

**Western Virginia Emergency Medical Services (WVEMS) Council, Inc.**  
**Critical Incident Stress Management (CISM) Team**

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**Operational Guidelines & Standard Operating  
Procedures**

These *Operational Guidelines and Standard Operating Procedures* are to be followed by all members of the Western Virginia EMS CISM Team

**I. MISSION**

The CISM Team of the WVEMS Council, Inc., provides critical incident stress management interventions following the protocols of the International Critical Incident Stress Foundation (ICISF) or other approved models, and their continuum of care for the purpose of 1) mitigation of stress experienced by first responders, particularly the acute or critical incident stress unique to emergency services, and 2) the education of first responders regarding the stress reactions related to response to critical incidents before and after these incidents occur.

Targeted emergency services include, but are not limited to pre-hospital and inter-hospital medical services, fire and rescue service, law enforcement, emergency communications and hospital emergency departments. The team's Team Administrator or Clinical Coordinator may authorize team services to other groups on a case by case basis.

**II. TEAM SPONSORSHIP, ACCREDITATION AND SERVICE AREA**

The Commonwealth of Virginia Board of Health has accredited 11 EMS regions in the Commonwealth. The Western Virginia Emergency Medical Services (WVEMS) Council, Inc. based in Roanoke, VA, is responsible for planning districts 4, 5 and 12– which includes the counties of Alleghany, Botetourt, Craig, Floyd, Franklin, Giles, Henry, Montgomery, Roanoke, Patrick, Pittsylvania and Pulaski, as well as the cities of Covington, Danville, Martinsville, Radford, Roanoke and Salem.

Further, the WVEMS Council sponsors the WVEMS CISM Team. The Team is directly responsible to the WVEMS Board of Directors and provides services free of charge to first responders in the planning districts described above. The Team also provides mutual aid outside The WVEMS region at the request of the Commonwealth,

other CISM teams, the International Critical Incident Stress Foundation (ICISF) or localities and jurisdictions immediately surrounding the primary service area.

The WVEMS Council provides the CISM team with a WVEMS Council-CISM Liaison for contact accessibility, record keeping and reporting, recruiting, and application processing services, publication of educational materials and opportunities and staff support for team function and special projects.

### III. TEAM CORE VALUES

The CISM Team's values drive our actions, behavior and performance:

**Peer-Driven** - We are a peer driven team. Our team focuses on using peer crisis intervention providers. Our peer members are respected and credible.

**Service** - We are a volunteer organization and we are dedicated to serving those who serve.

**Confidentiality** - We keep confidences. All our interventions are *completely* confidential.

**Life-Long Learning** - We embrace life-long learning. We remain up-to-date with the latest information about crisis intervention. We use every intervention and a combination of multiple interventions, as appropriately indicated, as an opportunity to improve our crisis intervention skills.

### IV. TEAM MEMBERSHIP, ROLES AND RESPONSIBILITIES

The WVEMS CISM Team is composed of four categories of members: Active Member, Provisional Member, Inactive Member, and Resource Member. Each is described below

#### **Active Member**

To be eligible for active membership, applicants must have completed the ICISF Basic Group Crisis Intervention Course and the Individual Crisis Intervention and Peer Support (or approved equivalent) course provided by ICISF approved trainers by the end of their first full year of membership on the team.

After July 1, 2014, new members must complete Individual Crisis Intervention and Peer Support, and Group Crisis Intervention (or approved equivalent) and a course<sup>1</sup> on Suicide Prevention, Intervention, and Postvention approved by the state Office of EMS by the end of their first full year of membership.

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<sup>1</sup> Currently, the State Office of EMS accepts the ICISF CISM Suicide Prevention, Intervention, and Postvention (two-day course); ICISF CISM Suicide Prevention, Intervention, and Postvention for First Responders (one-day course); and Living Works Applied Suicide Intervention Skills Training (ASIST), a two-day course.

**Provisional Member**

Mental Health professionals, peers, and chaplains who have completed the application process and have been accepted for membership, but have not completed the pre-requisite training will be carried as a provisional member for a period of the first full year of their membership. Provisional Members may attend interventions as an observer, but they may not participate in any team interventions as an active Member (i.e., peers, chaplains or mental health professionals). Provisional Members may vote in team business meetings and fully participate in all team training and continuing education sponsored by the WVEMS Council.

Provisional Members shall sign an agreement of confidentiality, stating they understand the confidential nature of any team intervention, including an agreement to keep the proceedings witnessed confidential, prior to attending their first intervention of a defusing or debriefing.

Provisional Members must complete prerequisite training and attend at least three group interventions prior to release to Member status. A formal Letter of Release will be issued by the in consultation with the Area Team Coordinator and the Clinical Coordinator Provisional Member. The letter of release will be announced in the quarterly team meeting and recorded in meeting minutes.

**Inactive Member**

The Team Administrator, and Clinical Coordinator, and Chair, Recruitment and Membership Committee are responsible for reviewing member status by the last month of each fiscal year. Any member who fails to meet the criteria as an active Member during the current fiscal year is granted Inactive Member status. The Inactive Member must be eligible (attendance, response, training) for reinstatement by the end of the first fiscal year in which they are designated Inactive. If requirements are not met, the Inactive Member will be dropped from the team at the beginning of the second fiscal year.

**Resource Member**

An active member in good standing may request to have his/her status changed to Resource Member for a period not to exceed two years from the date of the change in status. At any time during the first year and up to the end of the second year, the Resource Member may be considered for reinstatement as a full Member, provided eligibility requirements are fully met.

Within the four categories of membership, individuals may fill more than one specific role on the team (peer, mental health provider, chaplain). The Team is composed of Peer Members (e.g., Rescue, Fire, Law Enforcement) Mental Health Providers, and Chaplains.

## **Member Roles on The WVEMS CISM Team**

### ***Peer Members***

Peer members are first responders who are familiar with the circumstances and stresses common in emergency work. (Note: Law Enforcement Chaplains, sworn or unsworn, are also considered as Peer Members with Law Enforcement and may be utilized as a Peer). Peers provide the team an understanding and empathy for the particular discipline serving as a first responder that is unique to their field. Their participation on the team validates the team's function for most of the personnel being served and provides an avenue of access that otherwise would not be possible. The peer is the lynchpin for the CISM team.

The responsibilities of the Peer are to:

- Serve on the CISM Team;
- Provide CISM interventions as needed/as appropriate following the ICISF (or other approved) model and WVEMS protocol.
- Serve as liaison to their parent agency;
- Be a positive role model with regard to stress management
- Conduct one-to-one peer counseling within one's own agency and with other first responders as requested by peers, the CISM Team Administrator, Clinical Coordinator, or Area Team Coordinator(s)
- Fulfill or facilitate the fulfillment of CISM Team accreditation requirements specified by the Virginia Office of EMS.

Prerequisites for peers are 21 years of age; a minimum of at least one year of experience as a first responder, excluding time as a junior member or intern; emotional maturity, and a reputation of trust and credibility within their own peer group. The Clinical Coordinator and CISM Team Administrator may accept alternate experience if determined to be appropriate to the role of Peer.

### ***Mental Health Provider***

Mental Health Providers must be license eligible or hold current license in the behavioral sciences and have completed the required ICISF (or other approved) core courses of Individual Crisis Intervention and Group Crisis Intervention (or equivalent) plus any one of the Suicide Intervention courses approved by VAEMS. Specialized training with a concentrated area in working with a first responder target group or in treatment modalities particularly effective in supporting first responders is preferred. Responsibilities are to:

- Serve on the team
- Complete all logistics for CISM interventions in conjunction with Peer Team Leaders and Area Team Coordinators.

- Serve as the small group or large group Team Leader as *assigned* for specific interventions
- Complete each CISM intervention to which they have committed
- Maintain an understanding of the emergency services world-of-work by conducting periodic “ride-alongs” with various types of emergency services workers. It is expected that each mental health provider will participate in at least one “ride-along” each fiscal year.
- Fulfill or facilitate the fulfillment of CISM Team accreditation requirements specified by the Virginia Office of EMS.

Prerequisites for the Mental Health Provider membership are: Masters level training in clinical psychology, social work, counseling, or community mental health and/or extensive practical or clinical experience in an appropriate setting, including CSAC or other specialty areas. Minimum certification as a Licensed-Eligible Clinical Social Worker or Licensed-Eligible Professional Counselor is preferred. The Team's Clinical Coordinator may accept alternative training and experience that is consistent with good clinical practice and the team's mission.

### ***Chaplain***

Chaplain members of the team shall complete the required core courses of Individual Crisis

Intervention and Peer Support, Group Crisis Intervention, and the OEMS approved Suicide Prevention, Intervention, Postvention course. Prerequisite training in pastoral care, community service chaplaincy, or disaster chaplaincy is strongly preferred. Those holding degrees in divinity will be considered for membership, provided a chaplaincy training program is undertaken within the first fiscal year of team membership. Preference is given those chaplains who have experience as a first responder, or who currently serve as a chaplain for first responders (law enforcement, fire, etc.). *Note that the Law Enforcement Chaplain may also serve as a Peer on the team with regard to response for CISM services involving Law Enforcement and Telecommunications.* Responsibilities are to:

- Serve on the CISM team.
- Serve as a Peer or Chaplain as assigned for specific interventions.
- Complete each CISM intervention to which they have committed.
- Maintain an understanding of the emergency services discipline by conducting periodic “ride-alongs” with various types of emergency services workers. It is expected that each chaplain will participate in at least one “ride-along” each fiscal year.

### **Team Member Duties and Responsibilities**

The duties and responsibilities for ALL team members are to:

- Serve as a team member for CISM interventions as requested by the CISM Team Administrator, respective Area Team Coordinator or Clinical Coordinator.
- Attend team meetings. Criteria for status as an active Member include attendance at a minimum of two CISM team meetings per year. Members may attend any quarterly meeting in the WVEMS CISM region.
- Participate in regular continuing education sessions. Options for continuing education include team-sponsored continuing education, training sessions conducted by ICISF or other approved providers, including online training; and other CISM training offered through the auspices of the Virginia Office of Emergency Medical Services. *All team members must complete at least 4 hours of continuing education on CISM topics each fiscal year.* The continuing education is a prerequisite for continuation as an active member and must be met prior to the new fiscal year.
- Serve on team committees and in leadership roles as requested
- Remain informed and follow WVEMS CISM Team Operating Guidelines, Policies and Procedures.
- Keep contact information – including phone numbers, pager numbers, e-mail addresses, and mailing address – current and up-to-date with the Team Administrator.
- Maintain membership in the team's electronic mail list.
- Ensure that a completed CISM Team Online Contact Report is submitted **within 72 hours after participating in any CISM intervention** (Psychological First Aid, Peer, Small Group, Large Group).
- Wear the provided WVEMS CISM Team identification and apparel for use when conducting team business. (The identification tag is the property of WVEMS and must be returned when team membership ends.)
- Respond to requests within the time frame designated indicating availability for a CISM Intervention.

**Membership Status Review**

A membership review will be conducted during the last quarter of the fiscal year by the CISM Team Administrator, the Clinical Coordinator, the Area Team Leaders and the Chair of the Recruitment and Membership Committee.

**Active Member**

- Attend at least two scheduled team meetings in a fiscal year □ Attend CISM Interventions for which the member committed.
- Participate in and document a minimum of four hours of CISM or related continuing education annually.
- Respond to requests within the time frame designated indicating availability for a CISM Intervention.

**Leave of Absence (LOA)**

Team members may take a Leave of Absence for up to 12 months. To take a leave of absence, a member should discuss the matter with one of the following: CISM Team Administrator, Team Coordinator (Southside, New River Valley, Roanoke Valley), or the Clinical Coordinator. The member shall submit a letter requesting a Leave of Absence for a specified time period.

At the conclusion of the time period, the member may request to be reinstated to their status of member, provided that they meet the eligibility requirements. A LOA is generally not granted for more than one fiscal year. During the LOA, the individual has no voting rights and is not utilized as a Resource Member. The individual who has been given a LOA still receives all WVEMS CISM team communications and may attend training activities and meetings; they may NOT respond for interventions.

**V. Ethics**

Ethical standards for all members of the WVEMS CISM Team-Peer, Chaplain, and Mental Health Provider- are necessary in order to achieve team success and effectiveness. Ethical behavior among WVEMS CISM team members is expected at all times. The professional and personal behavior of each CISM team member reflects on the team as a whole and on the team's work. Membership bears with it the burden of the highest level of conduct when serving as a member of the WVEMS CISM team and at all other times. Team members will be held accountable for their adherence to all CISM guidelines as well as other posted policies and procedures.

CISM professional and ethical conduct guidelines include, but are not limited to:

- Each team member's primary obligation is to respect the integrity and to promote the welfare of first responders in crisis.

- In a group setting, each WVEMS CISM team member is responsible for taking reasonable precautions to protect individuals from physical and/or psychological trauma resulting from interaction within the group.
- Each team member must avoid bringing personal issues and biases to the support relationship when interacting with individuals or groups, especially if the potential for harm is present. Through awareness of the negative impact of both racial and sexual stereotyping and discrimination, each individual team member guards the individual rights and personal dignity of every person in crisis.
- Each team member shall respect confidentiality regarding participant disclosure during *all* CISM interventions (excluding reporting mandated by law.)
- When the condition of the participant(s) indicates there is a clear and imminent danger to self or others, each team member shall take reasonable action to inform the team's mental health provider onsite.
- Conflict of Interest – Any team member who has a potential conflict of interest regarding any request for CISM services is expected to recuse himself or herself from providing service for that incident.
- Each member will hold confidential any information, facts, descriptions or perceptions related by any individual participant in any team sanctioned intervention. No member of the team shall share or divulge such information with any other persons except 1) with the permission of the participant(s), and at that time, a team member may pursue more expert or definitive care as some individual conditions may warrant; 2) other members of the team as deemed appropriate.
- Dual relationships between the WVEMS CISM team member and the participant(s) which might influence or impair the CISM team member's objectivity and professional judgment must be avoided. In a case of dual relationships, the participant(s) should be referred to another Peer as soon as it is safe to do so.
- In any intervention, a Mental Health Provider may not refer the participant(s) to his/her practice; rather another clinician of equal or higher skill must be utilized as a referral.
- Peers may consult, at any time, with the Clinical Coordinator, or any other Mental Health Provider, about any intervention.
- Mental Health Providers who participate in a team capacity with any crisis intervention may not voluntarily treat target participant(s) in a private mental health capacity (i.e., for

pay or barter) post-intervention for a period of at least one year.

- Mental Health Providers may participate in no more than 4 one-to-one or follow-up interventions with any one participant(s) without consulting the Clinical Coordinator.
  - To avoid possible conflicts of interest and to afford participants the greatest freedom in Crisis Interventions and Stress Management Meetings, it is a general policy of the WVEMS CISM Team to avoid staffing these interventions with CISM team members who also serve in the requesting providers' agency. However, in consultation with the respective Area Team Coordinator (e.g., Southside, New River Valley, Roanoke Valley) and the Agency Contact, the CISM Clinical Coordinator and CISM Team Administrator may opt to use such CISM team members when they find it to be necessary or advantageous. A Memorandum of Exception outlining the rationale for the exception shall be filed with the CISM Online Contact Report submitted to the WVEMS Council.
  - When the WVEMS CISM Team member volunteers or works as a paid member under the auspices of another agency or organization whose business is related to crisis response, no use of WVEMS clothing, logo, material or resources may be displayed, nor may the reference or use of WVEMS CISM membership be used to gain access to, or favor with, a participant(s) or an agency in crisis.
  - When the WVEMS CISM Team member volunteers or is a paid member under the auspices of another agency whose purpose involves crisis response, WVEMS CISM Team members are cautioned to avoid possible conflicts of interest, by not misrepresenting the source of the intervention as a WVEMS CISM Team intervention. Nor may they recruit other WVEMS CISM Team members who are not affiliated with the responding organization, under the guise of a WVEMS CISM response.
  - Should the WVEMS CISM team be requested to respond to an incident that is not within the WVEMS region, the contacted WVEMS CISM Team member shall contact the WVEMS CISM Team Administrator. The Team Administrator must make a documented attempt to contact the respective region, agency, individual involved in order to inform and to gain cooperation in meeting the needs of the individual or group of first responders requesting assistance. A Memorandum of Exception outlining the request for mutual aid and steps taken shall be filed with the CISM Online Contact Report.
1. WVEMS CISM Team's primary mission is support of first responders. WVEMS Team members are responsible for resources in the communities in which they reside, and encouraged to set clear boundaries, making referrals to

appropriate agencies and organizations where requests for interventions do not match with the WVEMS CISM Team mission.

- WVEMS Team members are encouraged to offer one-to-one or peer counseling commensurate with their level of training, including interactions with personal friends and acquaintances or any member of their own agency. Team members conducting one-to-one counseling within their own agency shall report the CISM service within 72 hours on the CISM Online Contact Report.
- The WVEMS CISM Team cannot sanction as team activity a CISM Intervention for small or large groups conducted by any member who has not been so authorized by the CISM Team Administrator or Clinical Coordinator, and who does not follow the protocol set forth for small group and large group interventions. Self-deployment or inappropriate use of an intervention, including team composition (e.g., failure to include a mental health provider), is grounds for dismissal.
- **The Team Administrator, Clinical Coordinator or Team Leaders reserve the right to** reassign members to interventions based on the requesting agency's dynamics.

## VI. TYPES OF INTERVENTIONS

The WVEMS CISM Team's CISM interventions follow the protocols promoted by the International Critical Incident Stress Foundation (ICISF) (or other approved models). All interventions -- including pre-incident education, debriefings, and follow-up services -- follow the ICISF or other approved model.

The Core Component CISM interventions may include but are not limited to:

- ***Pre-incident education.*** Awareness sessions are designed for target groups who are considered to be at risk for frequent or severe critical incident stress reactions. The goal of these sessions is to education groups in understanding, identifying and managing critical incident stress and to offer the assistance of the WVEMS CISM Team when needed
- ***One-to-one crisis intervention / counseling*** or psychological support may occur throughout the full range of the crisis spectrum and continuum of care. One-to-One assistance to a peer-in-crisis may occur as early as on-site support at the scene of the incident and include Psychological First Aid. It may also occur post-incident or at any point in the continuum of care. One-to-one counseling is often combined with other small group CISM interventions after a Crisis Management Briefing, a Defusing, or a Debriefing; and used in large group CISM interventions during Demobilization, specifically in Respite and Rehab before the responder transitions from the scene to his or her home.

- ***Crisis Management Briefing (CMB)***. This is a “town hall meeting” provided within hours of an event or disaster and led by the lead agency, Incident Commander, or designated credible person representing the agency. The purpose of the CMB is to inform the group affected about incident facts, what actions have taken place since the incident, and what may be expected during the next specified time period. A specific time period is also provided with regard to the next update. The rationale for the CMB is to dispel rumors, ensure that all members involved are afforded the same information, and to begin to reestablish a sense of community. The CISM Team Mental Health Provider usually consults with the agency lead about how to present the information, and possible interventions during the days after the event. CISM Team Members are frequently invited for one-to-one counseling immediately after the CMB. Mental Health Providers are on standby or stationed nearby for receipt of referrals.
- ***Defusing***. This is a three-phase, structured small group discussion provided within hours of an event for purposes of assessment, triaging, information on what to expect regarding common stress reactions and acute symptom mitigation. The defusing is normally employed up to 12 hours after the completion of the incident.
- ***Debriefing (CISD or Critical Incident Stress Debriefing)*** refers to the “Mitchell Model” and is a seven-phase, structured group discussion, initially recommended 24 to 72 hours after the event, also used effectively one to 10 days post crisis. It is designed to mitigate acute symptoms, assess the need for follow-up, and, where possible, provide a sense of post-crisis psychological closure.
- ***Family CISM*** refers primarily to one-to-one support of family members whose first responder has been impacted by a critical incident, line of duty injury or death. Services may include intake and assessment of family needs, referral where appropriate, to discipline specific professional organizations and foundations providing specialized support or special programs specializing in incident/specific trauma and recovery and ongoing support and follow-up, where possible, referring to mental health agencies and organizations to provide a sense of support and closure.
- ***Advanced CISD for Line of Duty Death / Suicide Interventions (LODD) or Suicide of Coworker (ICISF-specific)*** A Line of Duty Death, serious injury due to a line of duty situation, or Suicide calls for special considerations and the standard 7 phase Debriefing is modified, using different phases and questions in each phase of the Debriefing. The respective WVEMS Area Team Coordinator or individual receiving the intake request shall notify the Clinical Coordinator who arranges for a specialty team from existing CISM Team members and who are trained in advanced debriefings. Whenever a CISM Debriefing or Intervention is requested following a LODD or Suicide the CISM Team leadership’s responsibilities are paramount, ensuring that the appropriate Debriefing (CISD) is employed. At all times, the goal of the intervention is to “Do No Harm.”

- ***Demobilization/Respite and Rehab*** usually refers to a specialty unit or large unit (e.g., military, law enforcement) that is deployed after a critical incident or disaster for the purpose of decompression in a facility where respite and rehab is offered before transitioning into the community and home setting. Normally, the role of the CISM Team member is to offer one-to-one counseling, onsite observation and informal screening, and possible referrals with the mutual agreement of the peer-in-crisis.
- ***Follow-up*** for assessment and treatment, if necessary. Follow-up may include up to three visits for One-to-One and other small group Crisis Interventions, including Crisis Management Briefings, Defusing's, and Debriefings.
- ***Referrals*** may be made, with mutual agreement of a peer, to a chaplain or a mental health provider.
- ***Post Action Staff Support*** is a required WVEMS CISM Team meeting employed immediately after the intervention. The *P.A.S.S.* is conducted by the Mental Health Provider.

Each of these interventions serves a different purpose and is performed by different types of CISM trained team members (Peers, Chaplains or Mental Health Providers). *CISM Team Members normally may not take a provider out of service and must, instead, leave it to the provider's discretion. The exception is self-harm or harm to others and a referral must be made to a higher level of care.*

Peers should be comfortable with providing pre-incident education, psychological first aid, one-to-one support, defusing's, and debriefings, also known as CISD. Experienced peers with training in advanced group interventions are expected to conduct debriefings on the occasion of Line of Duty Death, suicide of co-worker, and other extraordinary incidents which require a higher level of training. All peers are expected to participate in Crisis Management Briefings which routinely focus on large group or small group interventions and one-to-one support.

Chaplains should be comfortable with participation in pre-incident education, one-to-one support, defusing's, debriefings, advanced group debriefings, and crisis management briefings, as well as participation in large group demobilizations, and the subsequent respite and rehab, transitioning first responders from duty to home.

Mental Health Providers function in support of the peer during defusing's and debriefings and, if trained in the ICISF advanced group crisis intervention model, may conduct circumstances. The Mental Health Provider may provide referrals in consultation advanced debriefings after LODD and suicide of a co-worker or other extraordinary with the participant or peer team leader or be used as a consult by the CISM Team peer at any point in the intervention. The Mental Health Provider also may assume the lead in any intervention should the need arise. When a Crisis Management Briefing (CMB) is appropriate, the Mental Health Provider is expected to assist the requesting organization's

contact in developing the agenda for the CMB and the plan for the organization's first responders; the plan is introduced during the CMB by a credible member of the agency requesting the CISM service, not from the Mental Health Provider.

At no time shall a Chaplain and a Mental Health Provider be substituted for the other's role. In instances where a member holds credentials and a chaplain and a mental health provider, the CISM Team member may choose which role s/he wishes to fulfill.

For additional information about CISM and the core components of a comprehensive CISM program, you are encouraged to read appropriate literature, for example:

<http://www.icisf.org/about/cismprimer.pdf> and *Critical Incident Stress Management: A New Era and Standard of Care in Crisis Intervention* (Everly & Mitchell, current edition).

### ***ICISF-Model Critical Incident Stress Management Core Component Interventions***

| Type of Intervention                                      | Goal  | Target Population | Timing                                | Format   | Provider   |
|---|---|-------------------|---------------------------------------|--|--|
| <b><i>Pre-incident Education</i></b>                      | Set expectations  | Anyone            | Before an incident                    | Training to groups and organizations   | Any team member  |
| <b><i>Individual Crisis Intervention (One-on-One)</i></b> | Mitigation  | Anyone            | None specified                        | Stabilization<br>Acknowledgment<br>Facilitation<br>Encouragement<br>Restoration & Referral | Peer, Chaplain, or Mental Health Provider  |
| <b><i>Crisis Management Briefing</i></b>                  | Mitigation;<br>Info Push;<br>Rumor Reduction;<br>Build Cohesion |                   |                                       |  |  |
| <b><i>Defusing</i></b>                                    | Mitigation<br>Info Push on normal stress reactions              | Homogeneous group | Before and at end of shift (12 hours) | Introduction<br>Exploration<br>Information   | Peer, Chaplain <sup>2</sup> , Mental Health Provider <sup>2</sup><br>(attempt to have team of at least 2 people) |

<sup>2</sup> The Chaplain may NOT be substituted for a Mental Health Provider unless the Chaplain has a graduate degree in counseling or pastoral counseling and meets all other requirements for Mental Health Provider<sup>3</sup> The WVEMS CISM Team limits its focus to first responders and makes every effort to provide referral resources to the responder's family. Services are offered to the family in rare and extenuating circumstances and must be approved by the Clinical Coordinator. The first responder focus may be expanded by member vote and is contingent upon additional mental health provider and chaplain resources, along with a strong network of existing agencies providing services to families of first providers.

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| <b>Debriefing (CISD)</b>  | Reduction of Symptoms; Normalization; Screening and Referral               | Participants from event                   | 24-72 hours after the event.                     | Introduction<br>Fact Thought<br>Reaction<br>Symptom<br>Teaching<br>ReEntry;<br>Referral                                | Peer, Mental Health Provider <sup>2</sup><br>Chaplain <sup>2</sup><br>(Team member ratio to participant should be 1:6)        |
| <b>Large Incident: De-mobilization, including Respite &amp; Rehab</b> | Education/ Decompression & Shift disengagement ; transition                | Teams or natural working groups           | After release from scene; before end of shift.   | Education<br>Food  | Peers, Mental Health Provider, Chaplain   |
| <b>Large Incident Leadership consultation for</b>                     | To inform & consult; stress management                                     | Incident command leadership               | Anytime during large- scale, long-term, incident | Organizational consulting  | Clinical Coordinator, CISM Team Administrator, or appointed designee  |
| <b>Crisis Management Briefing (CMB)</b>                               | Inform & consult; allow psychological decompression                        | Civilians, schools, businesses, community | Anytime  | Assembly Information<br>Reactions<br>Coping Strategies & Resources   | Mental Health Provider AND Peer Team  |
| <b><sup>3</sup>Family CISM or Organizational consultation</b>         | Foster support & communications; closure & referral.                       | Family members                            | Either symptom driven or event driven            | Use SAFER.   | Anyone <sup>3</sup> .   |
| <b>Follow-up &amp; referral</b>                                       | Assess mental status; access higher level of care                          | Individual & family                       | Usually symptom driven                           | Use SAFER.   | Anyone  |
| <b>Post Action Staff Follow-up</b>                                    | Assess CISM team to ensure psychological well-being after the intervention | CISM team members                         | Intervention driven                              | Use structured questions. Member reactions to intervention, focusing on what went well, what might be done differently | Mental Health Provider, Team Leader (Peer) for a particular intervention, all team members responding to intervention invited |

## VII. TEAM ADMINISTRATION

The following are specific WVEMS CISM Team officers and their respective duties.

### Team Administrator

The Team Administrator is a seasoned peer (Fire, EMS, Law Enforcement, Dispatch, Other First Responders), Mental Health Provider or Chaplain having at least three years' CISM service in the field who is elected by the WVEMS CISM team. The Team Administrator performs all administrative functions to ensure the success of the team.

Since the CISM Team Administrator is responsible for the oversight of the team operations and response, the Administrator must meet eligibility requirements for membership, including training, experience in response to interventions, and attendance. The Team Administrator shall also have completed Advanced Group Interventions as well as the Office of EMS approved course in Suicide Prevention, Intervention, Postvention.

The Administrator is required to complete the ICISF CISM Strategic Planning course during the first fiscal year of his/her assumption of the responsibilities in order to provide timely oversight regarding Standards of Care and ensure that the team renders appropriate response to requests for intervention. The Team Administrator shall also complete the online courses NIMS 700, ICS-100, ICS-200, and ICS-800 in preparation for disaster response within the region. Prior supervisory experience and CISM Committee leadership is preferred.

The responsibilities of the Team Administrator include:

#### **WVEMS Council**

- Acts as the representative for the CISM Team to the Council and accordingly reports in a timely manner to the team as a whole from the WVEMS Council
- Chairs team meetings
- Reviews and approves quarterly and called meeting minutes, electronically submitting said minutes to the WVEMS Executive Director and Liaison within five business days from the date of the meeting
- Ensures timely review of WVEMS CISM report by WVEMS Executive Director
- Ensures that the WVEMS CISM Team website is maintained
- Ensures that the WVEMS CISM Team Mailing List is updated quarterly and on file with the WVEMS Council Liaison

#### **WVEMS CISM Team**

- Provides support services for carrying out the team's Policies and Procedures
- Responds to inquiries from potential CISM team members in a timely manner, but in no case longer than five business days, either providing application instructions and outlining the process for consideration for membership or referring for action to the Chair of the Membership Committee
- Notifies the Membership Committee Chair within 48 hours of application receipt, thereby activating the Membership Committee for completion of the application review within 30 business days of inquiry/application receipt
- Ensures the applicant review process is completed by the Membership Committee within 30 days of receipt of the application, placing the applicant as a candidate at the next quarterly meeting or called meeting of the CISM Team, whichever comes first in order to meet the response time of 90 days for membership consideration
- Ensures the Retention and Recruitment Committee notifies applicant in writing of the CISM Team's decision within 90 business days of application receipt
- Electronically communicates updates and meeting reminders to Team members at least 10 business days (two weeks) prior to a scheduled quarterly meeting.

- Coordinates the required quarterly meetings • Approves quarterly and called meeting minutes prior to submission to WVEMS Executive Director and Council Liaison and distribution to membership
- Ensures that member personnel and correspondence files are updated quarterly by the WVEMS CISM Team Secretary
- Ensures that annual training documentation for each team member is completed by the first day of the last month of the fiscal year
- Ensures that the team roster is published at least semi-annually to all members during the fiscal year
- Ensures that broadcasts of all requested calls for intervention to WVEMS CISM Team members are made within two hours of receiving a request for CISM Team response
- Serves on the budget and planning committee and as an *ad hoc* member of any committee.
- Identifies activities and team projects as needed
- Adds additional Area Team Coordinators based on regional boundaries and need for balanced representation across the region of the Western Virginia EMS Council
- Spearheads grant writing to ensure team mission and member readiness to respond, working in collaboration with the Council Liaison
- Reviews in the last month of the fiscal year ending June 30, with the Clinical Coordinator, Area Team Coordinators, and Membership Committee Chair, member status, discuss areas of concern, and assess location of members, seeking a balance of members from the respective counties and cities for the upcoming year.

The Team Administrator shall serve a two-year term, decided every even numbered year, with elections being held at the last scheduled all-team meeting prior to the beginning of the new fiscal year.

#### **Secretary –**

The secretary is a peer (Fire, EMS, Law Enforcement, Dispatch, other First Responders), Mental Health provider or Chaplain who is elected by the WVEMS CISM Team. The responsibilities of the Secretary include:

#### **WVEMS Council**

- Assists the Team Administrator with team correspondence as requested
- Assists the Team Administrator with any reporting to take place to the Council

#### **WVEMS Team**

- Documents attendance at WVEMS Team meetings
- Prepares meeting minutes for Team Administrator review within five business days of the meeting
- Submits minutes to the EMS Council within five business days of the meeting
- Distributes minutes to the membership within ten business days of the meeting
- Maintains a member personnel files in the WVEMS Council Office

- Maintains correspondence files of all WVEMS CISM business in the WVEMS Council Office
- Completes annual training documentation in collaboration with the Chair, Training Committee for review and approval by the Team Administrator and in preparation for the Member Status Review during the last month of the fiscal year.  
being held at the last scheduled team meeting prior to the beginning of the fiscal year (July 1).

The Secretary will serve a two-year term, decided every odd numbered year, with elections

#### **Public Information Officer –**

The Public Information Officer will be responsible for interaction with the media in the event that CISM practices or education receive inquiry from news media.

The Public Information Officer shall complete

IS-29: Public Information Officer Awareness, an online course, offered by FEMA's Emergency Management Institute within the six months of his/her assumption of the PIO responsibilities.

G290: Basic Public Information Officer, the classroom course, offered by the Virginia Department of Emergency Management within the first fiscal year of assumption of the role of PIO.

The Public Information Officer will serve a two-year term, beginning in even numbered years with elections being held at the last scheduled team meeting prior to the beginning of the new fiscal year

#### **Clinical Coordinator –**

A team volunteer mental health professional whose primary responsibility is the clinical competence and safety of the team. The Clinical Coordinator assures that team interventions are conducted within the scope of sound mental health standards and that they adhere to the standards and models promoted by the International Critical Incident Stress Foundation or other approved model.

The Clinical Coordinator will hold a graduate degree in the behavioral sciences and, ideally, a license as a psychologist, psychiatrist, LCSW or licensed professional counselor (LPC) with at least five years' experience in their professional role. The Clinical Coordinator should have experience in disaster psychology and community mental health, excellent crisis intervention skills, extensive training and experience with CISM interventions, and a willingness to provide team leadership.

Since the Clinical Coordinator is responsible for the clinical oversight of the team operations and response, s/he must meet eligibility requirements for membership, including training, experience in response to interventions, meeting attendance, and shall have also completed Advanced Group Interventions as well as the Office of EMS approved course in Suicide

Prevention, Intervention, Postvention. S/he also shall be required to complete the ICISF CISM Strategic Planning course during the first fiscal year of his/her assumption of the responsibilities in order to provide timely oversight regarding Standards of Care and ensure that the team renders appropriate response to requests for intervention.

The Clinical Coordinator shall also complete the following NIMS online courses in preparation for disaster response within the region by the end of the first fiscal year of election.

ICS-100

ICS-200

ICS-700

ICS-800

Prior supervisory experience and CISM Committee leadership is preferred.

Responsibilities of the Clinical Coordinator are to:

- Fulfill the duties of the CISM Team Administrator in his/her absence or as requested by the Team Administrator or EMS Council:
- Assure that team interventions are conducted within the scope of sound mental health standards (Standards of Care) and that the interventions adhere to the standards and models promoted by the International Critical Incident Stress Foundation or approved model
- Evaluate the credentials of prospective and current clinical members of the team and determine if applicants are suitable to act as a Mental Health Provider during CISM Team response
- Provide clinical supervision for CISM interventions completed by team members
- Advise the WVEMS staff and CISM team on clinical matters related to CISM, CISM interventions, and emergency/disaster mental health matters.
- Maintain a working relationship with all EAP programs and Community Services Boards, identifying a network of mental health providers with special training, interest or expertise in provision of care of care for first responders within the team's geographic area of responsibility.
- Serve on a budget and planning committee and as an ad hoc member of any committee
- Assess capabilities of the team as a whole, identifying training and skills sets necessary to carry out interventions
- Review annually, with the Team Administrator, Area Team Coordinators, and Chair, Training Committee, individual member training and preparation, including completion of continuing education for eligibility and for team accreditation
- Oversee the coordination of skills training for members, either as a group or assisting in the identification of specific member training opportunities

- Using WVEMS P&P, review complaints regarding CISM Team member ethics, performance, and conduct, informing the Team Administrator of potential violations
- Ensure that complaints are referred within 72 hours to the Chair, Membership Committee for Committee review
- Ensure that complaints, due process, and Membership Committee recommendations are documented for review by Team Administrator and WVEMS Council Liaison, and where warranted, WVEMS Council Executive Director and legal counsel
- Oversee discipline concerning members, based on recommendation of Membership Committee, and after due process for violations of Standards of Care and ethics violations; the Team Administrator shall be responsible for disciplinary action for causes outside Standards of Care and ethics violations

The Clinical Coordinator serves a two-year term beginning in odd numbered years with elections being held at the last scheduled team meeting prior to the beginning of the new fiscal year.

#### **Area Team Coordinators - New River Valley, Roanoke and Southside**

The Coordinator is a peer member elected by the CISM Team membership during annual elections. The Coordinator is an active member of the area's CISM team response, with core training plus Advanced Group Interventions training and preferably experience in leading an advanced group intervention. S/he will also have completed a Virginia Office of EMS approved course for Suicide Prevention, Intervention and Postvention.

Since Area Team Coordinators are responsible for strategic planning for interventions, the Area Team Coordinator must shall complete the CISM core course, Strategic Planning, within the first fiscal year of his/her duties. The Coordinator is also responsible for the strategic planning and logistics of CISM interventions and for providing liaison to, and coordination with, the intervention site contact.

The Coordinator shall be required to complete the online courses in preparation for disaster response within the region.

ICS-100,  
ICS-200,  
ICS-700, and  
ICS-800

Certificates documenting completion must be filed with the WVEMS CISM team Secretary by the end of the first fiscal year elected.

In many ways, the Coordinator will be the first-line contact with field first responder agency leadership and is the "WVEMS CISM TEAM." Maintaining a positive image and representing the WVEMS CISM Team in a professional manner is characteristic of this position.

In addition to the peer member roles and responsibilities, the Coordinator's responsibilities include:

- Ensuring up-to-date electronic database of member contacts for broadcast of request for CISM response to ALL Members
- Initial screening of CISM requests, consulting with the Clinical Coordinator, or a CISM team member mental health provider as needed to determine the “best” intervention(s), given the strategic planning outcome for the incident.
- Automatically contacting any affected agency experiencing a Line of Duty Death, Line of Duty Injury, Incident with Mass Fatalities, Incident that is prolonged, Incident involving a child fatality, and incident involving extraordinary media coverage, offering a continuum of CISM interventions based on strategic planning model
- Automatically broadcast, in consultation with the Team Administrator, an Alert to all WVEMS CISM team members notifying them of a Line of Duty Death, Line of Duty Injury, Incident with Mass Fatalities, Incident that is prolonged, Incident involving a child fatality, and incident involving extraordinary media coverage, and request their response status. The Area Team Coordinator shall continue to update the alert status until a response is received from the affected agency or the alert is cancelled.
- Complete initial logistics for CISM interventions to include, but not limited to, communicating with incident agency representative, securing a location suitable for the desired intervention and meeting the response time necessary for the appropriate intervention(s).
- Select and secure Peer, Mental Health Provider and Chaplain members to provide the intervention.
- Maintain an open line of communications with the Intervention Team Lead to insure follow-up actions including submission of the WVEMS CISM Team Intervention Report completion within 72 hours of the response.

The Coordinator will:

- Fulfill the duties of the CISM Team Administrator in his/her absence or as requested by the Team Administrator or EMS Council:
- Advise the Team Administrator and Clinical Coordinator on matters relating to peers and peer membership
- Provide positive influence and leadership for members of the team
- Work closely with Committee Chairs to ensure that the area is represented on all committees by members geographically located in the area, thereby creating a balanced perspective from the field
- Review during the last month of ending fiscal year, with the Team Administrator, Clinical Coordinator, other Area Team Coordinator, and Membership Committee, member status, discuss areas of concern and assess location of members, seeking a balance of members from the respective counties and cities for the upcoming year.

The New River Valley Area Team Coordinator serves a two year term, decided every even numbered year, with elections being held at the last scheduled team meeting prior to the beginning of the fiscal year.

## VIII. TEAM COMMITTEES, Permanent and Ad Hoc

The Team Administrator, Clinical Coordinator and/or Area Team Coordinators, also known as the Planning Committee, may, from time to time, appoint members to various *ad hoc* committees to conduct team business.

In addition, any member or group of members may initiate the formation of a Committee for WVEMS CISM membership review at any time during the year. If the membership votes to form a new committee, it must also vote whether the new committee will be an *ad hoc* committee or a standing committee. If the Committee is a standing committee, its chair will be elected in the same manner that other Committee Chairs are elected and the election will be carried out by the Nominating Committee (see below).

### **Recruitment and Membership Committee –**

The Recruitment and Membership Committee shall consist of at least three members- one Peer, one Mental Health Provider, and one Chaplain. The Membership Committee should reflect the diverse geographic area within the Region, with a balance of members across the Region.

The Recruitment and Membership Committee has three distinct functions: 1) Recruitment and recommendation of new members, including the screening and review process; 2)

Member maintenance, including annual members status reviews and recommendations, disciplinary reviews when formal complaints are received; and 3) Recognition and Awards

### **Recruitment and Recommendation for New Members**

The team will assess the application, interview prospective members, and recommend action to the CISM Team via the Team Administrator and Clinical Coordinator.

### **Membership Status Review**

Annually, the Committee will review member status during the last quarter of the fiscal year, and the Membership Chair, with the Administrator, Clinical Coordinator, and Area Team Coordinators, will discuss the members' status, discuss areas of concern and assess location of members, seeking a balance of members from the respective counties and cities for the upcoming year.

### **Review Board- Complaints**

The Committee will serve as a Review Board when needed and at the discretion of the Team Administrator, Clinical Coordinator or Area Team Coordinators, review a member's conduct or performance related to CISM Team activities or activities carried out under WVEMS CISM team (See V. Membership, Revocation and Suspension).

Any recommendation regarding team acceptance of new members, disciplinary actions, or recommendation for dismissal shall be provided in writing by the Committee Chair to the Clinical Coordinator and the CISM Team Administrator within 72 hours of an interview or review.

**Recruitment and Membership Committee Chair**

The Recruitment and Membership Committee Chair serves a two-year term, decided even numbered year, with elections being held at the last scheduled team meeting prior to the beginning of the fiscal year.

**Nominating Committee**

The Nominating Committee will serve for two years and shall call, at their discretion, special elections in the event a vacancy occurs and a new nomination and election is required between regular elections. The Committee shall be composed of at least three members, with at least one member from Roanoke, one from Southside, one from the New River Valley and one from the Craig-Alleghany area. The Committee shall have representation from peer, mental health provider, and chaplain. Finally, the mix of the nominating committee should be representative, where possible of junior members (e.g., years of service to team) and senior members.

The committee may seek nominees by soliciting self-nominations as well as accepting member nominations, either electronically or in an open membership meeting, or both. The open period for nominations must be broadcast to all members with the deadline for receipt of nominations and the date for elections.

The Committee shall present the slate of nominees for leadership positions and chairs of the primary standing committees during the third quarter of the fiscal year, to fill the positions for the designated year.

**Nominating Committee Chair**

The Nominating Committee Chair serves a two-year term, decided every odd numbered year, with elections being held at the last scheduled team meeting prior to the beginning of the fiscal year (July 1).

**Community Outreach Committee**

At least three team members, including two peers from different disciplines and a chaplain or a mental health provider from each area (Southside, NRV, Roanoke-Botetourt, and Alleghany-Craig) shall serve on this Committee which plays a *vital* role in the WVEMS CISM Team's visibility and subsequent work in the community. It also is responsible for ensuring that the annual pre-incident education goal has been met for WV EMS CISM Team accreditation.

The Committee Chair is responsible for the WVEMS Team Member CISM Online Contact Report, which must be electronically submitted within 72 hours of the event.

The Community Outreach Committee shall raise awareness about the WVEMS CISM Team mission and role.

- Developing a first responder community awareness of WVEMS CISM services, including but not limited to
- Meeting with each public safety/first responder agency in each jurisdiction within the WVEMS Council region, completing
  - a formal contact exchange with the leadership,
  - a thumbnail review
  - 
  - of CISM services
- Providing CISM brochures and business cards at regional first responder/public safety business meetings, testing and continuing education sites
- Promoting CISM in an annual mass-mailing by jurisdiction within the WVEMS Council Region to leadership in fire, rescue, law enforcement, park service, forest service, Community Emergency Response Teams (CERT), Wildland Fire Crews, specialized Search and Rescue and Canine units
- Providing CISM overview and WVEMS CISM Team service availability to Emergency Management Coordinators, and Local Emergency Planning Group leaders at local gatherings, conferences and regional meetings

The Committee shall:

- Provide *brief* (20-30 minutes) Pre-Incident Education presentations to recruits in the Criminal Justice, Firefighter, and EMT /Medic classes
- Provide *brief* Pre-Incident Education presentations to first responders in continuing education and professional development classes

**□ The Committee shall develop and provide presentations as requested, on stress management and self-care for trauma services providers.** Any formal presentation must be approved in advance by the Chair of the Training Committee in consultation with the Team Clinical Leader and discipline-specific content expert appointed by the Team Administrator.

- An electronic and print copy of the presentation must be filed with the WVEMS Council.
- The WVEMS Team Member CISM Event Report must be completed and submitted electronically within 72 hours of the event.

Besides targeting the public safety/first responder community, the Community Outreach Committee may develop and implement a plan in order to increase awareness among selected local, regional, and state government agencies, as well as non-profit agencies and programs, about the mission and role of the WVEMS CISM Team so that the Team might develop or enhance strong working relationships with agencies potentially providing services to first responders after a critical incident or disaster.

The Provider Community Outreach Plan may include: ○ Meeting, by county and designated cities within the Region, with Community Service Boards (CSB), Employee Assistance Programs (EAPs), and private clinical practices, who are potential first responder service providers, introducing the WVEMS CISM Team, its mission and role, and exploring informal and formal working relationships

- Drafting and presenting to the WVEMS CISM team a Letter of Understanding between the Team and specific Agencies or regional representatives/agencies, (e.g. Fallen Firefighters Foundation L.A.S.T.) working collaboratively to provide a continuum of services to first responders and their families.
- Publishing a one-page “Quick Source” of agency contacts (e.g., CSB, Private Clinical Practices agreeing to Pro Bono work, Clinicians/Providers with specialized training) in each area (Southside, NRV, Alleghany-Craig, Roanoke-Botetourt) as part of the CISM Team Member “Go Kit”.

Other elements of the Community Outreach Plan may include:

- Identifying and negotiating *pro bono* or reduced services from clinicians and mental health providers who have special training [e.g., EMDR for PTSD; Thought Field Therapy (TFT)-a brief procedure to overcome anxiety, fear and stress that is of added benefit to first responders, thereby having providers “at the ready” for referral after a critical incident or traumatic event
- Meeting with non-profit agencies and programs providing support to first responder communities (e.g. Virginia Law Enforcement Assistance Program (VALEAP); Fallen Firefighters Foundation L.A.S.T. Program; Wounded Warrior Project, Yellow Ribbon Program) to determine a mutually beneficial provision of interventions and care to first responders

After meetings and events to educate the provider community or increase community awareness about CISM, the Committee Chair or designated WVEMS CISM members by county are responsible for submitting the electronic CISM Member Online Contact Report within 72 hours.

#### **Community Outreach Committee Chair**

The Community Outreach Committee Chair serves a two-year term, decided every odd numbered year, with elections being held at the last scheduled team meeting prior to the beginning of the new fiscal year.

#### **The Training Committee**

The training committee shall be composed of at least two members (at least one mental health and one peer) from each area (e.g., Southside, Roanoke, New River Valley, Alleghany-Craig). Each discipline (fire, rescue, law enforcement, chaplain, mental health provider) must also have balanced representation on the Committee. Both new members and more experienced members are encouraged to participate on the committee. The Committee will also be responsible for coordinating CISM team training events with the Team Administrator and Clinical Coordinator.

The Clinical Coordinator and Council Liaison shall sit on the Training Committee as permanent members who will assess and recommend training opportunities for CISM team members.

The Training Committee shall be responsible for:

- Researching potential funding for training, potential training sources and methods ○ Developing a budget for all aspects of the training(s)
- Assist the Team Administrator and EMS Council with grant writing, specifically on segments pertaining to the Problem or Need for Training, Proposed Training Course, and How the Training will be evaluated
- Coordinating, with the Council Liaison, the scheduling of the training ○ Coordinating, with the Council Liaison the letter of agreement from the instructor ○ Publicizing the training ○ Participant registration
- Coordinating, with the Council Liaison, the request for Continuing Education from the VAEMS Office ○ Hosting the training, including room setup, materials procurement, special needs of participants, completion of documentation for continuing education and clean up
- Evaluation of the training

#### **Training Committee Chair –**

The Training Committee Chair serves a two-year term, decided every even numbered year, with elections being held at the last scheduled team meeting prior to the beginning of the fiscal year

## **IX. CISM TEAM OPERATIONS**

The WVEMS CISM Team operations depend upon its members to adhere to policies and procedures.

### **JOINING THE WVEMS CISM TEAM- The Application**

All persons desiring to join the Team will complete a WVEMS CISM Team application, consisting of the hard copy or electronic application (<http://western.vaems.org>)

#### **Letter(s) of Recommendation (At least one Letter of Recommendation)**

- One Letter may be from a current supervisor/Chief
- One Letter must be from a source who is familiar with the applicant's ability and experience

The letter(s) of recommendation must address the applicant's qualifications and specific skills related to the duties of a CISM team member.

The applicant must submit:

- Copies of any and all appropriate training certificates and diplomas
- Mental health applicants who are not licensed by the state will, upon request, provide copies of all undergraduate and graduate transcripts. These records are considered confidential and will be handled accordingly.
- Criminal Background Check Request (<http://western.vaems.org>)

- Release for Criminal Background Check (<http://western.vaems.org>) Click on “CISM” on left side of screen

### **The Screening Process**

- Once the Application is complete, the Membership Committee shall read, review and consider the application (See Recruitment and Membership Committee response requirements). The Clinical Team Leader, CISM Team Administrator, or Chair of the Membership Committee may contact other peers and acquaintances of the applicant in order to determine the accuracy of the information provided. The names and comments of all persons so contacted will be maintained as part of the applications, but will not be attributable except with the expressed permission of the person quoted.
- Within the specified time (See Recruitment and Membership Committee response requirements), a decision must be reached to accept or reject the application. If the committee determines that the candidate is not suitable for team membership, the recommendation will be sent to the CISM Team Administrator and Clinical Team Leader for review.
- If the applicant is not acceptable, the CISM Team Administrator (or designee) shall send the applicant an acknowledgement of the application and inform the applicant that the application is not accepted.
- For those applicants whose application is moved forward, an interview will be scheduled and completed within the timeframe specified under the Recruitment and Membership Committee response requirements.

### **The Interview**

- The applicant shall meet with selected members of the Recruitment and Membership Committee (at least one Mental Health Provider and one Peer) for an interview. The purpose of the interview is to confirm the contents of the application, determine if the applicant is suitable for team membership, review the applicant’s background and training, and discuss the team standard operational guidelines.
- The members will then present findings to the Membership Committee. They may recommend to the Committee the acceptance, rejection, or deferral of the candidate for designated team membership. The recommendation is not binding on the team. The Clinical Team Leader and CISM Team Administrator are ultimately responsible for the acceptance of applicants to the team.
- If the applicant is rejected or deferred, the CISM Team Administrator (or designee) shall send the applicant a communication and inform the applicant of the status of the application.

### The Team Meeting

- The Committee shall present the candidate to the WVEMS CISM Team at a called meeting or at the next quarterly meeting (decision is made based on required applicant response time) .... *at which the candidate is in attendance.*
- The candidate shall speak to the WVEMS CISM Team briefly introducing him/herself and stating their reasons for interest in the team, their experience and any special interests.
- WVEMS Team members may ask questions for clarification.
- Candidates in attendance shall be informed of the process and asked to leave the room.
- WVEMS CISM team members in good standing may vote to accept or reject the candidate.
- After the vote, Committee members who interviewed the candidate or their designated Committee member shall inform the candidate of the decision of acceptance. If the candidate is not accepted, the Team Administrator or his/her designee shall inform the candidate of the decision, with pertinent information provided.
- If the candidate is voted into membership, s/her is invited to attend the remainder of the meeting and welcomed to the team. If the candidate is not voted into membership, the candidate is wished well and is not invited back into the meeting.
- The CISM Team Administrator (or designee) shall send a welcome letter to new members within one week of their acceptance to the team, set up a member file, add the member to the roster and notify the new team member to attend the next quarterly meeting for introductions to the team and provide the requirements for becoming a full member.
- The CISM Clinical Team Leader and Peer from the Membership Committee shall contact the new member to set up a meeting in order to assess training requirements necessary, inform the member of provisional status and the process for movement to active member. The Clinical Team Leader or the Peer shall also instruct the new member in the steps to electronically submit a CISM Member Online Contact Report, set up the photo ID by photographing the member and submitting electronically to the EMS Council Liaison. The member shall also receive a checklist for his/her "Go Kit" for Team responses, be given a polo shirt, business cards, and 10 copies of the standard handout for the "Go Kit" on Reactions to Stress After a Critical Incident.
- For applicants not accepted, the CISM Team Administrator (or designee) will send letter of non-acceptance as well as letters to individuals who are accepted.

## **DISCIPLINARY ACTION**

### **Complaint**

Any member or constituent may file a complaint regarding a CISM Team member. The member shall be notified by the Team Administrator (or designee) within five business days of receipt of complaint, of the nature of the complaint and asked to respond in order to give due diligence to the complaint process and to ensure that the member is mutually included in any team action and resolution.

### **Hearing**

The WVEMS team member may elect to be present at a hearing before the membership committee, or may waive the hearing. The Membership Committee shall make a recommendation regarding member status to the Team Administrator and Clinical Coordinator within 72 hours of committee review. The Committee may also request an extension of a specified period of time and request that the WVEMS Council Liaison and its Counsel consult with the Committee.

### **Recommendation**

The member's alleged actions may be reviewed by the Membership Committee and either 1) dismissed for lack of evidence; 2) tabled for no more than ten business days for further investigation and review; or 3) recommended for disciplinary action.

Upon receipt of the Membership Committee's recommendation, the Team Administrator must contact WVEMS Council Liaison to ensure that the Council Leadership is aware of the issue, requesting Council review for any potential liability.

### **Disciplinary Action**

Progressive disciplinary action may be taken in the form of Oral Warnings, Written Warnings, Suspension for a specified period of time, or permanent dismissal from the Team. Any such warning must be documented in the team member's record on an adopted Progressive Discipline Form.

The WVEMS Council may, at its discretion, provide a legal review by its Counsel prior to release of the decision by the CISM Team Administrator. The member will be notified in writing within one calendar month by the WVEMS CISM Team Administrator.

### **Revocation/Suspension of Membership**

Team membership is revocable at the discretion of the Team Administrator or the Clinical Coordinator on the recommendation of the Membership Committee. Revocation or Suspension of membership is recommended for, but not limited to, the following:

- Failure to be present at an assigned intervention after having made a commitment to do so
- Violation of confidentiality

- Failure to follow ICISF CISM protocols/processes, using the “Mitchell Model” as the Standard of Care
- Conviction of crimes that involve felonies
- Any misrepresentation of the CISM team
- Violating the ethics of care standards focusing on “DO NO HARM” including, but not limited to:
  - Incomplete strategic planning (Threat, Target, Type, Timing, Theme, and Team Resources available) or provision of partial, inadequate interventions for the care and well-being of first responders
  - Conducting any portion of CISM training within or outside the WVEMS Council Region, where the curriculum, including the Mitchell Model as the Standard of Care, is modified, altered, or misrepresented as if it were the authentic training authorized for use by ICISF Approved Instructors
- Use of WVEMS CISM membership or activity to promote oneself in a standard of care or any professional activity in order to gain favor personally or professionally in one’s affiliation with another organization
- Acting against the expressed direction of the CISM Administrator, Clinical Coordinator, or Area Coordinator(s) unless one’s safety and/or well-being is at risk

### **Resigning from the Team**

Any member wishing to terminate team membership for any reason should submit a letter of resignation to the CISM Team Administrator, with an effective date. The Team Administrator (or designee) will notify all appropriate parties of such resignation.

### **Formal Requests for CISM Services**

In general, requests for CISM Team services will be coordinated through the CISM Team Administrator utilizing a paging system that provides 24-hour service. Requests for CISM services are generally made by emergency services workers directly to the 800 Crisis Line. The WVEMS CISM staff or the Dispatch will obtain the initial information and will follow the CISM dispatch protocol.

Exception: In the event of a Line of Duty Injury, Line of Duty Death, Incident with Multiple Casualties, Prolonged Event, Child Fatality or Incident with Extraordinary Media Exposure, the WVEMS CISM TEAM Area Team Coordinator or the Team Administrator shall automatically broadcast an alert, with request for member response time to the location. No member shall deploy to the location until notified to do so.

### **Area Team Coordinator Receipt of Request**

The Area Team Coordinator will get in touch with the requesting individual and determine, using strategic planning tools, the most appropriate intervention(s). The Coordinator will use appropriate protocols and make all logistical arrangements necessary to ensure that services are provided.

**CISM Team Peer Receipt of Requests for Services**

Occasionally, team members will be approached directly by emergency services workers with a request for CISM services. The team member should evaluate these requests carefully. Peer members are encouraged to conduct interventions within their level of training. This means that peers can conduct one-to-one sessions (using appropriate models).

If the peer is asked to conduct a group intervention, s/he should contact the respective Area Team Coordinator. In discussion with the Coordinator, the appropriate protocols must be followed and the appropriate intervention must be determined.

If the Peer does not wish to conduct the required group crisis intervention, or believes the intervention is either outside the scope of his/her training or is inappropriate, the Peer shall contact the Area Team Coordinator. Failing contact with the Area Team Coordinator, the Clinical Coordinator or the CISM Team Administrator shall be contacted, so that the request can be responded to appropriately and in a timely manner. *At no time should a Peer receiving a local request to conduct a group intervention, conduct the intervention alone. This is a violation of ethical standards of care and grounds for dismissal.*

Under all circumstances, no team member shall work outside their level or scope of training. In all situations, clinical questions, such as what the appropriate intervention should be and who should deliver the intervention, shall be directed to a Clinical Coordinator. Any time the appropriate intervention is a demobilization, crisis management briefing, or large incident leadership consultation, the Peer shall contact the Clinical Coordinator. In addition, the Peer shall contact the Clinical Coordinator with any “out of the ordinary” request.

**CISM Team Activation and Deployment**

The WVEMS CISM Team responds when invited. The Coordinator or Peer may apprise an individual or an agency of WVEMS CISM services available should a critical incident or disaster occur, following established protocols.

A CISM Team member shall NOT self-activate for interventions with an agency/organization; Self-activation without notification for group interventions may be grounds for dismissal.

For *any* CISM Group Intervention, a minimum of one Mental Health Provider in attendance is a requirement.

Neither the Western Virginia CISM Team, nor any of its members, will attempt any critical incident stress intervention or counseling assignments in any other regions within the Commonwealth of Virginia unless requested by a member of said region, the CISM Team responsible for that region, the Virginia Office of Emergency Medical Services, or the Virginia Emergency Operations Center.

If the WVEMS CISM team or any of its members is approached by a contact other than the CISM Team responsible for that region, or the VA OEMS office, the WVEMS Team Administrator will contact the CISM Team Administrator of that region to determine if

mutual aid is appropriate. An Exception Report must be filed within 72 hours of the Request for Mutual Aid, indicating that the contact was/was not made and the outcome.

Requests for services outside the Commonwealth of Virginia are evaluated and handled on a case-by-case basis.

No member of the team shall deploy as a representative of WVEMS CISM Team to any area outside the defined service area (Western Virginia Planning districts) without the knowledge and consent of the team's CISM Team Administrator, Clinical Coordinator, or the Western Virginia EMS Council's Executive Director. Freelancing / self-deployment (responding to a scene with the intention of conducting any form of CISM intervention without having been mobilized through appropriate channels) are strictly prohibited. Any instances of freelancing / self-deployment may result in the team member's removal from the WVEMS CISM Team.

Nothing in the above paragraph shall be construed to prohibit the routine private or employed practice (e.g. instruction, chaplaincy, and counseling) of any peer, mental health provider or clergy serving on the Western Virginia CISM Team, provided they are not representing WVEMS CISM.

Peers shall provide peer support and one-to-one counseling at will, in a first responder's own agency or neighboring agency where the peer is known as a trusted and credible member of that discipline or profession. The peer may also request support or consultation from the Clinical Coordinator. An Online Contact Report shall be filed within 72 hours of the peer counseling and support.

**Reporting Requirements** - Any one-to-one counseling, small group or large group intervention, meeting, educational session or event participation conducted by the team, or any member of the team, shall be documented on the electronic form provided on the WVEMS CISM website or in hard copy by the person designated as the Team Lead for the event and transmitted to the Western Virginia EMS Council's office within 72 hours of the event.

Additionally, requests for CISM Team service that are referred or otherwise resolved without definitive WVEMS Team action should be reported with a brief description of the request and its disposition. A hardcopy of the report shall be maintained by the Team Leader, WVEMS Council Liaison, and Clinical Coordinator.

#### **Team Member Readiness**

Team members should be ready at all times to provide CISM services. If a member is unavailable during the call period, he/she must contact the respective Area Team Coordinator to decline response.

#### **“Uniform of the Day” for Planned CISM Interventions**

While conducting Team business, team members shall present a professional image. During Interventions, team members should wear the provided WVEMS CISM Team shirt if available.

**Identification** - Team members shall carry with them, at all times, and display Council issued identification showing that they are an approved provider through the WVEMS CISM Team and the Western Virginia EMS Council. Identification badge remains the property of the WVEMS Council and must be surrendered when a member leaves the team for any reason.

### **Reimbursement**

Service on the Western Virginia CISM Team is voluntary and non-compensable; however, team members may be reimbursed for mileage at the rate currently approved by the Commonwealth of Virginia when members are officially activated in response to an incident. Team members may also be provided state required training and approved continuing education training at WVEMS Council expense provided that appropriate funding is available.

### **CISM Team Meetings**

The Western Virginia CISM Team or its sub-units shall meet quarterly to address ongoing operations and administrative needs. The meeting format will be informal with a simple majority of those present carrying any issue in question.

Only active members as described under "Team Membership" may vote. For most meetings and issues a quorum will be three active members. The Team Administrator breaks the tie

Minutes will be recorded by the Team Secretary. The minutes will be submitted for approval to The Team Administrator within five business days or one work week. After corrections, the Team

Secretary shall submit the minutes to the WVEMS Executive Director within 10 business days or two weeks of the meeting

## **X. ATTRIBUTIONS**

This document is derived from the original WVEMS CISM Policies and Procedures document dated 2008 and modified by Pamela Y. Frasier, PhD, Clinical Coordinator of the WVEMS CISM Team, using information and content reviewed from the Virginia's Peninsulas CISM Team, Tidewater (VA) CISM Team, and the Indianapolis, IN Fire Department.