

FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT

BULLETIN NO. 42

January 2014 (revised)

CRITICAL INCIDENT PERSONNEL MANAGEMENT (CIPM) PROGRAM

The purpose of the D.C. Fire and Emergency Medical Services Department Critical Incident Personnel Management (CIPM) Program is to be a resource to Department personnel and provide assistance through a peer mediated process in times of critical incidents. The program provides an avenue for early recognition and intervention when an employee experiences traumatic stress beyond their normal coping capacity as a result of work related critical incidents.

Section 1. The Critical Incident

Any event faced by Department personnel that causes them to experience a distressing emotional reaction that can overwhelm usual coping mechanisms can be considered a critical incident. Although different incidents or situations may create different reactions, the following are examples of critical incidents:

- a. Serious injury or death of a fellow employee or other emergency personnel working at the scene of a call or while en route;
- b. Mass casualties;
- c. Death or extreme violence to children;
- d. Loss of life in spite of extraordinary or prolonged physical and emotional energy to save the victim;
- e. In special cases, personnel may request consultation with the CIPM Team following incidents that were not originally categorized as critical at the time they occurred.

Section 2. Crisis Intervention Tactics

A crisis intervention is a confidential, short term, acute intervention designed to foster and support the natural resiliency in individuals who have been exposed to highly and/or unusually challenging events. Before any intervention, the CIPM Team completes an assessment of needs to create an individualized plan for the employee. The plan is focused on assisting in the reduction of symptoms, the return to adaptive functioning, and the facilitation of access to continued support, if needed. Interventions can take place with individuals, in small groups, or large groups. All conversations are kept in the strictest of confidence; in the event that confidentiality needs to be broken (threat of harm), personnel will be advised of any necessary actions. Examples of interventions are:

- a. Individual Intervention: Most common form of intervention. It is done one-on-one usually face to face, anytime or anywhere. A one-on-one is an individual meeting with a CIPM Team member designed to return the employee to function, mitigate symptoms of stressful event(s) and/or make referrals as needed. This meeting may take place during the affected

individual's tour of duty, or at any other time and place. The meeting may be initiated by an officer; however, it may come as a suggestion from a co-worker, supervisor or the individual who is affected. At times, a CIPM Team member may initiate the session with the permission of the individual approached after learning about the incident.

- b. Defusing*: Three-Phase, structured discussion provided as soon after the incident as possible but no more 8 hours from the event. It is typically done with a homogenous, small group (no more than 20 people).
- c. Group Meeting*1: Structured, small group discussion typically conducted with homogenous groups, 24 to 72 hours after an event. All units and personnel in attendance are out-of-service during this debriefing. Group meetings provide information about normal human responses to abnormal events, helps emergency service personnel understand what they are experiencing, and aims to accelerate recovery by helping emergency service personnel develop strategies for coping with their reactions to the event.
- d. Follow-up Group Meeting: This informal meeting, which occurs weeks or months after the incident, is concerned with addressing any delayed or prolonged stress reactions.

Section 3. The CIPM Team

The CIPM Team consists of certified Department personnel, Employee Assistance Program clinicians, and other mental health professionals from both the public and private sectors. Department CIPM Team members are volunteers selected on the basis of an application, along with successful participation in training sessions. A CIPM Team member roster is enclosed.

Section 4. Activation of the CIPM Team

In unusually challenging events, Department supervisors and company officers need to be cognizant of the possible emotional and stressful impact on the personnel under their command. When deemed appropriate, contacting a CIPM Team member is highly encouraged. Any Department employee who feels the need for an individual, confidential, one-on-one meeting for themselves or another, or has questions about a possible need for an intervention, may contact an On-Duty CIPM Team member in his/her Battalion or the District's Employee Assistance Program (COPE or EAP) on (202) 628-5240.

Department employees may request a CIPM meeting by:

- a. Going through the platoon commander or EMS Supervisor, who will notify their Battalion Management Team (BMT), who will contact the On-Duty CIPM Team member, or
- b. By contacting an On-Duty CIPM Team member directly as soon as possible, after the incident.

*Please note that critical incident management meetings are not a critique of Department operations at the incident.

The CIPM Team member is responsible for evaluating the need for an intervention. If the CIPM Team member validates the need for a Peer Counseling meeting, the CIPM Team member will notify the BMT. The BMT and/or designee will notify the appropriate Deputy Fire Chief (DFC-Ops).

CIPM Team members responding to a member's request for a peer counseling will notify the BMT of the request and make recommendations regarding a peer counseling meeting. If the CIPM Team member goes to the scene, he/she must report to highest ranking officer upon arrival and request that the unit be placed out-of-service or that the office be closed for a brief period (15 to 20 minutes) to evaluate the situation.

Section 5. Attendance

Participation in an intervention is voluntary and encouraged for all personnel directly exposed to the incident regardless of rank or grade. Only personnel involved in the incident are permitted to attend group interventions. All personnel and units in attendance at CIPM group meetings shall be out-of-service during the intervention.

Section 6. Location

Interventions are conducted anywhere there is ample space, privacy, and freedom from distractions. The CIPM Team member will coordinate with an officer already on the scene to determine site selection. Department radios and all electronic devices shall be turned off during interventions.

Section 7. On-Site Management

Minimizing prolonged exposure of personnel to critical incidents decreases the likelihood of developing stress-related problems. Incident commanders can reduce this exposure by rotating personnel and/or by removing initial and unnecessary personnel from the scene as soon as possible. Administrative supervisors will use similar methods to reduce exposure. Incident commanders and administrative supervisors should be vigilant in monitoring personnel behavioral responses to challenging events and make appropriate contacts. A consultation and/or intervention by a member of the CIPM Team or EAP can be accessed 24 hours a day.

