

CRITICAL INCIDENT STRESS MANAGEMENT (CISM) PROGRAM

Canada Border Services Agency - Pacific Region

CISM
Mass Event Response Plan
2006

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Introduction and Objective

This manual will provide the Mass Event emergency operating procedures and guidelines for the CBSA Pacific Region Critical Incident Stress Management (CISM) Program. The manual is for the exclusive use of the CISM Team immediately after a major crisis event in the CBSA workplace, which may have the potential for widespread traumatic stress reactions among CBSA employees.

CBSA primary roles and reporting structures will likely be very different from the time a mass event occurs until the point of stand down. It is probable that CBSA will be in a key but inherently supportive role within a larger emergency command system. In turn, CISM will be in a supportive role to Regional CBSA emergency and/or business continuance plans.

It should be clearly understood that while CISM is structured to fulfill this supportive role, CISM peer team members or other service providers must maintain separation from the CBSA operational roles as it pertains to the mass event in order to ensure an effective level of CISM service.

This separation from the operational role will occur only when specific criteria are met. Management must be in a position whereby operational needs are met and the designated employees can be released into the CISM role. Activation of large CISM responses can only occur with the knowledge and support of management.

CISM services operate on a “safety first” protocol. CISM services should only be made available when it has been determined that there is absolutely no hazard for staff to travel to, or assemble at, a designated CISM location.

Definitions

Critical Incident

A Critical Incident is any event that has an impact sufficient enough to overwhelm the usually effective coping skills of either an individual or a group. Critical incidents are typically sudden, powerful events that are outside of the range of a person's ordinary experiences. Because they are so sudden and unusual, they can have a strong emotional effect. If the critical incident is extreme in nature, it may serve as the starting point for the psychiatric disorder called "Post-traumatic Stress Disorder." Critical Incident Stress services help mitigate this possibility.

Critical Incident Stress (CIS)

Critical Incident Stress (CIS) or traumatic stress is an unusually strong emotional reaction that has the potential to prevent the individual from maintaining their normal duties and responsibilities within their work, social and family environments. The reaction may be immediate or delayed.

Critical Incident Stress Management (CISM)

The Critical Incident Stress Management process includes education and awareness. CISM is a comprehensive range of integrated services, procedures, and intervention strategies designed to mitigate the effects of exposure to a critical incident. The 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. Individual (One-On-One) Crisis Intervention
6. Family Crisis Intervention
7. Follow-up Services.

Mobilization/Demobilization

Mobilization and Demobilization are group processes. Support is provided by way of factual information about the incident, stress education information and rest/refreshment as necessary. This is often delivered in conjunction with start of shift or end of shift staff meetings provided by management. Specially trained employee peers usually conduct Mobilization/Demobilization on a rotating basis for the first few days post-incident. It is generally reserved for deeply distressing events that have the potential for widespread effect on a particular employee group. This includes events that are prolonged or have high media visibility.

Crisis Management Briefing (CMB)

CMB is a large group crisis intervention ideally suited to business and industrial applications for up to 300 persons. It is used after large-scale events (disasters, major crisis, etc.). A CMB may be thought of as a form of "town meeting" for the expressed purpose of crisis intervention and is led by CISM Team members – it should NOT be considered an "operational debriefing". A CMB may include a panel of CISM peer support personnel, mental health professionals, management and union representatives, and

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operational experts from within the organization or suitable outside agencies, as required. A CMB consists of four distinct phases (Assembly; Information; Reactions; and Coping Strategies/Resources) and may be used to triage individuals for more intense and appropriate intervention at a later time. It is primarily used to assist tertiary groups who may be less directly affected by a crisis. This is sometimes used when emergency operations impact a community. A CMB assists community members cope/cooperate with an increased operational presence.

Defusing

A Defusing is the front-line response to a critical incident or potential critical incident. It is provided within a few hours of a crisis event to minimize the effect of acute critical incident stress. Its goal is to reduce intense reactions to the event; to normalize the experience; to provide practical/useful information (stress education); to develop expectancies about recovery, and to assess the need for follow up with a Critical Incident Stress Debriefing (CISD). This process is used primarily to assist small groups of individuals who were directly exposed to and most seriously affected by a critical event. A Defusing is led by a peer team member without the aid of a mental health professional. It is less structured and less time consuming (approximately 30 to 60 minutes) than a Debriefing. A Defusing may eliminate the need for, but should NOT substitute for a formal Debriefing if one is obviously required. After a Defusing, follow up is essential. Defusings are highly flexible in how they are delivered and are of low visibility. This combines to make them one of the most effective CISM tools.

Critical Incident Stress Debriefing (CISD)

CISD is a structured seven-phase group process utilized in the normalization of critical incident stress or traumatic stress and integrates crisis intervention strategies with educational techniques. It is best conducted in the short-term aftermath of a critical incident, approximately 24 hours post-incident, but usually within the first 72 hours (later if circumstances require). A CISD is called for after obvious, deeply disturbing events that may overwhelm the coping skills of those involved. Typically a 2-3 hour confidential group intervention led by a specially trained mental health professional and assisted by trained employee peers, after delivery, follow up is essential.

