

Colorado Crisis Support Network



Protocol And Operational Guidelines

Colorado Crisis Support Network Protocol And Operational Guidelines

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Colorado Crisis Support Protocol

I. Introductory Problem Statement

Emergency services and healthcare personnel have become increasingly aware of the toll that the stressors encountered in their occupations may take on the quality of their lives. The nature of their jobs may expose them to stressful events that they may not be able to satisfactorily work through on their own.

Factors that cause stress to one individual may not be stressful for another, but research has shown that there is only a small percentage of emergency service and healthcare personnel unaffected by stress. While some of the personnel who demonstrate symptoms related to stress can resolve the symptoms alone -- others continue to be affected.

Responses to stress may be immediate and incident specific; may be delayed for a period of time after an incident; or may be cumulative, resulting from many incidents over a long period of time. Multiple factors affect an individual's response to stress: the individual's personal qualities, past experiences, and the resources available.

It has been demonstrated that certain events, such as the death of a child, the death of a co-worker, and multiple casualty incidents are particularly stressful for emergency and healthcare workers. Any of these events, and a host of others, may cause or contribute to a critical incident.

A critical incident has been defined by Dr. Jeffrey Mitchell as, "Any situation faced by personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function. All that is necessary is that the incident, regardless of the type, generates unusually strong feelings." A critical incident has also been described as any event that overwhelms the abilities of a individual to psychologically cope with an incident.

The following are examples of incidents that may have significant emotional impact and are appropriate for CISM intervention:

- A. Death of personnel, i.e. law enforcement, fire fighter or other emergency or healthcare personnel in the line of duty: during an incident, en route to an incident, or during a training exercise or other workplace death
- B. Serious line of duty or workplace injury
- C. Suicide or other unexpected death of a co-worker
- D. Mass casualty incidents
- E. Serious injury or death of a civilian resulting from emergency services operations, i.e. auto accident
- F. Police shooting

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- G. Events that seriously threaten the lives of responders
- H. Death of a child or violence to a child
- I. Loss of life of a patient following extraordinary and prolonged expenditure of physical and emotional energy
- J. Incidents that attract excessive media coverage
- K. Personal identification with the victim or the circumstances. Events where the victims are relatives or friends of emergency or healthcare personnel.
- L. Any incident that is charged with profound emotion
- M. Any incident in which the circumstances were so unusual or the sights and sounds so distressing as to produce a high level of immediate or delayed emotional reaction

The groups served by the crisis support team include:

- A. Fire services - paid or volunteer
- B. EMS service - paid or volunteer
- C. Law enforcement personnel
- D. Search and rescue personnel
- E. Ski patrol organizations
- F. Healthcare personnel
- G. Disaster response personnel
- H. Mental health personnel

The mission of the team does not include crisis support services for the public or disaster victims. However, the mental health members may make appropriate referrals. Exceptions will be discussed with the clinical or program coordinator.

II. Mission Statement

Following critical incidents, Crisis Support Teams provide interventions to any emergency response or healthcare agency requesting assistance at no charge. The focus of this service is to minimize the harmful effects of job stress, particularly in crisis or emergency situations. The highest priorities of the team are to maintain confidentiality and to respect the feelings of the individuals involved. It is not the function of a team to replace on-going professional counseling, but to provide immediate crisis intervention. Through the crisis support process, a team provides emergency and healthcare personnel with the tools to potentially reduce stress related symptoms. Crisis Support Teams also provide education regarding critical incident stress to emergency services and healthcare workers. Crisis support

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teams provide services to emergency/first responder personnel, hospital personnel, and spouses.

III. Types of Interventions

Several types of interventions may be conducted depending upon the circumstances of a particular incident. Intervention may be on an individual one-on-one basis or, ideally, in small groups. The following types of interventions, singularly or in combination, are the most common:

A. Pre-Incident Education or Pre-crisis Preparation

Pre-incident education regarding stress, stress recognition and stress reduction strategies is an essential part of the crisis support process. Educational programs for line and command staff also include information on critical incident stress debriefings, how to contact a team, and on-scene considerations. Programs should be provided for recruits, refresher training, and veteran personnel. Programs for spouses and significant others may also include stress recognition and management.

