

S.O.P. #: PERSONNEL 22

SUBJECT: PEER SUPPORT/CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

DIVISION: EMERGENCY OPERATIONS

Objective: To guide the department in assisting employees during cases where personnel may be exposed to critical incidents or stressors that may be detrimental to the members (career, volunteer, or civilian) physical and/or mental well-being.

Section 1: Purpose

- A. Establish a means of providing PEER SUPPORT/CISM services for personnel.
- B. Establish guidelines for the organizational structure of the PEER SUPPORT/CISM Team.
- C. Provide selection criteria of personnel wishing to become a member of the PEER SUPPORT/CISM Team.
- D. Establish the training and educational requirements for personnel functioning on the PEER SUPPORT/CISM Team.
- E. Assure confidentiality for all PEER SUPPORT/CISM Team functions.
- F. Provide for the notification process for PEER SUPPORT/CISM Teams response to requests for services.
- G. Establish event types which may result in Critical Incident Stress. Note the event types established will not encompass all; a member may request a response from the team for any incident they feel the need for.
- H. Provide guidance in the processes necessary to assist personnel in reducing and dealing with stress.
- I. Provide guidance for the use/referral of the EAP and other Mental Health Care resources.
- J. Maintain contact with the Maryland Institute of Emergency Medical System Services (MIEMSS) as well teams in surrounding jurisdictions.

Section 2: Definitions

- A. CISM (Critical Incident Stress Management) Critical incident stress management is an adaptive, short-term psychological helping-process that focuses solely on an immediate and identifiable problem. It can include pre-incident preparedness to acute crisis management to post-crisis follow-up.
- B. Peer Support- Individual or group support that provides knowledge, experience, emotional, social or practical assistance.
- C. Critical Incident – An event that has a stressful impact sufficient to overwhelm the usually effective coping skills of an individual.
- D. Critical Incident Stress – A physical/emotional response to a particularly stressful event or events. This event may be a routine or unusual situation for emergency workers to encounter.
- E. Mental Healthcare Professional (MHP) – licensed professional that practices mental healthcare. (Examples: LCSW, PSV, MA, PhD, etc.)
MHP's serving on the PEER SUPPORT/CISM team will do so strictly on a volunteer basis and will be guided by the ethical policy set forth by their Maryland licensing boards which includes, but is not limited to the exchange or receipts of gifts, monies, self-promotion or undue influence to use his or her services or services of outside MHP's. Volunteer/non staff MHP's shall have no fiduciary responsibility or involvement with or influence over departmental PEER

SUPPORT/CISM budgets or funding. All volunteer MHP's will be required to sign a Declaration of No Conflict.

Section 3: Critical Incident Response

- A. A critical incident as defined by Section 2.C above should prompt the notification of the PEER SUPPORT/CISM Team. The goal of the PEER SUPPORT/CISM member is to assess the member(s) exposed to a critical incident, based on pre-specified criteria, and determine the immediate needs of the member(s).
- B. The PEER SUPPORT/CISM member will provide stress management resources during all request for service.
- C. In cases where it may be questionable whether a career member may be capable of completing the tour of duty after a critical incident, station officers shall refer to their chief officer for guidance.
- D. The member shall be transported to their residence, if appropriate, and it shall be confirmed that an emotional support structure is in place (such as family members). At no time should an affected member be delivered to a destination without a confirmed emotional support structure.
- E. The team member(s) shall conduct a follow-up with the affected member(s) at a time appropriate to the incident and treatment. There will be no set time for this follow-up as each case will be handled individually.

Section 4: PEER SUPPORT/CISM Team Composition

- A. The PEER SUPPORT/CISM Team will include the following:
 1. Chief Officer – Tasked with the general oversight and effective operation of the Team.
 2. PEER SUPPORT/CISM Program Coordinator– Tasked with the oversight of the Team Leaders and the effective management and delivery of the PEER SUPPORT/CISM Program to all members of the department. The Program Coordinator will monitor the well-being of team members at all times. The Program Coordinator will submit an annual report of activity and training, to the Chief Officer and the Fire Chief. The Program Coordinator will submit any additional information deemed essential to the effective operation of the team. The annual report shall be submitted by January 31.
 3. Shift Leaders- Works directly below the Program Coordinator. One leader shall be designated per shift; A, B, C, and D. Members of E and M shift and volunteer members requesting a Peer Support/CISM response shall contact the on-duty shift leader. Shift Leaders shall coordinate call-outs and determine which team members shall respond. The shift leader will assure all reports and follow-up responses are met and any referrals are coordinated with EAP or a MHP.
 4. Retirees Leader- Works directly below the Program Coordinator. Tasked with the monitoring of the well-being of the retired members of the Baltimore County Fire Department.
 5. Volunteers Leader- Works directly below the Program Coordinator. Tasked with the monitoring of the well-being of the volunteer members of the Baltimore County Fire Department.
 6. Assistant Leader- Each leader will be assigned one assistant. The assistant is tasked with providing support to their respective Leader. The assistant Leader will be appointed by their respective Leader and the Program Coordinator through joint decision in February of each year.