Two main goals of a Critical Incident Stress Debriefing

1. **Mitigate the impact** of the Critical Incident on those who were victims of the event.
Victims are defined as:
 - a) Primary victims
i.e. those directly traumatized by the event.
 - b) Secondary victims
i.e. those individuals who are in some way observers of the immediate traumatic effects that have been experienced by the primary victims. Co-workers peripheral to the scene would be an example.
 - c) Tertiary victims
i.e. those affected indirectly by the trauma via later exposure to the scene of the disaster/trauma or by a later exposure to primary or secondary victims.
Typically tertiary victims are those not exposed to the immediate “first-hand” aspects of the traumatization, thus not impacted by the “shocking immediacy”. Staff from other departments, family members & co-worker friends of victims or rescuers might be examples of tertiary victims.
2. **Accelerate recovery** process in people who are experiencing stress reactions to abnormal traumatic events.

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Individual Intervention (One-On-One)

This is an individual intervention provided by a Peer Team Member after a critical incident or potential critical incident. Individual Intervention is used to support, stabilize and provide stress education and to help assess the need for a formal Debriefing, in a group setting, if other individuals were involved. It is best provided within 24 to 72 hours of an incident (later if circumstances require) and may be conducted by specially trained peers, in person or by telephone. An Individual Intervention should NOT substitute for a formal Debriefing if one is obviously required for a group of individuals. After delivery, follow up is essential and a referral(s) may be required.

Family Crisis Intervention

Support for Customs employees is not complete unless it also includes special support services for spouses and significant others who may be indirectly and negatively impacted by the same traumatic events affecting the employee. Support for the families may include providing educational information, Debriefings, One-on-One interventions and Crisis Management Briefings (CMB). The CBSA CISM protocols for serious work injury or line of duty death include support for spouses and significant others.

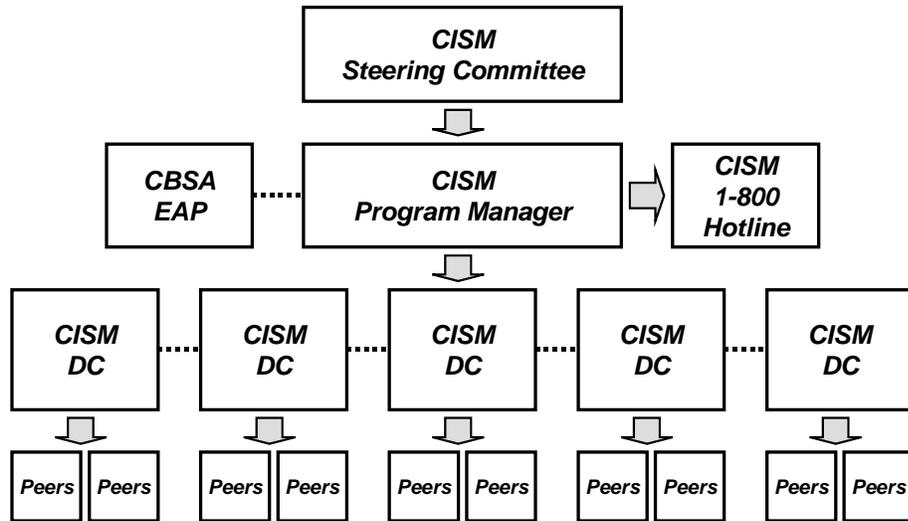
Follow-up Services

Every time a CISM intervention is provided (Defusing, Debriefing, Mobilization/ Demobilization, Crisis Management Briefing, One-on-One) it is necessary to ensure that follow up services are provided. Follow Up Services are generally provided by Peer team volunteers, and may include telephone calls; chaplain contacts; small group meetings; peer visits; one-on-one services; family contacts; referrals for professional contact or any other helpful outreach programs.

CISM Team Roles & Responsibilities

CBSA Pacific Region CISM Team – Organizational Chart

CBSA Pacific Region
CISM Organizational Chart



DC – District Coordinator

CISM Steering Committee

The CISM Steering Committee is the governing body, responsible for the continued development of the CBSA CISM Program. The CISM Program Manager, as Chair of the Steering Committee, will administer and monitor CISM service delivery.

CISM Program Manager

The regular duties of the CISM Program Manager include responsibility for all elements of CISM program development and operations, including executive liaison, budget, volunteer recruitment and selection, training, emergency response and clinical oversight. In a mass event scenario this role is flexible and responds to the needs of establishing order as they emerge. This includes interdepartmental liaise and proactive support.

A checklist of Program Manager duties and responsibilities in the event of a major emergency is found in APPENDIX I - Blue pages.

NOTE: If CISM Program Manager is incapacitated or cannot be reached after a major event, a CBSA District Coordinator with Incident Command System (ICS) training may assume the emergency role of Acting CISM Program Manager. This would include representing CISM at any regional crisis operations centre.

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CISM District Coordinator (DC)

Selected CISM Peer Team members act as CISM District Coordinators. All CISM District Coordinators and Alternate Coordinators are responsible to carry a cell phone or pager for immediate notification of emergency events. One Coordinator and one Alternate Coordinator are responsible for each of the following districts:

1.
2.
3.
4.
5.

