



RULES & REGULATIONS

SECTION : 107.04

CRITICAL INCIDENT STRESS DEBRIEFING

PURPOSE:

To provide general guidelines for critical incidents in which debriefings are indicated.

SCOPE:

All personnel

I. CRITICAL INCIDENT STRESS DEBRIEFING (CISD) OVERVIEW:

1. The Memphis Fire Department's Critical Incident Debriefing Program makes use of a number of approaches to the management of post incident stress. The CIS program was developed in consultation with Dr. Randy Dupont, a clinical psychologist at the University of Memphis, previously with the University Of Tennessee College Of Medicine.
2. A debriefing is a group-oriented intervention in which major elements of trauma are reviewed generally 24 to 72 hours after the event and when participants are out of immediate danger. The facilitators of the intervention usually consist of a specially trained mental health professional that is a member of the CIS team and a trained peer supporter. The debriefing is used to process emotional reactions by means of support and education. It is designed to facilitate support among peers following exposure to a critical incident.
3. What a debriefing is not:
 - It is NOT a critique
 - It is NOT a performance appraisal
 - It is NOT an operational debriefing
 - It is NOT an investigation or inquiry of fitness for duty
 - It is NOT therapy or psychological treatment

II. ROLES OF DEBRIEFING TEAM MEMBERS

1. **Peer Debriefers** — the majority of team members on a CIS team, which serves emergency personnel, are emergency workers themselves. They provide stress education to their fellow emergency workers. Peers work



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actively in concert with mental health team leader in a formal debriefing setting. During the debriefing peers help to make introductory remarks, ask questions and make statements when it is appropriate and help to bring the debriefing to a close by participating actively in the summary remarks. These peer debriefers are chosen for their experience in similar critical incidents as well as their desire to help coworkers. They serve an important function and are able to use their own personal experience as emergency personnel to assist others in dealing with crisis situations.

2. **Clinical Director** (Dr. Randy Dupont) – a mental health professional who provides general oversight and consultation to team members.
3. **Team Coordinator** - a peer who serves as the manager of the team.
4. **Mental Health Professional** (Psychologists) - These individuals lead the team assigned to provide the formal debriefing. They provide brief consultation to individuals who have been identified during a debriefing as people who need additional support services.

III. CRITICAL INCIDENTS IN WHICH DEBRIEFINGS ARE INDICATED

1. Automatic CIS debriefings are indicated for the following incidents:
 - a) Firefighter or paramedic line-of-duty death, critical injury or close call
 - b) Death or critical injury of a child
 - c) Any extended rescue where death or recovery is involved
 - d) Severe child abuse cases responded to
 - e) Multiple or mass-casualty incident
 - f) Personal identification with a victim, such as a relative or friend
2. Potential CIS debriefings are indicated for the following incidents:
 - a) Firefighter or paramedic off-duty death or serious injury of a co-worker
 - b) Long-term involvement with the following:
 - i. Injuries
 - ii. Confined space or unusual circumstances
 - iii. Drowning
 - iv. Body removal
 - c) Acts of violence in the workplace



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3. Although there are specific times when a debriefing is indicated, any firefighter or paramedic can contact the Safety Chief when a critical incident occurs to discuss the need for a debriefing.

IV. FORMAL RULES

1. Confidentiality is essential.
 - a) TN state law requires psychologists to keep strict confidentiality with a few important exceptions:
 - Disclosure of suicidal or homicidal ideation or intent
 - Threats of violence in the workplace
 - Reports of child or elder abuse
 - b) University of Memphis and MFD agreement to maintain the confidentiality of debriefings also includes:
 - No disclosure to uninvolved peers, administrators, or media
 - No report is made about details of the debriefing other than a required written statement by the psychologist confirming that no one present was suicidal, homicidal, or otherwise seriously dangerous to self or others
 - Limits to presence of administrators present during debriefing, as it is not an evaluation or determination of fitness for duty
2. Pagers, cell phones, radios, and other distractions should be turned off or to "silent mode" to minimize unnecessary disturbances during the debriefing process.
3. Management of the door is the responsibility of a CIS team member:
 - Uninvolved or unwanted persons are not permitted to enter the debriefing room or area.
 - Those outside should be notified that the meeting should not be disturbed with the exception of a late arrival who is supposed to participate in the debriefing. CIS sign may be used.
 - When anyone leaves the room during the debriefing, a CIS team member must follow that person out to assure their safety and intentions, listen, give support, and encourage them to return to the



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group if leaving. The peer offers reassurance and waits to walk back in together. Participants should stay for entire process.

4. Talking is not required of those present in the debriefing. However, it is helpful to self as well as to others to talk. Participants should speak for themselves.
5. It is best not to have food, drink, or smoking during debriefings.
6. Participating companies will remain out of service for approximately one (1) hour following the session