



MIAMI-DADE FIRE RESCUE DEPARTMENT

Policy & Procedure Manual



Volume: III	INCIDENT PRACTICES
Chapter: F	INCIDENTS, HEALTH/SAFETY/INDUSTRIAL HYGIENE
Originated By:	EMS DIVISION (EMPLOYEE & COMMUNITY AFFAIRS)
Subject: 14	CRITICAL INCIDENT STRESS MANAGEMENT PROGRAM
Published Date: 7/1/14	Dave Downey, Fire Chief
Review Date: 7/1/14	

- 14.01** **PURPOSE:**
Increase awareness through education and encourage the practice of open and safe dialogue about the harmful effects of unmitigated stress for first responders. Provide assessment and timely intervention through the offering of emotional, psychological, and spiritual support for emergency service personnel after significant traumatic events in order to minimize stress-related problems
- 14.02** **POLICY:**
Miami-Dade Fire Rescue will provide Critical Incident Stress Management (CISM) to personnel to assist them in coping with traumatic situations.
- 14.03** **AUTHORITY:**
The authority vested in the Fire Chief by Section 125.01 and Confidentiality 90.505, 401.30 Florida Statute; Sections 4.01 and 4.02 of Miami-Dade County Charter; and Section 2-181 of the Code of Miami-Dade County.
- 14.04** **RESPONSIBILITY:**
It is the responsibility of the appropriate Assistant Chief/Director to review and update this policy.
- 14.05** **DEFINITIONS:**
Acute-Crisis Phase: Component within the CISM time spectrum designed to deal with the mitigation of acute stress related to an event through a variety of interventions. (one-on-one crisis intervention, defusing, debriefing, demobilization, informational briefing, staff advisement, town meetings)

CISM of Florida Region Eleven (11): A region within the ICISF coverage structure comprised of departments from within Miami-Dade, and Monroe Counties. Departments participating within this structure vary from year to year. The Region is overseen by a Regional Coordinator, and serves under the license of a Clinical Director. Miami-Dade Fire Rescue is a member of the Region Eleven (11) Team as it pertains to the ICISF regional structure.

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CISM Response Team: At MDFR, a CISM Response Team is composed of a Team Leader, a Chaplain, and additional peer support personnel as needed, drawn from the MDFR CISM Team pool of “active status” peers. In the case of a debriefing intervention scenario, a Licensed Clinician is also required.

Debriefing: A seven (7) phase, structured group discussion usually provided within 1-10 days post crisis (3-4 weeks mass disasters). Designed to mitigate acute symptoms, assess the need for follow-up, and if possible provide a sense of post-crisis psychological closure. A licensed clinician must be present. This group intervention must be homogeneous in nature. As in all forms of CISM interventions, confidentiality as defined in this policy is essential. Possible referral to higher level of care is always a very real option and possibility.

Defusing: A three (3) phase, structured small group discussion provided within twelve (12) hours of a crisis for purposes of assessment, triaging, and acute symptom mitigation. This group intervention must be homogeneous in nature. As in all forms of CISM interventions, confidentiality as defined in this policy is essential. Possible referral to higher level of care is always a very real option and possibility.

Demobilization: Structured informational presentation offered to groups usually after large scale events. The purpose is to provide educational reminders to help point out possible challenges, identify signs and symptoms, and assist in the processing and framing of the reintegration into “normal life”. “De-mobs” can also be used in long drawn-out events between active shifts. **Informational Briefings** and **Staff Advisements** are one-way briefings used in large scale events, designed for the dissemination of appropriate information between participating agencies as needed. **Town Meetings** are community focused events that can be useful to control rumors, mitigate inaccurate information, and answer questions that might come up during event.

International Critical Incident Stress Foundation (ICISF): A non-profit open membership foundation whose mission is to provide leadership, education, training, consultation, and support services in comprehensive crisis intervention and disaster behavioral health services to the emergency response professions, other organizations, and communities worldwide.

