
	<b>Standard Operating Procedures</b>	
	Subject: <b>Critical Incident Identification and Management</b>	
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## Section 1 Administration

**1.1 Purpose:** To assist in the identification of “critical incidents” faced by personnel that cause them to experience unusually strong emotional reactions, which have the potential to interfere with their ability to function, either at the scene of an incident, or sometime after the incident has concluded. Once identified, to initiate the appropriate type of management assistance.

**1.2 Responsibility:** It shall be the responsibility of each member to know, understand, and utilize these procedures as they apply to the situation at hand. It shall further be the responsibility of all Division Officers to train their subordinates in the proper application of these procedures and to implement and enforce the use of these procedures.

## Section 2 General

**2.1 Critical Incident –** Any unusually challenging incident that has the potential to create significant human distress, physical or psychological, and can overwhelm one’s usual coping mechanisms.

**2.2 Critical Incident Stress Management (CISM) –** A comprehensive, phase sensitive, and integrated, multi-component approach to crisis/disaster intervention.

**2.3 CISM Team –** A designated group of Columbus Division of Fire members who have been trained in CISM recognition and management.

**2.4 Debriefing -** A strictly confidential, supportive, and educational discussion process designed to accelerate normal recovery of individuals who have been exposed to highly abnormal incidents.

## Section 3 Management Types

**3.1** The type of debriefing conducted depends on the circumstances of the particular incident. The following types are the most commonly used either singularly or in combination.

**3.1.1 On-Site or Near-Site Management:** On-site consultation by a team member should be considered for some critical incidents of extreme magnitude when time and circumstances permit. Team members should be considered a resource available to command officers. In these situations, team members can observe and be alert for acute stress reactions. In addition, team members will provide support and

encouragement, be available to help resting personnel deal with stress reactions, and allow for ventilation of feelings and reactions when appropriate. CISM Team members providing this service are not to be involved in operational functions.

**3.1.2 Initial Defusing:** This discussion occurs shortly after the incident (possibly several hours, but normally within the same work shift). It is a spontaneous, informal, non-evaluative discussion, provided by one or more CISM trained peers. It provides an update and status reports on the incident and related injuries and encourages discussion of reactions as indicated.

**3.1.3 Formal Debriefing:** This is a confidential, non-judgmental discussion of involvement, thoughts, and feelings resulting from the incident and includes discussion of possible stress-related symptoms. Ideally, it should be conducted within 24 to 72 hours of the critical incident.

**3.1.4 Follow-up Debriefing:** This debriefing may be done informally and may occur weeks or months, after the incident, if necessary. Its purpose is to assist members after the incident with any issues or problems that were not initially resolved, i.e. delayed or prolonged stress reaction. The follow-up CISM may be held with the entire group present or only a portion of the group.

## **Section 4 Debriefing**

**4.1** Mental health professionals familiar with the Columbus Division of Fire operations facilitate debriefing, as well as members of the Division trained in the management process.

**4.2** Debriefing is not group therapy. It is an opportunity for personnel to discuss their feelings and reactions in order to reduce the stress resulting from exposure to “critical incidents.”

**4.3** Each debriefing has educational elements designed to help the participant recognize, prevent, and mitigate stress reactions.

**4.4** Debriefing is not a critique. Operations or performance will not be discussed at any time during the debriefing.

**4.5** Note taking or recording during the debriefing will **not** be permitted.

**4.6** Individuals not involved in the “Critical Incident,” will **not** be allowed to attend a debriefing under any circumstances. **Strict Confidentiality is of the highest priority.**

## **Section 5 Initiating CISM**

**5.1** The CISM Team is activated by calling the CISM Team Leader, the on-duty Deputy Chief or the Fire Alarm Office. Whenever the assigned CISM response requires the release of on-duty CISM Team personnel, the on-duty Deputy Chief shall be notified. A CISM Team member will contact the requesting person for further details. The CISM Team Leader will assist in determining the recommended level of CISM intervention.

**5.2** Evaluation of the need for a CISM session may be very obvious or less clear-cut. The following are general considerations that may aid in determining the need for some form of debriefing, or simply a referral:

**5.2.1** The number of individuals who participated in the event and may be negatively affected

**5.2.2** The type of symptoms being reported by participants in the event

**5.2.3** Changes in behavior by participants in the event

**5.2.4** Regression in behavior by participants in the event

**5.2.5** Determine if group members are having problems with acute or delayed stress and if they would benefit by speaking with peers

**5.2.6** Determine if group members are asking for information on stress management or if a formal debriefing is necessary

**5.3** Following evaluation, it is important to note that services be offered freely if indicated.

**5.4** The following types of incidents will almost certainly involve CISM in some manner:

**5.4.1** Line of Duty death, or serious injury of a firefighter \*

**5.4.2** Mass casualty incidents \*

**5.4.3** Suicide of a firefighter \*

**5.4.4** Death or serious injury of a civilian resulting from emergency operations (e.g. auto accident involving Division vehicle, etc.)

**5.4.5** Death of a child, or violence to a child by an adult

**5.4.6** Loss of life to a civilian following extraordinary and prolonged rescue attempt

**5.4.7** Incidents attracting unusual, critical, or extensive news media coverage

**5.4.8** Any incident charged with profound emotion

**5.4.9** Any incident in which the circumstances are so unusual, or the sights and sounds so distressing, as to produce a high level of immediate or delayed emotional reaction

\*Note: Attendance at debriefings for these types of incidents is strongly encouraged for all persons working at the scene of the incident. However, if an individual believes the process may be harmful to him/her, he/she should speak with a health care professional, a CISM team member, or management of the CISM team.