

FISHERIES & OCEANS CANADA
PACIFIC REGION

**CRITICAL INCIDENT STRESS MANAGEMENT
PROGRAM POLICY**

This document sets out the policies and procedures of Fisheries and Oceans Canada relating to the Provision of critical incident stress support and training within the Pacific Region.

Human Resources Branch
(Updated May 2016)

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1. INTRODUCTION

Fisheries and Oceans Canada (DFO) personnel have encountered a variety of traumatic incidents in their course of work. Bear charges and attacks, physical assaults, search and rescue activities, recovery of drowning victims, helicopter crashes, and boating accidents are just a few examples of such incidents. Events such as these have been identified by mental health professionals as examples of critical incidents with the potential of causing critical incident stress (CIS). If left untreated, critical incident stress may lead to Post Traumatic Stress Disorder (PTSD) with long-lasting and even life-threatening results.

A critical incident is defined as any event which creates unusually strong emotions in an individual, which may interfere with that person's ability to function during or after the incident.

Critical incident stress has been defined as the reaction of normal people experiencing normal responses to abnormal events. The stress response may be immediate, or may be delayed, surfacing after the event. It may result from one particular event, or a series of incidents to produce a cumulative effect. CIS may be experienced physically and psychologically, and the individual may or may not be able to eliminate the symptoms without assistance.

An event that may cause one employee to suffer from CIS may have little or no effect on another. A number of factors affect the level of impact, including:

- the suddenness of the event;
- the extent and degree of damage;
- familiarity with victim;
- age and health of those involved;
- amount of pre-trauma CISM education;
- previous successes or failures of coping with trauma; and
- the CIS support available following the incident.

Statistics show that approximately one third of individuals involved in a critical incident suffer little or no effect. Another third have a mild reaction of short duration. The remaining third suffer serious, damaging and long-lasting effects that change their lives, the lives of their families, and reduce their effectiveness at work. Research has demonstrated that the majority of those who experience CIS symptoms do not effectively resolve them on their own, and benefit greatly from CIS support.

Unresolved CIS may develop into the chronic psychiatric disorder PTSD, with serious mental, emotional and physical effects. Without treatment, PTSD can cause a decrease in the quality of an employee's performance, an increase in job absenteeism and a significantly higher rate of staff turnover. Untreated PTSD also has the potential to negatively affect an employee's personal life through substance abuse, family breakups and suicide. If CIS is treated properly immediately following the incident, the chances of an early recovery are significantly enhanced. Treatment for PTSD is much less certain and is more costly in terms of time and financial resources.

The Pacific Region's CISM Program is based on a model developed by Dr. Jeffrey Mitchell, a leading authority on critical incident stress management, Dr. Mitchell's model has been adapted to address the specific needs of the DFO. It combines pre-trauma training and trained Peer Team support with prompt access to a Mental Health Professional. The CISM Program is not intended to replace the already established Employee Assistance Program (EAP), but rather to assist employees and their co-workers who have been involved in work related critical incidents.

The injury reporting procedure as outlined by HRDC, Labour Program remains unchanged. All necessary hazardous occurrence/injury forms must be completed when an employee is involved in a critical incident.

2. POLICY STATEMENT

Fisheries and Oceans Canada, Pacific Region, instituted the Critical Incident Stress Program in recognition that employees may become involved in a critical incident through their work. The goal of this Critical Incident Stress Management Program is to provide timely, effective assistance to employees involved in critical incidents, thereby neutralizing symptoms of CIS and preventing the development of PTSD. In support of this goal the Department has established the following:

- 2.1. All employees who have been involved in a work-related critical incident will receive support through the Regional CISM Program as soon as possible following an incident.
- 2.2. Departmental employees who have been involved in a critical incident while carrying out their duties will notify their supervisor and/or a Peer Team Member immediately.
- 2.3. Departmental supervisors and Peer Team Members will assess all incidents reported to them using the CISM Program criteria to determine whether a critical incident has occurred. Following a critical incident the supervisor and/or Peer Team Member will immediately activate the CISM Program to provide the appropriate services to staff. The employee can also activate the program. In the case of a critical incident requiring a mandatory debriefing, the supervisor will ensure all staff attend the debriefing.
- 2.4. The Department will offer the services of the CISM Program to families of employees who have been involved in a critical incident. The use of the CISM Program in these instances is strictly voluntary.
- 2.5. RCMSAR members, tasked by the Regional Coordination Centre, are also entitled to a CISM response.
- 2.6. The Mental Health Professional and Peer Team Members will not be required to disclose information obtained while providing CIS support in any internal review process.

