Southern Arizona Interagency Peer Support Team

Standard Operating Procedures

Only to be replicated with permission and with the use of the following references: Portions of these S.O.P's have been adapted from the Mayflower Critical Incident Stress Management Manual, Materials from the International Critical Incident Stress Foundation Training Manuals, Phoenix Fire Department Administration Regulations, and other portions have been created, revised, rewritten by Northwest Fire's Peer Support Team, Director, Cynthia Dowdall, Ph.D.

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MEMORANDUM OF UNDERSTANDING

I have read and understand the Standard Operating Procedures for The Southern Arizona Interagency Peer Support Team. I will adhere to the duties that are required of me as a CISM Peer Support Team Member.

I will make a commitment to be on the team for a minimum of one year and will attend CISM Peer Support Team meetings. I understand that the longer I am committed to the team the stronger the team will remain.

Name_____ Date _____

CONTENTS

I. Problem Statement
II. Mission Statement
III. Incidents appropriate for ACTIVATION of the CISM Team
- A. Interventions (10 to 12 different models used)
- B. High priority incidents for Interventions
- C. Triage
- D. Organizational Stress Management Development

IV. Activation of CISM Team
- A. General Information
- B. Assistance to single crew member
- C. Assistance to more than one crew/ one agency
- D. Notification of CISM Coordinator(s) and Director
- E. Dissemination of information to CISM Team members not active in defusing/ debriefing

V. Types of Interventions
- A. Demobilization/Rest, Information, Transition Services
- B. On Scene Support/SAFER-R Model
- C. Initial defusing
- D. Formal Critical Incident Stress Debriefing/Used rarely and only with homogeneous groups
- E. Follow-up
- F. Individual Consults(one on one's)-SAFER-R/Most often used
- G. Line of Duty Death Model
- H. Crisis Management Briefing/heterogeneous groups large and small
- I. Community/Disaster Model
- J. Child Debriefing Model
- K. Optimum Levels of Performance and Mediation Models

VI. Group Intervention Considerations
- A. Team Participants
- B. Intervention guidelines
- C. General Format for CISM
- D. Post debriefing activities

VII. CISM Structure
- A. Management Liaison
- B. Clinical Director
- C. Medical Director
- D. Occupational Physician
- E. Team Coordinator(s)
- F. Team Member

VIII. Team Membership Guidelines
IX. Revocation/Suspension of Team Membership
X. CISM Team CEU's and Meetings
XI. Appendix
- A. CISM Team Roster

B. Forms- CISM Pre-Debriefing Worksheet, Debriefing Report Form, and Follow-up Summary Report Form
C. Team Member Application Process
D. Communication Procedure- CISM Team Notification
E. Disaster SOP's, Incident Command System, National Incident Management System, and Forms

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I. Problem Statement

Emergency Service Personnel have become increasingly aware of the cost that the unique stressors encountered in their occupations may take on the quality of their lives. The very nature of their jobs may expose these individuals, routinely or periodically to stressful events, which they may or may not be able to work through satisfactorily on their own.

Factors that cause stress to one individual may be non-stressful to another, but research has shown that a very small percentage of emergency service personnel are actually not affected by stress. Approximately one-half of the large percentage of personnel, who demonstrate symptoms related to stress, can resolve symptoms alone with the other one-half continuing to be affected.

Responses to stressors may be immediate (**acute**) and incident specific; they may be **delayed** for a period of time after the incident; or they may be **cumulative**, building up over a long period of time and can include many incidents. Multiple factors affect an individual's response to stress and include factors specific to the stressor, such as the individual's personal qualities and past experiences and the resources available to him.

It has been demonstrated that certain events, such as the death of a child, the death of a co-worker, high rise fires, and multiple casualty incidents are particularly stressful for emergency workers. Any of these events, plus a host of others, may cause or contribute to a critical incident for an emergency worker, a group of workers, law enforcement, and emergency department staff.

A critical incident has been defined by Dr. Jeffrey Mitchell, Ph.D. as "Any situation faced by emergency 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."

Mitchell, Jeffrey T., When Disaster Strikes. The Critical Incident Stress Debriefing Process; JEMS; January, 1983; p.

II. Mission Statement

The Southern Arizona Interagency Peer Support Team was developed to provide intervention services following a critical incident for multi-agencies and for automatic aid with partnered organizations. This team represents the Southern Regional part of the Arizona Regional Peer Support Network and the Arizona Last Team. The focus of this service is to minimize and normalize the harmful effects of job related stress that is in compliance with the NFPA 1500. The highest priority for the team is to maintain CONFIDENTIALITY and to respect the reactions of the individuals involved. It is not the function of the team to replace on-going professional counseling, but to provide immediate interventions and teach different coping strategies to reduce the possibility of Posttraumatic Stress and increase optimum levels of functioning and performance ultimately creating Posttraumatic Growth.