CISM District Coordinators are the principal day-to-day liaisons between the CISM Program Manager, CISM Peer Support team members and CBSA management. Their primary responsibilities include management of routine team operations; team recruitment; assessment of emergency events (for CISM activation and appropriate intervention, contacting and directing CISM Peer Support team members; arranging CISM interventions; coordinating mental health support; coordinating follow up and referrals; assessment and provision of support for team members (Help The Helper).

A checklist of CISM District Coordinator duties and responsibilities in the event of a major emergency is found in APPENDIX II – Yellow pages.

NOTE: In the event that the CISM Program Manager is incapacitated or otherwise cannot be reached after a major event, a CBSA district coordinator with Incident Command System (ICS) training may assume the emergency role of Acting CISM Program Manager.

CISM (Mass Event) Lead Coordinator (LC)

The CISM Lead Coordinator (LC) is a temporary position that is activated in a major event emergency only. The Lead Coordinator role will be nominated from the CISM District Coordinators by acclamation, and/or assigned by the CISM Program Manager. The LC is tasked with arranging and coordinating the overall CISM response after a major emergency event, and acts as the principal liaison between the CISM Program Manager, CISM District Coordinators, CISM Peer Team Members and CBSA management. **The LC is to assess information and situations but is not to be directly involved with actual CISM service delivery.**

The lead coordinator role is a “position” as opposed to a person. It is likely that a major emergency event will necessitate CISM response for an extended period of time, therefore a back-up rotation of lead coordinators may be required to maintain CISM services on a 24/7 basis.

A checklist of CISM Lead Coordinator duties and responsibilities in the event of a major emergency is found in APPENDIX III Green pages.

CISM Peer Support Volunteers (Team Members)

CISM Peer Support volunteers (“Team Members”) are primarily responsible for providing the various CISM interventions to co-workers upon assignment by a District Coordinator. Team members are responsible to assess, to the best of their ability, each individual or group for signs and symptoms of possible traumatic stress reactions. Team members provide CISM services under the direction of a District Coordinator, and are clinically supervised by the CISM Program Manager and/or EAP Manager.

CISM Mass Event Response Plan

A checklist of CISM Peer Support Team duties and responsibilities in the event of major emergency duties are found in APPENDIX IV Rose pages.

Mental Health Professionals (MHP)

Mental Health Professionals are responsible to assist the CBSA CISM team during CISM Debriefing and afterward. These individuals must have a least a Masters degree in psychology, social work, psychiatric nursing, or mental health counselling. They must be trained in crisis intervention, stress, post-traumatic stress disorder, and have specifically achieved training in Critical Incident Stress Debriefing technique from the International Critical Incident Stress Foundation (ICISF). They are to follow the ICISF model for CISD. CBSA CISM standard operating procedures require MHPs to have at least five years experience with the ICISF model.

Mental Health Professionals will be available as per EAP contract to facilitate Critical Incident Stress Debriefings. The CBSA CISM Program Manager must grant appropriate and direct authorization before any services may be provided. A CBSA CISM District Coordinator may grant emergency-basis authorization only in the Program Manager's or EAP Manager's extended absence.

Mental Health Professionals will follow the direction of the CBSA CISM District Coordinator and will conduct CISD processes with the aid of CBSA CISM Peer Team members.

If necessary, Follow-up or Intervention Review sessions may be held with the Mental Health Professional present, or by phone.

Mental Health Professional will also make themselves available on a pre-incident basis for familiarization of operations with the CBSA CISM Team in their area.

Mental Health Professionals may not refer CBSA personnel to their own private practice, unless specifically approved by the CBSA CISM Program Manager.

CISM Mass Event Emergency Response Procedures

CISM Peer Support Volunteers (“Team Members”) – Rules of Engagement

(Also refer to APPENDIX IV – Peer Support Team Member Checklist. Pink pages)

Team Members report to and must follow the direction of CISM District Coordinators and/or the CISM Program Manager for all CISM activities.

Team members must ensure separation of CISM role and operational role.

Team Members must assess their personal stress reactions and advise a District Coordinator or the Program Manager immediately if they feel they cannot/should not participate in a CISM intervention.

Team Members may not respond in an official CISM capacity until directed by a CISM District Coordinator or the CISM Program Manager. A Team Member who is inadvertently on-scene during an event may only provide limited CISM services such as On-Scene Support (“walk and talk”) and situational assessment in the absence of this immediate direction.

Team Members may NOT attempt to inappropriately assume the role of counsellor or psychologist.

Team Members may not provide CISM intervention or information by email - only in person or by phone directly to an individual.

Team Members may not leave voice mail messages that identify you as a CISM Peer team member. They should only leave their name and contact number.

In person, or when speaking directly to the individual by phone, Team Members will always identify themselves as a member of the Critical Incident Stress Team.

As a general rule, Line Peers will be designated to offer support to line staff and Management Peers will be designated to offer support to management staff.

Team Members may not provide CISM support to anyone with whom they have a close personal relationship.

Team Members may not provide CISM services for an incident in which they have been personally involved.

