

Executive Development

Creating a Standard Operating Guideline on Critical Incident Stress Management for

Rocky Mount Fire Department

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### Certification Statement

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

Signed: \_\_\_\_\_

## Abstract

The problem was that Rocky Mount Fire Department uses a local Critical Incident Stress Management Team to provide Critical Incident Stress Services but it had not been successful in establishing a standard operating guideline on Critical Incident Stress Management. The purpose of this research was to develop a standard operating guideline on Critical Incident Stress Management for Rocky Mount Fire Department. Action research was used to answer the following research questions:

1. How do the Critical Incident Stress Management Programs identified in the research differ when comparing the major components identified by Jeffery Mitchell?
2. What is the structure-makeup to the programs identified in the research when determining the activation sequence of the critical incident stress management team for an incident?
3. What type of follow-up procedures identified in the research addressed the use of additional assistance following a critical incident stress intervention?

The procedures employed to complete this research included a review of applicable literature, personal communication with federal agencies, as well as gaining guidelines from fire departments throughout the U.S. The result of this work was a guideline created for Rocky Mount Fire Department to aid personnel in working through future critical incidents. The recommendations for Rocky Mount Fire Department were to accept this guideline and use it to improve the activation process for contacting the CISM team for intervention services.

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# Creating a Standard Operating Guideline on Critical Incident Stress Management for Rocky Mount Fire Department

## Introduction

Stress is a response to something in the environment which can have either a positive influence if handled correctly or a negative influence if it not addressed appropriately. Stress related to critical incidents can adversely affect individuals and their capacity to respond adaptively to work conditions or the home environment. According to Caine and Ter-Bagdasarian (2003) 54% of all job-related absenteeism is caused by three stress related disorders; chronic pain, headaches, and hypertension. A serious concern is that premature loss of emergency personnel or disruptions in their health caused by critical incident stress could be prevented.

The problem is that Rocky Mount Fire Department uses a local Critical Incident Stress Management Team to provide Critical Incident Stress Services, but it has not been successful in establishing a standard operating guideline on Critical Incident Stress Management. The purpose of this research is to develop a standard operating guideline on Critical Incident Stress Management for Rocky Mount Fire Department. Action research is used to answer the following research questions:

1. How do the Critical Incident Stress Management Programs identified in the research differ when comparing the major components identified by Jeffery Mitchell?
2. What is the structure-makeup to the programs identified in the research when determining the activation sequence of the critical incident stress management team for an incident?

3. What type of follow-up procedures identified in the research address the use of additional assistance following a critical incident stress intervention?

### Background and Significance

#### City of Rocky Mount

Rocky Mount is located in eastern North Carolina at the intersection of Interstate 95 and U.S. 64 highway which are two major thoroughfares for North Carolina. Rocky Mount began at the great falls of the Tar River where the Tuscarora Indians hunted and lived hundreds of years ago. Settlers ventured into the area around 1734 and called it Rocky Mound which was later changed when the first post office appeared in 1816. The town was incorporated in 1867 and during that time the two counties of Nash and Edgecombe that had portions within the city limits was divided at the Tar River. City of Rocky Mount which was recognized in 1970 and again in 1999 as an All-American city is currently populated with about 58,000 people (Rocky Mount Fire Department [RMFD], 1996).

#### Rocky Mount Fire Department

The town council approved a bucket brigade fire company comprised of 26 men on March 11, 1896. From the bucket brigade, Rocky Mount Fire Department (RMFD) has grown to 145 uniformed personnel of whom 126 operation personnel staff 7 fire stations throughout the city's 36 square miles. Last year RMFD responded to a total of 7,384 emergency incidents. In addition to fire suppression, RMFD provides the city with emergency response to medical calls requiring basic level emergency medical response (BLS), hazardous material mitigation, confined space rescue, and swift water rescue (RMFD,1996).

Rocky Mount Fire Department has experienced 5 line of duty deaths since its inception. Three members of RMFD lost their lives due to heart attacks all following training events or

structure fires. One member died after attempting to board a fire truck which was responding to alarm activation. One member died from a motor vehicle crash involving the fire truck he was operating (RMFD, 1996).

There are two primary events that highlighted the need to assist fire personnel in handling stress reactions to emergency incidents. On September 15, 1999, Hurricane Floyd forever changed Rocky Mount, North Carolina. The hurricane delivered 15.49 inches of rain with 70 miles per hour winds in 24 hours. The Tar River which normally averages a water level of 5.8 feet crested at 31.7 feet following the storm. There were 51 people that died as a result of the hurricane of whom 16 in Nash and Edgecombe County. As a result of the flooding problems encountered about 2,000 homes were damaged (Rocky Mount Telegram, 2000).

The second incident that brought significant attention to the issue of handling stress reactions was a seven fire fatality residential structure fire in 2000. This was one of the most recent large fire fatality losses that Rocky Mount Fire Department had experienced. Following both of these events a critical incident stress debriefing was conducted to help the personnel of RMFD work through these traumatic events. Local mental health professionals conducted the debriefings which later resulted in RMFD changing to local Critical Incident Stress Management (CISM) teams to help bridge the missing link between mental health professionals and emergency services personnel. RMFD personnel identified that the communication level during the debriefings coupled with lack of stress awareness education were issues that should be addressed. The two local CISM teams that are used currently when emergency incidents occur represent part of the Central and Eastern Region of North Carolina Critical Incident Stress Management Association. Currently, the local CISM team is contacted by the fire department's administration staff which is based on the staff's interpretation if a debriefing is needed.

The effects of future traumatic events will affect RMFD personnel in many different ways which could lead to unemployment, abandonment of the career field, or the worst, death. This research is very important to allow RMFD personnel to make informed decisions when handling future critical incidents. The examination of other agency's procedures when dealing with critical incidents in creating a standard operating procedure will allow every employee the opportunity to understand the process of working through a critical incident.

