

**CRITICAL INCIDENT STRESS MANAGEMENT TEAM
OF THE FIRE SERVICE ASSOCIATION OF NOVA SCOTIA**

HANDBOOK



“First Responders for First Responders”

1-800-559-3473

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I. INTRODUCTION

A Brief History

The beginnings of CISM in Nova Scotia date from 1989 when Dr. William Brooks presented workshops on general stress management to various fire departments. With the backing of Carl Shaw (Colchester Fire Services), Ed Bowdridge (Platoon Chief, Halifax Fire Department), and Tom Makin (Provincial Fire Marshall), Dr. Brooks was asked to develop a proposal to address critical incidents experienced by firefighters.

In 1990 Dr. Brooks presented a proposal for the management of CIS to the Fire Officers Association (predecessor to the current FSANS) who enthusiastically endorsed it. Consequently, Chief Murray Elliott of the Cole Harbour Fire Department was named Chair of a FSANS committee to implement a CISM program. This committee evolved into the present day CISMT. Since 1990 the Committee has been chaired by Murray Elliott (1990- 2005), Thys Molenaar (2005-2019), John White from 2019-2021 and presently by Wendy Rafuse.

Over the past 30 plus years, our team's interventions have supported thousands of firefighters and other first responders.

Who We Are

The Critical Incident Stress Management Team (CISMT) of the Fire Service Association of Nova Scotia (FSANS) is a non-profit, volunteer organization dedicated to the alleviation of critical incident stress symptoms among firefighters in Nova Scotia. We operate as a committee in accordance with the FSANS policy (2020-21). All team members belong to this committee.

Our Mandate

The mandate of our Team is to provide the broad range of Critical Incident Stress Management (CISM) services to firefighters. Included in our mandate are Ground Search and Rescue personnel. In certain circumstances, and with the approval of the team's Clinical Director and the Executive Committee chairperson, these services may be offered to other agencies.

Our Affiliation with the International Critical Incident Stress Foundation (ICISF)

We are a registered team with the International Critical Incident Stress Foundation and all our members are ICISF trained and certified. Three (3) of our members are certified ICISF trainers as of July 2022.

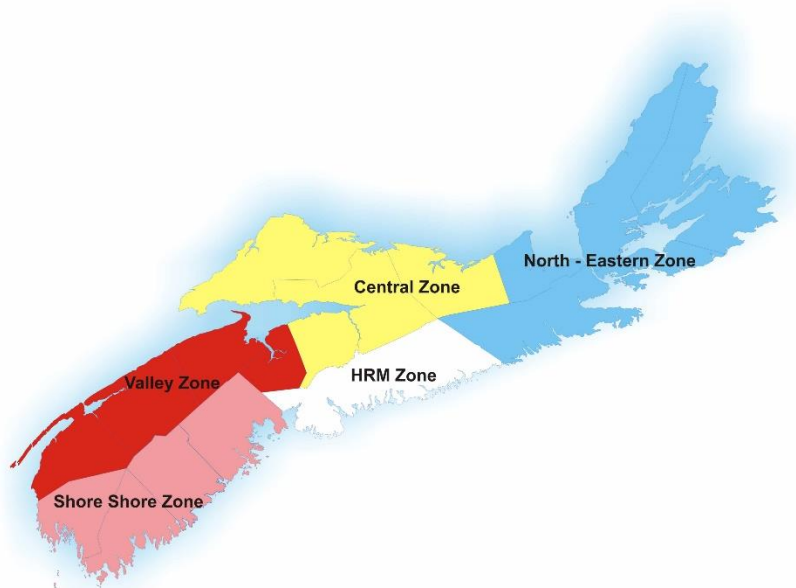
We are guided by the ICISF model of CISM which is an evidence-informed, adaptive, short-term psychological helping process. The model utilizes trained peer helpers and mental health professionals to monitor pre- and post-incident psychological responses to stress for individuals and groups. CISM is not psychological therapy. Firefighters with enduring critical incident stress symptoms are referred to appropriate mental health professionals for further help.

How We're Organized

Our team consists of members divided into the following four (4) zones (see map below):

1. Northeastern Zone (Cape Breton, Antigonish, Guysborough)
2. Central Zone (Cumberland, Colchester, Pictou, East Hants)
3. South Shore Zone (Lunenburg, Queens, Shelburne, Yarmouth)
4. Valley Zone (West Hants, Kings, Annapolis, Digby).

NOTE: The FSANS CISM Team does not serve the Halifax Regional Municipality.



Funding

As a not-for-profit organization, the CISM Team depends upon annual donations from fire departments, an annual grant from the Fire Marshal's Office and occasional grants from the FSANS. These funds cover operating costs, as well as professional development.

Professional Development

Every October, the Team meets for two (2) days of required professional development. Training/education is provided by both outside experts and qualified team members. Also, during the year individual zones often engage in their own training activities. Additionally, the Committee supports the attendance of members at other professional development opportunities presented by ICISF and similar relevant organizations.

Involvement Outside Our Mandate

In the past, some of our members have been called upon to assist with other critical situations. Examples include Swissair Flight 111 disaster, Canada's *Operation Parasol* supporting the refugees from Kosovo, various industrial fatalities and, more recently, the Justice Department of Nova Scotia in connection with the Portapique mass casualty tragedy.



II. GOVERNANCE ROLES and RESPONSIBILITIES

EXECUTIVE COMMITTEE

Composition

- Chair
- Vice Chair
- Treasurer
- Secretary
- 2 Members-at-Large
- Clinical Director*
- FSANS Representative **

Key Functions

- Oversee the CISM program
- Ensure adequate funding and budgetary management
- Ensure adequate administrative support
- Appropriately manage the Team's assets and resources
- Manage any other issues that may arise from time to time

Strategic Direction

- Develop and advise on policy and strategic direction for the Team in the both the short and long term
- Regularly assess the program, its policies and its operation to maintain standards of quality

Accountability

- Ensure that all legal and ethical standards are followed
- Maintain the Team's registration with the International Critical Incident Stress Foundation (ICISF)
- Ensure that active members are ICISF certified

*The Clinical Director shall be appointed by the Executive Committee.

**The FSANS Member shall be appointed jointly by FSANS and the FSANS CISM Team Executive. If FSANS does not appoint a member to the CISM Executive Committee, the Chair will act as liaison. The FSANS representative will not have a vote.

