

# Warsaw-Wayne Fire Territory

## Best Practices

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Date: December 3, 2019

Number: 208

Reference: Critical Incident Management Group

**The Critical Incident Management Team Leader and Team is NOT a tool to replace the approved Employee Assistance Program.**

### **Purpose and Scope**

This policy defines the objectives and procedures used for the Critical Incident Stress Management (CISM) Group.

The CISM Group is to respond to incidents that may contribute to an adverse emotional reaction or response to emergency responders. These might include, but are not limited to the following situations:

- A) Death or injury of an emergency responder, on or off-duty
- B) Death or injury to a family member of an emergency responder
- C) Disaster or mass casualty situation involving the departments
- D) An incident involving the injury or death of a child
- E) An incident involving the death of an adult or child in extraordinary circumstances.
- F) Loss of life that involves unusual or prolonged expenditure of emotional or physical energy by emergency responders
- G) Situations that enable the accumulation of stress reactions over long periods of time.

- The Critical Incident Stress Management (CISM) Group will be activated by a company officer, chief officer, or acting officer at the request of any member of Warsaw-Wayne Fire Territory and / or Warsaw Police Department Command Staff. Also, any member may initiate a meeting with a CISM member if they feel an intervention is necessary.
- To activate the CISM Group notify the on-duty Battalion Chief, who will activate the CISM group via central dispatch.
- Once the CISM group is activated the incident will be evaluated by the lead CISM member for the amount of intervention required. The specific debriefing services utilized will depend greatly upon the nature of the incident.
- Responding CISM members will report to the assigned location.
- CISM interventions may be held away from the scene of an incident.
- No media coverage of any CISM Group intervention will be allowed. Also, the location of the intervention will not be disclosed to the media or public.
- The CISM Group will set up operations at that location. All crews operating on the scene will go through the defusing process prior to returning to service.

For the betterment of the individual and the group, CISM members are required to be trained in and follow guidelines of the International Critical Incident Stress Foundation, Strategic Response to Crisis, Assisting Individual Crisis, CISM Group Crisis Intervention, Advanced CISM Strategies and Tactics for Complex Situations.

## **PEER SUPPORT GROUP**

The Peer Support Group is a group of firefighters that work to provide stress management and mental health information to members of Warsaw-Wayne Fire Territory. This is accomplished by conveying information. Peer Support Group members are not counselors or psychotherapists. However, the group is directed by a licensed mental health practitioner (psychotherapist).

### **Group Structure**

The Peer Support Group is composed of three parts:

1. The employee assistance program (EAP).
2. The CISM Group for critical incidents.
3. The Peer Support Group for everyday stress referral.

## **TRAINING**

Peer Support Group members are trained by licensed mental health practitioners.

## **POLICY**

1. Peer Support Group members will not force themselves on any employee.
2. Peer Support Group members are bound by confidentiality.
3. Using the Peer Support Group is voluntary. The Peer Support Group is not involved in situations when an employee is being disciplined
4. Members of the department can use the program in the following ways:
  - a. Call someone from the Peer Support Group.
  - b. Call the Employee Assistance Plan (EAP) to bypass the Peer Support Group. (800-342-5652)
  - c. Go to the Bowen Center (EAP) website at [www.bowencenter.org](http://www.bowencenter.org)
5. Peer Support Group members are simply brother and sister firefighters that can direct fire department members to the appropriate mental health and addition services.

Reference: IC 36-8-2.5, Chapter 2.5 Critical Incident Stress Management Services



12/4/19

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Date

## **IC 36-8-2.5Chapter 2.5. Critical Incident Stress Management Services**

[36-8-2.5-1Definitions](#)

[36-8-2.5-2Confidentiality of communications](#)

[36-8-2.5-3Immunity; application to action for medical malpractice](#)

### **IC 36-8-2.5-1Definitions**

Sec. 1. The following definitions apply throughout this chapter:

- (1) "Critical incident" means an actual or perceived event or situation that involves crisis, disaster, trauma, or emergency.
- (2) "Critical incident stress" means the acute or cumulative psychological stress or trauma that an emergency responder may experience in providing emergency services in response to a critical incident. The stress or trauma is an unusually strong emotional, cognitive, behavioral, or physical reaction that may interfere with normal functioning by causing:
  - (A) physical and emotional injury or illness;
  - (B) failure of a usual coping mechanism;
  - (C) loss of interest in work or normal life activities;
  - (D) loss of ability to function; or
  - (E) psychological disruption of personal life, including the emergency responder's relationship with a spouse, child, relative, or friend.
- (3) "Critical incident stress management services" or "CISM services" include programs and services related to education, prevention, and mitigation of the effects from exposure to highly stressful critical incidents. The term includes services provided by an individual certified to provide group crisis intervention, individual crisis intervention, peer support, or any related service.
- (4) "Critical incident stress management services provider" or "CISM services provider" means an individual who is certified to provide CISM services and who is acting as part of a CISM team or in another official capacity.
- (5) "Critical incident stress management team" or "CISM team" means an organized community or local crisis response team that is trained and certified under standards substantially similar to the training and certification standards established by the Indiana emergency medical services commission as set forth under [IC 16-31-2](#).
- (6) "Emergency responder" means an individual who provides emergency response services, including:
  - (A) a law enforcement officer;
  - (B) a corrections officer;
  - (C) a firefighter;
  - (D) an emergency medical services provider;
  - (E) a dispatcher;
  - (F) an emergency response communication employee;
  - (G) emergency management personnel; or
  - (H) a rescue service provider.