B. On-Scene Support Services

Types of service for staff consultations, prolonged or large-scale incidents:

1. One-on-one sessions with personnel exhibiting signs of obvious distress
2. Consultation to the scene commander or command officers or managers

C. Demobilization or De-escalation

Used during or following a large-scale incident as units are released from the scene to determine if all personnel are accounted for, make announcements, etcetera. A mental health professional or experienced peer takes 10 to 15 minutes to provide information about the signs and symptoms of stress reactions that may occur. The unit may be released from duty or return to the station in service. The incident commander may require that all personnel go through a demobilization session before they are released from the scene.

D. Crisis Management Briefing (CMB)

Crisis management briefing (CMB) is a practical four-phase group crisis intervention. CMB may be used in a wide variety of situations. The four-phases include the following.

1. Assemble the group in an appropriate venue such as a meeting room or auditorium depending on the size of the group.
2. A credible source or authority explains the facts of the crisis event.

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3. A credible crisis support resource discusses the most common reactions relevant to the particular crisis event.
4. Personal coping and self care strategies are addressed that may be of value and provide community and organizational resources.

E. Defusing

A small group session conducted shortly after the incident, usually within 3-4 hours. Provides information about the incident and general information and advice on stress reactions. In some circumstances, a defusing may involve a more in-depth discussion of participants feelings and reactions. Requires two crisis support team members. A defusing may eliminate the need for a formal debriefing.

F. Critical Incident Stress Debriefing (CISD)

Ideally conducted within 24-72 hours of the incident. A confidential, non-evaluative discussion of the involvement, thoughts, reactions and feelings resulting from the incident. Includes education regarding possible stress-related symptoms and coping strategies.

G. Individual Crisis Intervention

One-on-one intervention for concerns related to the incident. May be conducted by a mental health professional or a peer team member. Providing on-going counseling is not a function of the crisis support team. However, team clinicians may be used for referrals.

H. Significant Other Support / Family CISM

Includes the following services: educational programs for significant others, debriefings for significant others, bereavement support, grief and crisis counseling, and family support.

I. Follow-up Referral

Conducted following individual consults, defusings, debriefings, demobilizations, and significant other support in the weeks or months after an incident. May include phone calls or personal follow-up. Concerned with the detection of delayed or prolonged stress syndrome. May also be used to evaluate debriefing services offered.

IV. The CISM Process

- A. Emergency services personnel, command officers, managers and medical control authorities are responsible for identifying and recognizing significant

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incidents that may require crisis support intervention. When an occurrence is identified as a critical incident, a request for services should be made as soon as possible.

- B. The team is activated by a call to the dispatch point. Appropriate call information is obtained and relayed to a team dispatcher. Crisis support interventions are coordinated by a designated team dispatcher to promote the quality of the services and to ensure that appropriate procedures are followed. The team dispatcher also schedules requests for education/in-service presentations.
- C. A team dispatcher contacts the agency requesting service to:
 - 1. Assess the need for a formal debriefing, a defusing, one-on-one intervention, or a referral.
 - 2. Determine the nature of the incident.
 - 3. Arrange a time and location of services. Debriefings are optimally conducted within 24-72 hours of the incident, and should not generally extend beyond one week. A 24-hour normalizing period following the incident is recommended. If large numbers of personnel are involved, debriefing begins with those most involved with the incident. A defusing may be appropriate before personnel leave the workplace.
- D. Debriefing process considerations include:
 - 1. The location selected for the debriefing should be free of distractions.
 - 2. All personnel involved in the incident should be invited to the debriefing and encouraged to attend. This includes, but is not limited to, fire, law enforcement, dispatch, EMS personnel, and hospital personnel.
 - 3. A time for the debriefing should be selected that is most convenient for as many personnel and team members as possible.
 - 4. Agency management or command officers should be encouraged to relieve personnel from duty during the debriefing. The environment should be free of interruptions, phone calls, radios, and pagers.
- E. The team dispatcher selects a team from available members. To assure the quality of the process, the team must consist of at least one mental health professional and two or three team members. (The average team consists of 3 members). The mental health professional is the team leader. Team members who have responded to the incident should not be debriefers.
- F. Team members should coordinate a time and location to meet prior to the debriefing to discuss the incident, available resource information, and the approach to be used during the debriefing.
- G. Guidelines for debriefings