EXECUTIVE COMMITTEE ROLES, RESPONSIBILITIES AND QUALIFICATIONS

Chair

- take an overall leadership role in providing vision, guidance, and wellbeing for the membership.
- promote the purpose and importance of CISM services for the fire service in Nova Scotia

Specific Duties include, but are not limited to:

- overseeing the general operation of the membership
- ensuring that Team members adhere to applicable policies, procedures, and operating guidelines
- evaluating, in consultation with the Clinical Director, any requests for CISM interventions which fall outside the Team's mandate
- ensuring that requests for Peer Support/CISM services are received and responded to in a timely manner
- ensuring that Team activities are in accordance with the ICISF model and FSANS CISM Team policies.
- participating in the development of policies and procedures
- soliciting membership interest
- evaluating membership needs.
- assisting the Clinical Director with team training and professional development
- assisting the Clinical Director in debriefing the debriefers, where appropriate
- leading the conflict resolution process, as appropriate
- convening and chairing monthly Executive Committee meetings and preparing the agenda
- ensuring that Executive meetings are held in a respectful and collaborative environment
- ensuring that updated lists for referrals, mental health providers, and key contacts within the Team are maintained by appropriate members
- acting as liaison with Emergency Services Administrators during a significant incident
- acting as one of the signing officers
- representing the Team with relevant professionals and community organizations
- acting as liaison to FSANS
- making decisions in a fair and unbiased manner based on the best interests of the FSANS CISM Team

Minimum Requirements for the position of Chair

- have previous experience in a leadership role
- been a member of the Team for a minimum of five (5) years
- have experience in a wide range of CISM interventions

Vice Chair

Specific Duties include, but are not limited to:

- assist the Chair with Executive Committee duties
- assume the duties of the Chair in the Chair's absence or by request

- be a signing officer

Minimum Requirements for the position of Vice Chair

- have previous experience in a leadership role with minimum of five (5) years on the CISM Team

Treasurer – Responsible for maintaining the financial records of the Team

Specific Duties include, but are not limited to:

- Maintains the Team's financial records
- Presents monthly reports to the committee on the financial state of the Team
- Performs regular banking duties such as issuing cheques, paying invoices, etc.
- Acts as a signing officer
- Performs any other duties as outlined in the Finance Policy (See appendix C)

Minimum Requirements for the position of Treasurer

- have a working knowledge of a financial accounting system such as Simply Accounting or other system as determined by the FSANS CISM Team
- have a clear Criminal Record Check within the last three (3) months once voted into the position

Secretary – Responsible for maintaining written records of the Team's functioning

- Keeps accurate minutes of Team meetings including attendance, motions, decisions, etc.
- Distributes copies of minutes to Executive Committee members within a week after meetings and well in advance of any future meetings
- Conducts general correspondence as directed by the Chair.
- Maintains records of the Team's activities such as intervention reports, pre-incident education sessions, etc.
- Compiles statistics concerning interventions and other Team activities such as Team training sessions, the Team's involvement in professional development and any other aspects of the Team's functioning

Minimum Requirements for the position of Secretary

- have strong organizational skills
- have appropriate computer expertise with a minimum of three (3) years of CISM team experience
- act as a signing office

Members at Large – Responsible for participation in the activities of the Executive Committee

- Actively participate in the committee's activities
- Be prepared to accept responsibility, or joint responsibility, for specific activities as may arise from time to time, including, but not limited to, planning for professional development, public relations, development of policies / procedures, webpage management, fund raising, etc.

Minimum Requirements for Members at Large

- Must be a member of the Team with a minimum of three (3) years of experience

Clinical Director

Based on ICISF Standards, all CISM Teams must have a qualified Mental Health Professional (MHP) serving in the role of Clinical Director.

Minimum Qualifications

- Must have ten (10) years of experience in the Mental Health Field and five (5) years of experience as a member of the CISM Team (see Mental Health Professional below)

Responsibilities

- Overseeing the delivery and quality of CISM services
- Assisting the Chair with the development of operational policies / guidelines
- Assessing CISM members for role-related stress
- Providing guidance with respect to ongoing program and organizational development
- Maintaining availability to work with members, including attendance at interventions when the strategic plan calls for formal mental health support (i.e., participation in CISDs)
- Assisting in the assessment and timely referral for firefighters requiring interventions beyond the scope of CISM
- Creating, supporting, and assisting in the delivery of education and information to firefighters, spouses, and families
- Working closely with the Chair to assure proper Team performance and quality assurance
- Providing clinical support and advice to the Chair and other Team members as needed
- Developing criteria for selection of Team members and assisting in the selection processes
- Arranging for debriefings of Team members when necessary and coordinating further services as appropriate
- Developing and delivering training for Team members
- Assisting the Executive Committee in addressing member wellness
- Recommending cross-training programs for MHP's of the FSANS CISM Team
- Assisting the Team Chair in representing the FSANS CISM program with FSANS, the public, and others as requested
- Coordinating with national and/or international research organizations to maintain current knowledge of evidence-based best practices and information
- Supervising research activities related to CISM and firefighters within Nova Scotia

FSANS Representative

- acts as a liaison between FSANS and the FSANS CISM Team
- is appointed jointly by FSANS and the Executive Committee
- participates in the monthly Executive Committee meetings and advises on any issues pertinent to FSANS
- has a basic knowledge of CISM and Team operational policies / guidelines
- has a voice on matters that come before the Executive Committee
- does NOT have a vote on matters that come before the Executive Committee

OTHER TEAM ROLES

- **Zone Coordinator** – appointed by the Executive Committee to manage the operational aspects of the Team in each zone
- **Team Leader** – appointed by the Zone Coordinator to lead a specific intervention and manage the Team selected to provide it
- **Mental Health Professional (MHP)** - Any person with a graduate degree in the helping professions where training has included work in communication skills, group dynamics and psychological assessment. The MHP shall have some cross training in the Fire Service. See Appendix D (Cross Training roles).
- **Peer** – an experienced firefighter who has successfully completed the two (2) basic ICISF introductory courses “Assisting Individuals in Crisis” and “Group Crisis Interventions.” Additionally, a peer will have participated in interventions under supervision, completed a one-year probationary period and be approved by the Executive Committee and Clinical Director.

NOMINATING COMMITTEE

The Nominating Committee is comprised of three (3) non-Executive Committee members and will be elected annually at the Annual General Meeting. As vacancies occur, the Nominating Committee will identify and contact CISM Team members who are deemed to be suitable candidates for specific positions of the Executive Committee. The Nominating Committee report shall be presented at the AGM. Nominations from the floor can also be accepted.

A member may not hold more than one (1) Executive Committee position at a time. Terms of office shall be for three (3) years and will rotate, so that generally no more than two (2) new members will be elected each year.

In the event a position becomes become vacant during a given term, that position will be filled for the remainder of the term through the normal nominating process with an online vote being held to complete the remaining term.

Executive Committee Members shall not serve any longer than two (2) consecutive terms or six (6) years. They may serve again after a break of at least two (2) years.

CONFLICT RESOLUTION

Conflict may arise in any team. When it occurs, it must be promptly dealt with through a formal process in a fair, unbiased manner.