*As added by P.L.137-2017, SEC.2.*

### **IC 36-8-2.5-2Confidentiality of communications**

Sec. 2. (a) Except as otherwise provided in this section, a communication made by an emergency responder to a CISM services provider while the emergency responder receives CISM services is confidential and may not be disclosed in a civil, criminal, or administrative proceeding. A record kept by a CISM services provider relating to CISM services provided to an emergency responder is confidential and is not subject to subpoena, discovery, or introduction into evidence in a civil, criminal, or administrative proceeding.

- (b) A communication or record described in subsection (a) is confidential for purposes of [IC 5-14-3](#).
- (c) A communication or record described in subsection (a) is not confidential for the following purposes:
  - (1) The CISM services provider makes a referral for the emergency responder.
  - (2) The CISM services provider consults about the emergency responder with another CISM services provider or an appropriate professional associated with the CISM team.
  - (3) The communication conveys information that the emergency responder poses or appears to pose an imminent threat of harm to the emergency responder, a CISM services provider, or another individual.
  - (4) The communication conveys information relating to child or elder abuse.
  - (5) The emergency responder or the legal representative of the emergency responder expressly agrees that the emergency responder's communication is not confidential.

*As added by P.L.137-2017, SEC.2.*

**IC 36-8-2.5-3Immunity; application to action for medical malpractice**

Sec. 3. (a) Except as provided in subsection (b), a CISM team or a CISM services provider providing CISM services is not liable for damages for any act, error, or omission committed by the CISM team or the CISM services provider in performing CISM services in accordance with this chapter, including:

- (1) personal injury;
- (2) wrongful death;
- (3) property damage; or
- (4) other loss;

unless the act, error, or omission constitutes wanton, willful, or intentional misconduct.

(b) Subsection (a) does not apply to an action for medical malpractice.

*As added by P.L.137-2017, SEC.2.*



# City of Warsaw

## Employee Assistance Plan

### Q. What is the City of Warsaw EAP Program?

A. It is an Employee Assistance Plan (EAP) for full time employees of the City of Warsaw. It provides four (4) free prepaid counseling sessions per employee at any Bowen Center location.

### Q. Who has access to this program?

A. All City of Warsaw full time employees, their spouses and legally dependent children. Each eligible person has four (4) free counseling sessions each. 365 days after your first session you receive four (4) more EAP counseling sessions

### Q. What locations are available for counseling?

A. For convenience or privacy, Bowen Center has locations in 10 counties including: Warsaw, Columbia City, Fort Wayne, Syracuse, Huntington, Lagrange, Auburn, Wabash, Bremen, Plymouth, Angola, & Albion. You may schedule an EAP counseling session at any Bowen Center location. Our Fort Wayne location has a dedicated EAP services suite.

### Q. Is prior authorization required?

A. No. There is no co-pay or deductible. Services excluded from EAP coverage are medication management, psychological testing, and inpatient treatment. 365 days after your first session you and your family receive 4 more free sessions.

### Q. Is my employer informed?

A. No. All sessions are private and confidential. No protected health information is given to your employer without your expressed written consent. Issues can be work related or not. Bowen Center provides comprehensive services for depression, anxiety, addictions, couples, family & more. Financial counseling is available through the EAP program by calling: 1-800-432-0420.

### Q. How do I set an appointment?

A. **Call Bowen Center's Access Department at 1-800-342-5652**, and tell the Access Specialist "I am an employee of the City of Warsaw and would like to schedule an appointment through my EAP."

*If you have questions or issues accessing your benefit please contact your designated EAP specialist: 1-800-342-5653, ext. 3061*



*Better Counseling... Better Life*





# Critical Incident Stress



Everyone responds differently to an incident as a first responder. **There is no right way to feel after an incident. It is more effective to understand your personal response.** This guide can assist you in understanding common responses and how to support yourself and others on your team.