3. **DEFINITIONS**

- 3.1. **"Confidentiality"** (as defined in Appendix B).
- 3.2. **"Co-worker"** means any other person working with a DFO employee (This includes contract staff, other agency staff, volunteers, etc.).
- 3.3. **"Critical Incident"** means any work-related event which creates unusually strong emotions in an individual, interfering with the person's ability to function during or after the incident.
- 3.4. **"Critical Incident Stress"** means the reaction of normal people experiencing normal responses to abnormal events. The reaction may be immediate or delayed.
- 3.5. **"Critical Incident Stress Management"** The Critical Incident Stress management process includes education and awareness. CISM is a comprehensive, integrated range of services, procedures, and intervention strategies designed to prevent or mitigate the effects from exposure to a critical incident. The seven core components of CISM are:
 - 1) Pre-Crisis Preparation
 - 2) Mobilization/Demobilization and Crisis Management Briefing (CMB)
 - 3) Defusing
 - 4) Critical Incident Stress Debriefing (CISD)
 - 5) One-on-One Crisis Intervention
 - 6) Family Crisis Intervention
 - 7) Follow-up Services
- 3.6. **"Debriefing"** means a specially structured individual or group meeting, facilitated by the Mental Health Professional with the people directly involved in the critical incident. Peer Team Members may assist in this process at the discretion of the Mental Health Professional. The CIS debriefing is not an operational critique.
- 3.7. **"Defusing"** means an intervention by a Peer Team Member with the people directly involved in the critical incident. The defusing takes place in a neutral environment and is usually held before the end of the same day. The purpose of the defusing is to offer information and support, to stabilize those involved in the incident and to determine the need for a formal debriefing.

- 3.8. **"Departmental Employee"** means an indeterminate employee of the Department, an indeterminate seasonal employee of the Department, casual or a term employee of the Department for the duration of their term.
- 3.9. **"Mental Health Professional"** means a registered psychiatrist, psychologist, social worker; or an individual with a Masters Degree and a minimum of two years supervised field experience in applied psychology with emphasis in counselling, therapy and group work; who has been trained in the treatment of Critical Incident Stress and who is under contract to DFO.
- 3.10. **"Peer Team Member"** means an employee or spouse of a DFO employee appointed and trained in CIS response, who provides information and support to employees and their family members involved in a critical incident.
- 3.11. **"Post Traumatic Stress Disorder" (PTSD)** means a chronic psychiatric disorder which may seriously affect an individual mentally, emotionally, and physically, and which may result from an exposure to a "critical incident".
- 3.12. **"Program Manager"** means an individual appointed by the Regional Director General to administer and monitor the CISM Program.
- 3.13. **"Secondary Wounding"** means the severe anxiety or trauma experienced by an individual who has previously undergone a critical incident. This additional trauma is caused by comments, actions or reports of supervisors, fellow employees, press agencies, outside law enforcement agencies, or family. The effect of this trauma on the individual may be more significant than the initial trauma caused by the critical incident.
- 3.14. **"Supervisor"** means an individual in direct supervision of field staff, ship's crews, hatchery, office, and laboratory staff.

4. OPERATIONAL GUIDELINES

4.1. Critical Incidents

Any high-powered event encountered by an employee has the potential to be a critical incident. With the variety of field work encountered by DFO personnel, it is not possible to create a definitive list of potential critical incidents. Incidents can, however, be categorized into those requiring mandatory debriefings and those where a debriefing is optional at the supervisor's/Peer Team Member's discretion.