III. Incidents for which Activation of the CISM Team is Appropriate

A. Encouraged to be high priority by the ICISF (Supportive) Interventions used to mitigate stress.
   1. Serious Injury or death of a fire fighter/law enforcement officer/or others working at an incident or enroute to an incident.
   2. Mass causality incident
   3. Suicide of firefighter/law enforcement officer/hospital personnel

B. Priority For Interventions
   1. Serious injury or death of fire/law/hospital personnel resulting from a fire/EMS/law enforcement operations etc.
   2. Death or violence to a child.
   3. Loss of life of a patient following extraordinary and/or prolonged expenditure of physical and emotional energy during rescue efforts.
   4. Incidents and/ or situations that attract extremely unusual or critical news media coverage.
   5. Any incident in which the circumstances were so unusual or the sights, sounds, or odors were so distracting producing stress reactions.
   6. Increase Optimum Levels of Performance

C. Triage/ Assessment/To be done by highly trained team members
   1. Establish a Contact Person to determine:
      a. Who was involved (Cold, Warm, Hot Zone). Were they on different units, different departments, different divisions, different agencies, or different organizations? Are they homogeneous groups or heterogeneous groups?
      b. How many were involved (Cold, Warm, Hot Zone).

c. Determine where the intervention will take place (neutral environment away from scene in a room that can seat people in a circle comfortably).
d. Uniformed personnel involved with other similar stress related calls, recent loss etc.
e. Determine how many interventions are needed and what models will be utilized.

2. Decline doing CISM Interventions if:
   a. No Contact Person.
   b. Triage is not done efficiently and effectively.
   c. Room is not conducive to doing a debriefing.
   d. Unwillingness to work systemically/organizationally.
   e. Unwillingness to implement Incident Command System and give CISM Command over to the Interagency Team.
   f. Not a homogeneous group/revert to CMB/Defusing/1:1's.
   g. It has been made mandatory.

D. Organizational Stress Management Development
   1. During Triage, experienced CISM Team Members will be assigned to work with the leaders of an organization to work with systemic issues to manage stress and to guide them on protocols and refer to EAP's or IEAP's.

IV. Activation of the CISM Team

A. General Information

Anyone can suggest the activation of the CISM Team. The CISM Team Director will activate the system for more than one individual after triage has been completed. If a CISM Team member is involved in the incident, that member will excuse themselves from the team activities and participate in the intervention processes.

1. CISM Team Members will NOT self-dispatch or dispatch another team member without going through COMMAND of CISM. Such action may result in termination from the team.
2. A CISM Team Member will decline any assignment to another agency, if it is not given by Command of the NWFD Interagency CISM Team.

B. Assistance to a Single Crew Member

At the discretion of the team member's supervisor, the CISM Team Coordinator, Team Leader, or a team member may be contacted when only one person feels the impact of a situation. The CISM Team Coordinator(s) or the team member will assist in providing the appropriate help. This help may be in the form of an individual consultation/one on one (1:1 SAFER-R Model) or actually setting up a priority appointment with a counselor from the E.A.P., Internal E.A.P., or with the teams Clinical Director with the clinician understanding the importance of defense mechanisms remaining intact. All consults and interventions will be staffed with the Director.

C. Activation of the CISM Team for more than One Person
The following is a flow chart for the activation of the CISM Team:
1. Incident
2. Officer/supervisor/CISM Team Member will request, that the CISM Team Coordinator/Director be contacted.
3. Communication personnel shall notify the CISM Coordinator/Director and advise who to contact for further information.
4. The Coordinator or designated team member will contact the Fire/L.E. Incident Commander for further information.
5. The CISM Coordinator will contact the Director and available team members to discuss specifics and to arrange for a meeting place.
6. The responding team members will meet at the designated point and will proceed to the incident site or meeting place together.
7. An intervention (i.e. defusing, One on One's/individual consult (SAFER-R), CMB, Demobilization, Debriefing (LODD, Community Model, CISD etc.) will take place.

D. Contact lists
1. Coordinator(s)
2. Director
3. Phone tree of active CISM Team Members.

E. Dissemination of Information to Team Members (NOT in an intervention). In order to keep all team members aware of CISM Team activities, the participating team members will make contact with team members not actively involved in the intervention process. Information shall include the type of incident intervention, a brief summation of actions taken and the outcome of the processes. Team members not actively involved in the intervention processes may be assigned to do follow-ups with those who were at the defusing/debriefing/intervention.

V. Strategic Planning Formula the 6 T's

Threats- What is the threat? Hurricane, terrorism, etc?
Themes- Child fatalities, mass disasters, biological contagion
Target- What target populations are in need of assistance?
Type- What type of interventions will be needed?
Timing- When will each of the interventions be scheduled?
Team-What resources are needed to provide the above interventions

VI. Types of Interventions

Several different intervention models (mentioned above) may be used depending on the circumstances. The maximum participants in a formal Critical Incident Stress Debriefing is 40 and must be a homogeneous group (Only the Director and highly trained team members will coordinate and participate in any debriefing). Debriefings are rarely done and only by highly skilled team members. If there are more involved, mental health clinician is not available, and it is a heterogeneous group than a Crisis

Management Briefing will be done. The following are most commonly used.

