



# CRITICAL INCIDENT STRESS MANAGEMENT

Guidance, Policies  
and Procedures

**TÚSLA**

An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

THE WORLD HEALTH ORGANISATION (2006),  
DEFINES A CRITICAL INCIDENT AS 'AN EVENT  
OUT OF THE RANGE OF NORMAL EXPERIENCE;  
ONE WHICH IS SUDDEN AND UNEXPECTED,  
MAKES YOU LOSE CONTROL, INVOLVES THE  
PERCEPTION OF A THREAT TO LIFE AND CAN  
INCLUDE ELEMENTS OF PHYSICAL  
OR EMOTIONAL LOSS.'



# FOREWORD

## Eibhlin Smith, Head of Health and Wellbeing



Tusla is committed to strengthening supports for our staff. The Health Wellbeing and the EAP department provide the CISM (Critical Incident Stress Management) model of post incident care.

CISM represents a model of care that is in line with best international practice and is the preferred model of care for many industries such as military, policing and emergency medical services. CISM provides a structured response when there are incidents and gives staff involved the best chance of recovery.

The cornerstone of the CISM model is the Peer Supporter. These are staff who are specially trained to provide appropriate support to colleagues when their colleagues have been involved in, or have witnessed, a critical incident. Currently, we have staff trained peer supporters in addition to the duties they carry out as part of their employment role. We hope to expand greatly on the number of available peer supporters across all grades in each area. Appointments to the peer supporter role will initially be made to establish representation across all grades. Where there are a number of suitable applicants within the same grade, training will be staggered on a needs basis to ensure all grades are represented initially.

I would like to encourage staff to seriously consider applying to become a peer supporter; or indeed encourage others who you think would be suitable for the role to apply. Peer supporters are good team players, adaptable and possess good communication and interpersonal skills at all levels within the organisation.

Peer supporters are provided with comprehensive training programme. The training will provide you with the requisite skills to undertake the role. The Health Wellbeing and EAP team will also provide ongoing assistance to peer supporters.

This is an opportunity for you to get involved in supporting your colleagues at difficult and challenging times and it is our hope that you might find this fulfilling and worthwhile.

If you would like to be considered to be trained as a Peer Supporter, please contact [eap@tusla.ie](mailto:eap@tusla.ie).

CISM acts a psychological first aid in the wake of a critical incident. We ask all staff, and particularly line managers to be familiar with the process for requesting CISM response from the Health and Wellbeing Department who are on hand to offer support to staff nationally.

*Eibhlin Smith*

**EIBHLIN SMITH**

*Head of Health and Wellbeing*

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# POLICY FOR PREVENTING AND MANAGING CRITICAL INCIDENT STRESS (CISM)

## **A Guide for Managers**



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## 1. Policy Statement

Tusla's policy for the prevention and management of stress, following exposure to a critical incident or traumatic stressor in the workplace.

Providing support to employees who may be exposed to critical incidents in the course of their work is part of a continuum of care that Tusla seeks to provide to all its employees. Responsibilities for promoting employee wellbeing, identifying potentially traumatic stressors, assessing risk and intervening as necessary, which are outlined in the Prevention and Management of Stress in the Workplace (2017).

## 2. Policy Framework

The critical incident stress policy outlines our response to employees affected by potentially traumatic events which are outside their normal work experience. We need to respond to these in a way that is qualitatively different to that in normal work situations. Because individuals experience critical incidents in different ways and vary in their reaction to similar events; what may be traumatic for one may not be for others. It is not possible to make rigid recommendations for all situations and employees.

As our workforce is not a homogenous group, different groups of staff will have different work experiences and contexts and as a result, will have different needs. Staff in each area of work should be involved in identifying potential stressors and effective ways to minimise or manage such situations. Each service should develop its own guidelines, based on the framework set out in this policy.

## 3. Definitions

The World Health Organisation (2006), defines a critical incident as 'an event out of the range of normal experience; one which is sudden and unexpected, makes you lose control, involves the perception of a threat to life and can include elements of physical or emotional loss.'