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1. Strict confidentiality must be maintained. All information regarding agencies involved, situation debriefed, and issues discussed shall not be divulged before or after a debriefing except with team members or as part of the team quality review process.
2. No mechanical recordings or written notes will be made during a debriefing. It is up to the team to enforce this rule during the debriefing.
3. No media personnel (TV, radio, or newspapers) will be allowed to attend a debriefing. Participants in the debriefing may speak to the media either before or after the debriefing. It is important for team members to explain that individuals speak only for themselves and NOT for anyone else in the debriefing. Crisis support team members may speak to the media, but only to educate about the process of CISM and to discuss the effects of stress. All other inquiries should be referred to the Team Coordinator.
4. Debriefings are not a critique of the incident. The team has no evaluation function of tactical procedures. The debriefing process provides a format in which personnel can discuss their feelings and reactions and thus reduce the stress resulting from exposure to critical incidents. The goal of the CISD is to encourage ventilation of emotions and a rebalancing of the individual and the group, and to educate group members regarding normal stress reactions.
5. General format for formal CISM
 - a. Introduction Phase - Introduction of the crisis support team, description of debriefing process, establish ground rules.
 - b. Fact Phase – Self-introduction of participants, description of what the participants heard, saw, and did during the incident. Each participant is included in turn.
 - c. Thought Phase - At what point did the participants realize this was an unusual situation?

Content question

"What did you think at the time?"
 - d. Reaction Phase - Sharing of feelings at the scene, now, and in past situations, if applicable.

Content question

"What was the worst part for you?"

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- e. Symptom Phase - Perceived unusual experiences at the time of and/or since the incident. Expression of participant's stress response.

Content question

"What symptoms let you know that this was different from other situations?"

"What was your most intense reaction at the scene?"

"What were your reactions later?"

"What's not going away?"

- f. Teaching Phase - Team discusses stress response syndrome and normal signs, symptoms, and emotional reactions.
 - g. Re-entry Phase - Wrap up loose ends, answer additional questions, provide final reassurances, establish a plan of action.
- H. Referrals are made at the discretion of the crisis support team clinician.
- I. The crisis support team dispatcher should follow-up with the debriefed agency in an appropriate period of time. The team leader and peer members may also provide appropriate follow-up.
- J. The potential need to provide support for the debriefing team should be considered.
- K. Following the death of an emergency services worker in the line of duty, two interventions should occur. If possible, the first should occur on the day of the death. The second should occur the day after the funeral.

V. General Team Procedures

Each team shall develop clearly stated policies and procedures that address the following:

- A. Team structure and organization
- B. Team member responsibilities
- C. Team membership criteria and selection.
- D. Provision for liability insurance.
- E. Causes for revocation/suspension of membership and an identified mechanism for this process.

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VI. Network Goals

- A. Provide a coordinating structure for crisis support teams in the state of Colorado.
- B. Provide a standardized protocol for Critical Incident Stress Management interventions.
- C. Determine standardized training for crisis support team members.
- D. Provide a quality assurance mechanism for the crisis support process.
- E. Collect data on the crisis support process.
- F. Provide continuing education offerings for crisis support team members.
- G. Serve as a resource for crisis support teams in the developmental stages.
- H. Evaluate and share information on the evolution of the crisis support process.

VII. Network Membership

- A. The Colorado Crisis Support Team Network consists of representatives of crisis support teams in the state.
- B. Teams applying for membership must meet the following requirements:
 - 1. The team must offer services to any requesting emergency agency.
 - 2. Team composition must include representatives from the broad range of emergency responders, i.e., EMS, fire service, law enforcement, healthcare, and dispatch.
 - 3. A mental health professional must routinely be scheduled as debriefing team leader.
- C. Special team membership is available for teams that function within the boundaries of their own service care organizations.
 - 1. Team membership should be representative of the occupational groups in the organization.
 - 2. A mental health professional must be routinely scheduled as the debriefing team leader.
 - 3. Specialty teams will be included in all Network membership activities.
 - 4. Specialty teams will not be listed in the Network brochure since they are generally only used within their own organizational setting.
- D. Membership in the Network is initiated by a written application process. (*Application for Team membership*). The application is reviewed by the Network representatives.
- E. Membership in the Network must be approved by 2/3 of the voting Network representatives.

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- F. Each Member Team shall designate two (2) representatives and one (1) alternate. Each Member Team will have two (2) votes.
- G. The length of the term that representatives serve on the Network shall be determined by the individual Member Team.
- H. Representation to the Network shall include at least two (2) mental health clinicians.