A. Demobilization/RITS(Rest, Information, and Transition)- Done after a large scale incident. Purpose to provide information for the next days events regarding CISM. Usually done after prolonged situations, disasters, etc.
    - 10 Minute informational session on operation, stress information and normalization, and stress management (eating, exercise, coping)
    - 20 minute rest period with food and fluids
    - Brief period of instructions from unit leader about returning to duty or release to home
B. On Scene Support- On site evaluation of stress responses and provide support and encouragement to the affected (Compassion Model/SAFER-R Model).
C. Initial Defusing- Within the first 24 HOURS after an incident. Primarily informational. Never to last longer that 45 minutes.
    1. Introduction-Introduce team, lay out guidelines, lower anxiety about the process
    2. Exploration-Allows a brief discussion of the experience
    3. Information-Provide information, normalize, teach, guidance, summarize key points and explain there will be other interventions (one on one's and follow-up)
D. Formal Critical Incident Stress Debriefing (USED FOR UNIFORMED PERSONNEL ONLY NOT A CIVILIAN MODEL)- Conducted within the first 72 hours after an incident and up to ten days afterwards. This intervention is rarely used and only used when posttraumatic stress has interfered with coping strategies and optimum levels of performance. Uphold CONFIDENTIALITY. Determine through triage the intervention model which is appropriate. Post 72 hour interventions of a large scale/high media profile incident will be done by an experienced CISM licensed/certified behavioral health expert trained to work with uniformed personnel and peer support team members, due to defense mechanisms needing to be kept in place (psychological first aid NOT psychotherapy) and irritability issues.
    1. Introduction
    2. Facts
    3. Thoughts
    4. Reactions
    5. Symptoms
    6. Teaching
    7. Re-Entry
E. Follow-Ups- Conducted days, weeks, and months, after an incident. Concerned with delayed/cumulative responses or prolonged stress symptoms. May be done informally. Follow-ups are to be done within the first 72 hours. If stress reactions continue, peer support teams

members request the Clinical Director to do a follow up to provide resources and referrals, if needed. Just as a Patient Care Tech cannot provide referrals to the next level of care medically, only the Clinical Director can make the appropriate referral to the next level of care (Continuum of Care).

F. SAFER-R Model- is referred to as an Individual Consult/One on One (1:1). It is **the most widely used intervention**- The use of the SAFER-R model is for a peer to support and encourage effective coping returning to optimum levels of functioning and performance.

<u>SAFER-R MODEL(ICISF) (One on One Psychological First Aid Model)</u>

S-STABILIZATION (plus Introduction)
A-ACKNOWLEDGEMENT a. event b. reactions
F-FACILITATION OF UNDERSTANDING: NORMALIZATION
E-ENCOURAGE EFFECTIVE COPING
R-REFERRALS

1. Assessment 2. Generate other intervention options 3. Implement interventions

G. Line of Duty Death- 5 phase model utilized immediately after a L.O.D.D. (Eliminate the Thought and Symptom Phase)
    1. Introduction
    2. Fact
    3. Reaction
    4. Teaching
    5. Re-Entry
H. Crisis Management Briefing- For large heterogeneous groups (45 to several hundred)
    1. Assemble groups
    2. FACTS-Credible representative of the community or team member presents FACTS
    3. Reactions-Team member reviews stress information sheet of symptoms (psychological impact and reactions) and normalizes them
    4. Discussion and Suggestions are made for coping (Coping Handout) and Stress Management (individual and community), and Resources for follow-up are given
    5. Opportunity for questions and answers are given
        - Wrapping up and identify group needs
        - Provide practical suggestions for mitigating stressors
        - More information may be provided, as well as resources made available
        - Offer understanding, empathy, concern, and hope
        - Let them know that other interventions will be made available (one on ones, more CMB's, etc.)
I. Crisis Management Briefing- For small heterogeneous groups.
J. Optimum Levels of Performance.

K. Post Action Staff Support (PASS) for all Peer Support Team Members
   1. Review- Take aways
   2. Response- Team members response to incident/Growth
   3. Remind- Team to take care of themselves/Stress Management

FOR CIVILIANS, if our team is utilized for a community response:

L. Community/Disaster Model
M. Child Model

VII. The Critical Incident Stress Management Process and Protocols for Uniformed Personnel

A. Once the Team Coordinator/Director has been alerted to the possibility of an intervention, he/she or an appointed team member will contact the requesting party to:
   1. Determine the nature of the incident/Use the 6 T's.
   2. Assess the need for and determine the intervention, such as, a defusing, One on One Consults, informal or Formal Critical Incident Stress Debriefing, CMB, or a referral.
   3. Arrange a time and location. Interventions take place within hours after an incident. A 24 hour normalizing period following the incident is recommended for formal interventions, unless it is a disaster or act of terrorism, this intervention process may take place after weeks of the incident or after total body recovery.