Often such events are sufficiently disturbing to overwhelm, or threaten to overwhelm, a person's coping capacity. Research has shown that multiple deaths, gruesome injuries, exposure to human remains, injuries to, or death of children, or people known to us, are particularly distressing, (The Ambulance Service CISM Committee 2008).

Most people would be severely shaken by a critical incident, but are likely to recover from its impact soon after. However, for some people, the full impact of a critical incident only becomes apparent after several weeks, when serious symptoms emerge.

After-effects may include; disturbing flashbacks, sleep difficulties, nightmares, memory loss, depression, a sense of numbness and other symptoms that are also associated with stress. This is referred to as post-traumatic stress. If it occurs within one month of the critical incident, it is called acute stress. Repeated exposure to critical incidents makes some people more effective in how they cope with them, but it may also make a person more sensitive to subsequent incidents and thus trigger an accumulated traumatic reaction.

Although only a small percentage of people who experience critical incidents will develop serious symptoms, the gravity of the impact on these people requires special care. Tusla aims to provide care and where possible, seeks to prevent incidents, reduce their impact, and support those affected. Please see the Tusla Incident Management Policy.

## 4. The Role of the Manager

Your role as manager, through your organisational position and understanding of the service area, is crucial. You must prepare for and support your staff through and after, any critical incidents that they may encounter in the course of their work. In carrying out these responsibilities, you may avail of further guidance and support from the Occupational Health Department, Employee Assistance Programme or other designated persons in your area. Employees must be advised of the Serious Physical Assault and Injury Grant Schemes.

Your support should focus on your staff's well-being. A minority of people who experience significant or prolonged reactions to critical incidents may need longer term support, e.g., some counselling support can extend beyond a month following an incident. As well as providing access to appropriate professional support, this might include social, financial and organisational measures. In such cases, you should assess each person's needs with the help of Occupational Health and Employee Relations services as required.

You must be clear about your role with regard to supporting staff who encounter stress in the workplace. We recognise that you will require training and support to carry out these responsibilities and aim to provide this. Please also consult Tusla's Policy for Prevention and Management of Stress in the Workplace, referred to earlier and Tusla's Policy on the Management of Workplace Aggression and Violence.

## 5. Critical Incidents

### Prevention of traumatic responses to critical incidents

The general guidance outlined in Tusla's Policy for Prevention and Management of Stress in the Workplace is relevant here. We also need to make special provision for critical incidents, particularly in service areas where employees are more likely to be exposed to such incidents in the course of their work.

In these services, we need to focus on making staff aware of: (a) the possible impact these events may have, (b) potential ways to minimise negative effects, and (c) the supports available to them, such as; Occupational Health, Health and Wellbeing Department and Employee Assistance Programme including counselling.

We also recommend that you encourage team-working, have good arrangements for supervision and for after shift wind-downs and use an external facilitator where needed.

### Managing responses to critical incidents

How we support staff members after a critical incident is very important. Early and appropriate intervention can help reduce the effects of stress and minimise the possibility of further problems developing later. Interventions at the initial stage should be simple, pragmatic, local and informal. Our primary focus should be on providing care and minimising further stress.

The core elements required to meet our legal obligations to provide a duty of care to our employees are set out below. This framework is based on an extensive review of models of best practice and has been adapted from the suggested guidelines of Devilly and Cotton (2003), for organisational practices and is in line with the UK's National Institute for Health and Clinical Excellence's guidelines.

In the event of a critical incident, or potentially traumatic event, managers should ensure that the following actions are taken:

#### a. Ensure that all employees affected have access to immediate practical and social support during and immediately after the event:

- (i) The practical support they need will vary depending on the circumstances, but may include:
  - Help with practical arrangements like transport home, or contacting a family member;
  - Providing refreshments – tea, coffee (no alcohol);
  - Providing cover to allow for 'down time'. This does not necessarily mean going off duty; it may be better to keep those affected together in the immediate aftermath of an incident so that they can compose themselves, talk about what has happened and support each other.

