

PLYMOUTH COUNTY
CRITICAL INCIDENT STRESS MANAGEMENT
TEAM

ADMINISTRATIVE AND OPERATIONAL
GUIDELINES

Revised 5/23/18

P.O. BOX 302
WEST WAREHAM, MA 02576

Sponsored by the Plymouth County
Fire and Rescue Training Association

ADMINISTRATION

STATEMENT OF PURPOSE

The Plymouth County Fire and Rescue Training Association sponsors a Critical Incident Stress Management Team which provides intervention to all public safety agencies requesting assistance. These agencies include, but are not limited to, fire departments, EMS agencies, and law enforcement agencies. The Team will endeavor, in strict confidentiality, to mitigate the impact of stress-provoking incidents on emergency services personnel and to provide education in the discipline of Stress Management. Services are provided at no cost to the requesting agency and will be available to all who request them within the limits of the Team's resources.

MISSION STATEMENT

To provide a psychological and educational process designed to mitigate the impact of a critical incident. The following services are provided:

A. Pre-incident education: Ongoing training concerning normal stress responses and the dynamics of stress management.

B. On-scene support services: Peers providing observation for acute reactions and supporting personnel on-scene.

C. Defusing: An informal process that takes place shortly after the incident. Personnel directly involved are encouraged to discuss feelings and reactions. This may lead to a complete debriefing or be process unto itself.

D. Debriefing: These are scheduled and structured meetings providing for a full ventilation of all feelings related to the incident and for education in the recognition and management of stress reactions.

E. Follow-up Support Services: Provided to individuals who are experiencing intense of prolonged stress reactions.

F. Family Member Support: Available to family members who are directly involved in the critical incident.

G. Demobilization: Occurs during large scale incident or disaster requiring that personnel be provided with intermittent breaks from service, and emotional support.

H. Resource and Referral: Providing materials for stress management and professional referrals for continued care.

SPONSORING AGENCY

The Plymouth County Fire and Rescue Training Association ("The Association") will serve

as sponsor for the CISM Team (“The Team”), providing the resources necessary to allow the program and its participants to provide the requested services. The Association will provide:

- * Funding for the Program
- * Support for the activities of the Team
- * Materials and equipment
- * An appeals process for membership
- * Annual (re-)appointment of Directors.

STEERING COMMITTEE

The Steering Committee will act as governing body and peer review board for the membership. It will consist of nine (9) members including Program Director, Deputy Program Director, Clinical Director, Deputy Clinical Director and five members-at-large. The members-at-large will be elected by the membership annually and whenever possible, will represent each faction of the Team. The Steering Committee will meet quarterly, usually 1/2 hour prior to the membership meetings. All decisions of the Steering Committee will be of a majority vote of the members present. The Steering Committee will provide:

- * Leadership for the Team
- * Administrative policy for the Team
- * Dispatch of members upon notification
- * Review of appointments by Directors

MEMBERSHIP REVIEW COMMITTEE

The Membership Review Committee will consist of one representative from each of the disciplines served by the team. They will interview, review and vote on all applicants for team membership.

PROGRAM DIRECTOR

The Program Director will be (re-)appointed annually by the Association. The Director’s responsibility will be overall management and implementation of the Team, subject to the approval of the Steering Committee. Duties of the Program Director are:

- * Administrative support
- * Training and education of members
- * Supervise dispatch of the Team
- * Schedule and coordinate meetings
- * Recruit new Team members
- * Represent Team to outside agencies
- * Maintain records of responses
- * Maintain and submit records for International re-certification
- * Attend Association Meetings as necessary

DEPUTY PROGRAM DIRECTOR

The Deputy Program Director will be appointed by the Program Director, subject to review by the Steering Committee. He/She will assist the Program Director in overall management of the Team.

CLINICAL DIRECTOR

The Clinical Director is (re-)appointed by the Steering Committee annually. He/She responsibility is to oversee the delivery and quality of counseling services. Duties of the Clinical Director are as follows:

- * Oversee quality assurance
- * Development of cross-training programs
- * Maintain and submit records for International re-certification
- * Evaluation of current or prospective Team members

DEPUTY CLINICAL DIRECTOR

The Deputy Clinical Director will be appointed by the Clinical Director, subject to review by the Steering Committee. He/She will assist the Clinical Director in overseeing the delivery of quality counseling services.