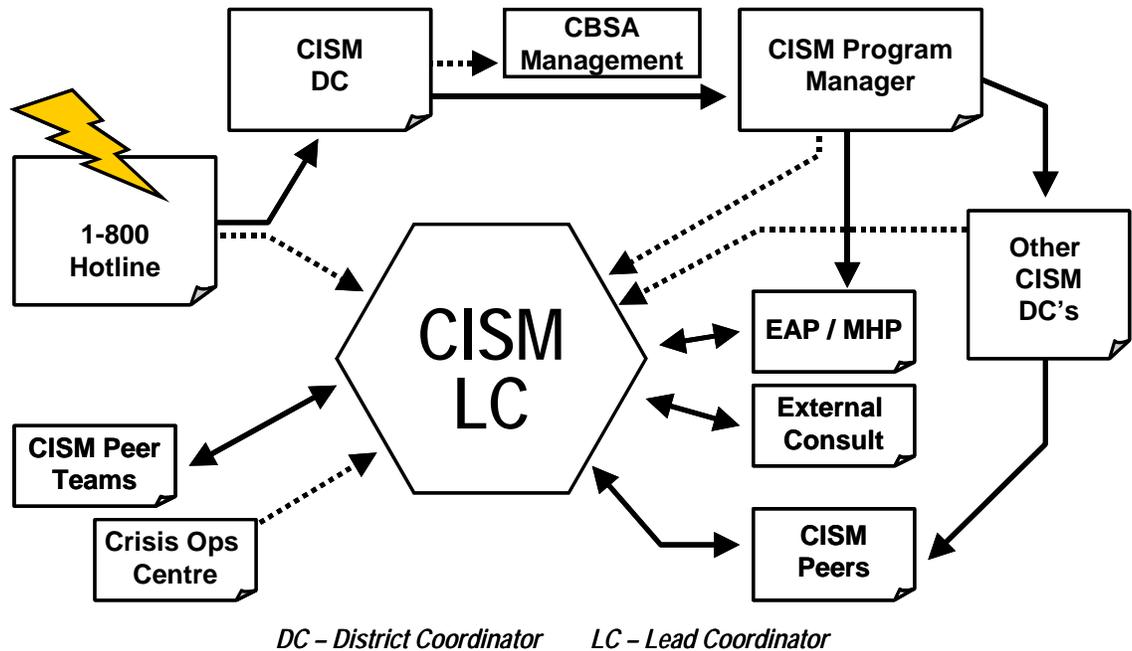
Team members must follow confidentiality rules at all times. Team Members may not take notes during any CISM intervention.

Team Members may not wear a uniform during a CISM Debriefing – and should avoid wearing a uniform during other CISM interventions – in the interest of maintaining a neutral support environment.

Team members are not to bring any unauthorized personnel, tools or equipment when mobilizing for a CISM service response.

CISM Mass Event Response Plan

CISM Mass Event Call Out – Emergency CISM Team Dispatch Protocol



CISM Team Call-Out during major events will proceed as follows:

1. Upon advice of emergency event, immediate call from 1-800 Hotline Operator and/or Management to CISM District Coordinator (DC):
 - a. If no response within 20 minutes, Operator will call other District Coordinators/Alternates, starting alphabetically by closest District
 - b. If no response within additional 20 minutes, Operator will call CISM Program Manager
 - c. If no response within additional 20 minutes, Operator will call CISM Peer List, starting alphabetically by closest District (see Note)
2. DC contacts local CBSA Management for situational update and assessment.
3. DC contacts Program Manager and other DCs. Lead Coordinator (LC) role determined and tasks assigned.
4. LC liaises with CBSA Management at Emergency Ops. Centre
5. DC's contact Peers by District – request assistance and alert to stand-by status. Peers report to LC.
6. Program Manager contacts EAP and/or Mental Health, External Consultants – alert to stand-by status. EAP/Mental Health/Consultants report to LC.
7. LC assigns and dispatches Peer Support Teams as required.
8. LC liaises with Program Manager, DC's, 1-800 Hotline Operator for updates.
9. LC monitors and coordinates all CISM response activities.

CISM Mass Event Response Plan

NOTE: If no response from initial District Coordinator or their alternate, the CISM Program Manager, other District Coordinators, and their alternates within the hour, 1-800 operators will attempt contact by running down the list of Team Members, alphabetically by closest District. First Peer contacted will receive emergency information and be responsible to immediately relay the information to other Team Members. If communications are not available it may be possible to activate Treasury Board Trauma Services (currently administered & designed by Health Canada) This regional system is based on a satellite phones. Protocol dialogue with Health Canada in this regard has begun on a regional basis.

Team Mobilization for Lower Mainland Support

Management must be in a position whereby operational needs are met and the designated employees can be released into the CISM role. Activation of large CISM responses can only occur with the knowledge and support of management.

There is likelihood that, if a mass event occurs in the lower mainland, three of the five CISM teams would experience operational impact to a degree that would prevent them from delivering an impartial CISM response.

If this were to occur, identified CISM teams may be called to respond. Mobilization protocol is as follows:

Identified Team

- Program Manager and District Coordinator to assess needs (with assistance of local management) and authorize mobilization after safety assessment conducted.
- Team members to muster at designated location with required personal belongings (clothing/toiletries).
- Go kits and, if required, food water & first aid supplies to be picked up. No unauthorized CBSA tools, equipment or personnel to be brought.
- Group to travel to identified location. Billeting and CISM service delivery to be coordinated from this site.