**Q. What are some common "critical incidents" to first responders?**

- A. Suicide of a colleague, line of duty death, serious on the job injury, multiple casualty incident, shootings, incidents involving relatives or known victims, events with excessive media interest, personal history similar to event, incidents involving children

**Q. What are common emotional responses to critical incidents?**

- A. Anger, Guilt, Anxiety/Worry, Grief, Depression, Hopelessness, Cynicism, Overwhelmed, Sadness

**Q. What are common physical responses to critical incidents?**

- A. Fatigue, Nausea, Shock, Headache, Chest pain, Flu-like symptoms, Difficult breathing, Gastrointestinal distress, Chills, Dizzy spells

**Q. What are common thinking & behaviors after critical incidents?**

- A. Hypervigilance, Flashbacks triggered by images, smells, thoughts, etc., Memory lapses, Withdrawing/Isolating behaviors, Confusion, Difficulty concentrating, Poor decision-making

**Q. What are effective ways to respond?**

These skills are for the days & weeks following the incident:

- Make intentional efforts to maintain normal activity especially related to work, relaxation and rest
- Avoid making any major decisions shortly after the incident
- Drink Water... Avoid over-consumption of alcohol, nicotine or caffeine for 72 hours post-incident
- Tell close friends, trusted co-workers or anyone within your support structure **what is happening to you and your response.** Avoid focusing on details of the incident
- Avoid making comments or responding to comments on social media
- Attend Critical Incident Stress Debriefing if available. Request one-to-one debriefing
- Privately access your Employee Assistance Plan by calling 1.800.342.5652
- Exercise to help release accumulated physical tension. Stretch or go for a walk
- Add some fruits and vegetables to your diet while avoiding complex carbohydrates or "junk food" and/or other saturated fat "comfort foods"

## When is it time to get professional help?

While the above responses are considered normal post-incident sometimes our response impacts in a way that even a skilled response may not be effective. If 30-60 days post-incident you or someone you support shows or reports a continual decrease in functioning at work or home, makes para-suicidal or suicidal comments, and displays/reports an increased difficulty/frequency with the above symptoms, it's time to get professional help. Please contact a trusted supervisor, HR or use/encourage use of the EAP program immediately.

## ***ICISF Model of CISM Services for Emergency Services***

### **Planning and Consultation**

<b>Activity</b>	<b>Timing / Activation</b>	<b>Goal</b>
<b>Assessment</b>	Begins with initial call. Obtain all pertinent information. Repeated as necessary depending on the incident.	Determine need for intervention or other services
<b>Strategic Planning</b>	Begins with initial call. Obtain information to assess target, timing, type, themes and resources needed. Continues throughout the incident. Also includes disaster / mass casualty planning and activities.	Organize an appropriate crisis intervention response determined by the size and type of the incident
<b>Organizational Consultation</b>	As requested by an organization or group. May occur prior to or at the time of an incident	Provide information and education on services and resources available.

### **Venus for Services**

<b>Venue</b>	<b>Timing</b>	<b>Goal</b>	<b>Target Groups</b>
<b>On Scene Support</b>	Established during large scale or prolonged incidents	Assessment of personnel, triage, determine need for additional services. Compassionate presence	Primarily emergency service responders or those involved in the response
<b>Respite Center</b>	Established during large scale or prolonged incidents	Rest, refresh, screening and triage of responders or other personnel.	Primarily emergency service responders or those involved in the response
<b>Family Assistance Center</b>	Established during large scale or prolonged incidents	Provide information, enhance communication, foster support, referral as needed	Family and relatives impacted by the incident

## CISM Interventions

Intervention	Format \ Objective	Timing	Goal	Target Groups
<b>Pre-crisis Preparation / Education</b>	Information	Prior to an incident	Provide information on stress management, resources available and enhance resiliency	Work groups, organizations, management, initial or continuing education classes
<b>Crisis Management Briefing (CMB)</b>	Information	During the acute and \ or post crisis phases	Information, rumor control and stress management	Work groups, organizations, communities, families
<b>Demobilization</b>	Information	Shift disengagement	Decompression, screening, triage, stress education, meet basic needs, ease transition	Response personnel, work groups or organizations significantly impacted by an incident
<b>Individual Crisis Intervention</b>	Interaction	During the acute and or post crisis phases. Anytime as requested.	Assessment , screening, triage, stress education, reduction of acute distress, facilitation of continued support	Any individual significantly impacted by an incident. May include family members and significant others
<b>Defusing</b>	Interaction	Before the end of a shift or within 12 hours	Stabilization, ventilation, screening, information, reduction of acute distress, increased group cohesion, facilitation of continued support	Small homogeneous groups with equal exposure
<b>Critical Incident Stress Debriefing (CISD)</b>	Interaction	During the acute or post crisis phases	Ventilation, information, normalization, reduce acute distress, increased group cohesion, facilitate resilience, facilitation of continued support, identify need for referral	Small homogeneous groups with equal exposure. A separate CISD may be indicated for family members and significant others
<b>Pastoral Crisis Intervention \ Spiritual Support</b>	Interaction	During the acute or post crisis phases	Faith based support	Individuals, groups, congregations and communities who desire faith-based presence/crisis intervention
<b>Follow - up</b>	Interaction	After any intervention or service	Assure continuity of care	Intervention recipients and exposed individuals
<b>Referral</b>	Information	As needed	Provide appropriate resource for continued care	Any individual who requires additional support or counseling
<b>Post Action Staff Support (PASS)</b>	Interaction	Post deployment	Decompression and support for crisis support team members or crisis responders	Crisis support team members



## RELATIVE INTENSITY OF GROUP INTERVENTIONS