This applied research supports the United States Fire Administration (USFA) operational objective to "reduce the loss of life from fire of firefighters" (2005, p.3). This research will also be used to meet two goals for students participating in the National Fire Academy's Executive Development Course which were the student seek creative approaches in their jobs and solve real world problems within their jobs (USFA, 2004, p. SM 12-4).

#### Literature Review

The purpose of this literature review is to summarize the information other researchers have compiled which is relative to the research questions posed in this ARP. This area of the ARP will identify how the Critical Incident Stress Management (CISM) programs differ as well as the structure makeup to the programs when determining the activation sequence of the Critical Incident Stress Debriefing (CISD) team for an incident. This review will also identify the type of follow-up procedures in each of the programs identified in the research that address additional assistance following a CISD.

The normal process of recovery involves talking with others about a specific event, learning strategies others may use to work through the problems, and seeking help with the problems that cannot be individually solved. When considering the critical incident stress management process, a baseline must be established to assure the components are being

evaluated at the same level. There are different ways to help individuals work through the stress associated with critical incidents, but there is no mandated program or standards identified by the Federal government when working with critical incident stress (U.S. Department of Labor Occupational Health and Safety Administration [USDOL/OSHA], 2006). Since Rocky Mount Fire Department is a career department, it is important to verify that there are no mandatory guidelines to follow when dealing with critical incident stress. According to the U.S. Department of Labor Occupational Safety and Health Administration (2006), the agency recommends a list of information to be shared with all employees to help reduce future problems. The information contained in that document mimics the information published by Jeffrey Mitchell and the International Critical Incident Stress Foundation (ICISF).

According to Ursano, Fullerton, & Norwood in 2003, the model designed by Jeffery Mitchell evolved as a structured format for emergency workers in an effort to lessen the likelihood of stress related outcomes and employee job loss. The definitive model which utilizes stages to work through the issues is the most widely accepted model internationally. Considering the issue of not having a mandatory program, the state of North Carolina recognizes the International Critical Incident Stress Foundation as the source from which to replicate critical incident debriefings and management programs (North Carolina Critical Incident Stress Management [NCCISM], 2006).

The primary function of a CISM program is to provide a range of crisis intervention support to emergency workers. The common goals of a CISM program should be to reduce emotional tension, facilitate a normal recovery process for people exposed to abnormal events, and identify people who may need additional support from professionals in their perspective fields of care. There are limitations to a CISM program such as not providing any type of

psychotherapy, not managing medical cases or situations, and not providing the services to the general public (Mitchell, 2004)

According to Mitchell in the 2004 article on successful CISM programs there are six core competencies that every CISM program should possess. Following set protocols and procedure a program should be able to assess a critical incident and identify both the severity and intensity of the impact on the people involved. A CISM program should be able to choose the right intervention process for the event. A CISM program should also be able to provide interventions on an individual basis, small group, and large group basis along with a follow-up and referral services.

When considering the issue of comparing different programs to each another with focus on specific items, it is important to approach this from a broad perspective considering there are no mandatory guidelines. Since the fire service is a paramilitary organization, the use of CISM should also be present in the U.S. Military considering the stressful issues that combat veterans continually face with war. The U.S. Navy utilizes the same CISM model developed from Mitchell in a form of Special Psychological Intervention Response Team (SPRINT) (Zanger, 2006). The sprint teams trained to a level similar to CISM peer debriefers, but add an element of medical and nursing personnel which are deployed to the needed ships at the request of their services. Since the deployment may not be possible at every request the crews on each vessel may work with each other until the team can be deployed. The peer factor is an issue in the military just as in the fire service or law enforcement. An individual may be accepted more if they are from a similar job assignment versus another command or branch of service. Modification of the traditional Mitchell model was done to make it more appropriate for sea duty in the Navy. A mental health professional may not always be available at sea like on land in a

traditional CISM support team so the Chaplain serves as this position until one is available. The Chaplain is also the person that is responsible for the coordination of the CISM team. When available, the mental health professional would serve as the clinical director (Zanger, 2006).

Law enforcement agencies are another entity used to examine the use of CISM within the different agencies. The U.S. Marshalls utilize CISM in the form of peer support teams in conjunction with Federal Occupational Health and Safety (FOH). They follow the same CISM model with representation of all of the six core competencies recommended by Mitchell and their team is called Critical Incident Response Team. The team serves 4,200 employees and their families (Sheehan, 2006). They utilize a 42 member team which is separated into 8 person teams assigned to a given month of on-call-service. When needed they are dispatched and report to the given area for support (Hardy, personal communication, September 05, 2006).

The Federal Bureau of Investigation (FBI) uses a group of trained individuals that operate within their Behavior Science Unit which follows the ICISF/CISM model called Crisis Prep Intervention Program (CPIP) to carryout peer support interventions. There are approximately 140 personnel assigned throughout the US to help to form six teams of peer support members. Volunteer Chaplains are also included in the team and there is one in every field office (Deshazor, personal communication, September 05, 2006).

The US Navy, FBI, and US Marshalls have been identified as large organizations that utilize a structured communication process which is directly related to the current ICISF model but no further information on the standard operating guidelines were available to allow for comparison to the emergency services guidelines.

The California Division of Forestry (CDF) recognizes the importance of critical incident stress and has developed a comprehensive program to help mitigate the stress by accepting and

following the ICISF model. CDF provides CISM services to its employees by specifically acknowledging the ICISF in their mission statement along with including the critical categories of CISD, CISM, Members and Mental Health Professional. Training and team activation are also a significant part of the guideline used by CDF. CDF requires that all personnel who were directly involved in an incident to attend the debriefing but individuals do not have to speak during the process. They are capable of providing peer support and one-on-one help to all personnel (California Division of Forestry [CDF], 2006).

