I. PURPOSE

The purpose of this policy is to define a critical incident and outline peer support response criteria to provide the highest level of Support and Behavioral Wellness Program Services to San Diego Fire-Rescue Department (SDFD) personnel.

II. SCOPE

This policy shall apply to all San Diego Fire-Rescue Department (SDFD) personnel.

III. AUTHORITY

The Fire Chief authorizes this policy.

IV. POLICY

The Peer Support Team (PST) is available to all SDFD personnel, Emergency Ambulance Provider personnel, and their immediate family members in the household, as defined in the applicable Memorandum of Understanding.

A. The PST is available for responses to:

1. Assist in crisis, personally or professionally.
2. Critical Incident Stress Interventions during or following critical incidents, traumatic events, or natural disasters.
3. Mutual Aid to other agencies or departments at the discretion of the Fire Chief or designee.
    i. A request may extend to the Metro Zone, County of San Diego, State, or Nation.
    ii. PST may work in cooperation with other Peer Support Teams from other agencies.

B. Peer Support Response Criteria:

1. A critical incident is any situation that causes Department personnel or Emergency Ambulance Provider personnel to experience strong emotional reactions that potentially interfere with their ability to function on-duty or off-duty.
2. The Health and Safety Office will coordinate all Peer Support Responses.
3. The Health and Safety Office must be immediately notified through the Emergency Data and Command Center (ECDC) of the following incidents:
    i. Death of a Department Member or First Responder (Line-of-Duty-Death) (LODD)
    ii. Serious Injury of a Department Member or First Responder (Injured-on-Duty-Death) (IODD)
    iii. Any incident where SDFD leadership and/or personnel feel an individual or group may benefit from Peer Support resources
    iv. Mutual Aid request for Peer Support

4. A Peer Support response may also be requested for, but is not limited to, the following:
    i. An emergency response which causes Critical Incident Stress
    ii. A Traumatic Event or Potential Traumatic Events (PTE)
    iii. A Near Miss while in the performance of their duties
    iv. A Mass Casualty Event or Natural Disaster
    v. A Large Scale or Complex Incident
    vi. Prolonged Incidents or Multiple Operational Periods
    vii. Incidents with Excessive Media interest
5. The Incident Commander, Shift Commander, or the Health and Safety Office may request Peer Support Resources for on-duty critical incidents involving Department personnel if they believe personnel would benefit.

C. Peer Support Resource Request:

1. Peer Support Resources and/or behavioral wellness resources may be requested by SDFD personnel, first responders, and their immediate family members.
    i. Peer Support Resource Requests can be made through:
        a) SDFD Health & Safety Application Access
            1) Search "sandiegofirerescue" at the APP store or Google Play
            2) Log in with the current SDFD username and password
            3) Apparatus I-Phone
            4) Apparatus I-PAD
        b) Vector Solutions Home Page (or other training platform)
        c) SDFD Web Portal
        d) 24/7 Phone Line: 1-833-SDFD-HSO (733-3476)
        e) Telestaff Roster; "Peer," is identified next to PST members
        f) Peer Support Resource Station Contact Poster Board
        g) Single Resource or Team Resource Request through Interagency Resource Ordering Capability (IROC)
        h) Requests or referrals may be made on one's own behalf or on behalf of others, as noted above

D. Peer Support Interventions Overview:

1. Participation in Peer Support interventions by SDFD personnel is voluntary with the reminder that each member involved in the critical incident or traumatic event has the potential to positively impact other Department members' wellness during the intervention process.

   i. Peer Check-In: The process of contacting Department members after a tragic or large-scale event that has the potential to have a profound effect on the workforce. Peer Check-In is a proactive approach to bring awareness, offer resources, and share information. This can be completed in-person or via telephone contact:

      a) Crew Check-In. Contact one crew member to offer resources and information to their crew.

      b) Station Check-In. Contact one member of the station to offer resources and information to the station members. This includes administration positions and departments.

      c) Battalion Check-In. Contact the Battalion Chief and each station to offer resources and information to all members of the Battalion.

      d) Department Wide Check-In. Contacting all SDFD members through the above actions.