Conflict Resolution Process

1. A person wishing to lodge a complaint should send a letter, including all relevant details, to the Chair* of the Executive Committee.
2. Upon receipt of a complaint, the Chair shall inform the party against whom the complaint has been lodged and provide a copy of the complaint so that party can have the opportunity to respond.
3. The Chair shall then meet informally with each party separately to clarify the matter, defuse emotions and ascertain if a solution is possible.
4. If an informal solution is not possible the Chair and the relevant Zone Coordinator** shall then attempt to facilitate a solution by inviting the parties to meet for a discussion. Either party to the dispute shall be able to bring a support person to the meeting.
5. At that meeting the Chair shall:
 - listen carefully to each side, ensuring that no interruptions occur when an individual is speaking
 - clarify the facts as much as possible
 - make sure each party understands the perspective of the other even if they don't agree.
 - attempt to find a solution that is acceptable to both parties
6. In the event that a solution is not possible, the Chair shall ask the Executive Committee to appoint a Conflict Resolution Team of two (2) CISM team members who were not party to the complaint to adjudicate the dispute.
7. This Conflict Resolution Team will conduct a hearing which will include a review the facts, the perspectives of the disputants and the Chair's attempt to find a solution. The team will also meet with the disputants (and support persons).
8. Following the hearing, the Conflict Resolution Team will determine an appropriate solution to the dispute and inform the Chair of the solution.
9. The Chair and Zone Coordinator of Record shall then meet with each party or the dispute privately to inform them of the solution.
10. Either party may appeal the decision of the Conflict Resolution Team to the Executive***.

11. The Executive will invite the party who is appealing to a meeting to determine the basis of the appeal. The Conflict Resolution Team will also attend the meeting to explain the basis of their solution.
 12. Following this meeting, the Executive will either confirm the solution of the Conflict Resolution Team or arrive at an alternative solution. In either case the decision of the Executive Committee shall be final.
- * Should the Chair be the subject of a complaint, the Vice Chair shall preside.
 - ** Should a Zone Coordinator be the subject of a complaint, the Chair shall invite another Zone Coordinator to participate.
 - *** Should an Executive Committee Member be the subject of the complaint, that member shall not be a party to the proceedings.



III. PROGRAM COMPONENTS

Critical Incident Stress Management (CISM) consists of a suite of interventions designed to address the impact of critical incident stress among firefighters. Key components of this program are as follows:

1. Pre-Incident Education
2. On-Scene Interventions
3. Defusings
4. Debriefings
5. One-to-One Interventions
6. Crisis Management Briefings
7. Post Intervention Services

For each intervention, a brief explanation is provided below. Further details for each intervention are contained in the Protocols section IV.

1) Pre-Incident Education

This component consists of a standardized presentation of CIS, its symptoms, how they may be addressed, and how to access CISM services. It is offered to fire departments, often in conjunction with their regular training program, and includes spouses/family members of those in the department. The intent of this component is to increase awareness of CIS and encourage departments to utilize the services of the CISMT.

2) On-Scene Interventions

This component takes place in situations where a firefighter may experience upsetting reactions while on the scene of an incident. This intervention involves the opportunity to remove the firefighter from involvement in the incident and an opportunity to talk about what is impacting them at that time.

3) Defusings

Defusings are peer-led discussions immediately following an incident. Sometimes defusings can be carried out up to 12 hours after an incident. The intent of a defusing is to reduce the effects of the incident and determine if there is the need for a subsequent debriefing. Due to the rural nature of the fire service in Nova Scotia and time constraints, it is often difficult to arrange defusings.

4) Debriefings

Debriefings are a structured discussion of the incident, its impacts on the individuals involved, a review of CIS symptoms and suggested strategies for managing CIS. Debriefings are normally conducted in a group format but can be carried out on a one-to-one basis by a mental health professional team member.

This component is designed to lessen the impacts of critical incidents on firefighters. This is a reactive service and the CISM Team will usually provide debriefings between 24 and 72 hours after an incident. In some instances, a debriefing can occur more than 72 hours later.

5) One-to-One Interventions

From time to time, it may be necessary to conduct one-on-one interventions, usually following the model of a debriefing. These are normally conducted by a mental health professional and are usually tailored to a specific circumstance.

6) Crisis Management Briefings (CMB)

A CMB is a versatile support process for individuals and/or heterogeneous groups. Its main purpose is to provide information, guidance, and instructions regarding a traumatic event. A CMB is usually led by two (2) team members and may involve other officials, as appropriate.

There are two (2) contexts where a CMB can be used, namely:

- 1) an on-scene CMB provides information about an ongoing incident to a first responder(s) about to become involved in the incident. It is intended to reduce their anxiety, make them aware of what they might expect to encounter and reassure them that support will be available for them after the incident has concluded.
- 2) a public CMB is to support members of the public regarding an incident involving their community. The CMB provides accurate information about the incident, actions being taken to address the incident and to allay, as much as possible, their anxieties.

CMBs can be offered during an incident, especially if it is prolonged, and as often as is necessary when updates are available. It is also used to convey information about the incident after its conclusion.

7) Post Intervention Services

The CISM team leader will follow up, usually a week after an intervention, with the leader of the recipient group, or the individual in the case of a one-on-one intervention. The purpose is to ascertain the wellness of the group/individual and determine if any further assistance is needed. If further assistance is required, the Team Leader will identify follow-up services that are available. These are often accessed through workplace Employee Assistance or other Human Resource programs. In the event that a firefighter does not have access to such mental health supports, the CISM team has a contingency fund to support a firefighter to access appropriate mental health services.



IV. INTERVENTION PROTOCOLS

Critical Incident Stress Management (CISM) consists of a suite of interventions designed to educate firefighters about critical incident stress and ameliorate its effects on them. These interventions are:

1. Pre-Incident Education
2. On-Scene Interventions
3. Defusings
4. Debriefings
5. One-to-One Interventions

For each intervention, its specifics are identified, the process to be followed is explained, and where appropriate, suggested scripts are provided.

1) Pre-incident Education

The purpose of Pre-Incident Education is to inform firefighters about the nature of critical incident stress, its symptoms, and ways of coping with CIS.

SPECIFICS

- To ensure consistency, the Critical Incident Stress Management Team has developed a PowerPoint presentation to be used by team members when presenting to fire departments
- The PowerPoint presentation can be accessed through the following link. [\(to be added when available\)](#)
- Zone Team Coordinators are responsible for contacting fire departments to arrange for pre-incident education presentations
- Often, more than one (1) fire department will be involved in a pre-incident education presentation
- These presentations can often be scheduled as part of a department's regular training activities
- When arranging a presentation, the Zone Team Coordinator should encourage a department to invite firefighters' spouses/partners/family members to attend. This is especially important as those close to firefighters can be impacted by their CIS symptoms and are often the first to recognize them in a firefighter.
- Presentations should be given by at least two (2) team members, preferably a peer and mental health professional.

2) On-scene Interventions

Sometimes a firefighter may experience upsetting reactions while on the scene of an incident. If a CISM team member is also on the scene, immediate support may be more readily available.

SPECIFICS

- The purpose of this intervention is to provide relief for the firefighter from involvement in the incident as well as an opportunity to talk about what is impacting them.
- This can be accomplished by walking away from the scene with the affected firefighter, in a way that doesn't draw attention, and to find a quiet place to talk.

ON-SCENE PROTOCOL

- Engage the firefighter in conversation about what they are experiencing.
- Ask the firefighter to describe their reactions.
- Accept and validate their feelings, reassure them they are not "copping out".
- After sufficient discussion, ascertain if they would like to leave the scene completely or just needed a break from it.
- If a firefighter wishes to leave the scene, accompany him/her to a place where they feel safe and remain with them until you both feel comfortable with you leaving them.
- If a firefighter feels comfortable staying at the scene, discuss what might be an appropriate role for him/her.
- Whether or not the firefighter stays on scene, follow up with them a few hours after the conclusion of the incident.
- Encourage them to participate in any upcoming interventions such as a defusing or debriefing. If he/she is unable to attend, ensure that there is follow-up with the individual.