- (ii) Social support means the everyday expression of care and listening to the concerns of those affected. It is not clinical in nature and should involve:
  - Contact from the person's immediate manager, to acknowledge what has happened, express concern, provide social and practical support and to recognise the efforts of staff;
  - Contact with colleagues;
  - The presence of a respected and trusted colleague or designated person in their area of work, who is able to talk to staff who witnessed the event, or to people affected by it who are concerned about how to cope.
  - Take care to identify any staff or bystanders who may have been affected by the incident and respond appropriately to their needs.

#### b. Make employees aware of the Occupational Health, Employee Assistance and Staff Counselling services and enable them to attend if they request it:

Early access to emotional support and follow up with our employee support services after an event shows our genuine support for our employees. It is not intended as a clinical intervention at this stage, but does provide an opportunity for employee support clinicians to check for possible post-traumatic reactions.

#### c. Provide factual information and normalise people's reactions, not symptoms:

- (i) People who are involved in any way in a critical incident have a strong need for information after the event; What happened? Who was involved? Who is affected (injured, dead)? What documentation needs to be completed? Who needs to be informed? Will there be an investigation? What will be required of them?
- (ii) The presence of a senior manager after the incident who can convey accurate information about what has happened and outline plans to address the situation can reduce anxiety, quash rumours and re-establish a sense of order. Failure to offer this clarity and guidance can elevate already heightened stress levels among the staff involved.
- (iii) At a national or regional level, a well-informed and managed telephone help-line may be the best approach. At a local level, the presence of the manager is preferable. There should be regular meetings with all those involved as the situation evolves, particularly if there is an investigation involving filling in reports or interviews with Gardaí.



- (iv) As part of 'normalising reactions', you should offer people affected by the event information about the normal responses to critical incidents, so that they can better understand their own reactions to it. People with relevant training and experience can provide this information; not necessarily clinical professionals. Employees should not have to attend such an information session if they don't wish to. Attendance should be on a voluntary basis.
- (v) Give information leaflets on critical incidents in the workplace and the support services available to all those potentially affected by an event.

#### **d. Promote proactive problem solving:**

Research indicates that encouraging people to take an active role helps them to feel more in control of situations. The WorkPositive research carried out has stressed the importance of enabling staff to come up with their own solutions to problems and ways of coping with difficult work situations. This is particularly important when dealing with the aftermath of a critical incident.

In general, you should encourage staff to use coping strategies they consider most effective in their work context. Do not impose specific strategies, but give general advice about taking care of themselves, such as not drinking too much alcohol, using social supports and other basic aspects of self-care.

#### **e. Monitor staff to identify people who may be at-risk:**

As well as meeting immediate support needs, you should follow up with staff affected by a critical incident, or other form of potentially traumatic situation. For people who are particularly distressed, this might be within 24 hours. For others, follow up within 4 - 14 days, depending on the circumstances, would be appropriate. How and when you follow up should always be proportionate to the individual situation and the level of distress the employee shows.

This follow-up will give you the opportunity to check for symptoms of post-traumatic stress such as depression, avoidance behaviour, or intrusive phenomena. If you have concerns about any member of staff after a critical incident, you should seek guidance and support from the Occupational Health, Employee Assistance or Staff Counselling providers or other relevant designated persons. These specialist services will help you to identify possible 'at risk' staff who can then be followed up appropriately.

It is important for you to be vigilant and supportive, particularly at the following times: immediately after the incident, before going off duty, during any absences from work, prior to and on return to work, and during any investigation or legal proceedings, such as an inquest.

#### **f. Provide speedy access to early intervention for people who report on-going distress:**

Only a small minority of employees will need specialist support, but for those who do require it, it is important that they access it quickly. You should be aware of the arrangements for referring people to the various support services so that timely and easy access can be arranged if required.

#### **g. Ensure that appropriate organisational liaison and feedback occurs:**

The support services treating affected employees should provide a link between the staff involved and management. They should take care to separate concerns relating to the incident from other pre-existing, unrelated workplace issues.