Preparation such as information review to be conducted en route.

It is expected that coordinated team arrival at designated location will occur 1-3 days after mobilization initially authorized.

Identified Team

- Program Manager and District Coordinator to assess need (with assistance of local management) and authorize mobilization after safety assessment conducted.
- Team members to muster at designated location with required personal belongings (clothing/toiletries).
- Go kits and if required food water & first aid supplies to be picked up. No unauthorized CBSA tools, equipment or personnel to be brought.

Preparation such as information review to be conducted en route.

CISM Mass Event Response Plan

It is expected that coordinated team arrival at the location will occur 5-7 days after mobilization initially authorized.

Communications – Contingency Protocol

Emergency Communications

Emergency CISM communications should be conducted using pagers and hard-line telephones and, if necessary, secure (digital) cellular telephones.

Use of Cellular Telephones

When using ANY cellular telephone, care should be taken to ensure that both telephones are in digital service mode or that the other telephone is a landline.

DO NOT conduct confidential CISM related telephone conversations over unsecured cellular telephone lines.

1. **Analog cellular** telephones can be monitored using a scanner. DO NOT USE.
2. **Digital cellular** telephones are relatively secure as they can only be monitored at great expense and considerable technical expertise. USE WITH CARE.
3. **Dual Mode or Tri-Mode cellular** telephones will, depending on the service area, allow use in either analog or digital mode. DO NOT USE IN ANALOG MODE.

If both landline and cellular telephone service is temporarily unavailable or intermittent, the following Communications Contingency Protocol options should be considered:

For DISTRICT COORDINATORS and PROGRAM MANAGER – attempt contact with each other by

1. CBSA satellite telephones where/when available.
2. CBSA PASS radios to contact between local Ports if available.
3. E-mail and/or MSN to transmit non-confidential information.

Total Communications Failure

In the event of total telecommunications failure, all available off-duty Coordinators and Team Members should proceed immediately to designated CISM Emergency Assembly Locations, as follows:

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It must be understood that any mobilization should not proceed until authorized and it is deemed safe to do so. Under no circumstances are any CISM providers to put themselves in harm's way. All coordinators and team members are expected to ensure a "safety first" protocol. If travel to, or assembly at, a designated location is deemed hazardous, staff are NOT to proceed.

CISM Team Relief and Backup Resources / Help the Helper

CISM Team Relief

Every effort should be made to provide relief for CISM Team Members who are actively involved with on-going CISM interventions during a major emergency. The following guidelines will apply:

1. Peer Team Members who are assigned for CISM activity should be organized into squads of day and night shifts as appropriate and available.
2. Peer Team Members should be limited to no more than 12 consecutive hours of CISM duty time. Mandatory stand down should include no less than 8 hours of prone rest before CISM duty recommences.
3. Mobilization/Demobilization rooms should be staffed with at least two Peer Team Members to allow for regular meal and rest breaks.
4. Under no circumstances should a Peer Team Member provide more than two formal CISM Debriefings per day.
5. District Coordinators should rotate duty time with another District Coordinator, or Alternate, every 12 hours, plus 1 hour overlap for hand-over meetings. Stand down time should include no less than 8 hours of prone rest before CISM duty recommences.
6. A separate group of Team Members should be assigned as “Relief Peers” to assist with Help The Helper services for other Team Members (see: **APPENDIX V - Help The Helper Services**) – Health Canada Trauma Services contingencies

CISM Team Back-up

Major events requiring extended CISM services, or events which severely limit availability of local CBSA CISM Peer Team resources, may require back-up CISM assistance from other Districts and outside agencies. The following resources may be available for Peer team back-up (see CBSA CISM Telephone Contact List):

1. Other CBSA Pacific Region District CISM Team Members
2. Other CBSA CISM Teams (Saskatchewan, Manitoba, Ontario)
3. Local Police and Emergency Services
4. Correctional Service of Canada
5. Other Government Agencies

If possible, back up CISM providers should be used in supportive roles (scribes, door keepers, administrative, help the helpers, etc.) prior to being assigned to conduct direct CISM service delivery (defusings, debriefings, etc.).

Help the Helper Services

CISM Defusing should be provided for all CISM Peer Team Members actively assigned to major event response as follows:

1. Formal Debriefings: Provided by Mental Health professional, immediately following session (in person).
2. Mobilization/Demobilization: Provided by Relief Peers at end of day (in person).
3. Defusings: Provided by Relief Peers at end of day (in person or by telephone).

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4. On Scene Support: Provided by Relief Peers at end of day (in person or by telephone).
5. Individual Interventions (1:1): Provided by Mental Health professional at end of day or as urgently required (in person or by telephone).

NOTE: All CISM Lead Coordinators will have mandatory Defusing provided by the Program Manager or designated Mental Health professional at the end of each day.

(see: **APPENDIX V - Help The Helper Services**) – Health Canada Trauma Services contingencies

On Scene Protocol – Regional Crisis Operations Centre / Site Centre / Call Centre

Crisis Operations Centre (COC)

A command headquarters may be established at a pre-designated Regional Crisis Operations Centre (COC). The decision to open the Centre will be made at the time the emergency is declared and the Customs CISM Team will be advised through the notification process.