MDFR Chaplain: A firefighter (active/retired) or non-sworn employee, certified by an MDFR Chaplaincy Board approved body, recommended to serve by same, and appointed by the Fire Chief to offer emotional support when needed and spiritual guidance when invited, to all MDFR personnel. Chaplains serve upon request regardless of a person’s decision to practice or not practice religion or faith. They are also available to respond to identified catastrophic events within our jurisdiction and offer the pastoral care component within the CISM structure. All conversations with an MDFR Chaplain are confidential protected under Florida Statue 90.505 (1) (a) (b).

MDFR CISM “Active Status”: Educational and or training criteria needed to be met enabling an MDFR CISM Peer to participate as part of the MDFR CISM Team.

MDFR CISM Community: MDFR personnel trained and certified as peers in ICISF one-on one crisis and group intervention, without making a commitment to maintain “active status” as a member of the MDFR CISM Team.

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MDFR CISM Liaison: A position identified by the Region Coordinator to oversee the MDFR CISM Team as an active Team Leader. It is the responsibility of the liaison to provide leadership and organization to the MDFR CISM Team as it concerns, team education, readiness and deployment. The liaison serves under the Region 11 Coordinator and the Region 11 Clinical Director. The Liaison is also responsible for providing yearly reports to the Region Coordinator as to activities within the team and is also involved in activating Team Call-Outs when interventions are needed.

MDFR CISM Outreach Activation Roll (OAR): List of “active status” peers used by MDFR CISM Liaison or Team Leaders to form a Response Team

MDFR CISM Peer – MDFR employee who has been certified in both one-on-one and group CISM interventions by the ICISF. Region Eleven (11) peers can be composed of members from fire, police, emergency medical, nursing, communications dispatchers, disaster management, and other emergency-oriented organizations.

MDFR CISM Response Team Leaders: Peers identified by the MDFR CISM Liaison with enough experience and insight (as identified by MDFR CISM Liaison) to serve as team leader in an intervention and do Team call-outs if necessary.

MDFR CISM Team: A group comprised of MDFR personnel trained and certified as peers in ICISF one-on- one crisis and group intervention, committed to maintain “active status” in order to assist in crisis interventions involving MDFR personnel as part of a response team under the direction of the MDFR CISM Liaison.

One-On-One Crisis Intervention: Most frequently used of all interventions this symptom driven peer support intervention is offered by trained and certified peers. They typically can range from 1-3 contacts lasting anywhere from fifteen (15) minutes to over two (2) hours depending on the individual situation. As in all forms of CISM interventions, confidentiality as defined in this policy is essential. Possible referral to higher level of care is always a very real option and possibility.

Post-Crisis Phase: Component within the CISM time spectrum, designed to deal with the aftermath of an event or intervention, through follow-up as deemed necessary. This follow-up can range from a simple phone call, to possible referral to an MDFR Chaplain, or to professional assistance through licensed counseling or to an intensive post-trauma retreat center if appropriate and available.

Pre-Crisis Preparation: The building of awareness and resiliency through stress management education and crisis mitigation training as it applies both to the individual employee and the organization in general.

Region Coordinator: A position identified and approved by the ICISF to oversee a Regional Team. It is the responsibility of the Region Coordinator, to provide leadership, and organization to the team as it concerns readiness, training, and deployment. The coordinator is also responsible for supplying reports to the ICISF and Clinical Director as to activities within the region, and is also involved in activating “Team Call-Outs” when interventions are requested or needed.

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Region Eleven (11) Clinical Director: Licensed Clinician (Mental Health professional with Masters Degree or higher) trained and certified in ICISF peer one-on-one and group interventions, whose license provides the clinical oversight for the operations of the Region Eleven (11) Team.

14.06

PROCEDURE:

I. MDFR CISM PROGRAM OVERVIEW

The MDFR Critical Incident Stress Management (CISM) Program is comprised of three phases.

