



HIGHLAND PARK FIRE DEPARTMENT

POLICY MANUAL

POLICY #23



CRITICAL INCIDENT STRESS

EFFECTIVE

01/MAR/99

REVISED

21/OCTOBER/2020

1.0 Purpose

- 1.1 The purpose of this Policy is to provide professional intervention (immediately) after major incidents to minimize stress-related injury to City employees and/or family members. The Fire Department responds to incidents that may expose personnel to unusually strong emotional involvement qualifying for this intervention.
- 1.2 Examples may include:
 - 1.2.1 Serious injury or death of a Fire Department member.
 - 1.2.2 Suicide or attempted suicide of a Fire Department member.
 - 1.2.3 Mass casualty incident.
 - 1.2.4 Serious injury or death of a civilian resulting from Fire Department operations (Department vehicle involved in an accident).
 - 1.2.5 Death of a child or violence to a child.
 - 1.2.6 Loss of life of a patient after extraordinary and prolonged efforts by Fire Department personnel.
 - 1.2.7 Incidents that attract extremely unusual or critical news media coverage.
 - 1.2.8 Incidents that create unusual circumstances or the sites and sounds are so distressing as to produce a high level of immediate or delayed emotional trauma.

2.0 Responsibility

- 2.1 It is the responsibility of all personnel to know and understand all aspects of this Policy.

4.0 On-Site Management

- 4.1 Minimizing personnel exposure to these stressful incidents results in few stress-related problems. Command should reduce this exposure by rotating personnel and by removing initial personnel from the scene as soon as possible.
- 4.2 Any personnel directly involved in a high-stress incident (particularly examples 1.2.1 through 1.2.4 above) should be considered a high priority for immediate removal from the scene. These personnel may be removed from their duties and given a change of assignments. Relief from duty for these personnel may also be considered.
- 4.3 Examples 1.2.1 through 1.2.4 should always be evaluated by a Critical Incident Stress Management (CISM) coordinator, Battalion Chief, or upon direct request to determine the need for early intervention and debriefing. On-site evaluation and counseling by a debriefing team member should be considered for some critical incidents when time and circumstances permit. In such situations, CISM team members can observe and watch for acute reactions. The CISM team can provide support, encouragement, and consultation, being available to help resting personnel deal with stress reactions.
- 4.4 CISM Team members should be considered a resource available to the Incident Commander. The CISM Team may be assigned to the Rehab sector, or other incident Divisions as needed.

HIGHLAND PARK FIRE DEPARTMENT

POLICY #23

PAGE 2

5.0 Activation

- 5.1 Company Officers, Command Officers or CISM team members or hospital coordinators bear the responsibility for identifying/recognizing significant incidents that may qualify for debriefing. When an incident is described as a "Critical Incident," a request for debriefing consideration should be made as soon as possible.
- 5.2 A Command Officer will initiate the process, after discussion with the member requesting the debriefing. Company Officers whose crew may have experienced a traumatic event may also initiate the process by contacting their Supervisor.
- 5.3 The CISM team will then be contacted and the incident will be evaluated for the level of debriefing required. The specific debriefing services utilized will depend greatly upon how early the team is activated, and the nature of the incident. Any member who feels a need for individual, confidential debriefing may initiate the process by contacting the professional counseling staff directly.
- 5.4 The CISM team will be contacted through 1-800-225-2473, available 24 hours a day. The time of day makes no difference for debriefing or CISM Team activation. It only affects the amount of time necessary to assemble the team members.
 - 5.4.1 Northern Illinois Critical Incident Stress Management web site: www.ni-cism.org

6.0 Attendance

- 6.1 Attendance at debriefing is *mandatory* for all personnel who were directly exposed to the traumatic aspects of an incident, or otherwise identified as a person suffering symptoms.

