



FAIRFAX COUNTY FIRE AND RESCUE DEPARTMENT STANDARD OPERATING PROCEDURE		
	<b>S.O.P.</b> 02.03.07	
	<b>SUBJECT:</b> STRESS MANAGEMENT PROGRAM	
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	<b>CATEGORY:</b> Personnel	<b>SUBCATEGORY:</b> Occupational Health and Safety
	<b>APPROVED BY:</b>  <div style="display: flex; justify-content: space-between;"> <div> Ronald L. Mastin    <b>FIRE CHIEF, FIRE AND RESCUE DEPARTMENT</b> </div> <div> <b>EFFECTIVE DATE:</b> July 21, 1986  <b>REVISION DATE:</b> September 1, 2008 </div> </div>	
<b>FORMS REQUIRED:</b> None		

## PURPOSE:

Effective management of traumatic incidents involves a comprehensive approach to managing both incidents and the resulting stressors. The goals of the Stress Management program are:

- To minimize the emotional impact of traumatic incidents on members of the Fire and Rescue Department.
- To increase firefighters' resistance and resilience to this type of stress.
- To prevent harmful emotional effects following traumatic incidents by working with response personnel at or near the time of such incidents.
- To prevent chronic effects, such as post-traumatic stress disorder, through the use of follow-up care and employee assistance programs.

The department's Crisis Response Team (CRT) shall provide professional intervention after traumatic incidents in order to minimize stress-related problems for personnel. Confidentiality shall be maintained throughout the process to ensure credibility and integrity of the program.

## I. THE CRISIS RESPONSE TEAM

The Crisis Response Team (CRT) consists of department personnel and mental health professionals from the Woodburn Mental Health (Mobile Crisis Unit/Emergency Services). Department CRT members are selected on the basis of an application and interview and require annual training and re-certification.

## II. THE CRITICAL INCIDENT

Department personnel who experience a distressing emotional reaction after responding to an incident may qualify for CRT assistance. Although different incidents might create different reactions, the following are some examples of incidents that may be appropriate for CRT support.

- A. The serious injury or death of a department employee or other emergency personnel working at or en route to an incident.
- B. Mass casualties.
- C. Suicide of a member of the Fire and Rescue Department.

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- D. Serious injury or death of a civilian resulting from department operations, e.g., collision of emergency units responding to a call.
- E. Death of and/or violence to a child.
- F. Loss of life following extraordinary and prolonged expenditures of physical and emotional energy during rescue efforts by department personnel.
- G. Incidents that attract unusual or extensive media coverage.
- H. Incidents in which circumstances are unusually bizarre and/or trigger profound emotional reactions.

### **III. BEHAVIORAL HEALTH COORDINATOR RESPONSIBILITIES**

The Behavioral Health Coordinator shall serve as the team coordinator. The Behavioral Health Coordinator shall be responsible for management oversight of all activities to include recruitment of team members, basic training, continuing education, quality assurance, record keeping, referrals, and follow-up. The Behavioral Health Coordinator will interface with clinicians, mental health providers, EAP therapists, and the Occupational Health Center.

### **IV. ON-SCENE TRAUMATIC STRESS MANAGEMENT**

Command officers can minimize the impact of critical incident stress by limiting exposure of personnel and by rotating and/or removing initial and unnecessary personnel from the scene as soon as possible.

In the case of critical incidents of extreme magnitude (e.g., multiple deaths, transportation accidents, line-of-duty deaths), on-scene consultation will be done by the CRT members who have been requested by the incident commander (IC).

CRT members will serve as advisers to the IC on incidents that require special team operations.

### **V. ACTIVATION OF THE INTERVENTION PROCESS**

Supervisors who observe an employee who might be experiencing or exhibiting physical or psychological reactions from traumatic events or other reasons should contact the CRT or Employee Assistance Program (EAP). Department members can activate the CRT by notifying the Department of Public Safety Communications (DPSC), which will page the duty CRT member and the Behavioral Health Coordinator.

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An IC can initiate the call to the duty CRT member without a request from the field if the initial information indicates the possibility of a critical incident. The duty CRT member, in conjunction with the Behavioral Health Coordinator and/or the duty clinician from Woodburn Mental Health, is responsible for evaluating the need for assistance and, if appropriate, initiating and coordinating the type of critical incident stress support needed. Supervisors in conjunction with the CRT member shall notify the appropriate deputy chief in the event of activation.

## **VI. TYPES OF TRAUMATIC STRESS MANAGEMENT SUPPORT**

### **A. INFORMAL DISCUSSION AND SUPPORT**

Most situations, even those involving serious losses, will resolve themselves informally over time with or without intervention. For many situations, informal resources for support and discussion can be as successful as structured sessions. Informal avenues of support from peers, especially at the station level, can be very effective in coping with the event. This informal support provides a good foundation for more formal interventions that may be needed. These informal discussions do not involve any outside professionals.

### **B. DEFUSING**

A defusing is an informal process used to immediately reduce the pressure and anxiety surrounding a traumatic event. The diffusing is conducted in a brief group discussion at the scene or when the units return to the station. Defusings also can be conducted in a more private location if requested by the department member or if deemed appropriate by the CRT member.

### **C. DEBRIEFING**

A debriefing is a confidential, educational process designed to accelerate the normal recovery process in individuals who have been exposed to highly abnormal events. The debriefing process provides an opportunity for personnel to discuss feelings and reactions in order to reduce the stress resulting from exposure to traumatic events. A debriefing is not a critique of department operations at the incident. Operational performance will not be discussed.

Debriefings are usually conducted in small groups of not more than 15 people; however, they also may occur on an individual basis. All debriefings shall be strictly confidential.

The type of debriefing conducted depends upon the circumstances of a particular incident. Following is a listing of the debriefings most commonly utilized singularly or in combination:

1. **Formal Debriefing:** A formal debriefing is conducted within 24 to 72 hours after a traumatic event. It is a confidential, non-evaluative discussion about involvement in the incident, thoughts and feelings, and stress reactions. All units and personnel in attendance shall be out of service during this debriefing.

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2. Follow-up Debriefing: A follow-up debriefing occurs weeks or months after the incident in order to address delayed or prolonged stress reactions.
3. Individual Consultation: One-on-one counseling sessions with a CRT member are available at any time for any concerns related to critical incidents.

## **VII. ATTENDANCE**

Attendance is encouraged for all personnel directly exposed to an incident. Only personnel involved in the incident are permitted to attend. All personnel and units in attendance at the debriefing shall be out of service during the debriefing.

## **VIII. LOCATION**

Group interventions are conducted anywhere there is ample space, privacy, and freedom from distractions. The CRT shall determine the site selection. All department radios shall be turned off during debriefings.

## **IX. RELIEVING PERSONNEL FROM DUTY**

Circumstances of a traumatic event may result in a recommendation by the debriefing team that individual(s) or companies are taken out of service. Such action is neither negative nor punitive, and supervisors shall be responsible for making the appropriate arrangements. Personnel taken out of service shall be placed on administrative leave for the duration of the workday. The supervisor of the individual(s) placed on administrative leave shall fill out the appropriate documentation in accordance with SOP 02.03.01, Personal Injury Reporting. At times, individuals placed on leave following a critical incident may be required to meet with the Public Safety Occupational Health Center (PSOHC) staff prior to returning to service. The supervisor shall notify the PSOHC staff and appropriate deputy chief of personnel placed on leave following a critical incident.