In the case of a critical incident occurring in your area of responsibility, you should review key aspects of how it was managed, involving all stakeholders, to determine what changes need to be made to the existing policy or work practice. In some instances, it may be useful for an external facilitator to carry out such a review and to provide feedback to the EAP team from these sessions to assist with developing the service and revision of policies.

## **6. Review of policy**

This policy should be regularly updated to remain in line with research developments. Policy reviews must take account of any recommendations from a process review of a major event or of relevant new research.



## Tusla's Policy for Managing Critical Incidents

In the event of a critical incident, or potentially traumatic event, managers should:



While managers have the primary responsibility for dealing with stress, they may seek guidance and support from Occupational Health / Health Wellbeing and EAP or Employee Relations at any time.

## References

1. Tusla (2017), '*Policy for the Prevention and Management of Stress in the Workplace*'.
2. World Health Organisation (2006), '*Stress Management in Emergency Deployment*'.
3. The Ambulance Service CISM Committee (2008), '*Report on the National Ambulance Service Stress Survey*.' Dublin: Ireland.
4. Tusla (2017), '*Managing Workplace Aggression and Violence*'.
5. McKenna, K. (2008), '*Linking Safety and Service: Together Creating Safer Places of Service*'; Health Service Executive; Ireland.
6. Devilly, G.J. and Cotton, P. (2003), '*Psychological Debriefing and the Workplace: Defining a Concept; Controversies and Guidelines for Intervention*', Swinburne University; Australia.
7. National Collaborating Centre for Mental Health (NCCMH) (2005), '*Post- Traumatic Stress Disorder: The Management of PTSD in Adults and Children in Primary and Secondary Care*', Gaskell and BPS; London.



# TUSLA STANDARD OPERATING PROCEDURE FOR CISM (CRITICAL INCIDENT STRESS MANAGEMENT)



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## Section 1 - Purpose

The purpose of this Standard Operating Procedure is to establish a process for Tusla personnel to further define critical incidents, resources and peer supports that may be utilised to help support department personnel before, during and after a crisis.

## Section 2 - Definitions

### Critical Incident:

An event outside the usual realm of human experience that is markedly distressing. A critical incident has the potential to interfere with a person's ability to function; either at the scene, or following the incident.

### Critical Incident Stress Debriefing (CISD):

A group meeting or discussion, about a distressing critical incident, that is usually held 24 to 72 hours after a critical incident. Based on principles of education and crisis intervention, CISD is a peer-driven, clinician-guided discussion intended to mitigate the psychological trauma and accelerate recovery from significant stress related to a traumatic event. The CISD consists of seven phases: Introduction, Fact, Thought, Reaction, Symptom, Teaching and Re-Entry.

### Critical Incident Stress Management (CISM):

Is a comprehensive, integrated, multi-component crisis intervention system that is organised for the reduction and control of the damaging stress, resulting from an unusual incident.

### Defusing:

A three-phase, 45 minute, structured small group discussion provided within hours of a crisis for purposes of assessment, triaging and acute symptom mitigation. This is a shortened version of a CISD (Critical Incident Stress Debriefing), consisting of only three phases: Introduction, Exploration and Information.

### Rest Information Transition Services (RITS):

A brief intervention, reserved for use immediately after a disaster or large-scale incident. RITS provides a transition period from the world of the traumatic event, back to the world of routine. As staff teams are disengaged from operations at the scene of the incident, they are sent to the demobilisation center for a 10-20 minute talk on Critical Incident Stress and possible symptoms they might encounter.

Workers hear concrete stress management suggestions, which will be immediately helpful to them until a CISD can be arranged. (Formal debriefings always follow the RITS several days later.) After the ten minute talk, personnel move to another room where food and drinks are available. After a twenty minute rest, the workers either return to normal duties, or go home.



### On-Scene Support:

Services provided at the scene of an on-going traumatic event. Three basic supports are provided at the scene:

- 1) Brief crisis interventions with emergency personnel who show signs of distress;
- 2) Advice and counsel to the line manager / local management team;
- 3) Assistance to victims, survivors and family members directly involved with the incident.

