



# GENERAL ORDER

## GENERAL ORDER 100.19

### Critical Incident Stress Management (CISM)

#### OFFICE OF THE FIRE CHIEF

Issue Date: 1/5/2009

Revision Date: 11/13/2013

#### 1 APPLICABILITY

2 All Personnel

#### 3 POLICY

##### 4 MISSION

5 The Department will maintain a Critical Incident Stress Management (CISM) Team to deliver a CISM  
6 initiative to personnel of the Fire & Rescue Service and other Public Safety personnel who operate in  
7 Howard County. This will be accomplished via the use of a specially trained Department CISM Team which  
8 partners Behavioral Health Specialists (BHS) with Peer Support Personnel (PSP).

9  
10 The CISM Team will provide pre-incident education and preparation to enhance the stress resistance of  
11 department members. The Team will provide a broad spectrum of crisis support services during and after  
12 critical incidents. Finally, when necessary, the Team will assist members in their recovery processes by  
13 means of referrals to appropriate resources.

14  
15 Where appropriate, this policy meets or exceeds the recommendations identified in NFPA 1500 (Fire  
16 Department Occupations Safety & Health Program), Chapter 12 (Critical Incident Stress Program), 2007  
17 edition. Membership will consist of a cross-section, volunteer and career, from all levels of HCDFRS and  
18 other public safety agencies that operate in Howard County. The strategic goals of the CISM program are:

- 19 • The enhancement of stress resistance in the department's member by means of stress education  
20 and preparation for traumatic exposures.
- 21 • The restoration of unit cohesion and unit performance in the aftermath of traumatic events.
- 22 • The reduction of individual distress and the restoration of personal well being.
- 23 • The facilitation of recovery processes in members who are severely impacted by a traumatic  
24 event.

#### 25 DEFINITIONS



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## PROCEDURES

### STATEMENT OF ADMINISTRATIVE SUPPORT

The Administration of HCDFRS (the Department) recognizes that a healthy department is one in which its personnel are mentally and physically fit. The Department, therefore, endorses and supports several programs that enhance the physical and mental health of its personnel and that maintain a high level of departmental readiness. The Critical Incident Stress Management system, which provides stress education and comprehensive staff support, is one such program endorsed by the Department Administration.

### PURPOSE

Effective management of traumatic stress involves a comprehensive, integrated, systematic, and multi-tactic approach. This is the approach of the Department CISM Team, which is comprised of peer support members of the Department, Chaplains, qualified Behavioral Health Specialists, and may include personnel from other public safety agencies. The purpose of the Team is not to provide psychotherapy or other mental health functions. Critical Incident Stress Management is not psychotherapy nor is it a substitute for psychotherapy. It is not a treatment or a cure. It is, instead, an organized, comprehensive and confidential staff support package that provides only stress management education and crisis intervention support services. The Department has the primary responsibility of providing crisis support service to the department's members following exposures to traumatic events. The Department will refer anyone needing psychological services outside of the scope of crisis intervention to appropriate professional resources.

- The Department CISM program adheres to the standards, protocols, and procedures detailed in the following books or document:
  - Everly GS, Mitchell, J.T. 2008. *Integrative Crisis Intervention*. Ellicott City, MD: Chevron Publishing Corporation.
  - Mitchell, J.T. (2004). Characteristics of Successful Early Intervention Programs. *International Journal of Emergency Mental Health*, 6 (4), 175-184.
  - Mitchell, J. T. (2007). *Group Crisis Support: Why it works, When and How to provide it*. Ellicott City, MD: Chevron Publishing.
  - Mitchell, J.T. and Everly, G.S., Jr., (2001). *Critical Incident Stress Debriefing: An operations manual for CISD, Defusing and other group crisis intervention services*, Third Edition. Ellicott City, MD: Chevron.