Overland Park FD (OPFD) has established a combined group consisting of a CISM program and a Wellness team in an effort to support their personnel before, during, and after a crisis. OPFD has defined the procedure set forth by the team on specific operations relative to a crisis situation such as when a team is mandatory activated verses incidents that a wellness team maybe activated. The demobilizations carry a mandatory attendance where the debriefings are not mandatory but personnel are encouraged to attend. Chaplains are highlighted in OPFD's program in a specific area to note their roles and responsibilities relative to a crisis. There is a general set of guidelines in this program established for activities that take place at an emergency scene. Training is also an issue addressed in the program that follows ICISF recommendations on evaluating symptoms that may be developing with an individual following a critical incident (Overland Park Fire Department [OPFD], 2006).

Northwest Community EMS System (2005) combines several thoughts in their CISM program which simultaneously carries an additional title of stress intervention. The program references both Mitchell during the explanation of CISD and Bledsoe's article written in 2003. The procedure points out that a CISD should never be mandatory for employees. The program continues with information on the services the team provides and other CISD considerations.

In 2006, Midland Fire Department (MFD) referenced Mitchell and Everly in their program's guideline which coincides with ICISF. MFD emphasizes the importance of being both proactive in education and training as well as reactive in conducting CISM services following an event. MFD does not provide CISD services for itself; they utilize other teams to provide the services. They are capable of providing themselves with defusings, peer support and demobilizations as personnel require such services. Attendance to a debriefing is voluntary unless the ranking chief officer mandates the required attendance

The Lake Dillon Fire-Rescue's program (2006) guideline for CISM was developed around Mitchell and Everly recommendations on CISM programs. The chaplain is the facilitator for the CISM and is responsible for the CISM teams' response. The program guidelines also list the specific incidents that will require a mandatory debriefing: Line of Duty Death, Suicide of personnel, death of a victim caused by personnel, disaster or mass casualty incident, serious injury to personnel, other events that could produce significant emotional reactions. The Lake Dillon Fire-Rescue CISM program details information pertaining to the demobilization, defusing, debriefing, and any follow-up information requested.

The fire service is like the military in that every task, policy, or action must work through a chain-of-command to properly function. Mitchell (2004) identifies the positive and negative sides of emergency contact procedure; however, this information is only directed toward the CISM team member activation not the procedure that an independent organization can follow. CDF (2006) says that any company officer can contact the local team and request peer support personnel for one-on-one support or debriefings for their crew. When contacting the team they must follow a written procedure on how to activate the debriefing team.

OPFD (2006) has a CISM program coupled with a wellness team. In the event of a critical incident any member of the department can request the wellness team respond to an incident. Northwest Community EMS System (2005) outlines that the Northern Illinois CISD Team can be contacted through a given phone number in that when called will begin the process of providing the intervention services but those steps were not published in the policy manual. In the MFD (2006), the station officer or the chief officer can activate the team by recognizing significant incidents (identified in the policy) and then notifying the shift commander who will in turn contact the Clinical Director to determine the appropriate intervention. Any employee can initiate activation of the CISM team through their station or chief officers. The Lake Dillon Fire-Rescue's (2006) program identifies that any member of the organization can request a session. The request should channel through the shift officer or incident commander who will in turn contact the chaplain. The chaplain is the facilitator and is the person responsible for contacting the CISM team.

CDF (2006) identifies in the CISM policy the step-by-step process that is followed with each intervention process. When the follow-up procedures are identified, they are available at anytime and can be activated by a company or chief officer as well as a concerned family member or peer. The person activating the referral process must contact the CISM coordinator for peer support. When activated, the wellness team with OPFD (2006) charge the members of the team with the responsibility of following up with all employees involved in any intervention within fifteen days after a critical incident to insure that any prolonged or delayed difficulties were addressed and to initiate a referral if necessary. A mental health intervention may be recommended by the team member if the person continues to show signs of distress or difficulties adjusting from the critical incident.

The Northwest Community EMS System (2005) lists the CISD team's services they provide and a resource and referral network but no informational detail was provided on the exact parameters on the referral process was listed. MFD (2006) states that a follow up will be conducted after every type of intervention the CISM team performs and if additional support is needed the following contacts could be utilized: employee assistance program, clergy, family support services, psychological or psychiatric services. The Lake Dillon Fire-Rescue's program (2006) identifies the follow-up/referral process to take place after each intervention with the chaplain, the CISM facilitator, or a mental health professional.

This literature review provided an overview of the information that is relevant in the creation of a standard operating guideline on CISM for Rocky Mount Fire Department. This information influenced this project by providing an overview of how other agencies like the military, law enforcement, and fire departments throughout the United States provide services to their personnel when they are exposed to a critical incident. When creating a guideline, the structure makeup to the programs when determining the activation sequence of the Critical Incident Stress Debriefing (CISD) team for an incident is very crucial and was reviewed in length within the literature review. This review also identified the type of follow-up procedures and any additional assistance following a CISD.

### Procedures

The procedures for this ARP began with a study of Rocky Mount Fire Department and how it has handled past critical incidents. Identifying the need for a guideline for employees to follow when dealing with a critical incident was established prior to the ARP; therefore, the gathering of other organization's standard operating guidelines should provide adequate information to create a new standard operating guideline. This process was crucial to assure the

new guideline created for RMFD was congruent with federal, state, and local guidelines as well as other agencies. There are a large number of agencies in the United States that follow standard operating procedures for CISM but most of them will not share the written information by way of the official documents. Information is only provided verbally over the telephone or by email responses to specific questions. Two telephone interviews were conducted with federal agency representatives concerning the operation of their programs. The representatives for both the Federal Bureau of Investigations and the United States Marshalls were noted in the Literature Review sections by way of personal communication. The literature review identified how the Critical Incident Stress Management (CISM) programs differed when compared to each other based on the six core competencies developed by Jeffrey Mitchell in the article “Characteristics of Successful Early Intervention Programs” in 2004. The competencies were that a program following a set of protocols and procedure should be able to assess a critical incident and identify both the severity and intensity of the impact on the people involved. A CISM program should be able to choose the right intervention process for the event. A CISM program should also be able to provide interventions on an individual basis, small group, and large group basis along with a follow-up and referral services.

