

# BPS CRITICAL INCIDENT RESPONSE GUIDELINE

## Introduction and Purpose:

This document will serve as a guideline for use by the Bridgewater Police Services during / after a critical incident involving BPS employees and which may have the potential for widespread traumatic stress reactions.

It should be clearly understood that while Critical Incident Stress Management (CISM) is structured to fulfill a supportive role, CISM peer team members or other service providers must maintain separation from the operational roles as it pertains to the critical incident in order to ensure an effective level of CISM service.

This separation from the operational role will occur only when specific criteria are met. Management must be in a position whereby operational needs are met and the designated employees can be released into the CISM role.

CISM services operate on a “safety first” protocol. They should only be made available when it has been determined that there is absolutely no hazard for staff to travel to, or assemble at, a designated CISM location.

## DEFINITIONS:

**Critical incident** - an unusually challenging event that has the potential to create significant human distress and can overwhelm one’s usual coping mechanisms. Critical incidents are typically sudden, powerful events that are outside of the range of a person’s ordinary experiences.

**Critical incident stress (aka. Traumatic stress)** – very strong reactions (emotional, physical, cognitive, behavioral or spiritual) that have the potential to prevent the individual from maintaining their normal duties and responsibilities within their work, social and family environments. The reaction may be immediate or delayed.

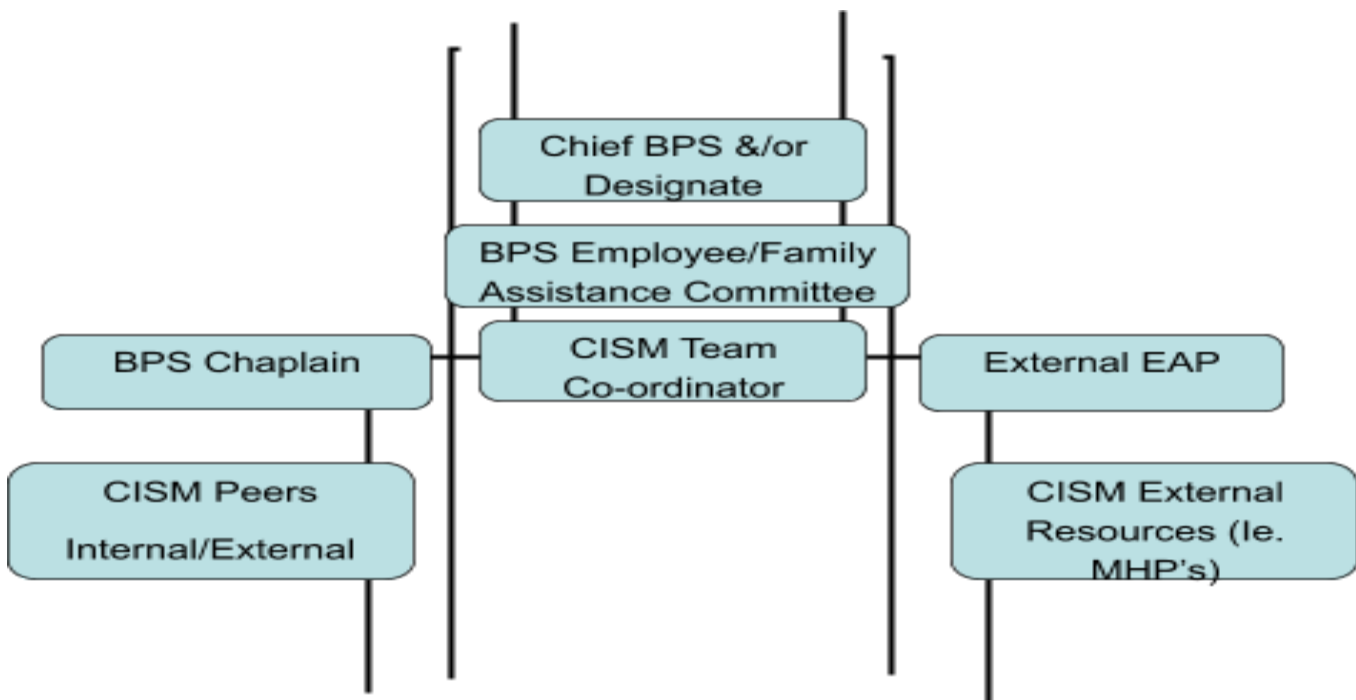
**Critical Incident Stress Management (CISM)** – a comprehensive, multicomponent system of interventions designed to mitigate the effects of exposure to a critical incident. The interventions range from pre-crisis education to post crisis interventions. The core components include:

