

Purpose: The following materials are procedures and guidelines 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:

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

Defusing: A 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.

Critical Incident: Is defined by Dr. Jeff Mitchell 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 type, generates unusually strong feelings in the emergency worker."

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

If a formal debriefing is needed, at least one peer debriefer and one mental health professional will conduct the debriefing.

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 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, en 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 circumstances were so unusual or the sights and sounds so distressing as to produce a high level of immediate or delayed emotional reaction.

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

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

1.0 Request or Notification:

- 1.1 Field personnel contact **Charlottesville Fire Department: (434) 980-3240**. Ask for the Officer in Charge indicating that they have a CISM request.

OR

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

- 1.2 CFD/ECC notifies CISM for one of the following:
- Pediatric trauma resulting in death
 - Line of duty death or severe injury of squad member, firefighter or police officer
 - Suicide or unexpected death of squad member, firefighter or police officer
 - An accident involving an ambulance, fire apparatus or police vehicle resulting in injury
 - Mass casualty incident
 - Prolonged events > 90 minutes
 - Any event in which a dispatcher or officer has concerns for the mental health of providers
 - Any person calling and requesting CISM services

2.0 Obtaining Information:

- 2.1 CFD/ECC will obtain the following information to be given to the CISM investigator 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 investigator will call them back within 30 – 45 minutes
- 2.2 If CFD/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 snap-paged to a CISM Coordinator. See 5.0

3.0 Notification Procedure:

- 3.1 CFD/ECC alerts the CISM Coordinator or one of the investigators on the call down list. (Note – First three (3) can be group paged on snap if preferred). See 5.0
- 3.2 Coordinator should return page within 15 minutes. If not, Re-page the Coordinator. If no response again after 10 minutes, Group Page CISM or page in order down the call list (See 5.0)
- 3.3 Once an investigator has answered the page, CFD will give the information obtained in section 2.1 or 2.2.

4.0 **Other Information:**

- 4.1 The CISM Coordinator will notify CFD/ECC of any on call changes or changes to the notification procedure via telephone and/or memo.
- 4.2 In case of some strange or unusual circumstances where CFD/ECC was unable to reach the first three investigators, and investigators #5.4, 5.5, and 5.6 were unable to be reached – call the Clinical Coordinator:
Clinical Coordinator – Christy Miller
H – (434) 296-5439
P – (434) 923-7009

5.0 **Call List:**

- 5.1 Cookie Conrad (CISM Coordinator):
Pager (434) 872-8260 (Digital pager: Snap & DS Alpha – Metrocall)
Cell (434) 566-2372
Work (434) 295-6146
- 5.2 Linda Johnson (Assistant Coordinator)
Pager (434) 923-7006
Cell (434) 531-3698
- 5.3 Donna Burns (Prehospital Coordinator)
Pager (434) 963-1416
Work (434) 924-8484
- 5.4 Lewis Jenkins (Senior Peer)
Cell (540) 718-6643
Home (540) 948-3350
- 5.5 Christy Hodge (Prehospital Coordinator)
Cell (434) 996-6975
Home (434) 823-1779
- 5.6 Glenys Dix (Senior Peer)
Work (434) 924-1659

Categories of Debriefings

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.

Any personnel directly involved in incident examples 1 through 4 (listed previously) should be considered high priority for immediate removal from the scenes. Relief from duty for the balance of the shift is also highly recommended for these personnel. Debriefings for these events should always be offered.

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 Clinical Coordinator, Administrative Coordinator, Senior Peer Debriefing, or the Command Officers at the scene.

Initial Defusing: A defusing, which is conducted shortly after the incident, is a spontaneous, non-evaluated discussion often with no designated leader. It is primarily informational, often including an update and status report on the incident and related injuries.

Formal Debriefing: This debriefing is usually conducted within 48 to 72 hours after a critical incident. It is a confidential, non-evaluation 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, dispatchers, media, etc.) are invited and encouraged to attend. Debriefings are conducted anywhere that provides ample space, privacy, and freedom from distractions. Selection of the site will be determined by the CISM Administrative Coordinator, Clinical Coordinator, Senior Peer Debriefing or another designated Team member. The person requesting the debriefing should be contacted and told:

- a. Do not trick people into attending the debriefing.
- b. People should not be allowed to leave when the debriefing is in progress unless it is an extreme emergency.

- c. People must arrive on time for the debriefing.
- d. If the crew that is on duty at the time of the debriefing is part of the debriefing, they should be replaced by another crew until the debriefing is over.

Individual Consultation: Peer debriefers will contact the Clinical Coordinator when having received a request for an individual debriefing. The Clinical Coordinator will then make recommendations and referrals as needed

Team Member Job Descriptions

Clinical Coordinators: Clinical Coordinators must be mental health professionals who have received initial CISM training from Dr. Jeffrey Mitchell's CISD training format (or approved equivalent). The Clinical Coordinator will work with the Administrative Coordinator in determining the need for a formal debriefing if one is requested. The Clinical Coordinator or designee will be responsible for finding all mental health debriefers and coordinating with the Senior Peer Debriefers as needed. The Clinical Coordinator is responsible for reviewing all applications for Team membership and make recommendations for approval or disapproval of the applicant. The Clinical Coordinator must comply with the Thomas Jefferson EMS Council CISM Team's Memorandum of Understanding.