The purposes of the Department CISM initiative are:

- To prepare the department's personnel to resist and manage the psychological aspects of traumatic events by means of stress education and staff support. Stress resistance, however, is not only provided on an individual basis. The entire department requires stress management awareness and specific protocols to employ when disruptive and disturbing events interfere with unit cohesion and unit performance. Assistance, in the form of consultation, to the HCDFRS Administration on planning, policy and protocol development issues that relate to stress management is an important CISM Team function. To achieve the end of developing individual



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72 and departmental stress resistance, a HCDFRS CISM Team has been formed and has received  
73 appropriate training.  
74

- 75 • To provide a strategic and timely response to distressing “trigger” or critical incidents with a  
76 properly trained and equipped CISM Team consisting of Peer Support Personnel and Behavioral  
77 Health Specialists. (“Trigger” incidents or events are detailed in the section below entitled, “The  
78 Critical Incident”).  
79
- 80 • To apply a wide range of supportive crisis tactics that are in concert with the core principles of  
81 crisis intervention and which are provided with clinical oversight by Behavioral Health Specialists.  
82
- 83 • To:
  - 84 ○ Assess the effects of traumatic events on the HCDFRS personnel
  - 85 ○ Make every reasonable effort to mitigate their impact
  - 86 ○ Reduce the symptoms of distress
  - 87 ○ Restore individuals or even entire units to effective performance
  - 88
- 89 • To assist other emergency services organizations, upon request and as circumstances require, in  
90 minimizing the effects of traumatic stress on their personnel.  
91
- 92 • To provide consultation, information, and ongoing staff support in large scale and prolonged  
93 events such as searches for missing subjects, multi-casualty events, hazardous materials events  
94 that are threatening the civilian community, complicated rescues, floods, or major fires.  
95
- 96 • To contribute support services to other departments when their own CISM Teams are impaired by  
97 a highly distressing traumatic event such as a firefighter death, a disaster, or other overwhelming  
98 situation.  
99
- 100 • To prepare to assist, when required, the federal department of Homeland Security with an  
101 appropriate response to large scale incident of national importance.  
102
- 103 • To provide follow-up services to assure that the personnel are achieving the best possible  
104 restoration of personal wellbeing and a return to service.  
105
- 106 • To provide links to and referrals, as required, to resources beyond the Critical Incident Stress  
107 Management (CISM) Team including, but not limited to, the Employee Assistance Program (EAP),  
108 legal advisors, Behavioral Health Specialists, and medical specialists.  
109

## 110 THE CRITICAL INCIDENT

111 A Critical Incident may be defined as “stressful events which have the potential to overwhelm one’s usual  
112 coping mechanisms, resulting in psychological distress and an impairment of normal individual, as well as  
113 collective, adaptive functioning” (Everly & Mitchell, 2008).  
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115 All Department personnel are served by the CISM Team. The occurrence of certain events may trigger an  
116 automatic response from the Team. In other cases, members of the department may request assistance.  
117 Individuals may always request personal support. Unit leaders and other command personnel may  
118 request assistance for themselves, their units, or for the department in general. The on-call CISM Team  
119 Peer Support Coordinator (PSC) should be notified at the occurrence of a critical incident. The following  
120 section presents a non-exhaustive list of the types of incidents that may activate a CISM response.  
121

- 122 • A notification of the on-call CISM Team Peer Support Coordinator may be initiated by an officer or  
123 by any member of the HCDFRS when a trigger incident or event occurs. *Examples* of trigger  
124 incidents or events may include:
  - 125 ○ Line of duty death (LODD) of public safety personnel
  - 126 ○ Serious line of duty injury of public safety personnel
  - 127 ○ Serious line of duty exposure to harmful contaminant (HAZ-MAT, Infectious  
128 substance/environment)
  - 129 ○ Death of, grotesque injury to, and/or violence to child/children
  - 130 ○ Threat of/or suicide or homicide of a colleague
  - 131 ○ Injury/Death of a civilian or emergency care worker by another emergency care provider
  - 132 ○ Terrorist/WMD Incident
  - 133 ○ Mass Casualty Incidents (MCI's)
  - 134 ○ Protracted incidents, such as natural disasters or special operations incidents
  - 135 ○ Actual or threats of physical/emotional harm (real or perceived) to an emergency care worker
  - 136 ○ Any meaningful event (real or perceived) affecting the emergency care provider
  - 137 ○ Direct observation of a traumatic event such as, a person engulfed in flames, an individual  
138 crushed to death, a violent act while in progress, or a person falling from a height.
  - 139 ○ The victim/observance of workplace violence
  - 140 ○ Multiple significant incidents within a short time frame
  - 141 ○ Knowing the victims involved in the incident
  - 142 ○ Serious injury or death of a civilian resulting from operations, e.g., collision of emergency units  
143 responding to a call
  - 144 ○ Loss of life following extraordinary and prolonged expenditures of physical and emotional  
145 energy during rescue efforts
  - 146 ○ Incidents that attract extreme, unusual or extensive media coverage
  - 147 ○ Incidents in which circumstances are unusually bizarre and/or trigger profound emotional  
148 reactions.