### Individual Consultations:

Are informal consultations allowing one (or preferably two) trained peers or mental health professionals to work with one to three workers who are distressed. This intervention is far more conversational than the formal group processes of defusings, debriefings, or RITS. However, the debriefing model may be used as a guide to discuss the traumatic event.

### Peer Support Personnel:

Tusla representatives of any grade who have completed the basic CISM training and are members of a CISM team.

### CISM Team:

The CISM team is comprised of peer support personnel and mental health professionals who have completed minimum training requirements and have been screened through a CISM team's application process.

### Mental Health Professional:

Is any person, with at least a master's degree in a mental health field, who has specialized training in Critical Incident Stress Management.

### Counselling Lead:

Mental health professional who provides oversight to the intervention activities of the CISM team and who assures that the proper services are provided and that all team members work within the limits of their training.

## Section 3 - Critical Incidents

The following are examples of situations which may be critical incidents:

- Line of duty death
- Serious line of duty injury
- Suicide of a worker
- Critical injury or death of a child
- Knowing the victim involved in an event
- Prolonged incident with negative results
- Multi-casualty incident/disaster
- Terrorist Incident
- Event with excessive media attention
- Injury or Death of any individual caused by an emergency care provider
- Multiple Significant Incidents within a short time frame
- The victim or observer of Workplace Violence
- Any other significant or overwhelming event

## Section 4 - Critical Incident Support Services

### On Scene Support

Members of the Local CISM Team respond to the scene and will function as observers and/or advisors to the Incident Leader or his/her designee, regarding the development of acute stress reactions. The team members will be available to offer emotional support, make recommendations and assist the Incident Leader or his/her designee with stress-related information. This type of intervention is normally used in cases of large-scale incidents involving large numbers of staff.

#### *Objectives:*

- a) One-on-one support to those staff showing obvious signs of distress as a result of the incident, or their participation.
- b) Advice and counsel to the Incident Leader on topics of stress management; specifically issues related to the critical incident.

### Rest Information Transition Services (RITS):

Intervention may also be used for large-scale incidents with large numbers of staff who have been involved in the incident for very long durations. Where possible, RITS take place at a RITS center, away from the actual incident. All personnel at the incident are sent to a center when their work at the scene is completed. The process lasts no longer than 30 minutes. The local CISM team members provide about 10 minutes of stress education and information. During the remaining 20 minutes, the teams eat and rest before returning to their duties.

#### *Objectives:*

- a) Provide a place for teams released by the Incident Leader to rest and get something to eat and drink, in a comfortable atmosphere, away from the scene, before returning to work.
- b) Provide information and support on possible stress-related effects.
- c) Provide a place for the Incident Leader, or a representative, to give closing remarks, incident updates, or reports on injured personnel.
- d) Provide team members with an opportunity for ventilation of initial reactions if necessary.

Follow-up Services: the Demobilisation is always followed up with a CISD several days or weeks after the incident.

### Defusing

Defusings are performed after a group has been exposed to a traumatic event. The purpose is to offer support and information, allow initial ventilation of reactions, establish a need for a formal debriefing and stabilize members so they can go home or return to service.

It is similar to a mini-debriefing, but is not as detailed, as formal, or as long. Team members (peer de-briefers) primarily guide and facilitate the session. The process usually lasts between 20 and 45 minutes.

#### *Objectives:*

- a) Rapid reduction in the intense reactions to the incident.
- b) A normalizing of experience so personnel can return to work as soon as possible.
- c) Help re-establish the group to ensure people do not isolate themselves and can share their reactions with one another.
- d) An assessment of the personnel to determine if a CISD is needed.

Defusing will offer information on possible signs and symptoms of stress that participants may or may not experience and information on what they can do about it.



## Debriefing

Critical Incident Stress Debriefing will be provided if needed, on critical incidents where it has been impractical, impossible, or for some reason unable to perform a defusing.

Attendance at CISD is voluntary.