The same agency’s standard operating guidelines that were used in the core competency comparison were also used in the comparison of how well the structure makeup to the programs were when determining the activation sequence of the Critical Incident Stress Debriefing (CISD) team for an incident. The activation sequence by each agency was important to help assure that the guideline for RMFD was comprehensive enough to be available to each employee.

The guidelines were also compared to the type of follow-up procedures in each of the programs that addressed additional assistance following a CISD. Follow-up procedures were a significant concern among employees at RMFD with the past critical incidents.

All the literature found on this topic could not be reviewed and included in this research project because of the extensive amount of material and a limited time frame. The author focused the literature review on those items that added the most value to this research project. The standard operating guidelines utilized in the research were not all inclusive but were the best suitable guidelines when compared to the criteria set forth by ICISF and Mitchell.

There were some limitations that are worth discussing like the lack of Federal guidelines only recommendations for agencies. Even though Mitchell is the most recognized and recommended that is only one perspective included in such research. The feedback from interviews was limited along with the actual operating guidelines the author received from other organizations. Due to the time frame associated with this project, the author will submit the guideline to administration for review and implementation. There will not be enough time for a thorough evaluation of the new guideline within the organization.

#### Definition of Terms

**Critical Incident:** A stressor event (crisis event) which appears to cause, or be most associated with, a crisis response; an event which overwhelms a person's usual coping mechanisms (Everly & Mitchell, 2001).

**Critical Incident Stress:** the stress reaction a person or group has to a critical incident (Everly & Mitchell, 2001).

Critical Incident Stress Debriefing: a model of psychological debriefing. A 7-phase structured group discussion, usually provided 1 to 14 days post-crisis developed by Jeffrey T. Mitchell (Everly& Mitchell, 2001).

Critical Incident Stress Defusing: 3-phase, 45 minute, structured small group discussion provide within hours of a crisis for purposes of assessment, triaging, and acute symptom mitigation (Everly& Mitchell, 2001).

Critical Incident Stress Management: comprehensive, integrated, multi-component crisis intervention system (Everly& Mitchell, 2001).

Standard Operating Guideline: an organizational directive that establishes a standard course of action (Federal Emergency Management Agency [FEMA], 1999).

## Results

The following contains the results from the action oriented research conducted in this applied research project. The purpose of this research was to develop a standard operating guideline on CISM for Rocky Mount Fire Department.

Research Question # 1. How do the critical incident stress management programs identified in the research differ when comparing the major components identified by Jeffrey Mitchell? According to Jeffrey Mitchell's (2004) six core competencies the reviewed programs were evaluated on the protocols and procedures in assessing a critical incident, identifying both the severity and intensity of the impact on the people involved to be able to choose the right intervention process for the event, to provide interventions on an individual basis, small group, large group basis, along with a follow-up and referral services.

CDF (2006) developed a comprehensive program to help mitigate the stress by accepting and following the ICISF model. CDF provides CISM services to its employees by specifically

acknowledging the ICISF in their mission statement along with including the six core competencies listed above. CDF list in great detail the procedures for the team member's qualifications, responsibilities, the expectations from their defusing and debriefings. Training and team activation are also a significant part of the guideline used by CDF. CDF requires that all personnel who were directly involved in the incident must attend the debriefing but do not have to speak during the process. They are capable of providing peer support and one-on-one help to all personnel.

OPFD (2006) has established a combined group of CISM program and a Wellness team in an effort to support their personnel. OPFD acknowledges ICISF organization with reference information at the end of the guideline along with providing each of the six core competencies throughout the guideline by addressing each competency individually. They have specific categories that cover procedures, team activation, distinguishing the chaplain's activation separate from team activation, responsibilities of the team on/off emergency scenes, training, and additional support. The demobilizations carry a mandatory attendance where the debriefings are not mandatory but personnel are encouraged to attend. Training is also an issue addressed in the program that follows ICISF recommendations on evaluating symptoms that may be developing with an individual following a critical incident.

Northwest Community EMS System (2005) policy covers the six core competencies. The detail in which the competencies are listed is brief with minimal explanation on the internal workings of the education and programs for the team members. The policy states that a CISD should never be mandatory for employees. Northwest Community EMS system credits Mitchell when describing the debriefing process.

MFD (2006) standard operating procedure details each of the core competencies throughout the policy. It references Mitchell and Everly in its program's guideline which coincides with ICISF. MFD does not provide CISD services for itself; it utilizes other teams to provide the services. It provides personnel with defusings, peer support and demobilizations. Attendance to a debriefing is voluntary unless the ranking chief officer mandates the required attendance.

Lake Dillon Fire-Rescue's (2006) guideline for CISM was developed around Mitchell and Everly recommendations on CISM programs. According to the guideline procedures and protocols were explained along with small and large group interventions followed by a follow-up or referral process. There was no information on individual crisis interventions. The chaplain is the facilitator for the CISM and is responsible for the CISM team response. The program guidelines also list the specific incidents that will require a mandatory debriefing.