3) Defusings

The purpose of defusings is to intervene immediately after a difficult call prior to the release of those involved in the incident. The key is rapid intervention so firefighters feel supported and assured of further assistance should it be deemed necessary.

SPECIFICS

- defusings are usually carried out in a group and led by a peer CISM team member
- only those involved in the incident participate
- defusings normally last about 20 to 35 minutes
- Team members who were involved in the incident must not lead a defusing
- at times, circumstances will require one-on-one defusings
- if possible, defusings should be conducted in a location in a fire hall that offers some privacy

DEFUSING PROTOCOL

- Ask the group to explain what happened. This will often result in a free flowing, random explanation of the incident.

- Next, ask the group to identify what stands out about the incident. Again, this will likely be a free flowing, random discussion.
- After the discussion subsides, offer information on possible signs and symptoms of CIS. Indicate that these may not appear immediately, not at all, or shortly after an incident. If possible, provide them with the CISM brochure.
- Let them know that further assistance in the form of a debriefing is available.
- Make sure they know how to make contact if further assistance is deemed to be necessary.

Note: Keep the session informal. **Do not allow the Defusing to become an operational critique.**

4) Debriefings *“There is no greater agony than bearing an untold story inside you.” (Maya Angelou)*

The overall purpose of debriefings is to encourage participants to talk about an incident – to tell their story. This is accomplished through a formal, structured discussion of a critical incident. Debriefings provide a safe, confidential environment where firefighters can feel comfortable talking about an incident and its impact upon them. Debriefings also help normalize symptoms of CIS and identify methods to cope with them.

SPECIFICS

- Debriefings are normally conducted in groups, but sometimes circumstances will warrant one-on-one sessions that are provided by a Mental Health Professional.
- They are NOT operational debriefings and team members conducting a debriefing will make every effort to keep the focus on the impact of the event on the firefighters.
- Debriefings are held somewhere between 24-72 hours after an incident. However, they can be held later and sometimes have been conducted over a year after an incident.
- Only those firefighters directly involved in the incident may participate in a debriefing.
- Non-firefighters who were actively involved in the incident may also be invited to attend a debriefing. Examples are paramedics, RCMP, dispatchers and even civilians who played a role in assisting at the incident.
- Debriefings will be organized by the Zone Team Coordinator who will liaise with the requesting department to ensure appropriate arrangements are made such as meeting space, refreshments, etc.
- The Zone Team Coordinator will assign the team members and select the Team Leader.
- Each debriefing team will consist of at least one (1) Peer and one (1) Mental Health Professional. However, often more team members are assigned to a debriefing as this allows for sharing of responsibility for the process.
- In cases where more than one department is involved and/or the number of participants is large, it will be necessary to form two (2) or more debriefing teams and divide the participants into groups. This will usually be known beforehand and allow for appropriate arrangements to be made such as the availability of a room for each group.
- If it is necessary to divide participants into groups, it has been found effective to simply assign randomly those to be debriefed into groups of about 12 participants each. This is done by simply pointing to each participant and giving them a number depending on the number of

groups that will be formed (e.g., 1-3 for 3 groups, 1-4 for 4 groups, etc.). Each group is then directed to a separate meeting space.

- An alternate method is to divide the participants into logical groups based on their involvement in the incident where this seems appropriate and is easy to determine.

DEBRIEFING PROTOCOL

Introduction (Team leader): Begin by saying something like *"We're here because you have had a difficult experience recently. Our purpose is to help you talk about it and assist you in coping with it. In a way, just as it is important to take care of your gear after a call, it is just as important that you take care of your 'self'. But just before doing that there are some preliminaries we need to cover."*

1. Make sure that those attending were directly involved in the incident. If anyone present wasn't there, explain that the debriefing is only for those who were. Acknowledge their wish to be supportive but explain that those who were directly involved need the **comfort** of discussing it with only those who were also present. Politely ask them to leave and indicate they can help by keeping an eye out for their fellow firefighters. Also, explain vicarious trauma and how exposure to it can affect those to whom there is no need to have been exposed. *"First, do no harm."*
1. Introduce the team members. When appropriate, indicate the background/experience of the members.
2. Ask if anyone present has never experienced a debriefing. If so, give a brief overview of the process.
3. Cover the ground rules, including:
 - Get an **assurance of confidentiality**. Everything that is said stays in this room. Make eye contact with each participant to ensure their agreement.
 - **No one should feel compelled to speak**. Tell participants that they can pass at any time but are free to revisit something if they wish.
 - **Please turn off pagers/cell phones**. Explain that if an alarm comes in, the debriefing will be rescheduled.
 - Explain that the debriefing is **not part of any investigation** and is not reported to anybody other than FSANS for statistical purposes only.
 - Explain that there is **no rank** here, just individuals who have shared a difficult experience.
 - Explain the importance of each person speaking for themselves, not others.
 - Explain that a debriefing usually lasts about an hour or so depending on numbers. Ask all participants to **remain throughout the debriefing**. Share that sometimes things get a bit a bit difficult, but experience has shown that by going through to the end people usually feel better.

Then hand off to the team member doing the Fact Phase by saying something like *"If everyone is comfortable with the ground rules, we'll begin and (name the team member) will take us through the next part."*

Fact Phase

Prompt: *"We've found that it is helpful to be aware of as many of the facts of the incident as possible. So, we're going to go around the circle and ask you in turn to **tell us the facts** of the incident from your perspective – what your role was, what you did, what you saw, heard, smelled, or any other details of the incident you can remember. Let's start with you (indicate the person) and if you could tell us your name and then what facts you recall."*

Once everyone has spoken, then briefly **summarize** your understanding of the incident

Notes:

- Don't hesitate to ask for more detail, more clarity, more specifics
- Or, if an individual rambles on for quite a while, ask them what was key for them
- This can be done by any of the team members and often helps relieve the pressure on the leader of this phase
- It has been found over the years that time spent on this phase and getting as much detail as possible produces much richer debriefings.

Thought Phase

Prompt: *"Now that we have a good picture of the incident, we're going to go around the circle again and ask you what your **first thoughts** were about the incident. Sometimes these thoughts arise at the beginning of the call. Sometimes they don't kick in until you've had a chance to come off "autopilot" and have a chance to catch your breath. Whatever the case, it would be helpful to identify what these thoughts were."*

As with the fact phase, once everyone has spoken, briefly **summarize** what you've heard in this phase.

Notes

- Sometimes participants get ahead of themselves and get into reactions. This is OK. No debriefing goes strictly to plan.
- Just validate what they've said and say something like *"Thanks for sharing that. We'll come back to it again a bit later. Are there any other thoughts you can remember?"*

Reaction Phase

Prompt: *"This time round we're going to ask you what **stands out for you** about the incident? What has its **impact on you** been? What is most **significant** about it for you."*

Notes

- This is often the most emotional part of a debriefing. However, the purpose of the debriefing is not to make participants feel better; rather it is an opportunity to reflect on, validate, and accept what is shared.
- Sometimes a participant will have already answered this in an earlier phase. If you can remember it, remind them of it and ask if there is anything else.