   ii. One-On-One: Performed by a Peer Support Team member to address the stressors of first responders through referral or request. A one-on-one interaction is in a private space to maintain confidentiality. This can be accomplished by an in-person meeting or over the telephone. This is not considered a therapy session or a form of behavior health therapy. This interaction may lead to referral or follow-up.

      a) **SAFER** Model Procedure for a One-On-One is:

         - **S**tabilize
         - **A**cknowledge
         - **F**acilitate understanding
         - **E**ncourage effective coping
         - **R**eferral

   iii. Welfare check: The request to perform a welfare check on an SDFD member (on or off-duty) shall be the duty of the Health and Safety Office to coordinate.

      a) Coordination will include a Peer, Chaplain or Health and Safety to ensure the well-being of the member in question
      b) Welfare checks may occur if:

         1) Personnel do not report to their scheduled assignment

2) Serious concern has been expressed by family, co-workers or a supervisor about a member's health and well-being

iv. Defusing: A Defusing is a small-scale gathering of the first responders (i.e., crew, staff, etc.) who recently experienced a critical incident or traumatic event. The group is gathered in a private setting and is led through a protocol. The purpose is to offer information support and allow initial ventilation of feelings. The goal is to stabilize the crew members so they can go home or return to duty.

a) Defusings should occur after the incident or event within 8-12 hours at the Health and Safety Office discretion.

1) Ideally, three to four hours post-incident
2) A formal debriefing may occur if the defusing within these guidelines cannot be held
3) The key is immediate intervention

b) Defusings are a "group" process, and all personnel involved in the incident are required to attend and are encouraged to participate.

c) Peer Support Team Members, Chaplains, and Behavioral Care Clinicians can perform Defusings. They should be aware of their personal limitations and should call for support from the Health and Safety Office if the situation warrants.

d) Peer Support personnel directly involved with the Critical Incident cannot perform Defusings related to that Critical Incident.

e) Defusings should be held away from the incident in a private location free from distractions and interference.

f) Personnel not directly involved in the incident or event will not participate in the Defusing intervention.

g) The need for a formal debriefing may be identified during the Defusing.

h) Peer Support personnel will express the importance of confidentiality to all involved participants.

i) Procedure for Defusings is:

1) Introduction (What happened?)
2) Exploration (How is everyone doing?)
3) Information (Education on self-care)
4) Referral and Care Resources Offered

v. Debriefing: A Debriefing is a specially structured group meeting between the persons directly involved in a Critical Incident or Traumatic Event and the Peer Support Team members, Chaplains, or Behavior Wellness Professionals. The meeting is designed to be a confidential, non-evaluative discussion of the involvement, thoughts, reactions, and feelings resulting from the incident. The PST members are bound by confidentiality, and confidentiality is strongly encouraged for debriefing participants to ensure meeting

effectiveness. It has psychological and educational components. It serves to mitigate the stress impacts resulting from exposure to a Critical Incident or Traumatic Event through the ventilation of feelings along with educational and informational components. It is not psychotherapy, nor is it a form of therapy or treatment. It will provide a therapeutic effect in that it will assist participants in understanding their stress, and it will accelerate the recovery process in people suffering common effects after an encounter with a traumatic situation.

a) Debriefings are to be performed 24 to 72 hours after the Critical Incident.
    1) If there is a scheduling conflict or unforeseen circumstances, the debriefing can be completed outside this time frame.
b) Debriefings are a "group" process, and all personnel involved in the incident are encouraged, but not required, to attend and/or participate.
c) Separate Debriefings for the same Critical Incident may occur to separate Incident Command Staff, Operations Personnel, or Cooperating Agencies.
d) This meeting may include personnel from multiple organizations.
e) Trained Peer Support Team Members, Chaplains, and Behavioral Health Care Clinicians can perform debriefings. They should be aware of their personal limitations and should call for support from the Health and Safety Office if the situation warrants.
f) Peer Support personnel directly involved with the incident cannot perform Debriefings related to the same Critical Incident.
g) Personnel not involved in the Critical Incident or event cannot participate in the Debriefing intervention.
h) Debriefings will be in a private location away from the incident, free from distractions and interference.
1) All personnel shall remain in the Debriefing until its conclusion.
i) The post-Debriefing period is a critical time to establish a feeling of security, a sense of continued trust, and support from others participating in the Debriefing. Peer Team Members will remain available directly following the debriefing to assist personnel who may need additional help in resolving any outstanding concerns or issues.
j) The Peer Team Members or Chaplains may assist anyone who may need a referral for additional Behavioral Health Care Professional services.
k) The goals of a Debriefing are:
    1) Provide stress reduction education.
    2) Provide a mechanism for ventilation of feelings before they can cause harm.
    3) Reassure attendees that what they did was appropriate, what they are experiencing is normal, and that they will recover by using the tools or programs available to them.