- A.** Pre-Crisis Preparation Phase – Education, prevention, and readiness
- B.** Acute-Crisis Phase – Response and intervention
- C.** Post-Crisis Phase – Follow-up and possible bridging to other professional assistance as needed

II. CONFIDENTIALITY

- A.** Confidentiality is an essential component of any effective CISM intervention. Without this assurance, trust would be broken and no real healing or open communication could take place. All participants in an intervention are expected to keep incident specific information confidential. Information shared during any part of this process is confidential and will not be utilized for any purpose other than the benefit of individual(s) involved. MDFR recognizes the importance of this, and supports full confidentiality as it pertains to the CISM setting.
- B.** As per Florida Statue 90.505 (1) (a) (b) any communication with a Chaplain is considered confidential. As per Florida Statue 401.30 (4) (e) under section 90.503 any communication taking place in a CISM setting is also considered confidential.
- C.** It needs to be clearly understood that all peers (CISM Team Members) are committing to strict confidentiality in order to participate as part of either the Region 11 or the MDFR CISM Teams.
- D.** The defined boundaries of confidentiality in the CISM setting are:
 - 1. Mandatory reporting of suspected child or elder abuse.
 - 2. Awareness of actual or planned physical injury or harm to self or others

III. STRUCTURE

- A.** MDFR CISM Team is a Member of the International Critical Incident Stress Foundation (ICISF) through participation in an ICISF Florida Regional Team 11 under the license of a Clinical Director and the direction of a Regional Coordinator.

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- B.** Active participation of the MDRF Chaplaincy program offering the Pastoral Care component within the CISM structure.
- C.** MDRF CISM liaison is appointed by the Region 11 Coordinator.
- D.** MDRF CISM Team are active status Peers
- E.** MDRF Response Team consists of one (1) Lead, one (1) MDRF Chaplain and one (1) Peer.
- F.** MDRF CISM Community are peers who are not active team members.

NOTE: CISM is offered to prepare emergency personnel to manage their job-related stress through the building of resiliency by way of education, training, and the promotion of awareness. Provide assistance in a timely manner through peer intervention to MDRF personnel who are experiencing the negative effects of stress after exposure to an unusually traumatic event. Develop resource partnerships with the clinical community to provide access to additional professional assistance either through a one-on-one or group peer counseling as needed and requested through follow-up care.

IV. PARTICIPATION

The MDRF CISM structure is set up to encourage all employees to participate in some capacity. Although not everyone will be members of the CISM Team, all employees can take advantage of the educational opportunities that will enable them to be a part of the MDRF CISM Community. This achieves the program's stated goal of fostering a culture of care through increased awareness and education. Personnel who have been certified to participate in peer one-on-one and group intervention through a Department approved ICISF class and wish to participate as an active member of the MDRF CISM, the Region 11 Team, or both, should contact the MDRF CISM Liaison. Contact information may be found on [MDFRNet](#) under Ops Frequent Links, [MDFR-Chaplain-CISM Contact numbers](#) . The following are the criteria needed to participate:

A. MDRF CISM Community

- 1. Certification in ICISF one-on-one peer and group intervention
- 2. Educational opportunities will be issued through an All Stations and Offices Memo (ASOM)

B. MDRF CISM Team

- 1. Certification in ICISF one-on-one peer and group intervention.
- 2. Attend an MDRF CISM Team Orientation
 - a. Accrue at least 6 annual Internal Continuing Educational Units (ICEU's) to maintain active status

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- b. Attend yearly MDFR CISM Review/Scenario Training and or participation in at least one (1) intervention. Members who lose their active status can regain it by completing this training.
- c. The MDFR Response Team is assembled by contacting (texting) the active members on the Outreach Activation Roll (OAR). Any member losing their active status will be temporarily removed from the (OAR) until active status is restored.

C. CISM Florida Region Eleven (11) Team Member

- 1. Member of MDFR CISM Team
- 2. Completion of written application and oral interview with Region 11 panel to include a clinical member of the Region 11 Team, culminating in invitation to join the team.
- 3. Must maintain active status and attend a minimum of two (2) Region 11 quarterly meetings

D. Participating Licensed Clinician

- 1. Master's degree or higher in the mental health field.
- 2. Certification in ICISF peer one-on-one group intervention.
- 3. Vetted and recommended by the Clinical Director, Region 11 Coordinator of MDFR CISM Liaison.
- 4. Attend one (1) Region Eleven (11) quarterly meeting or MDFR CISM scenario training.
- 5. Complete twelve (12) hours of "ride along" with an MDFR or participating Region Eleven (11) department unit during a calendar year.