Symptom Phase

At this point, distribute the brochure on CISM and draw the participants' attention to the symptoms of CIS.

If some of the participants have already mentioned some of the symptoms, you might reiterate them as examples.

At this stage of the debriefing, you will need to gauge how long the session is taking and how tired the participants may be. Often, it is not necessary to spend time covering every symptom; rather, simply highlight one or two from each type.

The key to this phase is to communicate that CIS symptoms are **normal reactions to an abnormal experience**.

It is helpful to reassure participants that these symptoms will likely dissipate within a week to ten (10) days, but if not, there are additional resources to help them cope.

Teaching Phase

As with the symptom phase, it is important to be sensitive to the time. Often it is sufficient to draw participants' attention to some of the key methods of coping rather than reviewing everyone.

Encourage participants to take the brochure with them and share it with the significant others in their lives.

Re-Entry Phase (Team Leader)

Prompt: *"This brings us to the close of our debriefing. We appreciate your willingness to participate and hope it has been helpful. Are there any questions or is there anything further anyone needs to say?"*

The Team Leader will indicate that the team will stay awhile in that event that someone wishes to speak privately with a team member and that there will be a follow-up within a week with (the department official who arranged the debriefing) to see how things are going.

5) One-to-One Interventions (SAFER-R model)

SPECIFICS

- Following ICISF guidelines, one-to-one interventions can be carried by either a Peer or Mental Health Provider (MHP). It is important that the Peer be cognizant of his/her capabilities and always inform the Zone Coordinator or MHP of any intervention and possible concerns. It is the recommendation of the FSANS CISM Team that should an individual require additional mental health support or follow-up post CISM intervention, that it be carried out by the team's MHP. Additionally, should a formal request come in for a one-to-one intervention, it should be carried out by a Mental Health Professional.

The SAFER-R model is taught in the ICISF *Assisting Individuals in Crisis* course that entails:

S – Stabilize (introduction; meet basic needs; mitigate acute stressors)

A – Acknowledge the Crisis (event, reactions)

F – Facilitate Understanding (normalization)

E – Encourage Effective Coping (mechanisms of action)

- Meeting basic needs
- Liaison / advocacy
- Cathartic ventilation
- Social support
- Information
- Stress management
- Problem-solving
- Conflict resolution
- Cognitive reframing
- Spiritual

R – Recovery or Referral (facilitate access to continued care)



V. CALL INTAKE PROCESS

Requests for interventions are usually made through the Office of the Fire Marshal (OFM). In some cases, requests will come directly to a team member. These requests typically include the name of person in the Department making the request and their contact information.

- 1) If the request comes directly to a Team member, the following procedures will be implemented:
 - Always notify the Team Zone Coordinator who is responsible for handling the call.
 - In case of absence of the Team Zone Coordinator, contact the Committee Chair or Clinical Director for direction on how to handle the call.
- 2) If the request comes via the OFM, the following procedures will be implemented:
 - The OFM person will contact all Executive Committee members via email. The first Executive Committee Member to act on the request will notify the OFM that the request is being managed.
 - The Executive Committee Member will then inform the relevant Zone Coordinator who will then contact the requesting person to gather as much detail as possible concerning the incident.
 - The person making a request (PMR) for an intervention should receive a confirmation call from a CIS team member within 30 minutes from the initial call. In cases of a third-party request for an intervention, it is important to directly contact the caller from the specific department to adequately ascertain the reason for the intervention request and to gather as much information as possible regarding any concerns, etc.
- 3) When arranging an intervention, the Zone Coordinator should contact the PMR to:
 - a. Get as much detail as possible about the incident such as:
 - fatalities, serious injuries
 - whether the victim(s) was known to firefighters
 - any factors that may have contributed to the mental stress of the FF team
 - the number of responders who were directly or indirectly involved, or were bystanders
 - b. Determine the timing of the incident to establish the best timeline for the intervention.
 - c. Ascertain if the Department has ever experienced an intervention. If not, briefly explain what an intervention is.

- d. Always explain the minimum waiting time (at least 24 hrs.) required between an incident and the intervention.
 - e. Remind the PMR that only those directly involved can share their experiences in an intervention. If there are other responders affected that were not there, suggest a separate intervention for them. In the case of bystander, suggest a separate intervention as well.
 - f. Confirm the Department name and location, and confirm travel details if the location is unfamiliar.
 - g. Ensure adequate and suitable space for the intervention. Suggest that light refreshments such as water and juice are made available for the intervention.
 - h. Be sure to have all the relevant contact information.
 - i. Ask the PMR what day and time for the intervention works best for them.
 - j. Confirm with the PMR that a response team will confirm all the details once the appropriate arrangements have been made. In some cases, additional assistance may be required from another zone; if that is the case, extra time may be needed to make the arrangements.
- 4) Assemble a Team:
- a. The Zone Coordinator will then call out the team using the EQ system (<https://careq.42bsti.com>) giving team members only basic information.
 - b. Some members may have to be contacted directly given their situation. In all cases, **within eight (8) hours, Team members must acknowledge receipt of call-out and their availability.**
 - c. After team members have responded, make the decisions about which members will be assigned to the intervention.
 - d. Select the Team Leader. Typically, the Team Leader will begin the intervention, cover the introduction and the re-entry phase of the debriefing – as explained in ***Intervention Protocols*** (Section IV).
 - e. The Team Leader is also required to file the report, and complete the insurance paperwork as well as explaining its purpose.
 - f. Base the number of team members on the typical ratio (1:3) to the number of expected participants: There should always be a minimum of two (2) team members, (a peer and mental health professional). It can be intimidating to the participants if too many CISM members are there. Too few can make it difficult if anything unexpected arises.
 - g. In circumstances where more resources may be needed, the Zone Coordinator should reach out the Chair or Clinical Director for help. This is particularly important to ensure the ICISF requirements that both peer responders and mental health personnel are part of the intervention team.
 - h. Link to VFIS form: <https://www.vfis.com/Portals/vfis/documents/Claims/Canada-Initial-Report-Claim-Form-VFIS-9.15.pdf>
 - i. Ensure that all members have equal opportunity to serve on the Team. It is important that all members can practice their skills.
 - j. New team members will observe only, until they have sufficient skills acquired to start participating in a minimal role.

- k. Once the Zone Coordinator has decided on the Intervention Team, inform team members of many details about the situation as possible. If this is not possible at this point in time, do so just prior to the intervention.
- l. The Team Leader will make a follow-up call between four (4) and seven (7) days after the intervention to ascertain if additional intervention is required. If further action is required, the Team Leader will consult the Zone Coordinator.



VI. CODE OF CONDUCT

Moral Compass for Crisis Intervention Responders

This section contains conventional principles and expectations for any member of the FSANS CISM Team, and has been designed to provide guidance to Team Members. The Code of Conduct has been adopted from the International Critical Incident Stress Foundation (ICISF).