- Pre-incident education, preparation
- Individual Crisis Intervention, including individual Psychological First Aid
- Large Group Crisis Intervention:
  - Rest, Information & Transition Services (RITS)
  - Crisis Management Briefings (CMB)
- Small Group Crisis Intervention:
  - Defusings
  - Small group CMB
  - Critical Incident Stress Debriefing (CISD)

- Family CISM
- Organizational / Community Intervention / Consultation
- Pastoral Crisis Intervention
- Follow-up / Referral for continued care

The main goals of any type of CISM intervention are to reduce the duration of, severity of, or the impairment from traumatic stress arising from crisis situations; mitigate the rapid restoration of adaptive functioning in the wake of a critical incident; and to facilitate advanced follow-up mental health care when necessary.

### CISM ORGANIZATIONAL CHART



## CRITICAL INCIDENT TRIAGE ASSESSMENT TOOL

**This assessment tool will assist the Shift Supervisor, Deputy Chief or Chief in making the decision as to whether or not the Critical Incident Stress Management (CISM) Protocol should be activated.**

### Basic Information

### Notes

Nature / Type of Incident and Complications?	
Location, Date & Time of Incident?	
Is an employee injured or fatally injured?	<i>(Circle Most Appropriate Response)</i> Yes                      No                      Unknown
Number of Employees Involved?	
Present Location of Employee(s)?	

### Additional Information

### Notes

How serious is the injury / incident? Is the event ongoing? Is it getting worse/more complicated?				
How are members responding? What signs / symptoms of stress are they exhibiting?	<b>Check all that apply: (* implies need for immediate medical assessment)</b>			
	<b>Physical</b>	<b>Cognitive</b>	<b>Emotional</b>	<b>Behavioral</b>
	*Chest Pain *Difficulty breathing *Shock symptoms *Collapse *Loss of consciousness *Numbing paralysis *Blood in urine, vomitus, sputum, stool <input type="checkbox"/> Heart rate <input type="checkbox"/> Blood pressure	Confusion Blaming others Poor attention / concentration Poor decision making Hypervigilance Nightmares Intrusive images * Suicide ideation *Dissociation *Hallucinations *Persistent Hopelessness/Helplessness Etc.	Anxiety Guilt Grief Anger Excessive crying Depression *Panic attacks *Immobilizing depression Feeling overwhelmed Emotional shock Fear	Withdrawal Irritability 1000- Yard stare Increased <input type="checkbox"/> Alcohol / drug use *Immobility *Self- medication *Violence *Diminished personal hygiene Pacing Inability to rest Change in appetite Change in sexual functioning Etc.

	Fainting Nausea Visual difficulties Chills Etc.		Inappropriate emotional response Etc.	
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**Incidents That Will Result in an Automatic CISM Response Include But are not Limited to:**

- Line of duty death (LODD)
- Serious line of duty injury (LODI)
- Suicide or homicide of employee
- Child pornography investigation
- Death of a child or violence to a child by an adult
- Armed/violent assault in the workplace
- Hostage-taking
- Disaster / Mass casualty incidents

**Incidents That Have the Potential to Result in a CISM Response Are:**

- Serious injury or death of a co-worker outside the workplace
- Perceived threat to personal safety in the workplace (beyond normal circumstances)
- Medical emergency involving employees
- Serious injury or death of a child/family member under unusual circumstances
- Prolonged tactical operations
- Any incident attracting unusual, critical or extensive news / media coverage

**NEXT STEPS:**

**BPS Supervisor / Chief / Deputy Chief Contacts:**

Information about the critical incident (Who, What, Where & Symptoms) will be provided to the CISM Team Leader who will, in conjunction with the caller, initiate the appropriate CISM response, if indicated.