V. PEER RESPONSIBILITIES

Members are selected to participate on the CISM teams 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 also perform the following functions:

- A. Foster the practice of open and safe dialogue about the harmful effects of unmitigated stress in our profession.
- B. Assess the need for a possible intervention.
- C. Contact MDFR CISM Liaison/Region Eleven (11) Coordinator to begin the process of deploying a team if needed.
- D. Participate in intervention as part of team.

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E. Request additional assistance when the needs of the session exceed their training and resources. Chaplaincy-CISM Team Intervention-Mental Health Professional.

F. Assist in CISM team educational activities.

VI. CALL-OUT BASIS

A critical incident is any situation that is out of the norm, challenges or would appear to challenge a person's normal coping mechanisms. Examples include the following situations: Line of Duty Death/Suicide of emergency personnel, serious injury to emergency personnel, multiple casualty incident, traumatic death of children, victim(s) with serious injuries whom are known to emergency personnel.

NOTE: Interventions should be considered for the following: Event with severe operational challenges, prolonged events with loss of life, events with excessive media interest, any event that could perceivably cause emotional impact.

VII. CISM CALL-OUT AND INTERVENTION PROCEDURE

Although Officers and Battalion Chiefs are encouraged to be vigilant as to possible critical incident situations which might necessitate a CISM intervention, their decision to request a CISM intervention is never required and can be made by anyone who has been affected, or feels there is a need for others who may have been affected, without following the Chain of Command. Involved members are encouraged to immediately notify their supervisor. Each situation is fluid and different, but the MDRF CISM Intervention Call-Out Procedure is designed with the goal of getting a Response Team on scene within two (2) hours of the request. The following is the MDRF CISM call-out and intervention procedure:

- A. Decision is made for a CISM intervention. If the determination is made that a debriefing is the more appropriate intervention, a Licensed Clinician must be present.
- B. Contact can be made directly to a Team Leader or through the Fire Alarm Office (FAO). Contact numbers can be located on [MDFRNet](#) under Ops Frequent Links [MDFR-Chaplain-CISM Contact numbers](#).
- C. Team Leader assembles a CISM Response Team. They notify the active team members and provide the location of the intervention, brief description and the ETA needed for intervention. Depending on responses and availability, a team consisting of team leader, chaplain and peer will convene. Follow-up notification will be sent to all active team members with the names of the response team.
- D. The Team Leader will contact the Battalion to inform them that a request has been made and will provide an estimated time of arrival. Assistant Chief of Operations will also be notified through the Team Leader's Chain of Command of CISM request and the reason for the request. At no time will confidentiality be compromised in the notification process.
- E. Team leaders and members need to consider possible disqualifiers before committing to participate. If the call involves close friends or station/shift worked by them. Another possible disqualifier is a situation where the member feels too attached or possibly personally affected or if the member is going through a stressful time.

