



Virginia Beach Department of Emergency Medical Services



RISK MANAGEMENT

CRITICAL INCIDENT STRESS MANAGEMENT

PURPOSE: The purpose of this Standard Operating Procedure is to provide general information regarding the Virginia Beach Department of Emergency Medical Services' Critical Incident Stress Management (CISM) Team. It will also provide information on how and when to request the services of the team.

POLICY: Critical Incident Stress Management is a system that has been developed to assist emergency workers when they have encountered a situation or series of situations that have the potential to create the negative effects of stress. Critical Incident Stress Management is a proactive, proven program that utilizes an integrated, multi-component approach, with the primary focus being debriefings, defusing, and one-on-one interventions. The type of intervention will be primarily dictated by the incident; however, the exact intervention will be a collaborative effort between the requestor and the team representative. Interventions are generally requested when personnel have faced an extraordinarily stressful incident. However, in an attempt to mitigate critical stress from a series of incidents that have a cumulative effect, Critical Incident Stress Management may be employed at other times as well.

In an effort to assist personnel in coping with job-related stress, the Virginia Beach Department of Emergency Medical Services will call upon its own Critical Incident Stress Management team members – all of that are also members in good standing with the Tidewater EMS Council's team. All members of Critical Incident Stress Management Team have received training from a certified trainer through the International Critical Incident Stress Foundation (ICISF).

It is recommended that the CISM team be activated for the following types of incidents:

- Death or severe injury to a child
- Life threatening situations for ERS providers

- Gross mutilation of patient(s)
- Severe injury or death
- Prolonged incidents
- A series of incidents that have had a cumulative effect on personnel

Response to the following types of incidents should culminate with an automatic intervention for the affected companies.

- Death or serious injury of a member while on duty
- Mass Casualties

EDUCATION:

Prevention and preparation are two important models for reducing the need for future interventions. Individuals, groups or teams requesting information on CISM may request printed materials published by the team with information regarding Crisis and Stress Management and/or an educational program to be conducted by a team member or members by contacting the CISM coordinator

ACTIVATION PROCEDURE:

1. One-on-one:

Individuals who experience a difficult time with a particular incident may request a one-on-one intervention directly or through their supervisor, department chief officers or CISM team member. One-on-one sessions are the primary intervention of a Critical Incident Stress Management Program. The Command Duty Officer or other field supervisor will contact the Critical Incident Stress Management Team on call member and make arrangements for an intervention with the individual affected. Peers generally conduct one-on-one sessions. The team leader will contact the Clinical Director to discuss the one-on-one on an as needed basis.

2. Defusing

- a. The Command Duty Officer or field supervisor involved in the response should notify the on call member of the Critical Incident Stress Management Team and request a defusing.

- b. A timeframe of 6 to 72 hours after the incident is recommended.
 - c. The Command Duty Officer or field supervisor will page the on call CISM Team member. Once the on call member has responded to the page to acquire the appropriate information regarding the incident and determined a time and place for the defusing, the team member will call other Critical Incident Stress Management members and arrange for the defusing.
 - d. A defusing is less structured than a debriefing and requires less time.
3. Debriefing
- a. As previously mentioned debriefings should be automatic following specific types of incidents that may be more stressful than what is considered ordinary.
 - b. The request for a debriefing will follow the same procedure as that for a defusing.
 - c. A debriefing is more structured in nature, should be held away from the EMS station, and requires more time than any other intervention.
 - d. A debriefing will always require the presence of the team's mental health clinician.
 - e. A timeframe of 24-72 hours after the incident is recommended.

Personnel involved in interventions will be taken out of service until the process has been completed. Participation during a defusing or debriefing process is not mandatory. However, it is recommended that all members who were present at the emergency scene attend the defusing/debriefing process to extend their support to the member(s) who have requested the action be initiated.

It should also be noted that any member of the department who believes the services of the Critical Incident Stress Management Team may be of benefit should contact any chief officer with an explanation of the circumstances and why they feel the Critical Incident Stress Management Team would be of benefit. The officer that has been notified should then contact the Critical Incident Stress Management Team on call member.

Follow up for all formal contacts will be provided by the CISM coordinator.

The CISM coordinator will provide all Captain level officers and above the on call schedule before the beginning of the month.

ORDERED:



1/20/2017

EMS Chief

Date