



Contra Costa County Operations

Patient Focused - Customer Centered - Caregiver Inspired

SOP # 225	Approved By:
CISM Program Revised: April 2016	Michael Johnson Regional Director

A. Introduction

The Critical Incident Stress Management (CISM) Program exists to provide a systematic approach to supporting American Medical Response personnel who have been involved in emergency operations under conditions of extreme stress, who are showing signs of traumatic and/or cumulative stress experienced in the line of duty, or who have experienced significant emotional events while off duty for which personal support has been requested. In addition, the CISM Team may also be utilized to assist the community and/or other agencies that have experienced a critical incident. The CISM Team does not provide therapy, diagnosis, or any type of treatment. The CISM Team does provide support as outlined in the debriefing/defusing goals listed below.

Critical incident stress research and experience have shown that immediate, focused intervention by trained peers, and or counselors, can and does significantly reduce the negative after-effects of exposure to trauma.

In addition, this research has revealed that a percentage of emergency service personnel do experience continuing, long-term detrimental effects resulting from exposure to trauma. Without trained intervention, declining work performance, deterioration of family relationships and health problems may be experienced.

The Critical Incident Stress Management (CISM) Program will provide a confidential environment for all participants.

B. Purpose

The purpose of this policy is to establish standards for the formation, administration, and maintenance of the Critical Incident Management Team (CISM) for American Medical Response employees of Contra Costa County. The CISM team is dedicated to the prevention and mitigation of disabling stress through education, training, peer support and provision of support services when an employee is faced with a critical incident

C. Objectives

1. The objective of this program is to provide CISM intervention quickly after critical incidents to minimize stress-related responses for employees.

2. Creation of a CISM program enables us to deliver supportive assistance in the restoration of normal job and personal function to people who are experiencing symptoms or reactions of distress after being exposed to significant emotional events.

D. Goals

1. To provide all employees with the opportunity for peer support through times of personal or professional crisis in a timely manner.
2. To provide a readily accessible support network for employees and their families who express a need for supportive assistance.
3. To promote a trusting environment for employees participating in Peer Support and ensure confidentiality at all times
4. To develop employee ability to anticipate personal conflicts and an awareness of available alternatives for self-help.
5. To maintain an effective, ongoing peer support training process.

F. Policy

1. It shall be policy to provide Critical Incident Stress Management interventions, when necessary, after a critical incident has occurred.
 - a. The CISM Team shall be contacted on all Mass Casualty Incidents
2. It shall be policy to maintain the ongoing participation of a pool of qualified local Mental Health Professionals (MHP) and Peer Support Members to help facilitate the program.
3. It shall be policy, whenever possible, to respond to mutual aid requests for CISM from other emergency response agencies.

E. Definitions

1. **Mental Health Professional (MHP)** - A licensed mental health professional trained at the masters level and had documented training in the CISM Mitchell Model. The MHP can be a contracted employee or can be accessed through the Employee Assistance Program (EAP)
2. **Mitchell Model** is a program developed my Jeffrey Mitchell, Ph.D. and is model taught through the International Critical Incident Stress Foundation (ICISF)
3. **CISM Coordinator** - A member of AMR management who coordinates the CISM program and maintains records of activity. The CISM coordinator maintains liaison with operations, assists with the logistics of defusings and CISD's of the CISM program, and assists in the program's training activities.
4. **CISM Peer Support Member** is an employee who is specially trained in CISM and can perform debriefings and defusings. Peer Support Members can work alone to perform defusings and 1:1 interventions.

5. **1:1 Interventions** are an informal discussion between a peer support member and an employee.
6. A **“Critical Incident”** does not have to be a disaster of major proportions to be experienced as a traumatic event. A critical incident is defined as any situation faced by employees which:
 - a. Generates unusually strong feelings and/or emotional reactions
 - b. May cause a detrimental impact on present or future performance.
 - c. Surpasses the normal coping mechanisms of employees
7. **“Cumulative Stress”** is defined as the negative impact related to a buildup of the effects of multiple incidents over a period of time. This may invoke a strong emotional reaction to a seemingly innocuous or unrelated incident or manifest itself in a variety of forms.
8. **Defusing**
 - a. Conducted after a small scale crisis in a small homogeneous group.
 - b. Best applied immediately (within 1-2 hours) but up to 8 hours after a crisis.
 - c. Conducted with trained CISM peer team members (MHP is not required).
 - d. The defusing will normally take approximately one hour, but may last up to three hours, and the unit(s) will be taken out of service during that time.
 - e. Goals are to allow immediate ventilation of the stressful experience, normalize reactions, lower tension, provide information to the group members, restore cognitive processing of the event, discuss coping methods, affirm the value of the personnel, establish expectancies for the future, and identify those who may need additional support.
9. **Critical Incident Stress Debriefing (CISD)**
 - a. Conducted after a traumatic event with a small homogeneous group, who has completed the event and moved past the acute phases.
 - b. Ordinarily provided between 24 and 72 hours after a traumatic event.
 - c. CISM team must include one CISM trained Mental health Professional and at least one CISM trained Peer Support Member.
 - d. Goals are to lower tension, mitigate reactions to the event, facilitate the recovery process and identify those who may need additional support or referral for professional therapeutic intervention.
10. **Demobilizations-** Also called RITS (Rest Informational Transition Services) is a quick informational and rest session right after operations units have been released from service at a major incident that requires 2/3 of all available personnel (typically a large group). It serves a secondary function as a screening opportunity to assure that individuals who may need assistance are identified after the traumatic event.
11. **Crisis Management Briefings (CMB)** aka “town hall meetings”
 - a. Designed for use with large groups (up to 300) of primary victims. This may be implemented with civilians after disasters, students after school related incidents, employees after work-related crisis, etc.
 - b. Goals are to provide the group with information about the incident, provide a sense of leadership, reduce the sense of chaos, provide coping resources, facilitate follow-up care, to increase cohesion and morale, assess further needs of the group, and restore personnel to adaptive functioning.
12. **Pre-Incident Education:** This is an introduction for new employees regarding definitions and how to access CISM services. This shall be done via informational sheet and presentation within their new hire academy.