B. Critical Incident Stress Debriefing Considerations for Uniformed Personnel (U.P), which is rarely used. Strict guidelines include:
   1. Is a Critical Incident Stress Debriefing needed? What type of debriefing is needed? Is the group homogeneous? Are there 3 or more peers with PTS? Are there highly trained peer support and mental health team members available?
   2. Can it be scheduled within 72 hours?
   3. The locations selected for this intervention must be free of distractions and in a neutral environment opposed to the fire station, crew quarters etc.
   4. All ground personnel involved in the incident shall be invited and encouraged to attend for the support of their peers. Attendance is NOT mandatory. This includes, but is not limited to fire, EMS, law enforcement etc that were in the Hot Zone. Civilians shall not be included in this intervention set for fire, law enforcement personnel etc. Special consideration and arrangements may need to be made for volunteer departments and small communities. Management will have their own intervention, if needed. The CISM Team will work systemically.
   5. The TIME selected for this intervention should be convenient for as many responders as possible and for the team members.
   6. Agency management or command officers should be encouraged, whenever possible, to relieve personnel from duty during the Critical Incident Stress Debriefing. If feasible, the environment

should be free of interruptions, telephone calls, pagers, cell phone calls, radios etc.

7. There will be no rank and confidentiality will be upheld.

C. Team Participants

The Team Coordinator/Director will select peer support participants from available team members. To assure the quality of the intervention, the team must consist of at least one mental health professional and one or two peer support team members. Remember the tool is only as good as the carpenter and this intervention requires a highly trained team.

D. Intervention Guidelines

1. STRICT CONFIDENTIALITY shall be maintained. All information regarding agencies involved, situation debriefed and issues discussed shall not be divulged before or after a Critical Incident Stress debriefing except with team members or as part of the team's continuing education process. All names will be excluded. Privileged communication exists for all trained Peer Support Team Members/ARS 38-1108 with exceptions of harm to self or others or in violation of the law.
2. NO RECORDING (audio or visual) will be done and NO WRITTEN NOTES will be taken during the Critical Incident Stress Debriefing, Defusing, or any other intervention. It is up to the team to enforce this before, during, and after an intervention.
3. NO MEDIA personnel will be allowed to film or report on a Critical Incident Stress Debriefing. Anyone who is not known to those who were on scene will be asked to leave. Team Members and Participants are asked to NOT speak to the media about any intervention or the work the peer support team.
4. As soon as the Critical Incident Stress Debriefing begins, no one else will be able to enter. If this happens, a peer support team member who is selected as the door person will greet them and make other arrangements such as a one on one consult. All groups will be homogeneous (from the same crew, incident, agency, division, or department).
5. Interventions are not a critique of the incident. The team has no evaluation function of tactical procedures. The Critical Incident Stress Debriefing process provides a format in which personnel can discuss their thoughts and reactions and thus reduce the stress resulting from exposure to critical incidents. The goal of the CISM Team is to encourage ventilation of thoughts, emotions, and exploration of physical symptoms to re-balance the individual and the group to return to optimum levels of functioning and performance.
6. There is no rank. The interventions are peer to peer. Management is advised not to attend.
7. All radios, cell phones, and pagers are to be turned off.

8. There will be no usage of alcohol, nicotine, caffeine, or sugar prior, during, or after a debriefing.

E. General Format for a Critical Incident Stress Debriefing

PRE-Group Intervention Meeting with Team Members

1. Introduction
2. Fact
3. Thought
4. Reaction
5. Symptom
6. Teaching
7. Re-Entry

POST-Debriefing Meeting with Team Members (Follow-ups assigned)

Follow-Up

Model adjusted according to incident!

The model moves a peer to stabilization (cognitive, reaction, to a higher cognitive level using evidence based sport psychology coping strategies for optimum levels of performance)>

F. Post Debriefing Activities

1. The potential for Compassion Fatigue and Secondary Traumatization can occur; therefore, it is imperative for the peer support team to have a Post-Action Staff Support (PASS) Intervention.
2. Discuss the need for some participants to be followed by a counselor (E.A.P.) or the Director. Always have the Director refer to the next level of care.
3. A Team report may or may not be submitted that speaks to the incident and statistics upholding confidentiality. Depending if the incident is large scale or not (After Action Review Reports are provided to the county and Office of Emergency Management involved).
4. Follow-up assignments are given and to be completed in the next 72 hours with a call to the Director.

VIII. CISM Team Structure and Job Descriptions

A. Management Liaison

1. The Management Liaison will be chosen by the different agencies Chiefs, C.E.O., Team Coordinators, and Team Director. The Team may decide a Liaison is not necessary.
2. The Management Liaison will act as the facilitator between the Team and upper management of the different agencies on the team. Duties will include, but are not limited to, addressing financial matters, adopting and implementing new policies for the team, interacting with other agencies and addressing interdepartmental issues.
3. Arrange printing of team materials and handouts.

4. Secure liability coverage for team members who respond to critical incidents.
5. Develop CISM Team Identification e.g. identification cards, badges etc.