The Crisis Intervention Responder:

- first and foremost, resolves to do no harm
- is competent, has met and continues to maintain training standards
- has a primary responsibility to meet the needs of the individuals in crisis
- adheres to the confidentiality agreement
- recognizes their own limitations in meeting individual needs and has valuable adequate consultation and referral resources
- continues to learn and expand their knowledge of crisis intervention theory, and techniques
- is culturally aware and respectful of other cultures, religions, ethnic groups, and other diverse populations
- is aware of their personal values, beliefs, and attitudes that could impact their interactions with others, and avoids imposing those views on others
- respects the individual's rights not to talk and/or share their personal trauma experience
- accurately represents their credentials
- avoids where possible, or manages where necessary, dual or multiple roles
- maintains a professional appearance and demeanor
- practices self-care
- recognizes their own stress or life situations that may prevent them from providing peer support.

VII – APPENDICES



APPENDIX A STANDARD OPERATING POLICY MEMBERSHIP

PURPOSE

The purpose of this Standard Operating Policy (SOP) is to describe:

1. Requirements for Membership
2. Types of Membership
3. Membership Expectations
4. Insurance Coverage

The FSANS CISM team is governed by an Executive Committee. See “Governance” section for full details on the roles and responsibilities for each executive committee member.

SCOPE

This Standard Operating Policy applies to all FSANS CISM Team members.

DESCRIPTIONS

1) Requirements for Membership

Any Member of the Fire Service and any Mental Health Professional may apply to join the FSANS CISM team. It is expected that any applicant should have the respect of their peers, be sensitive to the needs of others, function effectively as part of a team and be able to maintain confidentiality. Applicants will need to complete an application form and be interviewed.

2) Types of Memberships

Active

Any member who meets the attendance criteria (see below under Call / Incident Response / Attendance Requirements). The categories of Active membership are as follows:

- Peer – An experienced firefighter who has successfully completed these two (2) basic ICISF introductory courses:
 - *Assisting Individuals in Crisis*
 - *Group Crisis Interventions*

Additionally, a peer member will have participated in interventions under supervision, completed a one-year probationary period and be approved by the Executive Committee and Clinical Director.

- **Mental Health Professional (MHP)** – A person with a graduate degree in one of the helping professions where training has included communication skills, group dynamics and psychological assessment. Examples include certified counselling therapists, school counsellors, social workers, chaplains, registered psychologists, psychiatrists, and psychiatric nurses. The MHP will also have a background in trauma, be familiar with the ICISF intervention model and have some cross-training / experience in the fire service.
- **Probationary Member** – A person who has qualified as a team member, who is in their first year as a team member, but has yet to receive final membership approval by the Executive Committee and Clinical Director.

Honorary Inactive Member

An experienced team member who has decided to retire from active service after having served a minimum of fifteen (15) years in good standing with the FSANS CISM team. Honorary Inactive members may attend the Annual Conference to continue their affiliation with the group but do not have voting privileges.

Leave of Absence

Members may request in writing, a Leave of Absence (LOA) from the CISM Team for a period of up to twelve (12) months. An application for any further leave shall be made in writing to the CISM Executive Committee and will be considered on an individual basis.

3) Membership Expectations

An active member must be available for at least 25% of all zone activities for each year. The following items make up a member's participation:

1. Incident Response / Availability
2. Attendance at the Annual Conference and Annual General Meeting (AGM)
3. Zone Meetings / Pre-education Sessions
4. Project Involvement, e.g., Ad hoc committee work
5. Spring Training Attendance

When called out via Emergency Q (EQ), a "Yes" response counts as having attended to the incident, even though the member may not have been selected to the specific incident response team. "No" means not available. Absence of a response also means not available.

Should a member appear to not be meeting the minimum attendance requirement, the Zone Coordinator will have a discussion with the member to determine cause for low attendance and what his/her intentions are for moving forward. Any decision to drop a member from active status and team membership shall be made by the FSANS CISM Team Executive Committee in conjunction with the Zone Coordinator.

4) Insurance Coverage

Active members who have successfully completed their 6-month probationary period are eligible for insurance coverage including 24/7 Sick and Accident coverage as well as EFAP coverage through the VFIS Insurance program.

Members retiring from Active status are encouraged to proactively file an insurance claim for Cumulative Stress before retirement.

Effective 2023, the FSANS CISM Team will no longer cover the VFIS Insurance Premiums for Honorary Inactive members. They will continue to be supported through the FSANS CISM Team Contingency Fund for Mental Health issues for up to five (5) sessions with a regulated Mental Health Professional. The Executive Committee may approve additional coverage on an individual basis.

5) Responsibility

It is the responsibility of the FSANS Executive Committee to ensure all members are aware of this Standard Operating Policy and to ensure it is followed.



APPENDIX B

FINANCIAL CONTROLS

PURPOSE

The purpose of this General Operating Guideline (GOG) is to protect the liability of the FSANS CISM Committee Team Members in the establishment and practice of sound financial practices of monies received from all avenues, as well as all expenditures. Proper financial practices are very important in that they can prevent and detect errors or fraud.

SCOPE

This GOG applies to all FSANS CISM Team Executive Members who may be in a position of signing authority for the Team.

RISKS

The risks include the possibility that funds will be spent for unintended purposes, such as unbudgeted items, items not authorized by the Executive Committee, etc. By dividing the fiscal responsibility among at least two (2) persons who monitor all funds, the likelihood of unauthorized transactions will be reduced, and ideally eliminated altogether.

ROLES

The fiscal roles of the Executive Team include:

- a. **Custody** – Bookkeeper, depositor and cheque writer
- b. **Authorization** – Approval of payments, Executive Committee, Budget and Policies
- c. **Execution** – Cheque signatories
- d. **Monitoring** – Reconciles bank statements, monitors budgets – Treasurer, Executive Team and Treasurer's Review Committee

The Treasurer of the FSANS CISM team will be nominated and elected by the Executive Committee after the annual Fall Conference when all Executive Members are elected. Any new Treasurer shall commit to a Criminal Record Check prior to assuming the role of Treasurer.

Any new Bookkeeper will be interviewed for the position by the Treasurer and at least one other Executive Committee member, preferably an individual(s) with knowledge in bookkeeping. A

recommendation to hire or not to hire will be made to the Executive Committee who will vote on whether or not to accept the person for the Bookkeeping position. Before a final decision is made, the candidate must pass a Criminal Record Check.

RECEIPT OF FUNDS

All funds, including cash, e-transfers or cheques, will be deposited intact into the bank account, with no monies removed to make payments or for other purposes. Any donation intended for specific purposes or with restrictions should be recorded. The following procedures are to be followed for receipt of all funds:

Receipt of Cheques

The Bookkeeper will open all mail addressed to the FSANS CISM Team, make a photocopy of all cheques received and provide such copies to the Treasurer. This allows the Treasurer to verify that all cheques received are deposited.

Receipt of Cash

If cash is received, the person accepting the cash must provide a written receipt when accepting the case. Such a receipt will include:

- person's name
- date
- amount of cash
- purpose of payment.