F. Authority and Responsibility

1. The Regional Director or Director of Operations shall have ultimate authority over the CISM program.
2. A pool of peer support members and local mental health professionals shall be the resources for delivering CISM services.
3. The CISM coordinator, as identified by the Regional Director or Director of Operations shall have the responsibility of overseeing the CISM program.
4. It shall be the responsibility of any employee to identify, and or, recognize significant incidents that may qualify to be evaluated for defusing or debriefing.
5. It shall be the responsibility of the CISM coordinator to maintain CISM program activity records. These records are strictly statistical as to event type, date, numbers of individuals involved, etc. Information concerning specific personnel will not be recorded or maintained.
6. It shall be the responsibility of the CISM group to prepare and deliver "pre-incident" CISM approved training to all personnel and new recruits. If the CISM team does not deliver the training, the training will be delivered by an instructor as designated by the CISM Team coordinator
7. It shall be the responsibility of the CISM coordinator to provide a means to, and annually evaluate the program performance and quality.
8. It shall be the responsibility of CISM team members to maintain and update their skills by participating in ICISF continuing education exercises.
9. The CISM team will adhere to International Critical Incident Stress Foundation models and methods/intervention protocols.

G. Procedures

1. **Implementation of the CISM Program** - All employees shall have the responsibility to identify "critical incidents" and have the ability initiate the CISM process. A request for defusing and/or CISD consideration should be made as early as possible. Employees shall make a request by directly contacting a peer member or their direct supervisor. If the direct supervisor is not available then a call shall be placed to dispatch to request the field supervisor call them immediately for a possible CISM incident. It will be then the responsibility of the supervisor to contact a peer support member. Peer support members that are currently on duty shall be the first point of contact.

- a. Identification/Notification: When a "critical incident" is identified, the chain of command shall be used to confirm notification to these levels:
 - i. CISM support team member via face to face, Everbridge (or similar) or direct call
 - ii. Direct supervisor of involved crews(s)
 - iii. Manager on Call
 - iv. Mental Health Professional
 - v. Regional Director or Director of Operations
- b. Any scene leader may initiate the CISM process. For serious events, this can be done from the scene through appropriate contacts.

- c. If warranted, the CISM team will set up a meeting place and time for the debriefing/defusing session, then will notify the on duty supervisor and the supervisor will notify MOC.
 - d. The on duty supervisor will inform their crews of when and where the debriefing/defusing session will take place. Attendance is automatic, although participation is not mandatory. Individuals not involved in the incident will not be allowed to attend the debriefing/diffusing.
 - e. If necessary, a separate debriefing/defusing will be provided for supervisor level and above, as their presence during the employee session may cause reluctance on the part of the participants to speak openly.
 - f. The debriefing/defusing of the unit(s)/personnel identified will be done soon after the conclusion of the incident unless conditions dictate otherwise. This is in recognition of the importance to meet with the crews and/or individuals while they are still assigned together and prior to their going off shift.
 - g. The debriefing/defusing is not considered an After Action Review; therefore, participants will not discuss the strategy or tactics used or the actions taken at an incident except when discussing how it relates to an individual's emotional state.
 - h. In the event a request for the CISM Team has been made by another agency, or the community, the CISM Team coordinator will evaluate the request, inform the MOC who will or will not grant permission to proceed with mobilizing a team of Peer Support members as necessary.
 - i. Unless required by law, information arising from the debriefing/defusing session is confidential and must not be discussed outside of the session. Nothing is to be written, photographed, or recorded during the session.
3. **Evaluation:** The on duty Supervisor and or MOC and the CISM support team members will evaluate the incident for the level of intervention required. Regional Director or Manager of Operations shall be kept informed of the CISM intervention plan.
4. **Mental Health Professional Contact:** When MHP is needed for a defusing or debriefing, the appropriate provider will be contacted with the request. The MHP should be provided the following information.
- a. Time of the incident
 - b. Location of the incident
 - c. Type or nature of the incident
 - d. Responding units and number of individuals involved
 - e. Access information, authorization, and if necessary, a meeting place prior to and at the incident.
 - f. The name of the contact person making the request (CISM team member or MOC)

I. Confidentiality

1. All personal information and responses volunteered by participants regarding the incidents discussed in any intervention shall be held in strict confidence. At no time are written notes, audio recordings, video recordings, or photographs allowed. Session participants and Peer Support members will be asked to adhere to these guidelines.

Unless required by law, information arising from the debriefing/defusing session is confidential and must not be discussed outside of the session.

However, it should be understood that by law, no legally confidential and privileged communication exists between a Peer Support member (including a mental health

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professional) and an employee. Situations that cannot be maintained in confidentiality by any Peer Support member include:

- a.** When there is reason to believe that child abuse, or elder adult, or dependent adult abuse exists.
- b.** When the employee expresses that he/she is suicidal or a danger to himself/herself.

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