- CISM Team Co-ordinator** – Wendy Rafuse (902-275-8233) [wdrafuse@eastlink.ca](mailto:wdrafuse@eastlink.ca)
- Chaplain Paul Jensen** – 902-521-9972 [pastorpaul@eastlink.ca](mailto:pastorpaul@eastlink.ca)

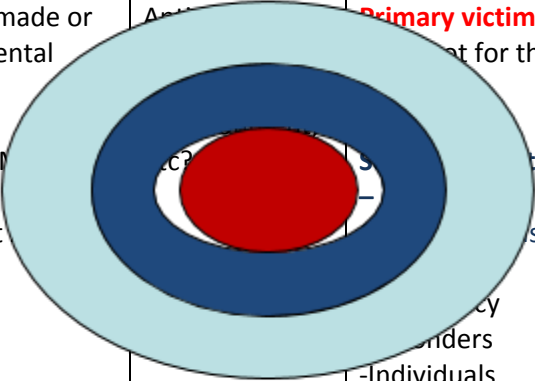
## Team Co-ordinator Information: Questions to Determine CISM Needs

The following questions should be asked by the CISM Team Co-ordinator to help ascertain the scope of the incident and what immediate interventions may be best for the CISM response.

<b>Caller name &amp; contact info?</b>
<b>Event type and magnitude?</b> What/ When/ Where has happened? Obtain as full an account as possible.
What is the anxiety or stress level of the caller? Does this need to be managed first?
How many people are involved? What is their work relationship? I.e. Managers vs. staff; single agency vs. multi-agency response; etc.
<b>Intensity of reactions?</b> What signs/symptoms of stress are being exhibited?
Is there any person(s) the caller is most concerned with? Why?
Where are the persons involved in the incident currently located? How long will they be at that location? Are they currently on active duty?
What supports (if any) have been activated thus far?
<b>Potential problem areas?</b> Have there been or are there currently any ongoing stressors apart from this incident? Briefly describe.
What is the part played by cumulative, chronic or organizational stress?
What would the caller like to see happen? When?
How is the caller doing?
Who does the CISM team report to when on scene; throughout CISM response?

Other?

After determining the immediate needs of those involved with the critical incident, the appropriate CISM response personnel will be contacted and / or activated based on the needs. The co-ordinator, in conjunction with team members, BPS and external resources as deemed necessary, will build a strategic response to the crisis based on identified needs and available resources.

Threat	Theme	Target	Timing	Type (of Intervention)	Team / Resources
Any man-made or environmental threats?  <b>NOTE:</b> CISM personnel enter "hot" zones!	Any man-made or environmental threats?  <b>NOTE:</b> CISM personnel enter "hot" zones!	<div>  <p><b>Primary victims</b> – Directly affected by the event for these victims!</p> <p><b>Secondary Victims</b> – Indirectly affected by the event -Individuals -Groups</p> <p><b>Tertiary Victims</b> – Other agencies, community members -Individuals? -Groups?</p> </div>	<p>Based on psychological readiness!</p> <ol style="list-style-type: none"> <li>1. Immediate?</li> <li>2. Within 24 hr?</li> <li>3. After 24 hr?</li> </ol>	<p><b>1:1 Interventions</b></p> <p><b>Group work</b></p> <ul style="list-style-type: none"> <li>-RITS</li> <li>-Defusings</li> <li>-CISDs</li> <li>-CMBs</li> <li>-Family CISM</li> </ul> <p><b>Pastoral care</b></p> <p><b>Follow-up</b></p> <p><b>Referrals</b></p>	<p>Resource availability?</p> <p>Best team for which target / intervention?</p>

If an employee of BPS is injured during a critical incident, he/she should expect to be medically assessed/treated as necessary for the physical injuries as soon as possible. A fellow employee and / or BPS chaplain will accompany him/her to the hospital for assessment and treatment. The Deputy Chief or designate, in conjunction with the injured employee, will complete required Workers Compensation and Human Resource paperwork within the required timeframe.

The BPS chaplain will provide emotional support to the injured employee and family as needed. Automatic referral to a psychologist will be made for any use of firearm or Taser, hostage incident or direct witnessing of a suicide. The employee must be cleared by the psychologist prior to returning to active duty. (**NOTE:** See Reintegration to Work Policy).

An employee may request a psychologist's referral (if not mandated as noted above) at any time post incident. No discrimination will be made to the employee for seeking a referral.

*All active police personnel are encouraged to consider having an annual mental health check up by a registered psychologist.* This provides an opportunity for the officer to discuss stressors impacting both their work and personal life and to review healthy stress management tips.