B. Clinical Director
1. The Director will maintain quality clinical services with an understanding of the difference between critical incident interventions, crisis counseling, psychotherapy, etc where a person's usual coping strategies and defense mechanisms are to remain in place. They will have had worked with a variety of uniformed personnel and understand the mindset of first responders. They will also understand that CISM interventions are NOT psychotherapy or counseling. The Director will make the necessary referrals to the next level of care.
2. Provide informal and formal interventions to personnel, as needed. They will provide one on one consults, as needed. Additionally, they will provide training to keep the team current. Provide post-incident sessions for the CISM Team.
3. Provide expertise and consultation to the team and personnel when needed.
4. The Director shall be a mental health professional certified or licensed by the Arizona State Board of Behavioral Health Examiners to ensure privileged communication for the protection of all team members and participants.
5. The Director will make sure that other mental health professionals on the team are certified or licensed.
6. The Director will provide educational and research updates in the area of Critical Incident Coping Strategies for resistance and resiliency against PTSD, Acute Stress Disorder, Anxiety Disorder, Dissociation, and Situational Depression.
7. The Director will oversee the research team for the evolution of Critical Incident Stress Management and the like.
8. Will work with the Coordinator(s) to maintain all applications and certifications with the International Critical Incident Stress Foundation.

C. Medical Director
1. The Medical Director will maintain quality medical services.
2. Provide expertise and consultation to the team and personnel when needed in the area of medical intervention.
3. The Director shall be a licensed medical doctor by the State of Arizona with training in primary care, psychiatry, and/or occupational health.
4. The Medical Director will work with the Clinical Director in providing services and updated information in the area of research.

D. Occupational Physician

1. The Occupational Physician will coordinate medical services and medical Interventions with our team's Medical Director in the area of PTSD, Anxiety Disorder, and Acute Stress Disorder etc.
2. Our Occupational Physician will act as a consultant in the area of Health and Wellness and will work with our Health and Wellness Coordinator for our team.

E. Team Coordinator(s)

1. Receive information and screen requests for interventions. Assess the need for formal/informal interventions, etc after consulting with the Director.
2. Contact Agency Team Leads or Team Members and schedule interventions.
3. Insure that report forms are completed after large-scale incidents.
4. Supervise follow-ups and report to the Director.
5. Interact and communicate with Management Liaison if needed.
6. Maintain institutional administrative support including:
   a. Copying handout materials as needed
   b. Providing mailings as needed
   c. Insure minutes from meetings are completed and distributed
   d. Maintain current team roster and mailing lists
7. Maintain Team Files, including attendance records and correspondence.
8. Maintain Team Financial Records and Budget (if there are monies).
9. Will maintain and update all team applications with the International Critical Incident Stress Foundation.

F. Peer Support Team Members

CISM Team members are firefighters, paramedics, nurses, law enforcement officers, mental health professionals, school counselors, military personnel, chaplains, and medical doctors. All team members are concerned with the stress reactions of a critical incident and the impact these reactions have on fellow employees. Their duties and responsibilities include:

1. Serve as a dedicated Peer Support Team Member for interventions as assigned by the Team Coordinator or Director.
2. Provide interventions and peer support during disaster situations for rescue workers, law enforcement officers, and possibly community members.
3. Participate in regular continuing education and team meetings. Team members, the Coordinator(s), and the Director shall miss no more than 25% of meetings in a given year. Members unable to attend will give notice of absenteeism to the Team Coordinator(s) or Management Liaison prior to the beginning of the meeting.
4. Present educational programs on the CISM process to agencies and groups requesting this service on an availability basis only.
5. Keep updated on the National and International CISM response and evolving changes that includes the United Nations Models.

6. Will remain current in all intervention models and will take refresher courses.
7. Will work to obtain a Certificate of Specialized Training.
8. Will take the minimum of 56 hours of Peer Support Training by Approved ICISF Course Instructors.
9. Develop and submit, as appropriate, materials for handouts including educational materials.
10. Remain informed of all team operating policies and procedures.
11. It will be the responsibility of any team member who is absent from CISM meetings to contact another team member, the Coordinator(s), or Director to get all current information and the date of the next scheduled meeting.

IX. Team Membership Guidelines

A. Team members serve for a minimum of one year. The longer the commitment to the team the better.

B. Team members will have the minimum training (60 hours) of GROUP, ADVANCED GROUP, PEER SUPPORT, and SUICIDE INTERVENTION from an Approved Instructor from the International Critical Incident Stress Foundation (ICISF). They will work on their Certificate of Specialized Training from the ICISF (120 hours minimum).

C. Peer Support Team members will attend the Arizona CISM Peer Support Network or the Southern Arizona Interagency CISM Peer Support Trainings/Meetings to understand Standard Operating Procedures and for continued training.

D. A member wishing to drop membership from the team for any reason should discuss the matter with the Team Coordinator(s) or the Director and submit a written resignation.

E. A member may decide to take a leave of absence due to other stressors in their life. This may be done through a consultation conversation with the Team Coordinator(s) and the Director.