VIII. Network Structure

- A. The representatives to the Network shall select a chairperson to serve for a two-year period. This individual will serve as the State Crisis Support Coordinator.
- B. Committees shall be developed and designated, as necessary.

IX. Network Meetings

- A. The Colorado Crisis Support Network shall meet quarterly.
- B. Meeting dates and times shall be established by the Network members. Target months for the meetings are January, April, July, and October.

X. Service Areas

- A. Each Member Team shall identify its primary service area.
- B. A statewide brochure shall list all Network Team Members including their headquarters location and access phone numbers.
- C. A clearing house phone number shall be listed in publications for those individuals who have questions on which Team to contact.

XI. Training

- A. All Group CISM training must follow the Network training requirements.
- B. All member teams must receive training from an ICISF approved trainer. New/additional members must also receive training from an ICISF approved trainer.
- C. New member team training shall be a 16-hour training program plus field ride-along time for clinicians.
- D. New team members must complete the training session before being scheduled as active crisis support team members.
- E. A statewide team training is scheduled at least three times annually to provide new member training.
- F. The Network will provide or assist Member Teams in providing continuing education offerings.

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XII. Quality Assurance

- A. New Network Member Team applications shall be handled according to Section VII.
- B. Complaints or concerns not resolved at the local team level regarding any Member Teams may be referred to the Network membership.
- C. A representative(s) or peer review board of the Network may be appointed to investigate a complaint or concern.
- D. Findings from (C.) shall be referred to the Network membership for action.
- E. Sanction may be indicated for, but not limited to, the following:
 - 1. Failure to follow established protocol
 - 2. Failure to provide properly trained debriefers
 - 3. Violation of confidentiality

XIII. Data Collection

- A. Member Teams shall submit a current team roster on an annual basis with the *Annual Report*.
- B. Data collection forms shall be submitted at least quarterly using the *Data Collection Packet*.

XIV. Maintaining Network Membership

- A. To maintain membership status in the Colorado Crisis Support Network each member team must meet the following requirements.
 - 1. Completion of an *Annual Report* to the Network. Report to be based on the calendar year and submitted to the network coordinator no later than March 1 each year. The report will contain minimal baseline information and will also serve as validation that the team remains active, responds appropriately to calls on a 24 hour/day basis, follows the *Network Protocol and Operational Guidelines* and training requirements, and provides the full range of interventions to emergency responders and healthcare providers.
 - 2. Submission of a team roster annually attached to the *Annual Team Report*.
 - 3. Submission of data sheets to the program coordinator on a regular basis.
 - 4. Attendance at a minimum of one Network meeting annually.
 - 5. Phone contact with the team coordinator, or another Network representative who will be attending the meeting, prior to at least 2 additional meetings.

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Application For Team Membership

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I. Team Administration

Team Name _____

Team Phone (emergency) _____ (non-emergency) _____

Team Address _____

Sponsoring Agency(s) _____

Clinical Coordinator _____

Administrative Coordinator _____

II. Team Training (Please attach a training schedule and detailed outlines of all course content)

Dates, location & instructors _____

Dates, location & instructors _____

III. Charges

Do you charge for debriefings? _____ If yes, \$ _____

Do you charge for inservices? _____ If yes, \$ _____

IV. Service Area

What area(s) do you plan to serve? _____

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V. *** Team Members**

<u>Name and Title</u>	<u>Agency</u>	<u>Date Trained</u>
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Mental Health

Law Enforcement

Fire Services

EMT or Paramedic Agencies

* Team members may appear in more than one category

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V. * Team Members (cont'd)

<u>Name and Title</u>	<u>Agency</u>	<u>Date Trained</u>
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Hospital/Medical

Dispatchers

Others

* Team members may appear in more than one category

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VI. Membership Selection

Please describe your membership selection process.

Written application _____
Application Review only _____
Interview _____
Reference check _____
Other (please describe) _____

VII. Range of Services

Do you serve the following groups?	<u>Yes</u>	<u>No</u>
Law Enforcement	_____	_____
Fire	_____	_____
EMS	_____	_____
Hospital Staff	_____	_____
Mental Health Agencies	_____	_____
Dispatchers	_____	_____
Other (please specify) _____		
Please explain any "No" answers _____		

VIII. Please attach team protocols

IX. Please attach training schedule and detailed outlines for all course content

Signature

Date