7. Peer Support/CISM Personnel – Tasked with the delivery of the PEER SUPPORT/CISM Program to all members, career and volunteer through training and frequent visits with station personnel. Respond to all PEER SUPPORT/CISM requests at the direction of their team leader or the program coordinator providing the team member feels capable of handling the request.
8. Mental Healthcare Professional(s) – Assist and advise the PEER SUPPORT/CISM Team as necessary.
9. Chaplain(s) – Chaplains shall provide spiritual support, advise and assist the PEER SUPPORT/CISM Team as necessary.

****Note**** In the absence of the Chief Officer, the Program Coordinator, or Leader (Shift, Retirees, or Volunteer) should occur, an alternate shall be named and become responsible for the duties of the vacant position. Contact information for the alternate will be provided to the ADO for the duration of the absence.

B. The total authorized strength of the team will be 60 members; comprised of active career members, active volunteer members, retired career members, and MHP(s).

C. Participation in the PEER SUPPORT/CISM program will be voluntary.

Section 5: Team Selection Criteria

- A. The Fire Chief shall appoint a career Chief Officer to oversee the operation of the team.
- B. During the monthly meeting in November nominations for Program Coordinator will be accepted. Voting will be held during the following monthly meeting. The nominee with the highest number of votes shall be declared the program coordinator for a 1 year period (January 1-December 31). Nominees must be a member in good standing with the department and the team and must have a minimum 2 years on the Peer Support/CISM team.
- C. Shift, Retirees, and Volunteers leaders will be appointed by the Chief Officer and Program Coordinator on an annual basis in January of each year. The BCVFA shall receive the name of the volunteer member(s) nominated and will assist in the appointment process.
- D. Any personnel wishing to join the PEER SUPPORT/CISM Team must meet the following criteria:
 1. Have at least 2 years of service with the Baltimore County Fire Service (career/volunteer/civilian).
 2. Complete and submit the application and all supporting documentation. The application period will be continuously open (appendix A). Applications will be reviewed for acceptance during the months of March and September.
 3. Applicants with open disciplinary issues will receive additional review.
 4. Successfully completed the International Critical Incident Stress Foundation (CISF) Basic Peer and Group CISM program within one year of joining the team, or completion of IAFF Peer Support Training.
- E. Applicants for available positions will proceed to an interview board. The interview board will consist of the program coordinator and at least two shift leaders. This interview will provide both the applicant and team with information regarding the requirements of the team and the applicant's commitment to the PEER SUPPORT/CISM program. The teams MHP(s) will also assist in the applicant and interview process to provide guidance and recommendations.
- F. The Chief Officer shall review the applicant's information and, with guidance from the Program Coordinator, make the final decision on acceptance to the team.

G. The PEER SUPPORT/CISM Team shall register with the ICISF.

Section 6: Team Training and Education

- A. The PEER SUPPORT/CISM Team will conduct a monthly meeting/training in order to be prepared for as many situations as possible. The team shall review the previous month's call-outs for the purpose of training and education. **AT NO TIME WILL CONFIDENTIAL OR SENSITIVE INFORMATION BE SHARED WITH THE TEAM.**
- B. The Program Coordinator will schedule the meetings/training.
- C. Each member of the team must attend 50 percent of the meetings/trainings per year.
- D. Attendance at a conference, seminar, or allied team training will be counted as one meeting/training attendance.
- F. Develop and make available on a regular basis a department-wide PEER SUPPORT/CISM awareness education program as well as a program for all recruit classes.
- G. Every 2 years all members are required to attend at least one ICISF or IAFF approved classes for continuing education. Team members unable to meet this requirement will be considered inactive and will not respond to request for services. Inactive members may, at the members' request; be carried in an inactive status for a period not to exceed 1 year which will afford them the opportunity to obtain training and regain active status.
- H. Peer Basic and Group Support Classes must be refreshed every 10 years from the first year they obtained the class.
- I. Training records will be maintained by the team for the team member(s) entire tenure with the team.