Research Question # 2. What is the structure-makeup to the programs identified in the research when determining the activation sequence of the critical incident stress management team for an incident? CDF (2006) identifies that any company officer can contact the local team and request peer support personnel for one-on-one support or debriefings for their crew. When contacting the team they must follow a written procedure on how to activate the debriefing team. OPFD (2006) policy states that any member of the department can request the wellness team respond to an incident. Northwest Community EMS System (2005) outlines that the Northern Illinois CISD Team can be contacted through a given phone number which when called will begin the process of providing the intervention services but those steps were not published in the policy manual. In the MFD (2006), any employee can initiate activation of the CISM team through their station or chief officers. The station officer or the chief officer can activate the

team by recognizing significant incidents and then notify the shift commander which will in turn contact the Clinical Director to determine the appropriate intervention. The Lake Dillon Fire-Rescue's (2006) program identifies that any member of the organization can request a session. The request should channel through the shift officer or incident commander who will in turn contact the chaplain. The chaplain is the facilitator and is the person responsible for contacting the CISM team.

Research Question # 3. What type of follow-up procedures identified in the research address employee use of additional assistance following a critical incident stress intervention? CDF (2006) identified in the CISM policy the step-by-step process that is followed with each intervention process and when the follow-up procedures are identified they are available at anytime and can be activated by a company or chief officer as well as a concerned family member or peer. The person activating the referral process must contact the CISM coordinator for peer support. OPFD (2006) allowed the members of the team with the responsibility of following up with all employees involved in any intervention following a critical incident within fifteen days to insure that any prolonged or delayed difficulties were addressed and to initiate a referral if necessary. A mental health intervention may be recommended by the team member if the person continues to show signs of distress or difficulties adjusting from the critical incident. The Northwest Community EMS System (2005) listed the CISD team's services they provide and a resource and referral network was listed but no information was provided on the exact parameters on the referral process. MFD (2006) policy provided that a follow up will be conducted after every type of intervention the CISM team performs. If additional support is needed the person could utilize any of the following contacts: employee assistance program, clergy, family support services, psychological or psychiatric services. Lake Dillon Fire-Rescue's

(2006) program identified the follow-up/referral process to take place after each intervention with the chaplain, the CISM facilitator, or a mental health professional.

### Discussion

The author identified that Rocky Mount Fire Department needs a standard operating guideline to support future CISM operations and the guidelines that other organizations use are crucial in identifying that the correct information is placed in the new guideline. There are different ways to help individuals work through the stress associated with critical incidents but there are no mandated programs or standards identified by the Federal government when working with critical incident stress (USDOL/OSHA, 2006). The U.S. Department of Labor Occupational Safety and Health Administration (2006), recommends a list of information be shared with all employees to help reduce future problems. This information was originally created by Jeffery Mitchell and can also be found on the ICISF website. North Carolina CISM which supports RMFD in the need of crisis intervention also follows the ICISF model. The problem still arises that each organization has to set their appropriate guideline to apply CISM within their organization. When considering how to construct such a guideline the author found Jeffery Mitchell's (2004) recommendations on the six core competences very helpful, in the respect, that they provide a standard basis to evaluate other guidelines to assure that the compared information can be deciphered in the same manner. Since the primary function of a CISM program is to provide a range of crisis intervention support to emergency workers, the core competencies provide that basis for crisis intervention support.

The author found that depending on the source attendance for the crisis intervention services may or may not be mandatory. To compare the guidelines that were used in the Literature Review, CDF (2006) mandates that all personnel who were directly exposed to the

traumatic aspects of the incident will attend but do not have to speak. OPFD (2006) mandates that personnel involved in a line of duty death, critical injury to emergency personnel, or level 2 mass casualty incidents will attend. Northwest Community EMS System (2005) provides that intervention should never have mandatory attendance. MFD (2006) attendance is voluntary unless the station or chief officer mandates it. Lake Dillon Fire-Rescue (2006) guideline mandates attendance of personnel on debriefing include: line of duty death, unexpected life threatening injury or death of co-worker, responder accidentally kills someone, large scale disaster or mass casualty incident, or any other event with sufficient impact to produce emotional reactions. The new guideline created for RMFD will includes some of these findings but target each of the specific interventions to assure the deciding officer can elect whether or not to make the intervention mandatory.

CISM programs differ depending on the organization's needs. This project did not address the relevance between organization's size verses the need or ability to provide given interventions. All of the organizations identified in this research with the exception of MFD provide the CISM services to their personnel. MFD (2006) provides all but debriefing intervention for which they call on other resources or CISM teams to provide the CISM intervention. RMFD also has a limited capability with CISM interventions which will be discussed further in the Recommendations section of this project.

The author utilized the organizations' guidelines identified in the research project to support the RMFD guideline on CISM team activation. Mitchell (2004) identifies procedures for the actual CISM team to use when activating the team members for interventions, but it does not address how an independent organization such as RMFD should address the activation procedure. Some organizations like CDF (2006) use a separate set of procedures that are not

included on the CISM standard operating guidelines compared to Lake Dillon Fire-Rescue (2006) uses a chaplain for the primary contact. Northwest Community EMS System (2005) uses a toll free, 24 hour a day, phone service that assists in team activation. MFD (2006) uses a system of the company or chief officer receives the request for intervention and they will contact a CISM team coordinator. North Carolina has a state CISM coordinator that is available by phone along with individual CISM teams' representatives that are also available by phone. RMFD does not have a central dispatch capable of receiving requests for CISM services due to the training level so the activation procedures must be handled within the organization's officers.

CISM has helped many people over the years and will continue to be valuable to the health of emergency personnel. Incidents that firefighters are exposed to can take a toll on them and have a cumulative effect, which if not handled properly, can result in negative effects. In order to ensure all personnel reap the benefits of available intervention services, RMFD must provide a guideline to all personnel as the beginning step to aid the members in the procedures when they encounter critical incidents.