The CBSA CISM Lead Coordinator will liaise and coordinate CISM services and activities with the Director of the CBSA Emergency Response at the Regional Crisis Operations Centre (COC).

Regional Crisis Operations Centre (COC) Location: *To be determined*

Regional Crisis Operations Centre (COC) Back-up Locations: *To be determined*

Site Operations Centre (SOC)

CISM Team Members may be required as part of the SOC team, to provide on-site coordination of CISM support and situational feedback to the CISM Lead Coordinator.

CBSA Employee Call Centre

To facilitate the rapid dissemination of information to employees after a mass crisis event, CBSA management may choose to designate a private, employees-only information number and/or a CBSA Employee Call Centre. CISM Team Members may be dispatched to help staff the telephone lines, and to assist employees who may be traumatized by the crisis event.

Go-Kits – Locations and Contents

Go-Kits Locations

Two CISM Emergency Go-Kits are located within each District in the Pacific Region. These are for use by CISM District Coordinators as necessary to commence an immediate CISM Mass Event Response.

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CISM Mass Event Response Plan

Go-Kits Contents

CISM Go-Kits contain enough forms and supplies to activate an immediate CISM Mass Event Response. Each CISM Go-Kit should contain the following items:

1. CISM Mass Event Response Manual including Check Lists/Phone List (2 copies)
2. CISM Standard Operating Procedures Manual
3. ICISF 3rd Edition CISD Operations Manual
4. CBSA CISM Team ID badges (2)
5. Large spiral notebooks (2) (Events Log)
6. Notepads (2)
7. Permanent markers (2 each, medium and large point)
8. Dry Erase markers (2 each, red, green, blue, black)
9. Hi-Lighter markers (2)
10. Stapler and staples
11. Pens, pencils, scissors, paper clips, alligator clips
12. Flip Chart Paper
13. Masking Tape
14. Small Trash bags
15. Large manila envelopes (10 pack)
16. Tabbed legal size folders (10 pack)
17. One hand-held flashlight with spare batteries
18. One head-band (hands free) LED flashlight with spare batteries
19. Band Aids, Aspirin/Tylenol, antacids, “wet-nap” wipes
20. Spare cell phone battery and vehicle charger
21. Ear plugs and eyeshades
22. CISM Handout Pamphlets (50 copies each)
23. CISM business cards (50)
24. Kleenex
25. Laminated signs – “Meeting in Progress – Do Not Disturb”
26. High visibility vests (District coordinators)

Events Log

The CISM Lead Liaison (LL) will be responsible to start and maintain an emergency Events Log notebook to chronicle all non-confidential CISM response activities, both as “to-do” and “completed” items. The Events Log should be notated in real time, with each activity item initialled as completed. The on-duty LC will be responsible to brief the in-coming relief LOC at the commencement of each shift.

Type: Large spiral bound notebook or similar (avoid tablets).

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Cover should be clearly marked: “CISM EVENTS LOG – DO NOT REMOVE – Start/Finish Time/Date”. Note location name and telephone number inside cover.

Store completed logs in secure location for later reference and/or analysis of events. This is an essential document.

Information / Confidentiality / Media

Information

The communication of information pertaining to the emergency is critical to the success of the overall emergency response effort. All information pertaining to any aspect of the emergency or the response – with the exception of confidential CISM related conversations – should be communicated to the CISM Lead Coordinator, for furtherance to the Crisis Operations Centre (COC) staff. CISM Team Members should not attempt direct contact with COC staff.

Information requests regarding *CBSA operations* should be directed to CBSA communications officers. As per APPENDIX VI – Phone List

All requests to divulge *confidential CISM related information* is to be refused and referred to the CISM Program Manager immediately. NO EXCEPTIONS.

Confidentiality

The CISM Lead Coordinator, District Coordinators and all CISM Team Members will strictly observe CISM Confidentiality rules and requirements at all times. All Team Members should make every reasonable effort to ensure the highest standard of confidentiality.

All requests to divulge confidential CISM related information is to be refused and referred to the CISM Program Manager immediately. NO EXCEPTIONS.

Use of Cellular Telephones

When using ANY cellular phone, care should be taken to ensure that both telephones are in digital service mode or that the other telephone is a landline.

DO NOT conduct confidential CISM related telephone conversations over unsecured cellular telephone lines.

1. **Analog cellular** telephones can be monitored using a scanner. DO NOT USE.
2. **Digital cellular** telephones are relatively secure as they can only be monitored at great expense and considerable technical expertise. USE WITH CARE.
3. **Dual Mode or Tri-Mode cellular** telephones will, depending on the service area, allow use in either analog or digital mode. DO NOT USE IN ANALOG MODE.

CISM Mass Event Response Plan

Media

Do not divulge ANY information or opinions, even when off duty.

Do not divulge your affiliation with CBSA and/or the CBSA CISM Team to strangers.

Do not use analog-analog or analog-digital cellular telephone connections.

Avoid wearing CBSA identifiable clothing (uniforms, etc.) when providing CISM support services.

Avoid transiting areas proximal to media congregation.

Refuse ALL requests for interviews - refer all media enquiries to CBSA communications officers.