Administrative Coordinator: The Administrative Coordinator may be a non-mental health professional but should have received approved CISM training. The Administrative Coordinator shall be responsible for maintaining all Team records, updated mailing and telephone listings, updated guidelines and protocols, minutes, etc. The Administrative Coordinator is responsible for notifying Team members about upcoming meetings. The Administrative Coordinator will prepare meeting agendas and conduct Team meetings. If a debriefing is requested, the Administrative Coordinator will work with the Clinical Coordinator in determining the need for a formal debriefing. The Administrative Coordinator is then responsible for notifying the requesting agency/contact person about the date, time and place of the debriefing. The Administrative Coordinator must also make sure all agencies involved in the critical incident are notified that a formal debriefing is going to be held. The Administrative Coordinator must comply with the Thomas Jefferson EMS Council CISM Team's Memorandum of Understanding.

Assistant Administrative Coordinator: The Assistant Administrative Coordinator may be a non-mental health professional but should have received approved CISM training. The Assistant Administrative Coordinator 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. The Assistant Administrative Coordinator must comply with Thomas Jefferson EMS Council CISM Team's Memorandum of Understanding.

Senior Peer Debriefers: The Senior Peer Debriefers may have a non-mental health background but must have received approved CISM training. The Senior Peer Debriefers should be familiar with all rescue, fire and police agencies and their functions. The Senior Peer Debriefers shall work with the Clinical Coordinator and Administrative/Assistant 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 must comply with the Thomas Jefferson EMS Council CISM Team's Memorandum of Understanding.

Mental Health Debriefers: Mental Health Debriefers are individuals who have a minimum of a Master's Degree in a mental health field. All Mental Health Debriefers shall have received approved CISM training 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 the Clinical Coordinator. All functions/assignments of the Mental

Health Debriefers are determined and coordinated by the Clinical Coordinator. Mental Health Debriefers must comply with the Thomas Jefferson EMS Council CISM Team's Memorandum of Understanding.

Associate Mental Health Debriefers: Associate Mental Health Debriefers are individuals who do not have a Master's Degree in a mental health field, but who have a minimum of three years of mental health service, delivery experience, and who are currently providing clinical services to clients in a mental health setting. All Associate Mental Health Debriefers shall have received approved CISM training 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 Coordinator. Associate Mental Health Debriefers must comply with the Thomas Jefferson EMS Council CISM Team's Memorandum of Understanding.

Peer Debriefers: Peer Debriefers shall consist of individuals who do not have a minimum of a Master's Degree in mental health (i.e. rescue squad member, firefighter, police officer, minister, RN, etc.) All Peer Debriefers should have received approved CISM training (ex: Jeff Mitchell model) before participating as a Team member. The Peer Debriefers are responsible for working with Mental Health Professionals during a formal debriefing or an on-scene team function. The Peer Debriefers are the "eyes and ears" for the agency's response to critical incidents. The Peer Debriefers should contact the Clinical Coordinator or Administrative Coordinator if a defusing or debriefing is needed. All functions of the Peer Debriefers during a defusing, formal debriefing or an on-scene debriefing are coordinated and directed by the Clinical Coordinator. At no time will a Peer Debriefers lead a formal debriefing. Peer Debriefers 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 Clinical Coordinator.

Guidelines for On-Scene CISM Team Activities

Peer Debriefers

1. Wait for the call. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. As a CISM worker, if over-stressed, be willing to step back and leave the scene for a recovery period (advise the Incident Commander).
7. 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

8. 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:

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

Membership Application Process

Peer Members

1. Interested Peer Debriefers need to complete the Team application and provide verification of having completed the required training.
2. Upon receipt of the application, a team consisting of the Team Administrator, the Clinical Coordinator and one additional team member (peer debriefer) will review the application, interview the references and, if necessary, conduct an interview with the team applicant. A recommendation from the Membership Committee will be forwarded to the CISM Team for their actions.
3. The Membership Committee, upon the request of the CISM Team, may choose to re-interview prospective team members in the event additional information is provided not discovered in the original interview process. This may be completed prior to recommendation for team membership.

Mental Health Professionals

1. Interested Mental Health Professionals need to submit a Curriculum Vitae (CV) to the Clinical Coordinator.
2. Upon receipt of the CV, the Clinical Coordinator may elect to interview the applicant along with the Team Administrator.
3. Upon the request of the CISM Team, the Mental Health Applicant may be re-interviewed in the event additional information is provided not discovered in the original interview process. This must be completed prior to any involvement as a Team member.

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, the Thomas Jefferson EMS Council CISM Team will offer mileage reimbursement under the following guidelines:

1. The defusing and/or debriefing must incur travel over ten miles from the team member's home point,
2. An approved Mileage Reimbursement form (available from the TJEMS office) is submitted to the Team Administrator for review and approval,
3. The reimbursement claims will be paid on a timely basis,
4. Team approved training and conferences may be submitted for mileage reimbursement (pending available funds).
5. Mileage reimbursement rates will be consistent with those as approved by the Thomas Jefferson EMS Council Board of Director's. Historically these rates reflect current Virginia reimbursement rates as compared to those of the Federal government.