### Recommendations

There are two recommendations identified for RMFD based on the research conducted. RMFD current status concerning CISM interventions is that it has the capability to provide individual interventions along with small group interventions, called defusings, based on previously trained peer debriefers but will rely on an outside CISM team to provide the remaining services.

The first recommendation based on the research identified in this project is that management review and approve the new standard operating guideline on CISM which can be found in Appendix A of this project. This guideline is designed around Jeffery Mitchell's recommendations and the ICISF model of CISM interventions coupled with other emergency

organizations procedures throughout the United States. This guideline has been created by the author in accordance with the information identified from this research project and RMFD standard operating procedures on employee assistance program, compensatory policy, and the normal chain-of-command procedure.

The second recommendation relative to the approval of the guideline is the activation procedure for contacting the CISM team for intervention services. The guideline specifically identifies a procedure for identifying a critical incident and contacting the CISM team which differs from the current RMFD procedure of CISM team activation.

The approval of the guideline will improve the organization in several ways relative to the CISM process. The communication process for identifying and activating a CISM team will be clearly defined and should improve the level of intervention services. The guideline will become a tool for every employee to use in identifying and gaining help from emergency incidents.

Once the guideline has been approved by all staff members then it will be placed in the RMFD Standard Operating Guideline manual for future reference and made available to all employees. There is a manual located at each station so every employee will have both electronic and hard copy access to the guideline. It is also important that continuous research be conducted to ensure that RMFD is implementing the most effective CISM program that applies to the department's specific needs.

To other individuals conducting research on CISM programs begin by narrowing the area of concern because Critical Incident Stress Management is extremely broad. There are no Federal guidelines to help, only recommendations. There are different views on the effectiveness of CISM so leaders must identify the direction the organization will follow. Based on the

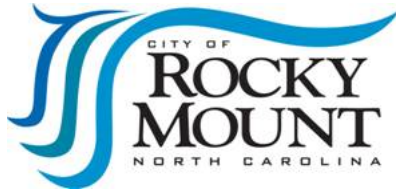
research conducted in this project every department will identify a different way to get the same results of normality. Communication with local or state CISM programs will help identify the norm in your area when dealing with different intervention processes.

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## Appendix A – Rocky Mount Fire Department Standard Operating Guideline for CISM



# City of Rocky Mount Fire Department Standard Operating Guidelines

## Guide: Critical Incident Stress Management

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Section:

Guide No.

Prepared By: Capt. Jamie Vaughan

Approved By:

Effective Date:

Page: 1 of 12

Revised Date:

Original Date: 10-25-2006

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### Section 1 Purpose

The purpose of this SOG is to establish a process for Rocky Mount Fire Department personnel to further define critical incidents, resources, and peer-support that may be utilized to help support department personnel before, during, and after a crisis.

### Section 2 Definitions

**Chaplain:** A member of clergy utilized for emotional and spiritual guidance and officiating of religious ceremonies and services.

**Critical Incident:** An event outside the usual realm of human experience that is markedly distressing. An incident with the potential to interfere with a person's ability to function either at the scene or following the incident.

**Critical Incident Stress Debriefing (CISD):** A group meeting or discussion, about a distressing critical incident, that is usually held 24 to 72 hours after a critical incident. Based on principles of education and crisis intervention, CISD is a peer-driven, clinician-guided discussion intended to mitigate the psychological trauma and accelerate recovery from significant stress related to a traumatic

event. The CISD consists of seven phases: Introduction, Fact, Thought, Reaction, Symptom, Teaching and Re-entry.

**Critical Incident Stress Management (CISM):** A comprehensive, integrated, multi-component crisis intervention system that is organized for the reduction and control of the damaging stress resulting from a unusual incident.

**Defusing:** A three-phase, 45 minute, structured small group discussion provided within hours of a crisis for purposes of assessment, triaging, and acute symptom mitigation. This is a shortened version of a CISD consisting of only three phases: Introduction, Exploration, and Information.

**Demobilization:** A brief intervention reserved for use immediately after a disaster or large-scale incident. Demobilization provides a transition period from the world of the traumatic event back to the world of routine. As units are disengaged from operations at the scene of the disaster, they are sent to the demobilization center for a 10-20 minute talk on critical incident stress and possible symptoms they might encounter. Workers hear concrete stress-management suggestions, which will be immediately helpful to them until a CISD can be arranged. (Formal debriefings always follow the demobilization several days later.) After the ten-minute talk, personnel move to another room where food and drink are available. After a twenty-minute rest, the workers either return to normal duties or go home.

**On-Scene Support:** Services provided at the scene of an on-going traumatic event. Three basic supports are provided at the scene: 1) brief crisis interventions with emergency personnel who show signs of distress; 2) advice and counsel to the incident commander; 3) assistance to victims, survivors and family members directly involved with the incident.

**Individual Consultations:** Informal consultations allowing one (or preferably two) trained peers or mental health professionals to work with one to three workers who are distressed. This intervention is far more conversational than the formal group processes of defusings, debriefings, or demobilizations. However, the debriefing model may be used as a guide to discuss the traumatic event.

**Peer Support Personnel:** Fire Department representatives of any rank who have completed the Basic CISM training and are members of a CISM team.

**CISM Team:** The CISM team is comprised of peer support personnel and mental health professionals who have completed minimum training requirements and have been screened through a CISM team's application process.

**Mental Health Professional:** Any person, with at least a master's degree in a mental health field, who has specialized training in critical incident stress management and post traumatic stress.

**Clinical Director:** Mental health professional who provides oversight to the intervention activities of the CISM team and who assures that the proper services are provided and that all team members work within the limits of their training.