## 150 **ON-SCENE TRAUMATIC STRESS MANAGEMENT**

151 The department's officers play a crucial role in minimizing the impact of critical incident stress by limiting  
152 exposure of personnel. This is often accomplished by rotation of work crews to different assignments, by  
153 providing rest breaks for working personnel, and by relieving fatigued personnel. Unnecessary personnel  
154 should be removed from the immediate scene and stationed in a staging area or returned to their  
155 quarters as soon as reasonably possible.  
156

157 In the case of protracted incidents or incidents of extreme magnitude, it is helpful to have CISM Team  
158 representative(s) on scene in a standby capacity. They should be automatically dispatched as part of a



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159 task force assignment. In other cases, the officer in charge or a designee may request a CISM presence at  
160 the scene.

161

162 • CISM Team members serve in advisory and support capacities only. The CISM Team member at  
163 the scene is an advisor to the IC and will make no decisions or take any actions that interfere with  
164 current or future operations. Any decision or action that impacts staffing or operations must be  
165 cleared by Command. At no time will operations be curtailed in order to conduct any type of CISM  
166 intervention.

167

168 • CISM Team members will not engage in on-scene operations while functioning in an assigned  
169 CISM role, unless there are "lawful duty to act" requirements in a situation.

170

## 171 **TEAM ACCESS & ACTIVATION OF THE CISM SERVICES**

172 Access to CISM services may be made on or off duty, 24 hours a day, 365 days a year, through one of the  
173 methods noted below. These access points were developed to ensure that any user will have ease of  
174 access, anonymity, and confidentiality. Full Team CISM activation, such as may be required in a large  
175 scale disaster, will occur only after careful pre-deployment assessment and strategic planning by the  
176 CISM Team Leadership.

177

178 The Department will provide communications equipment to CISM Team participants

179

180 • Access through the Communications Supervisor on 410-313-2950 (urgent or emergency). Once  
181 requested, Communications will page the on-call CISM Peer Support Coordinator and the on-call  
182 Behavioral Health Specialist. Radio communication placing CISM Team members on the air, in  
183 service, responding, and the like are acceptable forms of CISM radio communication. To ensure  
184 confidentiality, all other CISM communication should ordinarily be conducted in person or by  
185 telephone.

186

187 • CISM Peer Support Hotline on 410-313-2476 (410-313-CISM) (non-emergency). Messages left will  
188 be returned by the on-call CISM Team Peer Support Coordinator as soon as possible. Access to  
189 these services is available to any Department member. Note-Only a valid call-back number is  
190 required; however, more information may be left if desired.

191

192 • Access services through direct contact of individual Peer Support Personnel on the CISM Team  
193 (any time, by anyone). Department members may directly contact the Peer Support Personnel of  
194 their choice if they desire to discuss a concern.

195

196 • The following information must be obtained to ensure that the Team representative may reach  
197 the requesting person for appropriate follow-up. This information will be immediately relayed to  
198 the on-call Team Peer Support Coordinator for follow-up and will be used for establishing contact  
199 and determining CISM needs.

200

○ Requestor's name

201

○ Contact name (unless anonymous)

202

○ Type of incident



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- 203 ○ Number of personnel involved; or possibly affected
- 204 ○ Call back phone number

205

206 A supervisor/company officer who observes or believes that a member may be experiencing or exhibiting  
207 a physical or psychological response to a traumatic event should immediately consult with that individual  
208 and offer the services of one of the CISM Team members. Determining the need for actual support  
209 services is difficult for officers who have not been trained in CISM. They cannot do effective assessments.  
210 They need to encourage the person to accept the support from a CISM Team member and to assist that  
211 person in contacting a CISM Team member.