ASSOCIATION LIAISON

The President of the Association or their designee will serve in the position of liaison and communicate between the Association and the Team. Duties are as follows:

- * Maintain contact with the Team and familiarity with the Team's programs
- * Communicate the needs and concerns of the Team to the Association and, where appropriate, to the Plymouth County Chief's Association, and vice versa.

MEMBERSHIP

To be eligible for membership, applicants must be at least 21 years of age or have had three years of service with their agency, demonstrate good moral character, and be a member of a public safety, EMS, health care, or other related agency.

Membership will be maintained by attending *a minimum of two of the four quarterly meetings per year.* Candidates must demonstrate completion of required training and the ability to respond when requested. Suitable candidates will attend basic CISM training with criteria as outlined in the following section. Those completing this program will be evaluated by the Membership Review Committee who will make the final decision to accept or deny membership. In order to insure continued health and well being, members may be randomly asked to meet with the Clinical Director. Refusal of such request will result in inactive placement or revocation of membership.

Membership may be revoked by the Steering Committee for **any** violation of the Code of Conduct as set forth herein. Continued unavailability of team members when requested to respond, will be reviewed by the Steering Committee. Appeals may be made by application for a hearing, within two weeks of revocation, to the Executive Board of the Association. The decision of the Executive Board is final.

CODE OF CONDUCT

1. Failure to maintain strict confidentiality regarding responses made by the Team.
2. Failure to follow Team protocols regarding any Team activity.
3. Organizing or authorizing any Team response without the knowledge/consent of the Program Director.
4. Responding to an incident on behalf of the Team without prior knowledge/consent of the Program Director.
5. Failure to attend a response, without being excused by the Program Director, when a Commitment was made to do so.
6. Continued absenteeism at meetings/training.
7. Acting against the expressed direction of the Program or Clinical Director and their deputies.
8. Misrepresentation of the affairs or operations of the Team.
9. Failure to complete required reports/records.
10. Receiving compensation for Team activities, excluding designated Mental Health Professionals in their provision for referred services.
11. Failure to notify the Clinical Director or Deputy after having had three one-on-one sessions with the same person.

The Team is committed to accepting qualified applicants without regard for gender, race, religion, culture, ethnicity or national origin.

CONFIDENTIALITY AGREEMENTS

All members will sign a Confidentiality Agreement prior to membership. Any failure to adhere to the agreement in any way will constitute immediate dismissal from the team.

OPERATIONS

TRAINING

The Team will offer cross training to its members. Mental Health Professionals will complete ride-along with Public Safety personnel if so desired. Peer support personnel will receive in-service training to enhance crisis intervention and human communication skills. Attendance at training sessions is important and every effort should be made to attend. The Team will adhere to the model developed by Jeffrey Mitchell and follow his text, CISD: An Operations Manual for the Prevention of Traumatic Stress Among Emergency Services and Disaster Workers. The Team will maintain records of training in this model for every member.

MEETINGS

The Team will meet formally four times a year at the direction of the Steering Committee. **Attendance at two meetings per year is mandatory.** “Membership will be maintained by attending **a minimum of two of the four quarterly meetings per fiscal year from July 1st to June 30.**” Adequate notice of meetings will be made by the Program Director. The purpose of meetings is to provide training including guest speakers, to enhance services, to conduct response reviews, and to provide a venue for new ideas. Emergency meetings may be called from time to time by the Steering Committee with ten days notice.

TEAM ACTIVATION

All requests for critical incident responses will be channeled through the Plymouth County Control/CMED (PCC) by telephone. PCC operators will ask for a first name only, and a call-back number from the requesting agency and then will call the Team notification list until a Team representative is reached. PCC will maintain a log of actions taken. The Team representative will return the call to the contact person indicated by the PCC. Following the guideline on the Response Form, the representative will procure as much information necessary to determine an appropriate response. The contact person will be advised of a return call within 30 minutes and the representative will make the necessary arrangements for the Team response. If the Program Director has not been alerted to the request, a second attempt should be made to reach the Program Director. If the Director is unavailable, the representative should notify the Deputy Director to activate the response.

In compiling a response team, consideration will be given to geographic location, the number of responses made by a member, and appropriate experience and training.