4.1.1. Incidents Requiring Mandatory Debriefing

Research indicates that certain types of critical incidents should always have a CIS debriefing because of their inevitable impact. In some cases it may be necessary to conduct more than one debriefing, as optional debriefings may be required for family members or those indirectly involved. Debriefings will be organized in conjunction with the Mental Health Professional

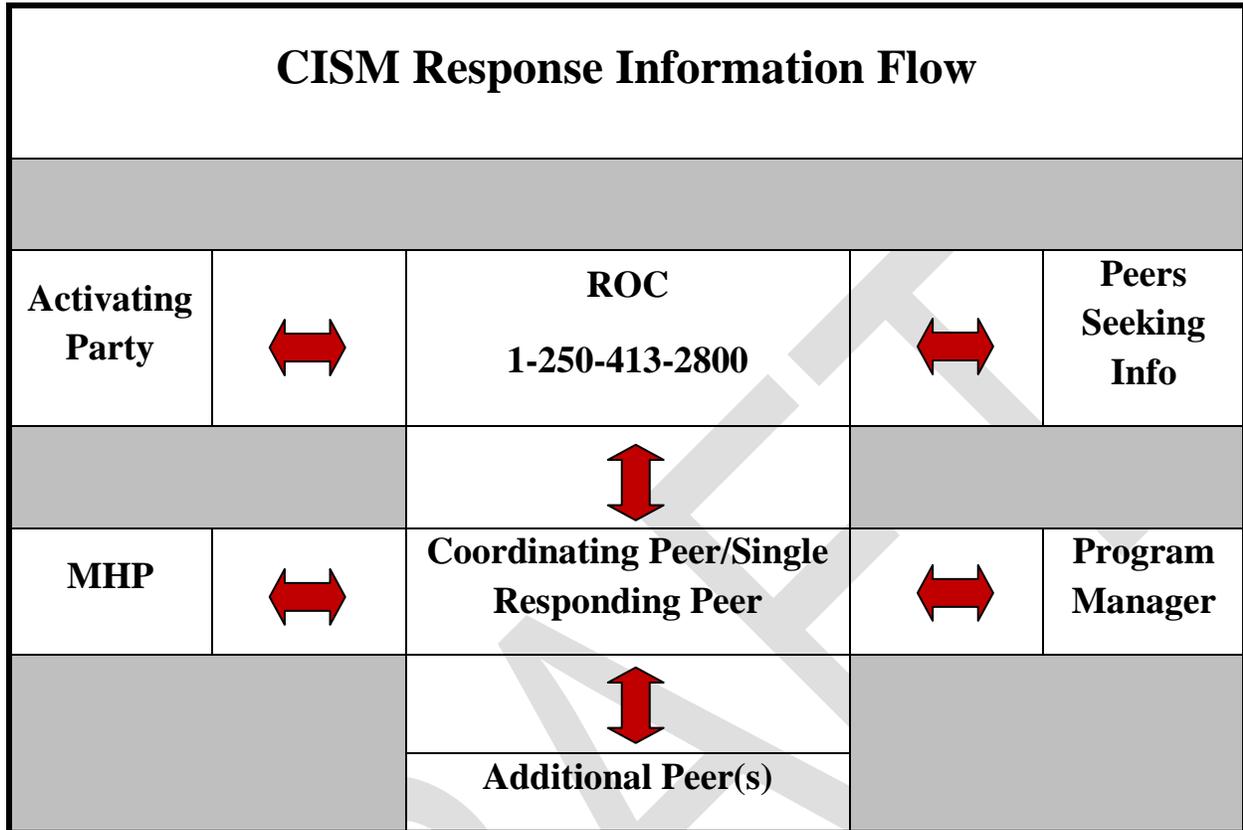
Mandatory debriefings will be required for employees involved in the following categories of critical incidents:

- line of duty death of an employee or co-worker;
- serious line-of-duty injury of a DFO employee or co-worker;
- suicide of a colleague;
- serious injury or death of a member of the public related to the employee's work activities;
- any disaster or major multiple-casualty incident encountered by an employee;
- any high-powered emotional event designated by the supervisor as a critical incident requiring a mandatory debriefing.