A pre-numbered receipt book with an automatic duplicate copy and the FSANS CISM Team name printed will be used for this purpose.

The receipt book shall be kept in a secure location together with the cash until it can be deposited at the earliest convenience.

The Treasurer will compare the receipt book and the bank's list of cash deposits when making the Bank Reconciliation.

Deposit Slips

The Treasurer will deposit funds as follows:

1. Prepare deposit slip in duplicate
2. Staple photocopies of cheques to deposit slip

Annually, a Treasurer's Review Committee consisting of two (2) Executive Committee members will meet with the Bookkeeper and Treasurer to review the bank statements and bookkeeper's records. This provides a check on sound bookkeeping records and provides a liability check for all concerned thus decreasing the risk of fraudulent actions and improper expenditures of the organization's funds.

Bank Deposit

The Treasurer handles all deposits and maintains the deposit book.

DISBURSEMENT OF FUNDS / USE OF FSANS CISM TEAM PROPERTY

Risks

There is always a risk that Team funds will be spent on unauthorized items, that someone will defraud our Team by writing unauthorized cheques for personal purposes or that payments will be improperly recorded. In order to mitigate these risks, the following procedures have been established:

- All payments from the FSANS CISM Team will be made by cheque as this provides close tracking of how funds are spent, who is spending them and who is authorizing expenditures. *The Treasurer may approve a non-budget item (with proof of why it is needed) up to \$500. Any expenditure requests greater than \$500 must first be approved by the Executive Committee.*
- Bank accounts may only be opened upon authorization of the FSANS CISM Executive Committee and must include the organization's name. The Executive committee shall approve authorized signers on the bank accounts.
- The Bookkeeper is not permitted to be a cheque signer because of his / her role in the custody and preparation of cheques. Unsigned cheques shall be maintained in a secure location by the Bookkeeper and the Treasurer must know how to access them.

Cheque Authorization

- The Treasurer will review all invoices for mathematical accuracy, agreement with written invoices, and conformity to budget of the Executive Committee. The Treasurer shall initial and date the approved invoice.
- By approving an invoice, the Treasurer indicates that he / she has reviewed the invoice and authorizes a cheque.
- The Treasurer is responsible for timely follow-up on discrepancies and payment.

Duties of Cheque Signatories

All cheques will be signed by two (2) of the signatories designated by the Executive Committee.

Cheque signatories should compare the original invoice with the cheque, compare the amount on the cheques and note that the Treasurer has signed the invoice.

The signers should also ensure that the amount of the cheque is not unreasonable. For example, a \$10,000 monthly payment for Bookkeeping service would be unreasonable.

Prohibited Practices

In no event whatsoever:

- will a non-budgeted item be approved by the Treasurer for expenditures greater than \$500
- will a blank cheque be signed in advance
- will a cheque be made out to "cash", "bearer", etc.

REIMBURSEMENT FOR EXPENSES

1. Documentation

An expense statement must be completed by the Team Member showing date, amount and the purpose of the expense. Receipts must describe the purchase; credit card receipts or store receipts that do not describe the purchase are not reasonable documentation.

2. Timely Submission

Documentation with request for payment must be within 60 days from the date the expense occurred.

3. Overpayment

Any overpayment to a Team Member must be returned within a reasonable period of time.

MONTHLY FINANCIAL STATEMENTS TO EXECUTIVE COMMITTEE

1. **A confidential monthly statement** prepared by the Bookkeeper and reviewed by the Treasurer, including a list of all credits, debits and to whom, shall be provided to the Executive Committee for review and approval.
2. **A monthly Year-to-date statement** will also be provided to the Executive Committee and available for FSANS and CISM Team Members upon their request.
3. **Copies of all monthly statements** will be uploaded and stored in the FSANS CISM Team drop box entitled *Finance*.

The Treasurer is responsible for storing in a secure place all paper copies of financial transactions and receipts for a minimum of seven years.

RESPONSIBILITY

It is the responsibility of the FSANS Executive Committee to ensure all members are aware of this GOG and to ensure it is followed.



APPENDIX C

EXPENSES POLICY

Purpose

The purpose of this Standard Operating Procedure is to ensure that all members are treated equally and fairly when submitting expense claims for volunteer services rendered on behalf of the FSANS CISM Team.

Scope

This SOP applies to all FSANS CISM Team members.

Reimbursement of expenses incurred for travel to interventions or events representing the CISM team include:

1. Transportation

- The actual kilometers travelled in a personal vehicle at the current rate (as determined periodically by the Executive and usually aligned with provincial rates).
- Other transportation fees (i.e., air, train, ferry, highway tolls, taxis) will be reimbursed at the full rate paid. For air and train travel, where various classes of travel may be offered, the basic economy fare will be reimbursed, unless approved by the Chair.

2. Parking

- normal metered rates (no receipt) or parkade (with receipt) rates

3. Meals

- the following per diem meal rates reimbursed shall be claimed (without receipts):
 - Breakfast - \$10.00
 - Lunch - \$15.00
 - Dinner - \$25.00
- or actual receipted meal costs

NOTE: Expenses for alcoholic beverages with meals will not be reimbursed.

4. Accommodations

- standard commercial travel accommodations (single occupancy) will be reimbursed. If a convention is hosted at a hotel facility with accommodations, the standard rate for the venue will be reimbursed.

5. Incidentals

- when travel requires an overnight stay, a \$5.00/night incidental charge may be claimed

Standing Policies

- It is the standing policy of the Team that travel expenses expected to be reimbursed shall be approved by the organizing Team Member (most often Zone Coordinator or designate) for interventions. Costs that exceed more than one (1) night lodging and related travel should be approved by the Chair or designate in his absence.
- It is the standing policy of the Team that claims for travel expense reimbursement must be submitted on the standard website expense claim *no later than 30 days after return*. Relevant receipts for lodging need to be provided as well as meal receipts outside the allowance mentioned above and/or for parking or other costs.
- It is the standing policy of the Team that hotel incidental costs (e.g., mini-bar, movie rentals, entertainment, WIFI, etc.) will not normally be reimbursed by the Team. If an Internet connection is required by the traveler and WIFI is not included in the room, an exception will be granted.



APPENDIX D

Member Application

PERSONAL INFORMATION			
First Name		Middle Initial	Surname
Civic Number	Street Name	Community	Postal Code
Home Phone		Cell Phone	
Email			
Occupation		Workplace	
Please Check the Category for which you are Applying			
<input type="checkbox"/> Mental Health Professional Self-Insured <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Peer Support Firefighter <input type="checkbox"/> Active <input type="checkbox"/> Inactive	

EMPLOYMENT HISTORY	
Current Employment	Dates
Previous Employment	Dates
Previous Employment	Dates

FIRE SERVICE EXPERIENCE (Please list Fire Department name(s) & dates as an active firefighter)	
Department Name	Years Involved
Contact Name	Contact #
Department Name	Years Involved
Contact Name	Contact #

EDUCATION		
High School Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No		High School GED <input type="checkbox"/> Yes <input type="checkbox"/> No
College or University	Dates Attended	Degree / Diploma Awarded

PROFESSIONAL LICENSE / CERTIFICATIONS	EXPIRATION DATE

CISM TRAINING CERTIFICATES (Attach copies of certificates)	
Course Name	Date Taken

A resume may be attached if you choose. Resume attached ☐ Yes ☐ No

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Why do you wish to become a member of the FSANS CISM Team?