Section 8. Relieving Personnel from Duty

Once an assessment has been made according to the guidelines of this policy, CIPM Team members may make a recommendation that individual(s) or company (ies) be taken out-of-service based on the incident/assessment; such action is neither negative nor punitive. In the event of a recommendation to place member(s) or unit(s) out of services, the following should be followed:

- a. The CIPM Team member will contact the DFC-Ops with the recommendation(s).
- b. The DFC-Ops or designee will consider the CIPM Team members recommendation and delegate accordingly. Relief of personnel from duty will occur as soon as practicable and may not be instantaneous.

- c. The DFC-Ops will notify the Assistant Fire Chief -Operations (AFC-O)

Personnel taken out-of service shall be placed on administrative leave. The Battalion Management Team shall ensure that all appropriate reports are completed and delivered to the Safety Officer and Program Coordinator at the Department Headquarters (CIPM Incident Form enclosed). These reports shall be handled in a confidential manner and are filed in the event administrative leave is changed to injury leave (POD or Workers Compensation). At times, individuals placed on leave following a critical incident may be required to meet with the CIPM Team member before returning to service.

Section 9. CIPM Team Members' Process

- a. The Process can be initiated by:
 - 1. Battalion Management Team, an On-Duty officer, or any officer or supervisor on the scene of an incident or situation;
 - 2. Any Team member aware of a situation that may benefit from CIPM support;
 - 3. Any employee directly or through his/her supervisor.
- b. When the On-Duty CIPM Team member has been alerted of an incident that may benefit from CIPM support, and the initial contact is from a source other than the BMT or DFC, the On-Duty CIPM Team member will contact the appropriate Battalion Management Team, and inform him/her of the contact.
- c. CIPM Team members should respond to calls within 15 minutes. If the On-Duty CIPM Team member fails to respond within this time frame, another On-Duty CIPM Team member should be contacted. If attempts to contact all On-Duty CIPM Team members fail, contact the CIPM Program Coordinator.
- d. The initial CIPM involvement will include an assessment to gather specific data concerning the event and appraise how the intervention will be introduced, accepted and participated by affected personnel. The CIPM Incident Form will be used to gather the pertinent information, and will be the responsibility of the CIPM Team member on duty.
- e. The CIPM Team member may consult with another CIPM Team member or EAP (202) 628-5240 and make recommendations for the next course of action to the BFC or DFC. If there is no response from the BFC or DFC, call the Medical Director.
- f. A contact/assessment may result in the following:
 - 1. No further action.
 - 2. Peer station or office visit to observe, listen, and gather information.
 - 3. Diffusing with selected participants from the event or situation.
 - 4. Debriefing involving all units or offices from the event.

5. Informal visit from a CIPM Team member(s) to discuss the signs and symptoms of stress reactions, and educate those involved about the assistance available through the CIPM / EAP network.
 6. Referral to a clinician either at the Police and Fire Clinic or the District's EAP Program.
- g. During the process, all contacts, meetings, consultations, etc., will be documented on the CIPM Incident Form. The forms shall be forwarded to the CIPM Program Coordinator.

Section 10. CIPM TEAM MEMBERS

Platoon No. 1

		Office
Lieutenant Teres Boone	ELO	373-3713
Firefighter Daniel Brong	4 th B, E-22	673-3222
Paramedic Tamela Burns	E-8	673-3201
BFC Leroy Cade	1 st B, E-12	673-3212
Fire Investigator Scott Ford	FIU	673-3370
Firefighter Wilma D. Lee	1 st B, HMU-1	673-3212
Firefighter Celina Primus	5 th B, E-29	673-3229

Platoon No. 2

Firefighter Rodney Bunn	5 th B, E-5	673-3205
Firefighter Donald Busl	4 th B, E-22	673-3213
Paramedic Chanel Jones-Hutchinson	M-27	673-3227
Firefighter James McMahan	3 rd B, E-33	673-3233
Firefighter Gregory Ordille	1 st B, E17	673-3217
Firefighter Tekola Pettis	4 th B, E-24	673-3224
Lieutenant Bernard Roach	Fire Prevention	673-3213
Lieutenant Terry Sneed	6 th B, E-16	673-3217
Firefighter Michael Uranko	5 th B, E-21	673-3221
EMT Chinua Walker	M-17	673-3217

Platoon No. 3

Captain Ellen Kurkland	1 st B, EMS-1	673-3212
Captain Angel Lewis	2 nd B, EMS	673-3282
Firefighter Daniel Lottes	3 rd B, E-19	673-3219
Firefighter Berney Williams	1 st B, E-12	673-3212

Platoon No.4

Firefighter Stephanie Lewis	2 nd B, E-18	673-3218
Captain Olufunke Omasere	EMS-2	673-3226
Firefighter Gene Ryan	2 nd B, E-30	673-3230
Captain Alan Skursky	2 nd B, E-30	673-3230

Administrative Division

I-Paramedic Shelia Henderson	Street Calls	673-7098
EMT Terrie Matthews	TA	673-3245
AFC David Miramontes	Reeves-530	715-2856
Lieutenant Bernard Roach	Fire Prevention	673-3213
Captain Marie Rosich	TA	673-2296
Sarah Roque, Program Coordinator	Reeves- 528	673-3322

MENTAL HEALTH PROFESSIONALS

D.C. Government Employee Assistance Program, COPE Inc.
1-800-841-7406 (24 hours a day) toll free) or (202) 628-5240
1120 G Street, N.W., Suite 550, Washington, D.C. 20005
FAX (202) 628-5111
TTY (202) 628-7644
www.cope-inc.com
eap@sope-inc.com

-