4.1.2. Other Incidents

For all other critical incidents the degree of impact on personnel will determine the level of the CISM Program response. All critical incidents are to be reported to the supervisor or a Peer Team Member who will determine the initial level of response, consulting with the Mental Health Professional as required. The level of response will not be restricted to the initial assessment and will be escalated to a higher response level when necessary.

4.2. Roles and Responsibilities



4.2.1. Employee
The employee:

- shall participate in CISM training for employees; and
- shall immediately notify their supervisor when a possible critical incident has occurred.
- may also contact a CISM Peer Team member, or the ROC, thereby activating a CISM response.

4.2.2. Supervisor

The supervisor shall:

- contact the ROC to start the CISM Peer Team call out
- participate in CISM training for supervisors;
- maintain strict confidentiality regarding critical incidents and the CIS response (See Appendix B);
- establish when a critical incident has occurred, based on the criteria set out in the CISM Program;
- identify all those involved in the critical incident;
- ensure a defusing takes place immediately following the incident, by a Peer Team Member, for all employees involved in the incident;
- activate the CISM Program for all critical incidents requiring a mandatory debriefing (Section 4.1.1);
- ensure the appropriate level of critical incident stress management is conducted as outlined in this Policy (for critical incidents not requiring a mandatory debriefing (Section 4.1.2));
- minimize the risk of secondary trauma to individuals involved in the incident by ensuring that the responses of the Department, fellow employees, outside agencies, and media are appropriate when dealing directly with those involved;
- ensure all WCB injury compensation forms and Hazardous Occurrence forms have been filled out and sent to the Regional Safety and Health Unit and HRDC, Labour Programs, for DFO employees involved in the incident; and
- make employees aware they may individually contact a CISM Peer Team member.

4.2.3. Peer Team Member:

The Peer Team Member shall:

- agree to the role of Peer Team Member by ensuring the Peer Team Commitment Form (Appendix C) is completed; participate in the CISM Peer training, quarterly Peer Team conference calls and twice yearly training meetings;

- maintain strict confidentiality regarding critical incidents and any CIS response (Appendix B);
- determine when a critical incident has occurred, based on the criteria set out in the CISM Program;
- remind employees of their responsibility to notify their supervisor of their involvement in a critical incident (Peer may assist if requested by employee);
- when possible, provide CISM support to the supervisor and employees at the scene of a critical incident;
- when possible, conduct a defusing, as appropriate, with all those involved immediately following a critical incident;
- make the initial contact with those who have been involved in the critical incident (when defusing is not possible);
- minimize the risk of secondary trauma to individuals involved in the incident by ensuring the responses of the Department, fellow employees, outside agencies, and media are appropriate;
- assist the Mental Health Professional in debriefing;
- conduct follow-up interventions when assigned;
- complete a Contact Report (Appendix D) for all CISM responses;
- assist the CISM Program Manager in the review and ongoing development of the CISM Program;
- contact the MHP following each response;
- advise the ROC if responding to an incident that the Peer has been contacted directly by the affected party to avoid duplication of response;
- advise the Coordinating Peer or ROC that the response has been completed, and if any further follow-up is required; and
- present promotional and educational sessions as requested.

4.2.4. Mental Health Professional

The Mental Health Professional shall:

- participate in the CISM training of employees, supervisors and Peer Team Members as required;
- participate in cross-training programs to become familiar with DFO employee work situations;
- maintain strict confidentiality regarding critical incidents and any CIS response (Appendix B);
- maintain a 24 hour response number and ensure Peer Team and/or Mental Health Professional's response to a critical incident, as required;
- conduct CIS debriefings as required, with the assistance of CISM Peer Team members;
- ensure appropriate follow-up is provided as required; and
- provide support to peers after each CIS response.