**CISD is not an operational critique or evaluation.** It is a stress debriefing designed to support workers who have experienced a distressing event.

### *Objectives:*

- a) Provide stress education.
- b) Provide a mechanism for ventilation of feelings before they can do harm.
- c) Provide reassurance that what participants are experiencing is normal and that they will probably recover.
- d) Forewarn those who have not yet been impacted that they MAY be impacted later and inform them of ways to deal with it.
- e) Reduce the fallacy of "uniqueness."
- f) Reduce the fallacy of "abnormality."
- g) Provide positive interaction with mental health services and providers.
- h) Add or restore group cohesiveness.
- i) Screen those who may not be ready to return to service.
- j) Refer those requesting or requiring additional services.

### **The formal debriefing has seven phases:**

1. **Introduction phase:**  
Participants introduce themselves, identify their work team / area and describe their role at the incident.
2. **Fact phase:**  
Participants discuss the facts about the incident.
3. **Thought phase:**  
Participants discuss their initial thoughts about the incident following their arrival at, or being made aware of, the incident.
4. **Reaction phase:**  
Participants discuss the worst part of the incident for them.
5. **Symptom phase:**  
Participants discuss any symptomatic effects that they may have had, or are having currently, as a result of the incident.
6. **Teaching phase:**  
CISM team members educate participants about the effects of stress, the many things that individuals can do to speed up the normal recovery process and how to deal with their families and loved ones as a result of the incident.
7. **Re-Entry phase:**  
Participants are asked to share any final comments or reactions that they may not have had the opportunity to discuss and CISM team members provide closing remarks.

### **The rules of CISD include, but are not limited to, the following:**

- a) Confidentiality; what is said in the debriefing remains in the debriefing. Anyone violating the confidentiality of the debriefing may be subject to disciplinary action, following 'Tusla Disciplinary Action' outlined in the Terms and Conditions of Employment.

A person must feel confident when dealing with his/her reactions; that their reactions will be kept in the confidence of the group of people involved in the process, not used to slander or belittle that individual.

- b) Only those present at the incident, or impacted directly, may attend (except in line-of-duty death and suicide of an employee)
- c) No notes, cameras, or recordings will be allowed
- d) CISD is not psychotherapy
- e) CISD is not an investigation or critique
- f) The participants shall be off duty or out of service during the debriefing
- g) No reports will be made to supervisors on what any individual said in the debriefing session
- h) No media is allowed
- i) No breaks will be taken
- j) No one has to speak
- k) CISD occurs away from incident scene

### **Individual Crisis Intervention**

One-on-one support may be recommended in any situation in which the CISM team determines that a member continues to show obvious signs of distress or is having difficulty adjusting to the incident.

One-on-one support is also designed to provide assistance to personnel that request help; but the same number of personnel may not require the formal setting of debriefing process.

### **Post Intervention**

After every CISM intervention, the team members will assess each participant for potential follow-up support. The team will identify the need with their Manager to allow for future follow-up services. If personnel feel there is a need for additional assistance, or they are still experiencing significant distress, there may be a referral for additional support so they should contact their line manager immediately. Line Managers are also responsible for identifying personnel that are exhibiting continued problems with the incident.

Sources for referral include:

- a) Employee Assistance Programme
- b) Occupational Health



## Section 5 - CISM Activation Process

Any Tusla personnel can request that a local CISM team is contacted, by following the proper steps to correctly activate the team, when they feel the need for the following services:

- a) Defusing
- b) Debriefing (CISD)
- c) Individual Crisis Intervention

The manager at any given critical incident can request that a local CISM team is contacted to perform the following services:

- a) On-scene support
- b) RITS

### Steps to Activating the CISM Process within Tusla

1. If any personnel feel the need for the listed services they should immediately request help through their Line Manager or contact eap@tusla.ie.
2. The Line Manager will then contact the Health and Wellbeing Dept eap@tusla.ie .
3. The Line Manager will complete the CISM services request form to initiate the services (see attached form) and forward to eap@tusla.ie
4. If peer support is required for an individual then they should like with a local peer supporter, or eap@tusla.ie
5. If personnel indicate a possible need for services, complete the form and contact a CISM representative for confirmation. Please consult the Health and Wellbeing Dept if in doubt as to what support should be requested.
6. The following information should be used to contact CISM services: eap@tusla.ie

## Section 6 - Attendance

Attendance at a RITS, Defusing, or Individual Crisis Intervention will be directed to specific staff in a relatively short time frame; therefore, each person is expected to participate.