F. At the conclusion of each membership year, current membership shall be evaluated. Current members and the Team Coordinator(s) must sign a "Memo of Understanding**."**

G. Vacancies created shall be discussed by the Team and recommendations made regarding replacing members on the basis of:
   1. Number of vacancies
   2. Type of emergency service or agency previously represented by any vacancy.
   3. Current membership
   4. Time interval to end creating a vacancy
   5. Availability of training funds/opportunities

H. New members will be solicited through an application and screening process according to the established criteria or a team member may suggest that an individual become a part of the CISM Team because

they are respected by their peers. A yearly interest survey will be conducted to establish an eligibility list. New members will be selected by using the eligibility list, completion of the application criteria, and/or recommendation from an existing team member.

I. CISM Team members may either be volunteers or they may be paid by their employer for the work they do on the team.

X. Revocation/Suspension of Membership

A. Team membership, as well as support group membership, is revocable at the discretion of the Director, Team Coordinator(s), Management Liaison, or on the recommendation of the majority of the CISM Team Members. Revocation is applicable for, but not limited to:

1. VIOLATION OF CONFIDENTIALITY
2. Organizing or attempting to organize an intervention without the Director and Team Coordinator(s) knowledge or approval.
3. Failure to attend strategic planning meetings.
4. The inability to team creating Interference with the mission of the Interagency Team.
5. Dispatching other team members to another location without going through CISM Command.
6. Failure to be present at an assigned defusing/debriefing; formal or informal, when the member has made a commitment to do so.
7. Any misrepresentation of the CISM Team or unethical actions.
8. Continued absenteeism at regular meetings WITHOUT notification.
9. Acting against the expressed direction of the Director, Team Coordinator(s), and Management Liaison.

XI. CISM Team Continuing Education, Meetings, and Deployment

1. All CISM Team Members shall participate in regular team meetings as stated in Section VII, Part D, #3; or as arranged by the Director or Team Coordinator(s).
2. All CISM Team Members will make a commitment to obtain further training by a certified ICISF Instructor and obtain the necessary certification. They will actively participate in different training to advance their skill level.
3. The Northwest Fire's Interagency CISM Team is a part of the International Critical Incident Foundation. They are a registered Hot Line Team and may be contacted either through the ICISF or may be dispatched by Fire Alarm, 520-791-5536.

XI. Appendix

Forms (Destroyed after incident), application process, disaster SOP’s, and Incident Command System.

SOUTHERN ARIZONA PEER SUPPORT TEAM
CISM PRE-INTERVENTION WORKSHEET

Incident #_____Date_____Time_____Shift_____

Type of Incident_____

Address_____

Type of Occupancy (if a fire)_____

Units Responding
1st alarm_____
2nd alarm_____
3rd alarm_____

Law Enforcement Responding_____

Hospital Personnel Involved_____

Flight Crew Involved_____

Personnel Involved:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Conditions on arrival:

Action taken

Results of action

Incident Commander's Comments

Unusual circumstances

Assessors Comments

Facts

Thoughts

Reactions

Recommended level of debriefing

____Demobilization/RITS ____Defusing

____1:1 (SAFER-R) ____Debriefing (LODD, U.P., etc.)

____On Scene ____Interagency Debriefing

____Follow-up ____CMB (Large or Small)

____PASS

Comments_____
_____
_____

Completed by_____Date_____

DESTROY IN SHREDDER AFTER INCIDENT

SOUTHERN ARIZONA INTERAGENCY PEER SUPPORT TEAM
CISM INTERVENTION REPORT FORM

Incident #_____Date_____Time_____Type_____

Intervention Format:

1:1 (SAFER-R)_____	Formal U.P. Debriefing_____
On Scene_____	Telephone Follow-up_____
Near Scene Defusing_____	In-Person Follow-up_____
CMB (Large Group)_____	CMS (Small Group)_____
LODD_____	Community/Child Debriefing____
PASS_____	Demobilization/RITS____

Incident Type

Location of Intervention_____

Location of Incident_____

Number attending_____

Description of Interventions Used

Evaluation

Follow-up assignments

Total time including travel_____

Number of Mental Health_____

Number of Team Members_____

SOUTHERN ARIZONA INTERAGENCY PEER SUPPORT TEAM
CISM FOLLOW-UP REPORT

Description

Disposition

Recommendations and Referrals

CISM Team Member_____Date_____

SOUTHERN ARIZONA PEER SUPPORT TEAM
APPLICATION PROCESS
And/or
RECOMMENDATION

I. Application Process

In order to be considered for membership on the Northwest Fire's Inter-agency CISM Peer Support Team, the following steps must be completed.

A. Obtain, complete, and submit an application form.
B. Submit two (2) letters of reference from within your organization, as follows:
    1. One from your current/previous employer
    2. One from your co-worker
C. Complete a personal interview
D. Submit a "Memorandum of Understanding."

Once selected as a Team Member, you must complete a CISM Training Program.