4) Forewarn those who have not yet been impacted and inform them they may be impacted later.
5) Inform personnel on ways to deal with the trauma.
6) Reduce the fallacy of "abnormalism."
7) Provide positive interaction with mental health services and providers.
8) Add or restore group cohesiveness.
9) Assist interagency cooperation.
10) Screen those who may not yet be ready to return to duty or the need for professional referrals.
11) Refer those requesting or requiring additional services to appropriate behavioral health professionals or resources.

l) The procedure for a Debriefing is:

1) Pre-meeting (Peer Support Team, Chaplains & Behavioral Health Professional)
2) Intro and guidelines facts/description of the event (often helpful for participants to go in chronological order and describe their role)
3) Thoughts/impressions (Listen)
4) Reactions/feelings (What was the worst part)
5) Signals of distress, Symptoms (What are you experiencing)
6) Information and recovery/teaching
7) Wrapping up/summary/re-entry
8) Post Debriefing period
9) Post-meeting (Peer Team Members, Chaplains, Behavioral Health Professional)

vi. RITS Briefing (Rest-Information-Transition-Services) - RITS is a large group meeting and will be reserved for large-scale, highly intense, or unusual events. It is a simple intervention by providing rest, information, and support for personnel so they can transition back to on-duty or go off-duty.

a) The RITS Briefing will consist of 10 minutes of information dissemination and a 20-minute rest period. Times may expand or contract on a case-by-case basis.

b) RITS Briefing occurs for personnel at the end of the first exposure, operational period, or before leaving an incident and going off-duty.

c) RITS Briefing can be completed in any location, preferably away from the incident.

d) Incident Command Staff may give closing remarks or incident updates at the end of the RITS Briefing.

e) Trained Peer Support Team Members, Chaplains, and Behavioral Health Care Clinicians can perform RITS Briefings. They should be aware of their personal limitations and should call for support from the Health and Safety Office if the situation warrants.

f) It will be necessary for the RITS Briefing Team members to meet and develop an outline/script to ensure continuity.

g) The objectives of a RITS Briefing are:

1) Provide a place for disengaged personnel to rest and to get something to eat and drink.
2) Recognition of the personnel's efforts and their fatigue.
3) Inform personnel that there is a wide range of emotional reactions to working under these circumstances.
4) Provide information and support on possible stress-related effects.
5) Provide a resource for initial ventilation of feelings if necessary.
6) Personnel will be provided with written information on Critical Incident Stress and how to manage it.
7) All RITS Briefing Team members should give the same information to all participating personnel.
8) If applicable, inform all participants of the time and location for an upcoming Formal Debriefing.
9) The RITS Team Members will remain available directly following the RITS Brief to assist personnel who may need additional help in resolving any outstanding concerns or issues and provide additional resources.

E. Peer Support Team and Resource Response Deployment Procedures

1. These are the policies and procedures for Peer Support Team Members deploying In/Out of the Metro Zone, In/Out of the County, or In/Out of the Region/State.
2. Response Modes for the Deployment of Peer Support Team Members
   i. Initial Dispatch- Respond to Peer Support resource requests in the Metro Zone and report to a determined location or incident without delay.
   ii. Immediate Need- Peer Support Team Members will assemble and respond within 1 hour.
   iii. Planned Need- Peer Support Team Members will assemble and Respond at a designated time to a determined location or incident.
3. Procedures for the Metro Zone and In-County Responses
   i. Triage Peer resource request to ensure appropriate procedure and intervention is identified. Health and Safety Office, Peer Support Team Coordinator, or Peer Leads will complete the triage process.
   ii. Identify the appropriate number of Peer, Chaplain, or Behavior Health resources needed for response.
      a) One Peer and one Chaplain for every five members
      b) One Chaplain for every 5 Peers. Can be added in place of a Peer based on availability.
      c) Utilize Behavioral Health Professionals as needed

iii. Coordinate Response with the Health & Safety Office, Peer Support Team Coordinator, and Peer Leads.