Information requests regarding *CBSA operations* should be directed to CBSA communications officers. As per APPENDIX VI – Phone List

All requests to divulge *confidential CISM related information* is to be refused and referred to the CISM Program Manager immediately. NO EXCEPTIONS.

Emergency Expenses

All emergency expenses are to be accounted as per CBSA Financial Administration guidelines. Reimbursement of expenses, whether incurred through government credit card, petty cash, or any other means, are to be coded to the Regional CBSA CISM account.

CISM Emergency Interventions

CISM Assessment Criteria – Emergency Triage

- Employee involvement in incident
- Number of employee(s) involved
- Name(s) and Work Group
- Nature of incident and complications
- Location, date, time of incident
- Present location of employee(s)
- Any injuries or fatalities?
- Any individual or group closer to the incident than others (more affected)?
- Are individuals asking for CISM intervention?
- Any stress reactions/ symptoms noticed in any of the employees?
- Source of incident report(s)

Assessing the Need for a Critical Incident Stress Debriefing (CISD)

(Also see Appendix VII - CISM Crisis Triage Check List – Gold Pages)

Debriefings are to be conducted only when it is necessary. Critical Incidents where a Debriefing is automatically assigned have been identified. There are also incidents where the potential for a Debriefing will be based on an assessment of the impact on the workplace.

The following questions and comments should be helpful in determining if a Debriefing is necessary¹:

Additional Information:

- How long ago did the incident occur? Is the event ongoing? Is it getting worse / more complicated?
- Does the event fit within the definition of a Critical Incident? Is the event of sufficient magnitude to cause significant emotional distress among those involved? (“Defusing” within initial few hours may allow for assessment of involved personnel.)
- How many individuals are involved in the incident? (If more than three, think CISD! If less, perhaps individual intervention would be more appropriate.)

¹ Critical Incident Stress Debriefing: An Operations Manual 2nd edition revised, J.T Mitchell, Ph.D and G.S. Everly, Jr., Ph.D. (adapted)

CISM Mass Event Response Plan

- Are there several distinct groups of people involved or is there only one? Are there witnesses? Does everyone belong to the same work group? Are they staff or management? Are they related (married, partners, etc.)? Do they have the same incident perspective? Depending on criteria, more than one CISD may be required.
- What is the status of the involved individuals? Where are they and how are they reacting?
- What signs and symptoms of distress are being displayed?
- Are any of the following key indicators present:
 - Behavioural change
 - Continued symptoms
 - New symptoms arising
 - Regression
 - Intensifying symptoms
 - Group symptoms
- How long have the reactions or signs and symptoms of distress been going on? Significant symptoms that continue past a few days indicate a Debriefing may be necessary. If symptoms of distress continue longer than one week after the incident, a Debriefing is definitely necessary.
- Are the symptoms growing worse as time passes? Worsening symptoms in a group may indicate a need for Debriefing.
- Are group members simply requesting information on stress, stress management, operational details, etc? (A formal Debriefing may be unnecessary if these requests are not accompanied by significant stress reactions.)
- Is the group willing to come to the Debriefing?
- What other stressors or influences are complicating? Are there any other issues that might inhibit or otherwise derail a successful Debriefing?

Automatic CISM Debriefings

The incidents listed below will mandate that a Critical Incident Stress Debriefing be automatically offered to affected employees. In the interim, whenever possible a Defusing should be conducted within 12 hours of the incident and prior to the employees leaving for home. If a Defusing is not possible and/or a formal Debriefing is not practical then a Peer Team member can provide individual interventions (in-person or by telephone) to those involved.

Incidents that will result in automatic CISM Debriefing:

- line of duty death
- suicide or homicide
- armed/violent assault in the workplace
- hostage-taking
- disaster
- client/traveler fatality in the workplace

Potential CISM Debriefings

The incidents listed below have a potential to result in a Critical Incident Stress Debriefing and will depend on Defusing held within a number of hours of the incident prior to the employees leaving for home. This provides an opportunity for the Peer Team Member to assess the impact of the incident on the employees. If a Defusing is not possible then a Peer Team member can provide individual intervention (in-person or by telephone) to those involved.

Incidents that have the potential to result in a CISM Debriefing:

- serious injury or death of a co-worker outside the workplace
- perceived threat to personal safety in the workplace (beyond normal circumstances)
- medical emergency
- serious injury or death of a child/family member under unusual circumstances

Critical Incident Stress Signs and Symptoms:

Critical Incident Stress is a normal reaction by normal people to an abnormal situation. It may affect employees at varying degrees and for different lengths of time. It is significantly more intense than everyday stress and is tied to a specific event. CIS reactions may include emotional, physical, and cognitive reactions that are beyond a person's control (listed below).

After a Critical Incident, employees are likely to experience one or more of the following...