Attendance at a Debriefing is highly recommended.

## Section 7 - CISM Training

Continuing education for the CISM team will be provided every year.

Local CISM teams offer peer de-briefer training on a two yearly basis for personnel that are interested.

## Section 8 - References

1. Everly, G. Jr. Ph.D., & Mitchell, J.T. Ph.D., (2001) Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing, and Other Group Crisis Intervention Services. Ellicott City, MD: Chevron Publishing Corporation.
2. Vaughan, Jamie, (2006), Creating a Standard Operating Guideline on Critical Incident Stress Management for Rocky Mount Fire Department. Unpublished applied research project.
3. Tusla (2016) Safety Statement
4. Tusla (2016) Incident Management Policy and Procedure



## APPENDIX 1

### Tusla Critical Incident Stress Management Request for Services Form

Complete prior to contacting HWEAP for services.

Date: \_\_\_\_\_

#### Type of Critical Incident: (Check appropriate box)

- |                                                                                     |                                                                                   |                                                                       |                                                                      |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Line of duty death                                         | <input type="checkbox"/> Serious line of duty injury                              | <input type="checkbox"/> Suicide of an staff member                   | <input type="checkbox"/> Critical injury or death of a child         |
| <input type="checkbox"/> Knowing the victim involved in an event                    | <input type="checkbox"/> Prolonged incident with negative results                 | <input type="checkbox"/> Multi-casualty incident/ Terrorist Incident  | <input type="checkbox"/> Event with excessive media attention        |
| <input type="checkbox"/> Injury or Death of any individual caused by a staff member | <input type="checkbox"/> Multiple Significant Incidents within a short time frame | <input type="checkbox"/> The victim or observer of Workplace Violence | <input type="checkbox"/> Any other significant or overwhelming event |

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Number of Victims: \_\_\_\_\_ Number of Deaths: \_\_\_\_\_

Number of Personnel Involved: \_\_\_\_\_

Are there personnel in the staff group directly involved that appear to be distressed? If so describe:

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Have the personnel demonstrated behaviour changes? If so describe:

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Have any personnel requested help? Explain.

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Is the incident extraordinary? If so explain how.

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Are there staff involved from other agencies who are displaying similar signs?

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What will be the length of time between the incident and the target time for services requested? Hours \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_

Where is the facility that the services will be conducted?

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Will the participants be taken out-of-service or be off duty? ☐ out-of-service ☐ off duty

Who will arrange for refreshments following the services?

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# CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

## Peer Support Information



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency



## Peer Support Information

### Staff Support

The Critical Incident Stress Management (CISM) model is recognised internationally as one of the leading ways to help staff who have experienced a critical incident at work. The model, which has been endorsed by the State Claims Agency, provides a structured response when there are incidents and gives staff the best chance of recovery.

### CISM

The introduction of the CISM model has been managed and coordinated by the Health and Wellbeing Dept. A key component of the programme is the inclusion of trained Peer Supporters to be the first line of support in the event of a critical incident.

### We would urge you to think about volunteering to become a Peer Supporter.

We will give a brief overview of what CISM is below. This article is the first introduction to the service that we believe will be of great benefit to staff following an incident in their work. CISM is the bedrock of care which the Defence forces, Dublin Fire Brigade, Ambulance Service and many other organisations have implemented and have found to be of great benefit.

### What is a Peer?

A peer is a person you work with on a daily basis performing a similar role.