4.2.5. Program Manager

The Program Manager shall:

- administer the CISM Program ensuring all travel costs and consultation fees are paid;
- ensure a contract is in place providing mental health professional services;
- ensure CISM training is provided to employees, supervisors and Peer Team Members
- ensure twice yearly Peer Team training is arranged and meetings attended;
- monitor the Peer Team Members who have conducted a CISM response to ensure they receive appropriate personal support;
- monitor the CISM Program to ensure that it meets the needs of employees and supervisors and that the quality of service is acceptable;

- recommend changes or additions to the CISM Program or policy when required;
- maintain strict confidentiality regarding specific critical incidents and any CIS response (Appendix B); and
- send a copy of each Contact Report Form documenting a CISM response, to the Mental Health Professional.

4.2.6. Regional Operations Center

The ROC shall:

- act as the central 24/7/365 central contact point for organizing CISM responses;
- receive requests from CCG and DFO staff directly or indirectly to initiate a CISM response;
- when receiving a CISM request, contact a Coordinating Peer (geographically closest first, then through the list until contact is made) and advise them of the specifics of the incident at which time the Coordinating Peer will organize and/or conduct the response;
- note any CISM responses that are initiated directly by a Peer so as to be able to provide that information to other peers that the response is addressed and responses are not duplicated;
- and, maintain strict confidentiality regarding critical incidents and the CIS response (See Appendix B).

4.2.7. Coordinating Peer

The Coordinating Peer:

- upon dispatch from the ROC or if contacted directly by an affected party, shall coordinate a response with other peers or carry out the response themselves;
- shall advise the ROC when the response is completed;
- while financial authority for the program rests with the Program Manager, when such is not available, the Coordinating Peer is authorized to and shall make reasonable expense decisions in keeping with this policy and past practices of the Team to fulfill the mandate of the CISM Program; and

- shall maintain strict confidentiality regarding critical incidents and the CIS response (See Appendix B).

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4.3. Critical Incident Response

The CIS response is outlined in the steps below and depicted in the Response Diagram (Appendix A) of this Policy.

Step 1:

The ROC is notified of the need for a CISM response via internal or external channels. The ROC is available 24/7/365 at 1-250-413-2800. The ROC collects any available information about the incident (location, number of people affected, contact information, type of incident), and contacts a Coordinating Peer to organize or carry out the response. The ROC selects the geographically closest peer to the incident as the first choice for Coordinating Peer, and will move down the list if that Peer is unavailable or not able to be contacted.

Step 2:

The Coordinating Peer contacts the Supervisor and they identify and agree on the following:

- nature of the critical incident;
- location of the incident;
- number of employees involved in the incident;
- availability of a Peer Team Member;
- defusing logistics; and/or
- debriefing logistics if needed.

The Coordinating Peer will (in conjunction with the mental Health Professional as required) establish the appropriate CIS response level.

Coordinating Peer, go toStep 3
Supervisor, go toStep 4
Peer Team Member, go to.....Step 6
Mental Health Professional, go to.....Step 8

Step 3:

The Coordinating Peer will contact other Peers and organize and affect a response. The Coordinating Peer may be part of the response team, or may play only a coordinating role. The Coordinating Peer will advise the MHP that a response is under way.

Step 4:

The supervisor ensures, when possible, that a defusing takes place within 8-12 hours of the incident, that it is attended by all employees involved, and that it is facilitated by a Peer Team Member.

Supervisor, go toStep 5

Step 5:

The supervisor will minimize the risk of secondary trauma to those involved in the critical incident, and will assist in the implementation of the CISM Program prior to an operational critique or review.

Supervisor, go toStep 11

Step 6:

Peer Team Members attending at the scene will:

- notify the supervisor of their CIS response to the incident;
- provide on-the-scene support to the supervisor, employees during the incident;
- minimize secondary trauma to those involved in the critical incident; and
- conduct defusing within the time guidelines.

Peer Team Member, go to.....Step 7

Step 7:

Peer Team Members attending after a critical incident will:

- notify the supervisor of their CIS response to the incident;
- establish contact with all those involved in the incident;
- conduct defusing if appropriate;
- minimize secondary trauma to those involved in the critical incident;
- provide feedback to the Mental Health Professional prior to the debriefing (if there is one);
- assist the Mental Health Professional in the debriefing process;
- provide follow-up support when requested by the Mental Health Professional;
- advise the Coordinating Peer that this response has been completed; and,
- complete a contact sheet and submit to the Program Manager

Step 8:

The Mental Health Professional will:

- maintain a 24 hour CIS contact number; and
- obtain all necessary information from the supervisor/Peer Team Member in preparation for a CISD.