Section 7: Notification/Request for Team Activation:

Use of the Peer Support Team/CISM is strictly voluntary. No member(s) will be forced into this program or be required to speak with a team member except in situations of reported self-harm, harm to others, substance abuse, or any other incident that would require activation of the BCoPD Mobile Crisis Unit. A member may request a Peer Support Team/CISM response by using one of the following methods:

- A. Station Officer/Chain of Command protocol for team activation:
 - 1. Place the unit/member OOS
 - 2. Notify ADO via telephone (410-307-2052). Provide basic information to ADO to include members name, location of the member(s), basic reason for request, and contact information of the member(s)
 - 3. Provide a safe and private area in the station for the member(s) and responding team member(s).
 - 4. Maintain confidentiality of the member(s).
- B. ADO protocol for a team activation:
 - 1. Collect information to provide to the Shift leader/Program Coordinator (name, location of member(s), contact information, basic reason for call-out request, and the requesting station officer if applicable).
 - 2. Notify the on-duty Shift leader. If the shift leader is off, the shift leader assistant shall be contacted. If the assistant is off, ADO shall contact the program coordinator to initiate the call-out request. If the program coordinator cannot be reached, the Chief Officer shall be contacted.
 - 3. On-duty members of the Peer Support Team shall be used first if available prior to requesting members from another team. The Shift leader will make the determination of team members needed.

4. Notify the on-duty BC/DC of a Peer Support Team request. ADO will only notify the BC/DC of the station(s) affected in order to satisfy staffing requirements.

C. Peer Support Team member/Shift leader protocol for team activation:

1. The member receiving the request shall gather all pertinent information (member(s) name, contact information, location, and basic reason for the call-out request).
 2. The team leader responding to a call-out shall make every attempt to meet the request of the member(s) in need. Team members shall respond to the scene if requested to do so.
 3. Should a team member receive the request, they shall notify the on-call Team Leader of the request.
 4. Should the team member feel it would not be appropriate for themselves to handle, the on-call Shift Leader shall determine an appropriate replacement.
 5. THE SHIFT LEADER SHALL NOTIFY THE ON-DUTY BC/DC OF TEAM MEMBERS REQUESTED TO HANDLE A CALL-OUT. THE BC/DC WILL COORDINATE STAFFING TO ACCOMMODATE THE REQUEST. THIS CAN BE DONE THROUGH ADO OR DIRECT CONTACT WITH THE BC/DC.
1. Due to the serious nature of certain types of situations and the increase in the level of stress placed on personnel, the following confirmed incident types will require the AUTOMATIC notification of the Chief Officer, Program Coordinator, and Shift Leader:
 - A. Line of Duty Death.
 - B. Suicide of a member, (Career and/or Volunteer)
 - C. Serious Line of Duty injuries/illnesses.
 - D. Departmental accidents resulting in serious injuries to personnel. (Career and/or Volunteer)
 - E. Serious incidents involving infants/children.
 - F. Incidents involving multiple fatalities.
 - G. Mass casualty incidents.
 - H. Sudden or unexpected death of member.
 - I. ***FOLLOWING A HIGH PROFILE RESPONSE, A DEBRIEFING SHALL BE HELD FOR MEMBERS INVOLVED. MEMBERS FROM ANOTHER TEAM MAY BE REQUESTED TO OVERSEE THIS MEETING. ***
 2. In the event that a Mental Healthcare Professional is needed, the Program Coordinator or Shift Leader will make arrangements for a MHP to respond.
 3. The Program Coordinator or Shift Leader shall upon receiving a request for a MHP, notify the EAP hotline and the EAP contract coordinator.
 4. In the event a member(s) make statements related to self-harm, harm to others, or substance abuse, the Police Mobile Crisis Unit will be automatically notified by the receiving team leader/member. The receiving team leader/member shall notify ADO to make proper notifications to the Program Coordinator and Chief Officer of the Peer Support Team.