iv. On-duty Peers will be used to staff responses.

a) All efforts will be made to minimize the impact on Fire or Lifeguard Operations.

b) Peer Response Roster Managed by Peer Lead

c) On-duty Peers to notify their Supervisor when on the roster at the beginning of the shift.

d) If the On-duty peer roster is exhausted, then off-duty Peers will be notified to respond.

e) Identify reporting location & time, or report directly to the incident.

f) Notify and invite all Department members directly involved in the incident.

g) Notify and invite all additional first responders directly involved in the incident to participate in the identified intervention to include but not limited to, Ambulance Crews, Dispatchers, PD, cooperating agencies, etc.

4. For out-of-county, Region, and State responses, the Critical Incident Peer Support (CIPS) Team will deploy with a minimum configuration consisting of 5 Peers, 1 Chaplain, 1 Canine, and 1 Behavior Wellness Care Professional.

i. 1 Peer to act as Team Lead

ii. 4 Peer Support Team Members

iii. 1 Chaplain

iv. 1 Canine, if available

v. 1 Behavioral Health Clinician

vi. This configuration may expand or contract based on needs or requests.

vii. The Peer Support Team Coordinator will manage a Metro Zone Roster.

viii. All CIPS Team Members and Single Resources will be responsible to find a replacement on Metro Zone roster if unavailable.

5. CIPS Team Members and Single resources must be Qualified in one of the Following credentialed positions.

i. Critical Incident Stress Lead (CISL)

ii. Critical Incident Stress Management (CISM)

iii. Critical Incident Stress Clinician (CICL)

iv. Critical Incident Stress Chaplain (CISC)

v. Critical Incident Stress Canine (CISK)

6. CIPS Team and Single Resources will ensure prior to deployment:

i. Adhere to the Metro Zone Code of Conduct deployment policy.

ii. Adhere to the Code of Confidentiality (AB1116)

iii. The assigned vehicle is pre-tripped and properly maintained throughout the response.

iv. Respond with department-issued PPE and Uniform

v. Prepared for a minimum of 7 deployment days to a maximum of 14 days.

vi. The schedule does not conflict with Department Responsibilities such as IST, BMO, Administrative Requirements, or Promotional Exam processes.

vii. Attendance of the Department's Annual Single Resource Deployment Meeting.

viii. Qualifications or Trainee with an open task book for CICC positions.

ix. Identify a Peer Lead to manage and be responsible for all aspects and personnel on the deployment from start to finish.

7. En Route to Incident:
   i. Conduct a Safety/Travel Brief
   ii. Identify Communications Plan
   iii. Contact ECDC/Requesting agency if emergency Roadside is Needed.
   iv. If delayed, Contact the Requesting Agency
   v. Receive Approval if lodging or additional expenses are not pre-authorized.
   vi. Approved Drive time hours 0500-2200.
   vii. Shift Commander or IC approval if driving outside approved times.
8. Arrival at the Incident:
   i. Report to Identified Location
   ii. Advise Emergency Command Data Center (ECDC) of arrival and regular update check-ins.
   iii. Check-In to Incident
   iv. Contact Incident Liaison (i.e., Agency/OES Representative)
   v. Contact Local Peer/Chaplain/Clinician
   vi. Consider coordinating with Incident investigators if an ongoing formal incident investigation is being completed. (i.e., Blue/Green Sheet)
   vii. Acquire a Private meeting facility.
   viii. Initial Peer Contact, Triage for potential Interventions
   ix. Continuous Peer Assistance and Resources
   x. Determine if meals/lodging are incident supported or department supported.
   xi. Assist personnel with Administrative, Personal, and Logistical needs as Necessary.

xii. Remain Flexible and foster positive Interagency relationships.

