CISM Completion:**

### **Completion Paperwork**

In an effort to maintain confidentiality but keep accurate records, TJEMS requires a Completion Summary Form be filled out and submitted to the Administrative Coordinator within two (2) weeks of the debriefing or defusing. This form will never ask for the names of attendees from Public Safety or topics of anything discussed. The form will only track the date and type of event (debriefing, defusing or peer to peer), names of CISM personnel that assisted and the number of attendees. This is required so TJEMS can submit accurate activation data to the Virginia Office of EMS as mandated.

The most senior CISM member who attended will complete the form and submit it within two (2) weeks of the event. The person filling out the form will refrain from placing anything confidential on it. Mileage re-imbursement will not take place until the completion paperwork is received.

### **Mileage Reimbursement**

In an effort to provide a means to offset any unnecessary financial burden to those team members who actively participate in defusings and debriefings, mileage reimbursement will be offered under the following guidelines:

- The defusing and/or debriefing must incur travel over ten (10) road miles from the team member's home.
- An approved Mileage Reimbursement form (available from the TJEMS office) is submitted to the Administrative Coordinator for review and approval.
- The mileage reimbursement form should be filled out and submitted to the Administrative Coordinator within two (2) weeks of the defusing or debriefing.
- The reimbursement claims will be paid on a timely basis.
- Team approved training and conferences may be submitted for mileage reimbursement (pending available funds).
- Mileage reimbursement rates will be consistent with those as approved by the Thomas Jefferson EMS Council Board of Directors. Historically these rates reflect current Virginia reimbursement rates as compared to those of the Federal government.