II. Recommendation Process

Another way of becoming a CISM Peer Support Team Member is if you are recommended by another CISM Peer Support Team Member who knows that your co-workers hold you in high regard. You must be well respected and trusted by your co-workers. A second team member must also recommend you. Your membership must pass a unanimous vote by the entire Team.

INCIDENT COMMAND PROCEDURES

Because we have team members that work for different agencies and some may even volunteer for different organizations the following will be understood:

1. When a team member is called by Southern Arizona Peer Support Team Command, all team members will operate under its guidelines and command structure. If they volunteer for another agency, they will not switch hats and work for both agencies during the incident. To do so is unethical and creates more chaos. Please do not misrepresent yourself or the agency you are working for.
2. All Team Members will sign in and out and report to their assigned Group Leader either every 15 or 30 minutes.
3. All Group Leaders will report to the Accountability Officer so the A.O. can track team members.
4. The Accountability Officer will report to the CISM Branch Director, CISM Operations Chief, or CISM Unified Command depending on the size of the incident and the way the Incident Command Structure is set up.

Team Members will be asked to work only 8 hour shifts each day with the duration lasting no longer than 5 days.

There will potentially be the following areas where we will need CISM Team Members:

1. Death Notification of Fire and Law Enforcement- We will follow the policies of each agency when assisting with death notifications
2. Shift Transition Center- We will provide an information center for responders and their families, comfort services like massage therapy etc. Please see the Shift Transition speech for ideas. We will have natural debriefing of shifts take place at this sight.
3. On Scene Support- Provide basic needs and assist the Rehab Unit.
4. The Red Cross may need CISM Team Members at their Receiving Center or at a Family Center. Please note we have an MOU between the ICISF and the ARC.
5. The Community Behavior Health Group Supervisor may also need assistance from some of our CISM Team Members.

All requests for CISM response will be handled through the proper chain of command.

There will be no:

1. Freelancing
2. Self-Dispatching
3. Decision making without approval from the Chain of Command
4. Breach of Confidentiality

Any violation of orders may result in the removal of our CISM operation at the incident.

Southern Arizona Interagency Peer Support Team

Demoblilization/RITS

By Captain Michael Lamanda

Golder Ranch Fire

Hi! My name is _____ and I am a CISM Support Team member from ___(Agency Name) . This area is the Shift Transition Center.

I would like to take this opportunity to thank you for coming to this incident. Your help here is much appreciated.

For the next ten minutes I would like to talk to you about some very important information concerning stress reactions and coping with them. Some of you maybe already experiencing reactions: {Give examples from symptoms sheet}. Others of you may experience them down the road. Some of you may experience nothing at all. These are *normal reactions* from *normal people* to *abnormal events*. On this piece of paper are the signs and symptoms. They can be Physical, Cognitive (or Thinking), or Emotional. Share these with your family and co-workers.

{Pass out signs and symptoms page}

I would like to take this opportunity to share some ideas on coping and strategies for dealing with stressors. [Be sure to identify what is in the next room so you can share this with crews as they come in]

1) **Eating right** – Mom always told you: "to be healthy, eat right." This is very important now. Eating fruits, vegetables, chicken will reduce the amount of toxins building up in your system.
2) **Drink water** – Your body is made up of 80% water. You've been working hard out there. Now is the time to replenish your fluids and rehydrate. Avoid caffeine and alcohol as they deplete neurotransmitters, like serotonin and make you irritable.
3) **Exercise** – You have a lot of catacholamines, like epinephrine, running around and you will benefit from burning off the extra
4) **Have Fun** – Leave the serious stuff in the Hot Zone. Now is great time to reward yourself for the work you've done by doing something just for you. (or you and your family)
5) **Rest** – You've just spent ___ hours out there. You need a break. Your body needs rest to function properly and avoid injury.

Support Debriefings will take place in a couple of (days / weeks). I need you to sign in on this list so we can contact you for when and where they will occur. *{if incident will take weeks to complete a bulletin board / message board will be located at _____ and will have this information on it.}

The next room is available for rest, refreshments, massage therapy *[and any other services that are available at this incident] Do any of you have any questions or comments before we wrap this up.

Once again, thank you for coming!

CISM TEAM MEMBER LIST
Sign In____ Sign Out____
Date_____ Time_____
Accountability Officer_____

Name **Agency/ Driver's License #** **Phone #**

1._____
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3._____
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CISM DIVISION/GROUP LIST

Date_____
Division_____
Group_____
Group Leader_____

Name	Agency	Radio #	Phone #	Break Time
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Changes/ Time_____

Name	Agency	Radio #	Phone #	Break Time
1.				
2.				
3.				
4.				
5.				
6.				
7.				

NOTES

CISM RADIO CHECK OUT LIST

Date_____

Accountability Officer_____

	Name	Agency	RADIO #	Out	In
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CISM UNIT LIST

Date_____
Unit_____
Unit Leader_____

Name	Agency	Radio #	Phone #	Break Time
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2.				
3.				
4.				
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6.				
7.				