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- F. Upon arrival, team will meet with the Team Leader prior to the intervention for a quick informational briefing session. If any team member feels uncomfortable with either the situation or the participants, they will immediately notify the Team Leader and excuse themselves from the intervention.
- G. Team will notify the contact person of their arrival and readiness.
- H. Units will be placed out of service by the Battalion Chief for the duration of the intervention. They will meet in a safe location determined by the Team Leader, a setting conducive to open sharing such as a circle with no barriers between the participants is recommended.
- I. Only personnel present on the call will remain for the intervention. All personnel involved are encouraged to participate for the sake of the other crew members even if they feel they don't need it. Their participation and input could be what is needed by those members of the crew who were affected. There may be exceptions, though extremely rare, where other personnel who were not on the call are invited to participate. The Team Leader will make that decision with the consent of all participants.
- J. Team Leaders will make introductions and set the ground rules. All participants are asked to silence their phones for the duration of the intervention. No written, audio or video recording is permitted.
- K. Interventions typically last between 40-50 minutes depending on the amount of sharing and participation.
- L. Materials delineating typical signs/symptoms of stress as well positive/negative coping mechanisms are shared with the participants.
- M. Team members will stay after the intervention for possible one-on-one opportunities and a team debriefing.
- N. The Team will offer follow-up contact with the participants and/or bridging of additional assistance.
- O. It is important to understand that a CISM intervention is **NOT** a Quality Assurance (Q & A) meeting to discern right or wrong actions on the call. Its function and purpose is strictly to offer a safe forum for the sharing and voicing of possible hidden stressors to promote the healing process.

VIII.DEFUSING VS DEBRIEFING

The terms defusing and debriefing have been traditionally and mistakenly used interchangeably and synonymously within the CISM community. The most important difference between the two is the time spent delving into the affective or emotional side of the incident. Due to the very real possibility of individuals going too deeply into emotional areas, without the guidance of professional counseling, a licensed clinician must always be present during a debriefing.

It is understood that the virtual impossibility of having an open group discussion about a critical incident without somewhat delving into the affective realm, makes virtually every defusing look like a "modified debriefing". It is the responsibility of the Team

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Leader to guide the discussion in such a way, that the boundaries between the two interventions are not blurred. A Defusing is the most commonly used group intervention at MDFR

The decision to do a debriefing rests upon the collective wisdom and experience of the Clinical Director, the Region 11 Coordinator and the MDFR CISM Liaison. The magnitude of the incident, the severity of the distress signals being exhibited by affected personnel and the number of affected personnel are all considerations that need to be assessed in deciding the most appropriate intervention. Nothing precludes the possibility of a debriefing being scheduled after an initial defusing has been performed, if in the estimation of the Team Leaders normal follow-ups will not suffice to bring appropriate closure to the incident. Individual professional assistance might also be needed.

The following chart is included to show the similarities and differences between a defusing and a debriefing.

INTERVENTION	TIMING	ACTIVATION	GOAL	FORMAT
DEFUSING	Post-Crisis (within 12 hours)	Symptom driven (requested)	Triage Symptom Mitigation Possible Closure	Small Group <u>Three-Phase</u> Introduction Exploration Information
DEBRIEFING	Post-Crisis (within 1-10 days)	Symptom driven (requested)	Triage Symptom Mitigation Possible Closure	Small Group <u>Seven Phase</u> Introduction Facts Thoughts Reactions Symptoms Teaching Re-Entry

IX. ACTIVATION OF STATE AND NATIONAL CISM SUPPORT

In the event of a catastrophic disaster where the regional CISM team is overly taxed or incapacitated by the event, State and National CISM resources will be activated as follows:

- A. At the direction of the Fire Chief, the Clinical Director or the Regional Coordinator will request assistance, first from State CISM and, if necessary, from National CISM.
- B. In the event that the Clinical Director or the Regional Coordinator is unavailable to perform this duty, it will be undertaken by the Fire Chief's designee until such time as the Clinical Director is available to resume overall coordination of CISM activities.
- C. At all times during the involvement of outside CISM support resources, the Region 11 Clinical Director, the Regional Coordinator, or the Fire Chief's designee will serve as the overall coordinator of CISM activities.

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14.07 **REVOCATION:**
Policy and Procedure III-F-14 dated 07/22/99 and all parts of previous orders, rules and regulations, operations memos and administrative orders in conflict with this policy and procedures.

14.08 **REVISION:**
Section Header: Fire Chief's signature and date
Section Footer: Revision date

14.09 **REFERENCES:**
Mitchell, J. T. PH.D., C.T.S. (2006). Critical Incident Stress Management (CISM) Group
Crisis Intervention 4th Edition
Everly George S. Jr. PH.D., F.A.P.M (2006) Assisting Individuals In Crisis, 4th Edition.