### **Section 3 Critical Incidents**

The following are examples of situations which may be critical incidents:

- Line of duty death
- Serious line of duty injury
- Suicide of an emergency worker
- Critical injury or death of a child
- Knowing the victim involved in an event
- Prolonged incident with negative results
- Multi-casualty incident/Disaster
- Terrorist/WMD Incident
- Event with excessive media attention
- Injury or Death of any individual caused by an emergency care provider
- Multiple Significant Incidents within a short time frame
- The victim or observer of Workplace Violence
- Any other significant or overwhelming event

### **Section 4 Critical Incident Support Services**

#### **4.1 On Scene Support**

4.1.1 Members of the Local CISM Team respond to the scene and will function as observers and/or advisors to the Incident Commander or his/her designee regarding the development of acute stress reactions. The team members will be available to offer emotional support, make recommendations, and assist the Incident Commander or his/her designee with stress-related information. This type of intervention is normally used in cases of large-scale disasters involving large numbers of emergency responders.

#### 4.1.2 Objectives:

- a. One-on-one support to those emergency responders showing obvious signs of distress as a result of the incident or their participation.
- b. Advice and counsel to the Incident Commander on topics of stress management, specifically issues related to the critical incident.
- c. Until a more appropriate agency arrives, control victims, survivors, and families to ensure that the work of emergency responders will not be impeded by these persons.

#### 4.2 Demobilization

4.2.1 Intervention may also be used for large-scale incidents with large numbers of emergency responders who have been involved in the incident for very long durations. Demobilizations take place at a demobilization center away from the actual incident. All personnel at the incident are sent to a center when their work at the scene is completed. The process lasts no longer than 30 minutes. The Local CISM Team members provide about 10 minutes of stress education and information. During the remaining 20 minutes, the crews eat and rest before returning to their quarters.

#### 4.2.2 Objectives:

- a. Provide a place for units released by the Incident Commander to rest and get something to eat and drink in a comfortable atmosphere away from the scene before returning to quarters.
- b. Provide information and support on possible stress-related effects.
- c. Provide a place for the Incident Commander or a representative to give closing remarks, incident updates, or reports on injured personnel.
- d. Provide team members with an opportunity for ventilation of initial reactions if necessary.

4.2.3 Follow-up Services: the demobilization is always followed up with a CISM several days or weeks after the incident.

### 4.3 Defusing

4.3.1 Defusings are performed after the units have been released to quarters following the incident. The purpose is to offer support and information, allow initial ventilation of reactions, establish a need for a formal debriefing, and stabilize members so they can go home or return to service. It is similar to a mini-debriefing but is not as detailed, as formal, or as long. Team members (peer debriefers) primarily guide and facilitate the session. The process lasts approximately 45 minutes.

#### 4.3.2 Objectives:

- a. Rapid reduction in the intense reactions to the incident.
- b. A normalizing of experience so personnel can return to work as soon as possible.
- c. Help reestablish the group to assure people do not isolate themselves and can share their reactions with one another.
- d. An assessment of the personnel to determine if a CISD is needed.

4.3.3 Defusing will offer information on possible signs and symptoms of stress that participants may or may not experience and information on what they can do about it.

4.3.4 If a defusing is delayed beyond 12 hours it may be best to skip it and setup a CISD. One-on-one intervention should be utilized if needed until CISD is ready.

### 4.4 Debriefing

4.4.1 Critical Incident Stress Debriefing - will be provided on critical incidents where it has been impractical, impossible, or for some reason unable to perform a defusing, if needed.

4.4.2 Attendance at CISD is voluntary unless it is mandated by a chief officer.

4.4.3 **CISD is not an operational critique or evaluation.** It is a *stress* debriefing designed to support workers who have experienced a distressing event.

#### 4.4.4 Objectives:

- a. Provide stress education.
- b. Provide a mechanism for ventilation of feelings before they can do harm.
- c. Provide reassurance that what participants are experiencing is normal and that they will probably recover.
- d. Forewarn those who have not yet been impacted that they MAY be impacted later and inform them of ways to deal with it.
- e. Reduce the fallacy of "uniqueness."
- f. Reduce the fallacy of "abnormality."
- g. Provide positive interaction with mental health services and providers.
- h. Add or restore group cohesiveness.
- i. Screen those who may not be ready to return to service.
- j. Refer those requesting or requiring additional services.

#### 4.4.4 The formal debriefing has seven phases.

- a. Introduction phase: Participants introduce themselves, identify the unit they were assigned, and describe their role at the incident.
- b. Fact phase: Participants discuss the facts about the incident.
- c. Thought phase: Participants discuss their initial thoughts about the incident following their arrival at, or being made aware of, the incident.
- d. Reaction phase: Participants discuss the worst part of the incident for them.
- e. Symptom phase: Participants discuss any symptomatic effects that they may have had or are having currently as a result of the incident.
- f. Teaching phase: CISM Team members educate participants about the effects of stress, the many things that individuals can do to speed up the normal recovery process, and how to deal with their families and loved ones as a result of the incident.

- g. Re-Entry phase: Participants are asked to share any final comments or reactions that they may not have had the opportunity to discuss, and CISM Team members provide closing remarks.

#### 4.4.4 The rules of CISD include but are not limited to the following:

- a. Confidentiality - what is said in the debriefing remains in the debriefing. Anyone violating the confidentiality of the debriefing may be subject to disciplinary action following the City of Rocky Mount Personnel Policy's Disciplinary Action Procedure (Chapter 9). A person must feel confident when dealing with his/her reactions that their reactions will be kept in the confidence of the group of people involved in the process not used to slander or belittle that individual.
- b. Only those present at the incident may attend (except in line-of-duty death and suicide of an emergency worker)
- c. No notes, cameras, or recordings will be allowed
- d. CISD is not psychotherapy
- e. CISD is not an investigation or critique
- f. The participants shall be off duty or out of service during the debriefing
- g. No reports will be made to supervisors
- h. No media is allowed
- i. No breaks will be taken
- j. No one has to speak
- k. CISD occurs away from incident scene

#### 4.5 Individual Crisis Intervention

- 4.5.1 One-on-one support may be recommended in any situation in which the CISM team determines that a member continues to show obvious signs of distress or having difficulty adjusting to the incident.