Section 8: Confidentiality

- A. Confidentiality is the cornerstone of providing for the psychological well-being of personnel. Therefore, the Department places this confidentiality in the highest regard. All information

- concerning a request for the PEER SUPPORT/CISM Team, information received by the PEER SUPPORT/CISM Team, and follow-up requests are strictly confidential.
- B. Each member of the team must sign a contract annually that outlines the strict ethics involving confidentiality, training, and meeting attendance. Failure to meet the contracted obligations SHALL result in removal from the team and possible formal disciplinary action.
 - C. Information received that is of a nature that requires formal and professional follow-up may only be provided to the Mental Healthcare Professional(s).
 - D. The Peer Support/CISM team and its members have a responsibility to our members, the department, and the citizens we serve. Part of that responsibility may include acting on information received during a Peer Support/CISM session to assure our members feel safe coming to work and performing their duties, and are in a position to perform at the highest level at all times. Instances that may require further attention include, but is not limited to:
 - i. Reported or alleged self-harm
 - ii. Reported or alleged criminal activity
 - iii. Reported or alleged substance abuse
 - iv. Reported or alleged violations of the Baltimore County Fair Practice Policy
 - v. Reported or alleged violations of other Baltimore County Fire Department Rules and Regulations/SOP's.

In the instances listed above, the Peer Support/CISM team member shall notify the Chief Officer of the Peer Support team of the situation who will determine the proper action(s) the department must take to address the issue.

Section 9: Evaluating the Critical Incident Situation

- A. The PEER SUPPORT/CISM Team member shall evaluate the needs of each request to determine what, if any, additional intervention may be needed.
- B. PEER SUPPORT/CISM Team shall conduct a follow-up in a timely manner based on case nature. The Program Coordinator and Shift Leaders shall be responsible to confirm follow-up has been completed for every request for service.
- C. The PEER SUPPORT/CISM Team member shall submit electronically a confidential report to the Program Coordinator and Chief Officer for statistical and training purposes within 5 days after the last follow-up. This form shall only include a description of the call-out and interventions performed by the team; no member(s) information shall be recorded.
- D. Member(s) that require further assistance outside the scope of PEER SUPPORT/CISM shall be referred to other resources to assist including but not limited to: MHP, EAP, and Mobile Crisis.
- E. On each PEER SUPPORT/CISM Team response, member(s) will be provided information outlining the PEER SUPPORT/CISM program and contact numbers for assistance.



Baltimore County Fire Department Peer Support Team Membership Application

The members of the Peer Support Team, would like to thank you for your interest in submitting an application. The Peer Support Team is a team that is dedicated to providing support to our members of the Baltimore County Fire Department, Career and Volunteer, during times of crisis.

The following items must be submitted electronically and sent to the Program Coordinator and Chief Officer of the Peer Support Team.

*(Pictures of these items will **not** be accepted)*

- Completed application
- Two (2) references (one from each of the following):
 - Former or current Station Captain or Chief (must have been assigned to that Officer)
 - Peer (must currently be employed or volunteer with the BCoFD)
- Any certifications that you may have obtained from previous crisis intervention training(s)

Once your application has been submitted, the selection committee will review the application and schedule an interview with you. The selection committee team consists of the Program Coordinator, Team Leaders, and Mental Health Provider for the Peer Support Team. Once the interview is complete, the selection committee will discuss future placement on the team and will be in contact with you, within 7 business days.

If you have any questions during the application process, please contact the program coordinator or Chief Officer of the Peer Support Team.

On behalf of the Peer Support Team, thank you for your consideration to become a member of the team.

Sincerely,

Stacey Curtis

Stacey Curtis,
Program Coordinator



Baltimore County Fire Department Peer Support Team Membership Application

Please read and answer the following questions carefully. All information provided in this application will remain CONFIDENTIAL.

(Please note that your application will be held on file for up to one year from the date received)

Demographic Information:

Name: _____

Home Address: _____

Primary Contact #: _____ Secondary Contact #: _____

Station/Shift: _____ Current Rank: _____

Career/Volunteer/Both: _____ Hire Date: _____

Email Address: _____

BCoFD Email Address (if applicable): _____

Do you check your county email off duty? Yes _____ No _____

Military Service:

Have you served or do you currently serve in the Military? Yes _____ No _____

Branch of Service: _____ Rank: _____

Years of Service: _____ Were you deployed: Yes _____ No _____

Peer Support Team Questions:

Are you willing to sign an annual "Confidentiality Agreement?"

Yes _____ No _____

Are you willing to provide Peer Support Team assistance to fire department personnel with little notice and also respond during off duty hours?

Yes _____ No _____



Baltimore County Fire Department Peer Support Team Membership Application

What is/are your reason(s) for wanting to be a part of the Peer Support Team?

Experience/Training:

List and describe formal training(s) that you have received in areas such as stress management, crisis intervention, psychology, etc. (This includes seminars, conferences and/or workshops). Please attach any certificates that you have received.

Sponsoring Organization:	Type of Training:	Date:	Hours:

Signature: _____ Date: _____

Signature of Peer Support Team Leader: _____

Date Received by Peer Support Team Leader: _____