2. What assets do you feel you could bring to the Team?

3. What exposures have you had to emergency services, psychological crises, multiple traumas, mass casualty or violent incidents?

4. Please identify other information you feel is relevant to your application?

REFERENCE CHECKS:

If accepted as a TEAM Member, do you agree to submit to a Vulnerable Sector Check (Disclosure of Criminal Record Information) by your local police or RCMP?

☐ Yes ☐ No **Signature:**

List the name, title, address and contact number of three (3) persons you will use as references if this application is accepted. Your current supervisor or chief officer should be included. You may be asked to submit a letter of reference from those listed if your application is accepted.

REFERENCE NAME & TITLE	ADDRESS	CONTACT #

Upon acceptance, you are required to review the Guideline Manual and agree to adhere to the Team Guidelines. You will also be expected to participate in at least one (1) approved CISM training session per year and be available to assist with interventions at least once every six (6) months to remain an active member.

Signature of Applicant: _____ Date: _____

***** FSANS CISM TEAM USE ONLY *****

Date Application Received

Reviewed by Zone Coordinator _____

Accept

☐ Yes ☐ No

Reviewed by Clinical Director

Accept

☐ Yes ☐ No

Reviewed by Committee Chair

Accept

☐ Yes ☐ No

Reviewed by FSANS CISM Committee

Accept

☐ Yes ☐ No

Additional Comments

--



APPENDIX E

INTERVIEW PROTOCOL

Mental Health Professional Candidate

Interview Team for a Mental Health Professional must include:

- Clinical Director
- A second MHP (preferably from the respective zone) and or/ Zone Coordinator.

NOTES:

- Interviews may be carried out either in person or remotely (e.g., Zoom).
- Suggested questions are outlined below; however, flexibility in wording and questions is permitted.
- Interviewers must maintain their interview notes for future reference.
- At least one (1) formal reference check must be completed (see form below).

Interview questions – Mental Health Professional

CANDIDATE _____ Date _____

INTERVIEWER _____

1. What do you consider to be the most important traits for a CISM MHP to have?

(Possible answers include: compassion, excellent listening skills and the ability to verbally communicate)

2. Why do you want to volunteer with our CISM team?

If appropriate, ask the candidate to expand on their answer to this question on their application.

3. What is your understanding of CISM?

4. Expand on any formal CISM training you have received, where and when?

(Explain that required ICISF courses will be provided.)

5. What special skills and training do you have that would benefit traumatized firefighters?

6. Elaborate on any experiences you have had working with traumatized first responders, specifically firefighters.

7. What experience have you had working on a team with peers and mental health professionals?

8. What do you do outside of work that helps you maintain a healthy, well-balanced life?

9. Much of our work is done during evenings and on weekends. How available are you during these times?

10. We expect our MHPs to have a working knowledge of the fire service. Are you willing to actively participate in some cross-training to achieve this?

11. What, if any, questions might you have for us?

Reference Check – Mental Health Professional

Reference Name/Position _____

For Candidate _____

Date _____

1. What was your relationship with the candidate and how long have you known him / her?

2. Please comment on his/her quality of work and commitment to the organization.

3. Please comment on his/her dependability, ability to function as a team player and willingness to take direction.

4. From your point of view, what are this candidate's strong points?

5. From your point of view, what are some points that need shaping?

6. How does the candidate handle stressful situations?

--

7. Would you recommend him/her as a member of the FSANS CISM Team? Why or why not?

Reasons for YES / Reasons for NO

--

8. Is there anything else you would like to add?

--



APPENDIX F

INTERVIEW PROTOCOL

Peer Member Candidate

The Interview Team for a Peer Member must include:

- Zone Coordinator
- MHP (preferably from the respective zone) and / or an experienced Peer if the Zone Coordinator is a mental health professional

NOTES:

- Interviews may be carried out either in person or remotely (e.g., Zoom).
- Suggested questions are outlined below; however, flexibility in wording and questions is permitted.
- Interviewers must maintain their interview notes for future reference.
- At least one (1) formal reference check must be completed (see form below).

Interview Questions – Peer Member

NAME: _____

Date: _____

INTERVIEWER: _____

1. What do you consider to be the most important traits for a CISM Peer member to have?

(Possible answers include: compassion, excellent listening skills and the ability to verbally communicate)

2. Why do you want to volunteer with our CISM team?

If appropriate, ask the candidate to expand on their answer to this question on their application.

3. What is your understanding of CISM?

4. Have you been part of a CISM Team before? If so, tell us about your experience and training.

(Explain that required ICISF courses will be provided.)

5. Elaborate on any experiences you have had as a firefighter involved with traumatic events.

6. Have you received any CISM interventions? If so, tell us what your experience was like.

7. What do you do outside of work that helps you maintain a healthy, well-balanced life?

8. Much of our work is done during evenings and on weekends. How available are you during these times?

9. What, if any, questions might you have for us?

NOTES

Explain details pertinent to:

- training requirements
- participation in minimum 20% of zone call outs / team meetings
- need for Vulnerable Sector Check
- probationary period

Reference Check – Peer Member

Reference Name/Position _____

For Candidate _____

Date _____

1. What was your relationship with the candidate and how long have you known him / her?

2. How would you rate his/her work and commitment to the organization.

3. Please comment on his/her dependability, ability to function as a team player and willingness to take direction.

4. From your point of view, what are this candidate's strong points?

5. From your point of view, what are some points that need shaping?

6. How does the candidate handle stressful situations?

7. Would you recommend him/her as a member of the FSANS CISM Team? Why or why not?

Reasons for YES or NO

8. Is there anything else you would like to add?



APPENDIX G

REQUEST FOR ADDITIONAL MENTAL HEALTH SUPPORT

PURPOSE

A request for additional mental health support is used to support a member of the Nova Scotia Fire Service Team who made use of the CISM services available to them, but who require further mental health support and do not have insurance or EAP coverage.

If approved, the firefighter will be supported through the FSANS CISM Team Contingency Fund for additional Mental Health Support, for up to five (5) sessions by a regulated Mental Health Professional. The Executive Committee may approve additional coverage on an individual basis.

See form below.

REQUEST FORM for ADDITIONAL MENTAL HEALTH SUPPORT

NAME _____

FIRE DEPARTMENT _____

DATE _____

Type of CISM Service Offered _____ Date _____

Zone Mental Health Professional _____

Firefighters / Work EAP Program: ☐ Yes ☐ No

Firefighters Private Personal Insurance: ☐ Yes ☐ No

Request/Rationale by Zone Mental Health Professional for additional Support as provided by the
FSANS CISM Team Contingency Fund

Office Use Only

Authorizations	
Date	Authorized by the FSANS CISM Team Chairperson
Date	Clinical Director, FSANS CISM Team