- 4.5.2 One-on-one support is also designed to provide assistance to personnel that request help but the number of personnel may not require the formal setting of debriefing process.

#### 4.6 Post Intervention

4.6.1 After every CISM intervention, the team members will assess each participant for potential follow-up support. The team will identify the need with the chief officer to allow for future follow-up services. If personnel feel there is a need for additional assistance or they are still experiencing significant distress there may be a referral for additional support so they should contact their company officer immediately. The company officers and chief officers are also responsible for identifying personnel that are exhibiting continued problems with the incident.

4.6.2 Sources for referral could include:

- a. Employee Assistance Programs
  - For EAP services refer to City of Rocky Mount Personnel Policy Manual, Chapter 9, Section - 9.50-9.58.
- b. Clergy
- c. Medical services

## Section 5 CISM Activation Process

5.1 Any Rocky Mount Fire Department personnel can request that a local CISM team is contacted by following the proper steps to correctly activate the team when they feel the need for the following services:

- a. Defusing
- b. Debriefing
- c. Individual Crisis Intervention

5.2 The incident commander at any given emergency incident can request that a local CISM team is contacted to perform the following services:

- a. On scene support
- b. Demobilization

### 5.3 Steps to Activating the CISM Process within RMFD.

- a. If any personnel feel the need for the listed services they should immediately request help through their Company Officer.
- b. The Company Officer will then contact the District Chief on duty.
- c. The District Chief and the Company Officer will complete the CISM services request form to initiate the services. (See Attached Form)
- d. If peer support or defusing services are needed contact with RMFD peer support personnel should be initiated. If those personnel are involved in the incident then a local CISM team should be requested.
- e. If there are concerns from personnel whether or not there is a need for services, complete the form and contact a CISM representative for confirmation. Please DO NOT attempt to judge the level of services needed for the personnel involved in the incident.
- f. The following information should be used to contact CISM services:
  - I. Eastern Carolina CISM Association
    - Toll Free 24 hours per day/ 7days a week  
1-800-545-7781
  - II. North Carolina CISM
    - 1-800-420-1755 leave message after beep.

## **Section 5 Attendance**

- 5.1 Attendance at a Demobilization, Defusing, or Individual Crisis Intervention will be directed to specific companies or personnel in a relatively short time frame; therefore, each person is expected to participate.
- 5.2 Attendance at a Debriefing is highly recommended but may only become mandatory following the discretion of a Chief Officer.
- 5.3 If a CISD is held off duty and it is mandatory following the discretion of a Chief Officer, compensatory time will be awarded in accordance with the RMFD SOG on Compensatory Time.

**Section 6 Chaplain Activation for CISM**

- 6.1 CISD is a crisis intervention process where pastoral services are considered counseling services.
- 6.2 RMFD Chaplain will not participate in the debriefing process but may be available following the process for personnel that may need spiritual support or other assistance.

**Section 7 CISM Training**

- 7.1 Continuing education for Company Officers will be provided every two years on a quarter training schedule.
- 7.2 Local CISM teams offer peer debriefer training on a yearly basis for personnel that are interested.

**Section 8 References**

- 8.1 References for SOG are as follows:

Everly, G. Jr. Ph.D., & Mitchell, J.T. Ph.D. (2001). *Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing, and Other Group Crisis Intervention Services*. Ellicott City, MD: Chevron Publishing Corporation.

Vaughan, Jamie. (2006). *Creating a Standard Operating Guideline on Critical Incident Stress Management for Rocky Mount Fire Department*. Unpublished applied research project.



**Rocky Mount Fire Department**

**Critical Incident Stress Management Request for Services Form**

Complete prior to contacting a local CISM Team for services.

Date: \_\_\_\_\_

Type of Critical Incident (Check appropriate line)

- Line of duty death
- Serious line of duty injury
- Suicide of an emergency worker
- Critical injury or death of a child
- Knowing the victim involved in an event
- Prolonged incident with negative results
- Multi-casualty incident/Disaster
- Terrorist/WMD Incident
- Event with excessive media attention
- Injury or Death of any individual caused by an emergency care provider
- Multiple Significant Incidents within a short time frame
- The victim or observer of Workplace Violence
- Any other significant or overwhelming event

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Number of Victims: \_\_\_\_\_ Number of Deaths: \_\_\_\_\_

Number of Personnel Involved: \_\_\_\_\_

Are there personnel in the group of responders that appear to be distressed? If so describe:

\_\_\_\_\_  
\_\_\_\_\_

Have the personnel demonstrated behavior changes? If so describe:

\_\_\_\_\_  
\_\_\_\_\_

Have any personnel requested help? Explain. \_\_\_\_\_

Is the incident extraordinary? If so explain how. \_\_\_\_\_  
\_\_\_\_\_

Are there other agencies displaying similar signs? \_\_\_\_\_  
\_\_\_\_\_

What will be the length of time between the incident and the target time for services requested? \_\_\_\_\_

Where is the facility that the services will be conducted? \_\_\_\_\_

Will the participants be taken out-of-service or be off duty? \_\_\_\_\_

Who will arrange for refreshments following the services? \_\_\_\_\_

Contacts:

1. Eastern Carolina CISM Association
  - Toll Free 24 hours per day/ 7days a week
  - 1-800-545-7781
2. North Carolina CISM
  - 1-800-420-1755 leave message after beep.