9. Return to Home Base:
   i. Follow the Incident and/or Department Demobilization Process
   ii. Close out with Agency/OES Representative
   iii. Complete necessary documentation with Incident signatures. (i.e., ICS 214,225, OES F-42, Comp Claims, Training, etc.)
   iv. Coordinate Travel Plans with all deployed resources
   v. Safety Brief, Communications Plan
   vi. Advise ECDC of the estimated time of arrival.
   vii. Coordinate with the Staffing Desk regarding operations personnel.
   viii. Follow travel driving policies 0500-2000.
   ix. Receive Approval if lodging or additional expenses are not pre-authorized.
   x. Coordinate with HSO if additional needs are requested or warranted upon arrival at the home station.
   xi. Follow-up Plan of action or recommendation if needed.
   xii. Complete Peer Support Team tailboard After Action Review
   xiii. Lead Peer Responsible for documentation, financials, and communication.

V. DEFINITIONS

Behavioral Health Clinician: A licensed psychiatrist, a licensed psychologist, a licensed nurse practitioner or registered nurse with a specialty in psychiatric mental health, a licensed independent clinical social worker, a licensed mental health counselor, a licensed marriage and family therapist, a certified clinical social work associate, an intern or resident who is working under a state-approved supervisory contract in a clinical mental health field; or any other clinician whose authorized scope of practice includes mental health diagnosis and treatment. Return

Critical Incidents: These are often sudden and unexpected disruptive ideas of control and how the world works (core beliefs). They feel emotionally and psychologically overwhelmed, which can strip psychological defense mechanisms that frequently involve perceptions of death, a threat to life, or bodily injury. Return

Critical Incident Stress: Refers to the range of physical and psychological symptoms that might be experienced by someone as a result of being involved in a traumatic critical incident. The body's normal reaction to an abnormal event. Return

Critical Incident Peer Support Team (CIPS): A Peer Support Team that consists of trained firefighters/first responders, mental health professionals, chaplains, and canines. Each incident's circumstances and behavioral health requirements will be unique, determining the particular size and structure of the team or teams. Return

Critical Incident Stress Management (CISM): Is the selection and implementation of the most appropriate crisis intervention tactics to best respond to the needs of the situation or member. CISM has multiple components that can be used before, during, and after a crisis. CISM aims to mitigate an event's impact, accelerate the recovery process, and assess the need for additional or alternative services. Return

Injured-on-Duty Death (IODD): Any actively employed sworn or appointed member of SDFD who dies during employment and the death is the result of an accidental non-emergency incident that occurred on duty. Return

Interagency Resource Ordering Capability (IROC): Is a dynamic, modern, flexible, and scalable application that aligns with interagency business needs for resource ordering for all hazard incidents. IROC provides the Dispatch Community with a fast and stable system that works well even during peak activity. It also supports a simple reporting user interface. Return

Line-of-Duty Death (LODD): Any actively employed sworn or appointed member of the SDFD who dies during an emergency incident as the direct result of on-duty emergency operations or because of state-recognized incident-related presumptive causes, including suicide. Return

Near Miss: An incident in which no property was damaged, and no personal injury was sustained. But given a slight shift in time or position, damage, injury, or death easily could have occurred. It usually comes with a surge of adrenaline and relief. Also known as a "close call," "narrow escape," or a "near accident." Return

Peer Support: The use of active listening and problem-solving skills combined with knowledge about crisis and mental health to support one's peers. The basic premise behind peer support is that people can solve most of their daily living problems if given the chance. The role of the peer supporter is not to solve a person's problems for them but rather to assist them in finding their own solutions. Peer Support Team Members work closely with the Department's Chaplains and contracted behavioral health care professionals, who are available for consultation and assistance with referrals if needed. Return

Peer Support Team (PST): PST members are not mental health professionals and consist of volunteers receiving ongoing department-sponsored in-depth training. PST members support co-workers, immediate family members, and adjacent first responders experiencing personal and/or work-related stressors. PST members also provide support during and following critical incidents or traumatic events through a series of interventions. Refer to SI 10 Section 8 Peer Support Return

Potential Traumatic Event (PTE): This powerful and upsetting incident intrudes into daily life. PTEs are usually experiences that are life-threatening or pose a significant threat to a person's physical or psychological well-being. Return

Traumatic Event: Any incident which could cause physical or mental injury, usually due to an external agent. Return