7.0 Debriefing

- 7.1 Critical incident debriefing is not a critique of Fire Department operations at an incident. Performance issues will not be discussed during the debriefing. The debriefing process provides formats in which personnel can discuss their feelings and reactions and, thus, reduce the stress resulting from exposure to critical incidents.
- 7.2 All debriefing will be *strictly* confidential. Several types of debriefing may be conducted depending upon the circumstances of a particular incident. They may be conducted on an individual one-on-one basis or, more typically, in small groups of not more than 25 members and/or multiple debriefings, if necessary. The following types of debriefings are most commonly utilized:
 - 7.2.1 Initial Defusing: Optional first step for excessively stressful event, i.e., death of a Firefighter. An update and status report on the incident and related injuries are included. A brief overview of stress related symptoms will be provided by a professional counselor. More intense debriefing may be provided on an individual basis as requested by a crew member or as the need is observed by the debriefing team during the defusing meeting.
 - 7.2.2 Formal Debriefing Meetings: Conducted within 72 hours, or up to 2 weeks after the incident. This includes confidential non-evaluative discussion of involvement, thoughts, and feelings resulting from the incident. Also, discussion of possible stress-related symptoms is included.

8.0 Location

- 8.1 Debriefings shall be conducted anywhere that has ample room, privacy, and freedom from distractions, not necessarily at the Fire Station. The Chief Officer will determine the location, and make the arrangements.

9.0 The Intervention Team

- 9.1 The intervention team will consist of professionals in stress-related counseling, as well as peer Fire Department personnel. The Fire Department team members' role in the process will be to assist and support the professional counselors as necessary. Any follow-up care will be administered by the counseling group, as requested by the Fire Chief.

HIGHLAND PARK FIRE DEPARTMENT

POLICY #23

PAGE 3

10.0 Relieving Personnel From Duty

- 10.1 Circumstances of a critical incident may result in a recommendation by the intervention team that individuals or companies be taken out of service. Such decisions may include returning to their Station in an out-of-service status and allowing crews to determine for themselves when they are mentally and physically prepared to return to service.
- 10.2 In other circumstances, the crew members may decide that they cannot return to duty, or the professional counselor may recommend relief from duty for the remainder of the shift. If this is the case, the Fire Chief, or his designee shall take the appropriate steps to notify the spouse, roommates or family members, and to provide direction on how they can best assist the member through this difficult time. Under no circumstances is such action to be construed as a negative toward the member. Personnel taken out of service are to be viewed as, and are to be treated as, personnel injured in the line of duty.

11.0 Additional Resources (11.1 & 11.2 are provided by the City of Highland Park, all others are additional resources that are not provided by or endorsed by the City of Highland Park. They are listed here as a supplement to insure that anyone in need will seek help through an organization that they feel comfortable calling upon.)

- 11.1 The City of Highland Park Employee Assistance Program (EAP) is available to employees and their families upon request. To make an appointment, to obtain more information, or to refer someone, please call: 847-432-4981 Ext. 200. Contact EAP: 888-293-6948 – 24 hours a day, seven days a week.
- 11.2 Highland Park Fire Department, Policy #40, Fire Department Chaplain.
- 11.3 Illinois Fire Fighter Peer Support – 855-907-8776, www.ilffps.org. ILFFPS is a statewide peer support network that can connect firefighters/EMTs with trained peer supporters and referrals for therapist.
- 11.4 RE;ACT – Lt. Ryan Elwood Awareness, Counseling and Training for First Responder
- 11.5 Rosecrance Florian Program – 888-928-5278, www.rosecranceflorian.org. The Rosecrance Florian Program is designed and staffed by active and retired first responders/military, which offers treatment for addictions and co-occurring issues.
- 11.6 International Association of Firefighters Center of Excellence for Behavioral Health Treatment and Recovery – 844-462-4929, www.iaffrecoverycenter.com. The IAFF Center of Excellence provides treatment for recovery from substance abuse, Post Traumatic Stress Disorder (PTSD) and other co-occurring behavioral health issues.
- 11.7 Faith Based – Local Pastor/Chaplain or: Chief Steve Gambrell – 217-433-4144, Firefighter Kevin Coffey – 815-457-2007.
- 11.8 Safe Call Now – 206-459-3020, www.safecallnow.org. A 24/7 helpline staffed by first responders for first responders and their family.
- 11.9 Share The Load – 888-731-3473. www.nvfc.org/programs/share-the-load-program. A 24/7 helpline run by the National Volunteer Fire Council. A 24/7 helpline staffed by first responders for first responders and their family
- 11.10 National Suicide Prevention Lifeline – 800-273-8255. <https://suicidepreventionlifeline.org>. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources.
- 11.11 Veterans Crisis Line – 800-273-8255. www.veteranscrisisline.net. A helpline staffed by VA professionals and veterans to help in times of crisis.

12.0 Reference

- 11.1 Highland Park Fire Department

Approved:  Fire Chief