212

213 If an individual accepts the suggestion of support from a CISM Team member, the members' supervisor /  
214 company officer should assist that person in connecting with the desired services. In the event of an  
215 abnormally extreme response to a traumatic event, where in the opinion of the company officer, a  
216 person or personnel need(s) to be removed from duty, the company officer is to immediately notify the  
217 on duty Battalion Chief and proceed according to this policy. A CISM Team member should be contacted  
218 in such a case to assist in the assessment and support of the seriously impacted individual.

219

220 Under most major operations the Medical Duty Officer/Battalion Chief will serve as the party to initiate  
221 the CISM response. This is not to say, however, that others cannot do so. Often, the Incident Commander  
222 (IC), or other ranking officer, may also see the need to initiate this program for either assistance in  
223 evaluating the need, or for further CISM services.

224

- Any Department member may access the CISM program for themselves or out of concern for other personnel. No supervisor or commanding officer approval is required to contact the on-call Peer Support Coordinator by line personnel.

226

- In certain situations members of the Department may need psychological services beyond the scope of the crisis intervention support that can be provided by CISM. The on-duty CISM Peer Support Coordinator should consult with a Behavioral Health Specialist or the Clinical Director (CD) of the CISM program and assess the need for referral for further care. They should assist the individual in arranging the referral resources.

232

## 233 **TRAUMATIC STRESS MANAGEMENT EDUCATION & SUPPORT**

234 The majority of traumatic stress reactions are normal reactions of normal, healthy people to abnormal  
235 events. They often resolve spontaneously with limited support from colleagues, and with rest, and the  
236 passage of time. Informal support from coworkers, supervisors, family, and friends can often help an  
237 individual regain his or her perspective and return to normal, adaptive function in a short period of time.  
238 In many of these cases, intervention of the CISM Team will not be required.

239

240 Trained Peer Support Personnel, using informal crisis intervention processes, can be very effective in  
241 assisting Department personnel in positively rebounding from a traumatic event. In many cases, no  
242 external Behavioral Health Specialists and no formal activation of the CISM Team are required.

243

244 In addition to individual support, which is the most frequently used crisis intervention tool, the  
245 Department CISM Team has been trained to apply many other supportive interventions and procedures.  
246





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247 The following list outlines the components of a comprehensive, integrated, systematic, and multi-tactic  
248 staff support program.

- 249 • Pre-Incident Education and Preparation
- 250 • Stress Assessment Techniques
- 251 • Strategic Crisis Intervention Planning
- 252 • Individual Support
- 253 • Large Group Crisis Intervention Services
- 254 • Small Group Crisis Intervention Services
- 255 • Family Support Services
- 256 • Pastoral Crisis Intervention Services
- 257 • Post Incident Staff Support and Education
- 258 • Follow-up and referral services

259

## 260 **CONFIDENTIALITY**

261 A key to the success of the CISM initiative is the assurance of strict confidentiality. All members of this  
262 Team will adhere to absolute confidentiality and will sign a confidentiality agreement annually. Any  
263 statements or discussion with a CISM member, while fulfilling their respective CISM Team member role,  
264 will remain confidential except for the following exclusions:

- 265 • Threats of suicide or homicide
- 266 • Admissions of child or elder abuse
- 267 • Admissions to, or threats of, serious unlawful conduct
- 268 • When under the order of the Court

269

270 No mechanical recording or written notes will be made during any CISM intervention session. Only  
271 statistical information for the CISM intervention, its location, and/or recommendations will be completed  
272 by a Peer Support Coordinator following the session.

273

- 274 • All information shared by Department members during contacts with CISM Team members, either  
275 in individual conversations or within the context of group support discussions, is to be held in the  
276 strictest confidence. CISM Team members must be particularly careful regarding the identity of  
277 individuals and their personal descriptions of experiences and emotions. The CISM Team,  
278 however, must engage in clinical case reviews of their interventions with CISM Team Behavioral  
279 Health Specialists. These reviews, on occasion, may take place during Team meetings, which are  
280 closed to anyone other than current CISM Team members.

281

- 282 • Communication between CISM Team members and the individual is considered privileged by the  
283 Department. It is the policy of the Department not to question CISM Team members concerning  
284 any critical incident intervention or to inquire as to which individuals attended. The CISM Team  
285 has an obligation to provide advice and counsel to the supervisors and administrators of the  
286 Department. These discussions with command and administrative personnel should only be of a  
287 general nature. They should enhance the ability of command personnel to lead and assist their  
288 personnel. At all times, CISM Team members should protect both the identity of and the  
289 confidential information shared by individuals during individual or group support sessions unless  
290 specific permission was obtained from the person prior to a specific discussion of that individual.



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- It is the policy of the “Team” that any CISM Team member who violates confidentiality will immediately be dismissed from the Howard County Department CISM Team, and may be subject to additional disciplinary action as appropriate under Department policy and county employee code(s) of conduct, or of the governing policies of Team members’ affiliated organization.

## ATTENDANCE AND LOCATION

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297 While personnel are not required to attend CISM sessions, it is important to remember that each person

298 may have something to add that may be helpful to a colleague in the restorative healing process.

299 Research studies indicate that participation in a group support process after a unit has been exposed to a

300 highly distressing and disruptive traumatic event enhances unit cohesion and performance. There is

301 strong evidence that group support reduces symptoms of distress and restores personnel to normal

302 performance. Furthermore, group support reduces the potential for future psychological disturbance in

303 the individuals who participate.

- 304
- Attendance in the post incident CISM intervention processes is strongly encouraged (but not mandatory) for all personnel directly exposed to an incident.
  - Only personnel involved in the incident and current CISM Team members are permitted to attend. All personnel and units in attendance at the intervention will be out of service during the session.
  - Interventions are conducted anywhere there is ample space, privacy, and freedom from distractions. The site selection for the intervention will be mutually agreeable.
  - All radios, cell phones, and pagers are to remain in the off position during the intervention.

## RELIEVING PERSONNEL FROM DUTY

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316

317 There are rare, extreme cases where exposures to traumatic events may result in a recommendation that

318 individual(s) or companies are relieved from duty. The CISM personnel have no power to remove

319 personnel from duty. They function in a support and advisory capacity only. They should provide

320 appropriate information to the on-duty Battalion Chief or other high ranking officers, who are on the

321 scene at the time. The officer(s) should decide on the necessity to temporarily remove personnel from

322 duty. It should be explained to those removed from duty that the decision is not a punitive one, nor is it

323 one that reflects negatively on them. Instead, the decision has been made in support of the personal

324 wellness of the individual or for the benefit of a fatigued and stressed unit.

- 325
- Personnel who are removed from service should be placed on administrative leave for the duration of the workday. The individual(s) or their respective supervisors should fill out the appropriate First Report of Injury documentation in accordance with established General Orders.
  - In most cases, a reduction in stimuli, crisis intervention from Peer Support Personnel, food, and rest are all that is necessary for personnel to recover sufficiently to return to their normal duties. In a few cases an individual may benefit from a contact with one of the CISM Team’s Behavioral Health Specialists before returning to normal duties.





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- The supervisor is to notify the on-duty Battalion Chief of personnel placed on leave following a critical incident. Additionally, the on-call CISM Peer Support Coordinator is to be notified any time that Department personnel are to be relieved from duty due to the negative impact from a critical incident. Whenever possible, prior to the release of any personnel, an initial assessment and the most appropriate intervention should be applied. It is important that the CISM Peer Support Personnel who made the first contact with a distressed individual provide for some form of follow-up. This may be accomplished by such means as a home visit or a phone call.

## COMPOSITION OF THE CISM TEAM

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344 The CISM Team will have approximately 25 members. A few members will be Behavioral Health

345 Specialists. A few will be Chaplains and the bulk of the Team will be made up of Peer Support Personnel.

346 Other members, with different professional training and skills, may be incorporated into the Team at the

347 discretion of the CISM Program Administrator (PA) and the Clinical Director.

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- The CISM Team membership will include the following:
    - CISM Program Administrator (PA)
    - Clinical Director (CD)
    - Senior Peer Support Coordinator (SPSC)
    - Peer Support Coordinators (PSC)
    - Peer Support Personnel (PSP)
    - Chaplains
    - Behavioral Health Specialists (BHS)

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358 CISM Team members, who are members of the Department, will be considered “Peer Support

359 Personnel.” Peer Support Personnel will be trained in programs provided by the International Critical

360 Incident Stress Foundation (ICISF).

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- To be a Behavioral Health Specialist on the CISM Team, prospective members must possess a minimum of a Masters Degree in the fields of psychology, social work or a clinically oriented degree in behavioral health specialty from an accredited university. Behavioral Health Specialists will also be required to attend training provided by the International Critical Incident Stress Foundation (ICISF).
  - CISM Team membership is a voluntary membership, with a minimum two year term, open to any HCDFRS member regardless of rank, seniority or assignment. Membership is attained via application, interview, and reference process. A CISM Team that is reflective of the whole Department is the overall goal in Team structure. The minimum training standard must be achieved before serving on the Team. The minimum training standard will be set by the CISM Program Administrator, Clinical Director, and the Senior Peer Support Coordinator (SPSC), and defined on the CISM Team Membership Application.
  - Membership on the CISM Team is a privilege and not a right. Any conduct which runs counter to this program, serving its constituents, violating its governing policies, operational directives, or disclosure of any confidential or restricted/privileged information will result in immediate



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379 dismissal from the Team, and possible other actions as appropriate under HCDFRS policy, county  
380 employee code(s) of conduct, or of the governing policies of Team members' affiliated  
381 organization.  
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- 383 • Any individual who is interested in becoming a member of the CISM should contact the CISM  
384 Program Administrator for more information. All applicants must submit a CISM Team Application  
385 and will undergo the interview process for membership with at least the CISM Program  
386 Administrator, Senior Peer Coordinator and the Clinical Director.  
387

## 388 CISM TEAM PROGRAM ADMINISTRATOR RESPONSIBILITIES

- 389 • In order for the CISM Initiative to be most effective in access and application, this program will be  
390 placed under the EMS Operations Section of the Department.  
391
- 392 • The Deputy Chief of Emergency Medical Services (D/C-EMS), or other appointed individual, is to  
393 serve as the CISM Program Administrator.  
394
- 395 • The CISM Program Administrator is responsible for the management and oversight of all activities  
396 of the CISM Team, including, but not limited to: recruitment and retention of Team members,  
397 training, continuing education, quality assurance, record keeping, referrals, Team deployment,  
398 and follow-up. The CISM Program Administrator will work closely with the Senior Peer  
399 Coordinator and the Clinical Director to determine the qualifications for membership and the  
400 operational needs of the Team.  
401
- 402 • The CISM Program Administrator, or designee, will serve as the liaison with Behavior Health  
403 Specialists, EAP staff and therapists, and the designated occupational health center.  
404

## 405 REFERENCES

- 406 • NFPA 1500 (Fire Department Occupations Safety & Health Program), Chapter 12 (Critical Incident  
407 Stress Program), 2007 edition
- 408 • Everly GS, Mitchell, J.T. 2008. *Integrative Crisis Intervention*. Ellicott City, MD: Chevron Publishing  
409 Corporation.
- 410 • Mitchell, J.T. (2004). Characteristics of Successful Early Intervention Programs. *International*  
411 *Journal of Emergency Mental Health*, 6 (4), 175-184.
- 412 • Mitchell, J. T. (2007). Group Crisis Support: Why it works, When and How to provide it. Ellicott  
413 City, MD: Chevron Publishing.
- 414 • Mitchell, J.T. and Everly, G.S., Jr., (2001). Critical Incident Stress Debriefing: An operations manual  
415 for CISD, Defusing and other group crisis intervention services, Third Edition. Ellicott City, MD:  
416 Chevron.

## 417 SUMMARY OF DOCUMENT CHANGES

418 Converted to newest GO version 5/1/2013 by SG #8232.



# GENERAL ORDER

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## FORMS/ATTACHMENTS

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421

## APPROVED

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A handwritten signature in black ink that reads "John S. Butler".

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424

Deputy Chief John S. Butler

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Operations Command

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