St. John's Regional Fire Department
Policy and Operational Guidelines

Title: 02-02-01	Critical Incident Stress Management (CISM)
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Section:	02 Health and Safety
Title:	01 Critical Incident Stress Management (CISM) - Peer Support

Purpose

To assist in the identification of personnel that may experience unusually strong psychological reactions in response to critical incidents or traumatic events, which have the potential to interfere with the ability to function, either at the scene of an incident, or sometime after the incident has concluded.

To educate and train personnel about how to recognize signs and symptoms of impact, effective coping for after a crisis to manage and resolve that impact, and how to access the available supports to increase psychological immunity of personnel before they become exposed to such critical incidents that may cause psychological impacts.

To assess and respond to requests for intervention and initiate the appropriate type of supports.

To outline the role of the Critical Incident Stress Management (CISM) Team.

Background

This policy applies to all members of The St. John's Regional Fire Department. The SJRFD, as per the Wellness and Fitness Initiative, is committed to providing education and minimizing the harmful effects of job stress, particularly in crisis or emergency situations; therefore, the CISM process provides a means to alleviate potential stress-related symptoms. Further, a CISM Team will provide on-going counselling and immediate crisis intervention.

This replaces POG #02-02-01 dated 2017/10/03.

Definitions

• **Critical Incident** – any unusually challenging incident that has the potential to create significant distress; physical or psychological that can overwhelm one's usual coping mechanisms or affect the cohesive functioning of a team.
• **Critical Incident Stress Management** - a comprehensive, integrated, systematic, and multi-tactic crisis intervention approach to manage critical incident stress after traumatic events.
• **Individual Crisis Intervention** – refer to item 10.b
• **Crisis Management Briefing (CMB)** – refer to item 10.d
• **Defusing** - refer to item 10.e
• **Critical Incident Stress Debriefing (CISD)** - refer to item 10.f
• **Peer support** – the provision of crisis intervention services by those other than mental health clinicians that is directed toward individuals of similar key characteristics as those of the provider.
• **CISM Team** – a designated group of members who have been trained in CISM recognition and management as well as assessing the need and development of a strategic plan based on the principles of the ICISF CISM model.
• **Mental Health Professional (MHP)** – a registered mental health professional (e.g., Registered Psychologist)

Procedure

1. All interventions are provided based on an assessment of need.

2. Participation in Peer Support services are never mandated and are based on a self-referral.

3. CISM Teams are supported by leadership but operate outside the regular reporting structure. It is peer-led and peer-driven.

4. All peer contacts are held within the normal bounds of confidentiality.

5. CISM Teams are not used to address organizational issues.

6. Dual roles must be managed appropriately.

7. The provision of peer support services is provided voluntarily and individuals requesting. Support is never required to provide monetary compensation for accessing such services in a time of need.

8. Sharing of traumatic details are not permitted with individuals who were not privy to the same Traumatic experience.
9. Individuals not involved in the critical incident and who are not a homogeneous group will not be permitted to attend a Defusing or CISD under any circumstances.

Type of interventions

10. The type of CISM intervention conducted depends upon the circumstances of the incident and how that incident is impacting the individuals or group members involved. The following are the most common crisis intervention tactics:
    a. ***Pre-Incident Education*** - Training personnel before they become impacted to keep healthy people healthy and should constitute the majority of any CISM Teams' activities. It involves training personnel about how to recognize symptoms of psychological impact after a crisis, how to employ effective self-care strategies to effectively cope with impact after a crisis, and how to access peer support and other resources when they need more than their own self-care.
    b. ***One-on-One Intervention*** - one member of the team meets with one individual in crisis to provide a guided conversation that focuses on impact and coping.
    c. ***On-site or Near-site Intervention*** - on-site consultation by a CISM team member(s) should be considered for some critical incidents of extreme magnitude when time and circumstances permit. Team members should be considered a resource available to command officers and should not be involved in operational functions. In these situations, team members will observe personnel, watching for acute stress reactions. Team members will provide support and encouragement to resting personnel.
    d. ***Crisis Management Briefing*** - can be provided any time before, during or after an incident with any type of group (similar, mixed, small, or large) and is about sharing factual information about the event or situation that is necessary to assist participants with mitigating their impact as well as educating participants on effective coping and how to access available supports if needed.
    e. ***Defusing*** - occurs shortly after the incident with small homogeneous groups that have experienced a disruption to their group cohesion and is facilitated by CISM peer support members.
        i. The goals are to mitigate the impact of the event; reduce cognitive, emotional, and physiological symptoms; accelerate the recovery process; restore group cohesion, assess the need for CISDs and other services; identify individuals who may need additional services.
    f. ***Critical Incident Stress Debriefing*** - occurs no sooner than 24-72 hours after a traumatic event and most often 3-7 days post-incident. Is for small homogeneous groups after the group has completed its mission or the event has moved beyond the acute phase where the group is struggling with a disruption to their group cohesion. A debriefing is facilitated by a minimum of two peer support members and a mental health professional (MHP) who is trained in the ICISF CISM model.
        i. The goals are to lower tension and mitigate a small group's reaction to a traumatic event; facilitation of normal recovery processes of normal people within a small group who are having normal reactions to an abnormal event; restore group cohesion; identification of people within a group who might be in need of additional individual support or, in some cases, a referral for professional assessment and treatment.

Initiating CISM

11. Any of the above-mentioned interventions can be initiated by any Fire Department member by contacting a CISM team member from the team list.

Duty personnel relief

12. Station Officers may request and arrange the relief of the duty crew requiring or requesting an intervention. This should be done in concert with the Platoon Chief and a CISM team member. For personnel to benefit and be able to engage in the interventions it is best that there are no disruptions and by relieving them of duty for a short period of time to access peer support will increase their chances of recovery and returning to duty ready to function operationally.

13. Circumstances of a critical incident may result in a recommendation from any CISM team member that individuals, or small groups, be taken out-of-service for a period of time. These recommendations may include:
    a. returning personnel to their station(s) in an out-of-service status
    b. alternate role or duty modification/accommodation
    c. relieving the member of work duties
    d. transportation to their place of residence
    e. recommendation for follow-up

14. Any recommendations for relief shall be made in concert with the on-duty Platoon Chief and/or Deputy Chief / Chief.

Approvals
Fire Chief/Director

Responsibility
St. John's Regional Fire Department

POG #02-02-01
Approved by:

~~Sherry L. Colford~~
Fire Chief
Director of Regional Fire and Emergency Services

2023-04-11
Date

Appendix/Appendices
None