Changes/ Time_____

Name	Agency	Radio #	Phone #	Break Time
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7.				

NOTES

CISM UNIT LIST

Date_____
Unit_____
Unit Leader_____

Name	Agency	Radio #	Phone #	Break Time
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2.				
3.				
4.				
5.				
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7.				

Changes/ Time_____

Name	Agency	Radio #	Phone #	Break Time
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NOTES

Standard Operating Procedures
For Aftermath Relief
Southern Arizona Peer Support Team
July 2003 C

Chain of Command

1. Know your immediate chain of command and use it for communication.
2. Please no freelancing and follow directives from command.
3. If unsure…Ask

Aftermath On Scene Support/Defusing/Intervention Model
For All Team Members

1. DEFUSING. This is not psychotherapy! We are there to be compassionately interactive offering emotional and cognitive first aid.

   Introduce- yourself and explain you are there to assist them. Build rapport and a supportive environment. Do not be invasive…
   Signs of support… a hand on their shoulder, an appropriate hug, getting things for them, assisting them in their efforts, watching children, providing water, snacks etc.

   Explore- Allow them to tell you their experience (thoughts, emotions, symptoms) only when they are ready to talk (Keep their defense mechanism in place). Normalize all reactions. Allow them to grieve silently and respect different grieving behaviors use psychological alignment. (Determine if other services are needed.)

   Information- give list of resources, information from command, offer information on stress management strategies, and give resources if needed.

   Discuss adaptive appraisal (Coping Theory), the importance of drinking water, exercise, talking to those they feel safe with, diet, and getting further counseling or a check up with the doctor. Discuss their personal plan for resiliency and coping.

   Follow-up- get their name and number for follow up. Remember to destroy all names and numbers afterwards.

2. Do

Normalize all stress responses/flashbacks and help them reframe negative thoughts.

Look for acute, delayed, and inquire about cumulative stress responses (other previous losses).

Give stress management suggestions if needed.

Do use diversion tactics if needed to help with reframing.
Do ask for assistance or back up if you need it.

Provide water, which is helpful for calming.

Place yourself in a safe place or position at all times.

Observe and listen reflectively and do not take ones irritability and anger personally (even your team members if they become stressed!)

Physical symptoms such as chest pain, shortness of breath, anxiety, diabetes, dizziness etc… request medical attention immediately through radio communication and notify your chain of command.

For Mental Health Workers:
Mass Disaster/ Community Model (Advanced Group)

1. Introduce yourself
2. Fact Phase- get their facts
3. Thought Reactions- explore their reoccurring thoughts, sleep disturbances, day dreams etc. May discuss fight, flight, freeze responses.
4. Emotional Reactions- Allow for and normalize reactions
5. Reframe- Discuss changing negative thoughts to positive thoughts
6. Teach- Stress Management strategies… diet, exercise, talking, recreation (re creating)
7. Re-entry- Their plan of resiliency and coping. Give resources for counseling, re-building etc.

Or for Children ages 6-12 (Advanced Group)

1. Introduction- Introduce yourself and explain why you are there
2. Fact- Let them tell you about what happened to them
3. Feeling/Reaction- You may have them tell you about how they feel and for younger children they can draw a picture.
4. Teaching- Teach about stress symptoms. Teach them to switch bad thoughts to good thoughts. Teach that feelings can be our friends and teach us about ourselves and others. Teach stress management techniques like eating well, playing, having fun, dancing, music, laughter, etc.
5. Re-Entry- Have them come up with a plan that will help them to be resilient and cope in a healing way.

COMPASSION MODEL/Checklist for ON-SCENE
(DR. CYNTHIA DOWDALL)

C-CHECK IN and OUT with Command using the 3'C's Communication, Cooperation, and Coordination (with Law Enforcement, Fire, and Hospital Staff). CHECK IN and OUT with Fire Alarm (have Fire Alarm Check On you, if needed this is called a status check).

O-OBSERVE positions, situations, and needs

M-MODEL calmness, coping, and compassion

P-POSITIONAL ADJUSTMENTS culturally, psychologically, and spiritually

A-ASSESS safety, on-scene dose exposure, physical, psychological, and basic needs

S-SITUATIONAL ADJUSTMENTS for continued stabilization by assessing, understanding, normalizing reactions, and meeting changing needs.

S-SUPPORT SERVICES with other agencies e.g. Red Cross, Clean-up crews, and social services.

I-INITIATE COPING strategies (problem solving/social support/reappraisal) and/or Interventions, when appropriate like the SAFER-R MODEL by trained team members.

O-OBSERVE, model, and educate coping strategies to thrive.

N-NEEDED RESOURCES and REFERRALS to assist with further coping

SAFER-R MODEL(ICISF) (One on One Psychological First Aid Model)

S-STABILIZATION (plus Introduction)

A-ACKNOWLEDGEMENT a. event b. reactions

F-FACILITATION OF UNDERSTANDING: NORMALIZATION

E-ENCOURAGE EFFECTIVE COPING

R-REFERRALS

Notes: