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	Cumberland County Fire Chief's Association		REFERENCES: NFPA 472 - Hazardous Material Competence NFPA 1001- Firefighter Qualifications NFPA 1002 – Driver Operator Qualifications
			FORMS: TBP 1 st Draft Reading 05/23/22 2 nd Draft Reading 06/27/22 3 rd Final Reading 08/22/22
Peer Support Team			
APPROVED BY: <i>Freddy L. Johnson Sr., President, Administrative SOG</i> 			EFFECTIVE: September 1, 2022

1 Purpose:

To provide the Cumberland County Fire Departments employees and its members with psychological and emotional support through multipole services during times of personal and professional crisis. While employees/members may react differently to the same situation all employees/members play a significant role in recognizing such events and ensuring that the procedures outlined herein are followed for the welfare of their fellow employee/member

2 Definitions:

Peer Team Member (PTM) – Specifically trained colleague, not a counselor or therapist. **PTM** is a Cumberland County Fire department employee or member that has been approved by the peer support team steering committee by completing all requirements (application process, required classes and interview). The PTM must agree to and sign a confidentiality contract.

Peer Team Leader (PTL) – A **PTM** that is designated by the steering committee as lead person for each activity or deployment. The **PTL** directs the activity and is the on-site person in charge of the **PTMs**. The **PTL** is also responsible for all data collection.

Steering Committee – Executive panel comprised of three **PTMs** of which one will serve as the program manager. The program manager is responsible for overall coordination of the activities of the **PST**. The program manager and steering committee are appointed by the Fire Chief association.

3 Policy

Section 1 Confidentiality

- A. All information collected by the **PST** shall remain confidential and shall not be disclosed by the **PST** outside of the session unless.
 - 1. The employee/member permits disclosure of information in writing.

2. Information is subpoenaed as part of a legal proceeding and release is approved by the county attorney's office.
- B. The following information shall be reported to the steering committee after emergency steps taken I e. calling 911 for law enforcement and/or EMS intervention.
 1. Information indicting that an employee/member may be a danger to themselves
 2. Information indicating that the employee/member may pose danger to another person
 3. Information indicating a violation of local, state or Federal laws
- C. All **PTM(s)** must agree to and sign a confidentially contract. Violation of this contract may result in removal from the peer support team and possible disciplinary action.
- D. The **PST** may release anonymous statistical information regarding utilization of **PST** services to the department Executive staff.
- E. No **PTM** will keep written formal or private records of sessions, other than the anonymous statistical sheet.

4 Administration

- A. The **PST** will consist of no more than 30 **PTM** ideally two from each station of Captain and below.
- B. Any employee/member may request support from the **PST**. Team member assignment may be subject to change based on the request of the employee/member seeking support.
- C. Any changes to this policy must be approved unanimously by the steering committee and the chief association.
- D. **PTM** selection will consist of application submission and panel interview by the steering committee. Appointment is contingent upon unanimous recommendation of the steering committee.
- E. **PTM(s)** can be removed from the **PST** at any time by unanimous vote of the steering committee. The program manager must submit a written report to the chief association detailing circumstances leading to removal, in the event a **PTM** is removed from team.
- F. Activities applicable for **PST** deployment include but not limited to the following
 1. Hospital visitation of employee/member or family

2. Career issue support
 3. Ongoing emergency incident support
 4. Post incident support
 5. Death notification
 6. Substance abuse
 7. Chaplain referral
 8. Personal relationship support
- G. The **PST** will work closely with the agencies to provide referrals to employees/members in need of counseling or guidance outside the scope of the **PSM's**. With the employee/member's consent **PSM's** can/will act on behalf of the employee/member to arrange care from mental health professional. Whenever applicable these agencies will work closely with the **PSM's** in providing employee/member information about the **PST** and how the **PST** can be used as a valuable resource of support and information. Upon request of the **PST** a representative from these agencies will attend meetings to review ongoing cases with the **PSM's** and provide guidance and support. All communication between the agency representatives, **PSMs** and employee/member will comply all HIPAA guidelines to insure utmost confidentiality.
- H. Activities applicable for **PST** deployment include but are not limited to, the following:
1. Hospital visitation of employee/member or family
 2. Career issue support
 3. Ongoing emergency incident support
 4. Post incident support
 5. Death notifications
 6. Substance abuse
 7. Chaplain referral
 8. Personal relationship support
- I. The **PST** will work closely with all agencies to provide referrals to employee/member in need of counseling or guidance outside the scope of practice of the **PSM's**. With the employee/member's consents **PSM** can/will act on behalf of the employee/member to arrange care from agencies such as mental health professionals. Whenever possible or applicable the agency
- J. will work closely with the **PSM** in providing employee/member information about the **PST** and how the **PST** can be used as a valuable resource of

support and information. Upon request of the **PSM** a representative from the agencies will attend meetings to review ongoing cases with the **PSM** and provide guidance and support. All communications between agencies and **PSM** and employees/members will comply with all **HIPAA** guidelines to ensure confidentiality.

5. Critical Incident Debriefings/Defusing (CISD)

1. Recognition

It is the responsibility of **Chief officer** and/or **Company officer** to recognize and identify incidents that might be worthy of a **CISD**. These may include but are not limited to mass causality events, the death of a young person, horrific incidents, or an incident involving a co-worker.

2. Definitions

- A. **Assessment:** A review of the circumstances of a critical incident. Subsequent support needs to determine appropriate response and follow-up.
- B. **Defusing:** An initial small group response to a critical incident that is often conducted within 12 hours of a crisis event by a chief officer and or a peer support officer when available. Defusing is designed to provide an initial forum for ventilation, support, and information exchange. A defusing provides an opportunity for assessment and is sometimes followed by a Critical Incident Stress Debriefing.
- C. **Debriefing (CISD):** A structured group crisis intervention facilitated by a mental health professional and/or a trained peer support member. A debriefing is a group discussion where participants are encouraged to but not required to discuss the critical incident and their reactions to the incident. Suggestions are provided for coping and stress management.

6. Guidelines for determining a critical incident

- A. A critical incident is a situation faced by personnel that causes them to experience unusually strong emotional and/or physical reactions that have the potential to interfere with their ability to function either at the scene or later. A situation does not have to be a major event or disaster to be classified as a critical incident.
- B. **The following are examples of critical incident:**
 - 1. The serious injury or death of any employee/member in the line of duty
 - 2. The serious injury or death of a member(s) of the public while a employee/member is performing their duties or function. Special attention

should be given to incidents that involve children/child, a family member, friend, neighbor or where an association to these can occur.

3. A suicide or homicide of an employee/member
4. Any incident in which there is unusual media coverage.
5. Loss of life that can be considered a serious physical or psychotically threat to an employee/member in the line of duty
6. Loss of life that follows extraordinary and prolonged expenditures of physical and emotional energy in the rescue attempt.
7. A series of incidents that may have a cumulative effect.
8. An incident in which the circumstances are so unusual or so distressing as to produce or delayed emotional reactions that surpasses normal coping mechanisms.

C. Characteristic symptoms following a critical incident may include

1. Being unable to talk about the event and the feelings associated with it.
2. Feeling detached and withdrawn keeping emotional distance from family and friends.
3. Avoiding recreational or work activities that are reminders of the incident.

4. Experiencing recurring and intruding memories and feeling about the incident: this may occur during sleep.
5. Feeling preoccupied, experiencing impaired memory and concentration and have difficulty completing tasks.
6. Feeling hyper-alert, startling easily, having difficulty sleeping, eating, coping

While these symptoms are characteristic of several emotional disorders, their development after a psychologically traumatic event represents a common and normal responses.

Involvement in a critical incident requires some adjustment by all personnel and the development of the symptoms in no way indicates weakness or mental illness in an employee/member. If however an employee/member suppresses, denies or in any way fails to work through the normal psychological pain associated with a stress reaction. The potential for development of a serious emotional disorder exists.

7. Procedure

- A. Once the need for a CISD has been identified, the chief officer or company officer will brief a PSM on the assigned shift, if available. If a member is not available on

shift, contact the Peer Support Team Leader or Peer Support Program Manager for assistance to identify a Lead Peer Support member for the CSID.

- B. Debriefing allows those involved with the incident to process the event and reflect on its impact. Debriefing will be conducted by a specially trained team which may include a professional and peer support personnel. Debriefing is
- C. ideally conducted between 24 and 72 hours of the event but may be delayed if circumstances require it.
- D. Defusing sessions are short, less formal versions of a debriefing. Defusing sessions are best if conducted within one to four hours of the incident but not to exceed 12 hours after the incident. The main purpose is to stabilize
- E. people affected by the incident and help them return to a normal routine. A formal Debriefing may be required later and time if deemed necessary. The Lead Peer Support member will then identify what resources will be needed and work with chief officer to create a plan of action.
- F. It will be the job of the Lead Peer Support member to contact the needed resources and communicate the necessary information to those resources. If a **CISD** is to be conducted, only trained members of the **PST** will be deployed. Untrained **PST** members may accompany a trained staff member for training purposes only.
- G. The **PST** member chosen to lead the **CISD** will then conduct the debriefing/defusing, complete the **PST** contact log, provide the Team Leader with a quick summary, identify any follow-up that may be needed, and address other concerns that may arise.
- H. The Lead Peer Support member will provide additional support as needed. Individuals may reach out to any member of the **PST** on an individual basis, if needed. The Lead Peer Support Member assigned to the **CISD** should be the only individual communicating with the **Chief officer** for the purpose of coordination. If a **PTM** is involved in the incident or unavailable any available **PTM** can perform the functions.

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