GENERAL RESPONSE INFORMATION

Whenever possible, Team members will dress professionally. If ID badges are available, they should be displayed always. Team members should secure accurate directions prior to leaving and when possible, should try to travel together to the scene of an incident. **BE ON TIME!** Prior to debriefings/defusings, a team leader should be designated, and all roles should be defined. Whenever possible, take participants out of service and assure that the meeting site is free of telephones, pagers, intercoms and other interruptions or distractions. Time should be allowed after

every response for the debriefing/defusing of the Team.

ON-SCENE SUPPORT

Support services and intervention may be utilized during a critical incident at, or near, the scene of operations. These services may consist of one-on-one counseling to personnel displaying obvious signs of distress from participation.

DEFUSINGS

Defusings are offered shortly after an incident. Their purpose is to provide information and support to participants, allow ventilation of initial feelings, establish the need for and arrange formal debriefing, and to stabilize crew members. It may be similar to a debriefing ***but*** is not as long or detailed. Guidelines for defusings are as follows:

- * They should be conducted soon after the event; ideally 3-4 hours following. The key is immediate intervention.
- * They are a group process; all personnel involved should participate.
- * Duration of Defusings should be kept to a minimum, generally no longer than 45 minutes.
- * Defusing should be held in a comfortable atmosphere, free from distractions, and all participants should remain until defusing is completed.

DEBRIEFINGS

Debriefings are structured group meetings between participants in the critical incident and CISM Team members. All information from debriefings is strictly confidential. The process is a non-evaluative discussion of feelings, thoughts and reactions resulting from the incident. Effective debriefing will accelerate recovery from the effects of critical incident stress in normal people with normal affects dealing with an abnormal situation. The goals of debriefing are:

1. To provide a mechanism for ventilation of feelings.
2. To help restore the group to operational status.
3. To identify those unable to return to duty.
4. To provide referrals to those requesting/requiring additional help.
5. To provide education on stress management.

DEMOBILIZATIONS

Demobilization services are reserved for large-scale or extraordinary incidents which last, as a minimum, eight or more hours. The goals of demobilization are:

1. To provide a place, away from the scene, for disengaged units to rest and receive refreshment before returning to service.
2. To provide information on stress and its effects and to offer emotional support for participating personnel.

3. To provide a venue for initial ventilation of feelings as needed.

The demobilization center can be located in any large room where appropriate facilities are available. Disengaged units should not be allowed to return to service without first demobilizing. Guidelines for demobilization are as follows:

1. The Incident Commander will determine if and where a demobilization site is to be established.
2. All disengaged units will be processed through the demobilization center.
3. Units will be escorted by Team members on arrival and will be kept together in the center.
4. A 15-minute instruction will take place and will include the following:
 - a. Recognition of worker effort and fatigue.
 - b. Objectives of the center.
 - c. Announcement of debriefing if scheduled.
 - d. Instruction on recognition of stress reaction.
 - e. Availability of Team members for support.
 - f. Dismissal for rest and refreshment.
5. Consistency: All units will be given the same information.
6. Notification of death/injury of emergency personnel should be made only by agency/unit officers.

FOLLOW-UP

Follow-up is important for two reasons: the first is that some personnel have been given resources to investigate their own options for continued care, (a referral list should be made available for that purpose) and second, is to ensure that the rescue worker recognizes that their welfare is important to the Team and in order to assure them that they can count on our continued support.

Follow-up will generally be handled by the Clinical Coordinator or Program Director in the form of a telephone call or a personal visit. Follow-up will be documented on the original report.

RESOURCE AND REFERRAL

The Clinical Director will maintain a list of services/resources available for any interested agency or individual rescue worker. This information will be the responsibility of the Clinical Director and may be provided only by him or his designee.

DOCUMENTATION

All calls for assistance will be documented by the team leader. Report forms for requests and responses are available in the Appendix or from the Program Director. All necessary information

should be provided on the form. Personnel attending are to remain anonymous, but the requesting agency should be identified. These reports should be signed and submitted to the Program Director within 24 hours of the response. A permanent log will be kept of all Team activities.

DISSOLUTION

The Executive Committee of the PCFRTA may decide to dissolve the CISM team at any time. Upon dissolution, all assets of the Team, as well as all records, will be turned over to the Association. Such decision will be by majority vote of the Executive Board.