### What is a Peer Supporter?

A peer supporter is a colleague who you work with on a daily basis that has undergone training to support their colleagues following a critical incident. They assist in normalising the feelings and emotions following an incident individually and as a group. They follow up with colleagues and point towards more specialised support if required.

### What is a critical incident?

Critical incidents are unusually challenging events that have potential to create significant human distress and can overwhelm one's usual coping mechanisms (Mitchell, 2006, p.20).

### What is Crisis Intervention?

Crisis intervention is "Psychological First Aid" or "Emotional First Aid".

### What is Critical Incident Stress Management (CISM)?

It is a specialised package of Critical Incident techniques that are linked to each other and blended together to alleviate the reactions to traumatic experiences.

#### *CISM aims to:*

- Minimise the emotional impact of Critical Incidents on staff
- Increase the resistance, resilience and recovery of staff to harmful stress
- Prevent harmful effects on staff by working with and supporting staff at the time of a Critical Incident
- Aid in preventing any chronic effects such as Acute Stress Disorder or Post-Traumatic Stress, through the use of good education, follow up care, and prompt identification and referral to the EAP as required

CISM comprises a continuum of care and targets the response of individuals and groups of individuals to traumatic events rather than the incident or event itself.

### Core components of CISM:

1. Pre-Incident Education (PIE) on stress recognition and reduction
2. On-Scene Support; one on one engagement and/or practical support
3. Specific Critical Incident Stress Initiatives, as and when required and in line with recommended guidelines which may include:
  - *Individual Interventions*; One to one meeting between a person involved in an incident and a peer.
  - *Crisis Management Briefings*; An information briefing for interested parties to an incident as to what is happening or is happening at present. Support is available.
  - *Rest, Information and Transitional Services (RITS)*; An information meeting where staff working an incident are informed of what has happened and the plans for the future support is available.
  - *Defusing* (at the time of the incident, or on or before return to work); A meeting of the staff directly involved in an incident with peers, to discuss what has happened, with support and held at the first practicable time within a day of the incident.
  - *Debriefing* (1-10 days after incident, as and when required); A meeting of the staff directly involved in an incident with peer and specialised support, to discuss the effect of the incident on an emotional level.

4. Follow up with every participant on individual, defusing and debriefing interventions
5. Referral Facilities; EAP/Occupational Health/Mental Health Specialist

The type of intervention mobilised is dependent on; the type of incident which has occurred, the responses of individuals and/or groups to that incident, and is a collaborative effort between the CISM team and the individuals and or groups involved.

Participation in any CISM intervention is voluntary and not mandatory. It is however recommended that all staff members exposed to critical incidents avail of recommended CISM interventions.



## CISM Responsibilities



### Who provides CISM interventions?

Tusla Health and Wellbeing Dept have enlisted a number of Peer Support Workers (PSW) who have undergone specific training in group and individual interventions to International Critical Incident Stress Foundation (ICISF) standards and thus, are well equipped to recognise when staff members are experiencing stress beyond their coping abilities and assist colleagues.

PSWs have rapid access to the CISM Co-ordinator for advice/support should they require it.

All Health and Wellbeing staff are trained peer support workers, but not all peer support workers will be Health and Wellbeing staff.

The Health and Wellbeing Dept will mobilise CISM interventions following a critical incident as required in line with best practice. However, requests for CISM interventions must be requested by a line manager (or above).

The decision to mobilise any CISM intervention rests with the Health and Wellbeing Dept.

### What CISM is NOT:

- Investigative
- Mandatory
- Psychotherapy/counselling

### Confidentiality

CISM interventions are confidential within the law. A CISM team member may only breach confidentiality when they have reasonable grounds to believe that a person is of threat to himself or others and then only to the extent necessary to obtain appropriate assistance for him/her.

Whilst information discussed during a psychological debriefing or defusing is kept strictly confidential, it is pertinent to record a note of attendance, or non-attendance as the case might be. This is required to enable a follow-up support for each individual involved and for administration and legal purposes.

### Contact:

See staff section of Tusla.ie or the EAP section of the Tusla Hub for further details

or

eap@tusla.ie









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