Mental Health Professional, go to.....Step 9

Step 9:

The Mental Health Professional will:

- consult with Peer Team Member(s) prior to debriefing;
- (when appropriate) conduct a debriefing at a location agreed on with the supervisor;
- provide follow-up employee CIS counselling, if required; and
- conduct follow-up sessions with Peer Team Members.

Step 10:

For all incidents other than those requiring mandatory debriefings, the supervisor/ Peer Team Member will ensure that the appropriate level of CIS response is carried out from the following options.

Low Level response:

- conduct telephone one-to-one or defusing;
- referral to the EAP.

Moderate Level response:

- conduct one-to-one or defusing;
- supervisor and/or Peer Team Member requests the MHP to contact the employee by phone.

Supervisor/Peer Team Member, go toStep 11

Step 11:

The supervisor/Peer Team Member evaluates the level of CIS response provided and determines if additional CIS response is required:

Low to moderate response level, go toStep 10

High response level, go to.....Step 3

Step 12:

The Coordinating Peer will contact the ROC and MHP and advise that the response is complete.

4.4. CISM Peer Team

4.4.1. Selection

Peer Team Members will be selected by an ad hoc group consisting of the Manager of the CISM Program and a Mental Health Professional. The Peer Team Members will be chosen from employees of DFO based on the following criteria:

Personal Qualities:

- Ability to keep information confidential (Appendix B);
- personal critical incident experience;
- ability to follow procedures;
- mature (emotional maturity);
- well-trusted;
- has respect of one's colleagues;
- ability to establish and maintain rapport with colleagues;
- ability to cope effectively with stress;
- willingness to learn CISM process;
- outgoing;
- sensitive to others (needs and emotions); and
- willingness to work as a team member.

Geography:

- Peer Team Members should be distributed as much as possible throughout the region.

Employee Category:

- a representative number of Peer Team Members should be chosen from the employee groups with the most potential to be exposed to critical incidents.

Peers are asked to make the following agreements:

- Agreement to work within one's limits
- Agreement to follow established criteria
- Agreement to attend and participate in training sessions twice yearly
- Agreement to participate in quarterly conference calls
- Agreement to serve on the Peer Team for a two-year cycle

4.4.2. Training

4.4.2.1. Employee

All employees should attend a general awareness session on critical incidents, critical incident stress, and the CISM Program. The seminar should be integrated into the orientation program for new employees. Additional sessions can be arranged through the CISM Program Manager.

4.4.2.2. Supervisor

All supervisors shall attend a general awareness session outlining the CISM Program and the supervisor's role in the CISM Program. The session will provide the supervisor with the information needed to assess the appropriate level of CIS response.

4.4.2.3. Peer Team Member

Peer Team Members will complete Basic CISM training designed to provide them with an understanding of critical incident stress and their role as Peer Team Members in the CISM Program. The course will focus specifically on intervention skills, defusing techniques, and the debriefing process. Peer Team Members are also required to attend twice yearly meetings to receive ongoing CISM training, and to participate in quarterly conference calls.

4.5. Program Responsibility and Monitoring

The CISM Program will be applied on a regional basis, under the Human Resources Branch. The CISM Program Manager is responsible to ensure that training, administration, and program monitoring are carried out, and that the quality and focus of the CISM Program meets the needs of the employees.

4.6. Funding

The Peer Team Program and any CISM response will be funded from an allocation established specifically for that purpose by the Regional Director General and the Assistant Commissioner. The Program Manager, supervisor, or Peer Team Member in conjunction with the Mental Health Professional will have the authority to initiate the Program.

The training of Peer Team Members will be funded by the Regional Director General and the Assistant Commissioner. CISM training costs for employees and supervisors will be the responsibility of the respective Branches/Divisions/Areas.