Physical reactions	Cognitive reactions
<ol style="list-style-type: none"> 1. Exhaustion 2. Nausea/vomiting 3. Weakness 4. Difficulty breathing* 5. Chest pains* 6. Rapid heart rate 7. Headaches 8. Dry mouth/always thirsty 9. Elevated blood pressure 10. Fainting/dizziness 11. Exacerbation of allergy problems 12. Symptoms of shock* 	<ol style="list-style-type: none"> 1. Blaming attitude 2. Confusion 3. Reduced attention span 4. Flashbacks 5. Poor concentration/loss of confidence 6. Negative self-talk/loss of confidence 7. Decreased awareness 8. Troubled thoughts 9. Nightmares 10. Easily distracted 11. Short-term memory disturbance 12. Time/place/person distortion*
Emotional reactions	Behavioural reactions
<ol style="list-style-type: none"> 1. Frustration 2. Strong need for recognition of what they experienced 3. Anxiety 4. Guilt/feeling strongly for victims 5. Sense of loss 6. Anger 7. Denial 8. Fear of loss of control 9. Irritability/agitation 10. Depression 11. Feeling overwhelmed 12. Feeling isolated 13. Loss of emotional control 	<ol style="list-style-type: none"> 1. Emotional outbursts 2. Change in activity level 3. Disturbed sleep 4. Increase in smoking 5. Easily startled/ hyper-vigilance 6. Antisocial behaviour 7. Withdrawal 8. Change in eating habits (increase or decrease in food consumption) 9. Difficulty relaxing 10. Fidgety/restless 11. Increased use of alcohol and other drugs 12. Change in sex drive

* definite indication of the need for medical evaluation

Individuals experiencing cumulative stress or delayed stress reactions should seek out help from an EAP practitioner.

CISM Mass Event Response Plan

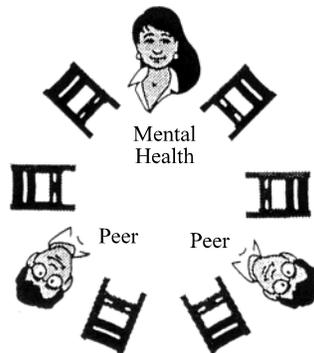
CISM Room Set-Up Diagrams / Requirements

CISM Debriefing Room Set-Up

- Room located off-site preferably; neutral location if on-site (i.e. not executive offices)
- Should be private and secure – doors and windows closed and locked from inside; windows covered
- Attach “*Meeting In Progress - Do Not Disturb*” sign to outside of door
- No P.A. or background music
- No phones
- Refreshments opposite entrance (across room if possible)
- Healthy snacks, sandwiches, fruit, juice, bottled water, decaffeinated coffee (unmarked), cream/sugar
- NO RED FOOD, NO GRILLED (barbeque, Italian, lean beef, etc.)
- Two boxes Kleenex
- CISM handout material near refreshments

SMALL Debriefing Room Arrangements

(NOTE: USE at least 3 PERSON team whenever possible – one MH plus 2 PEERS)



LARGE Debriefing Room Arrangements

(NOTE: USE at least 4 PERSON team whenever possible – one MH plus 3 PEERS)



CISM Mass Event Response Plan

Refreshments

The provision of refreshments for employees is strongly advised to help facilitate certain CISM intervention techniques, specifically Debriefing and Mobilization/Demobilization. Care must be taken to ensure that the refreshments are appropriate for the intervention. DO NOT over-cater – the refreshments are intended as an incentive toward the goal of stress-reduction through healthy eating, and as an encouragement to participate in a particular CISM activity.

Use the following as a guide:

- Refreshments situated opposite entrance to room (across room if possible).
- Healthy snacks, sandwiches (simple fillings), fruit, juice, bottled water, decaffeinated coffee (do not indicate), milk/sugar.
- NO RED FOOD, NO GRILLED FOOD, NO BONE-IN FOOD (rare beef, Italian, barbeque, fried chicken, etc.).
- Avoid strongly-spiced, messy or “ethnic” foods whenever possible.

Supplies

The following supplies may be useful for CISM intervention: (These supplies are also included in “Go-Kits)

1. CISM business cards (CISM 1-800 Hotline; blank name/telephone contact)
2. Notepaper, flipchart pads, permanent markers (sign-making, window covering)
3. CISM handouts
4. Kleenex
5. Masking tape
6. Small trash bags.

Regional Meeting Room Locations (By District)

District

-(location and capacity).....
-(location and capacity).....
-(location and capacity).....

District

-(location and capacity).....
-(location and capacity).....
-(location and capacity).....

District

-(location and capacity).....
-(location and capacity).....
-(location and capacity).....

District

-(location and capacity).....
-(location and capacity).....
-(location and capacity).....

District

-(location and capacity).....
-(location and capacity).....
-(location and capacity).....

Off-Site Meeting Room Locations (By District)

District

-(location address and phone number)
-(location address and phone number)
-(location address and phone number)

District

-(location address and phone number)
-(location address and phone number)
-(location address and phone number)

District

-(location address and phone number)
-(location address and phone number)
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District

-(location address and phone number)
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-(location address and phone number)

District

-(location address and phone number)
-(location address and phone number)
-(location address and phone number)

CISM Mass Event Response Plan

CISM Follow Up Protocol

CISM Debriefing Follow Up

All participants in formal CISM Debriefing sessions will receive at least TWO follow up telephone calls or visits no later than:

- 48 hours after conclusion of Debriefing session, and
- Three weeks after conclusion of Debriefing session

A second Debriefing session may be held for the same participants if:

- There is an expressed need from the participants, and/or
- Two or more groups wish to be debriefed together, and/or
- Multiple events necessitate

Anniversary follow up should be planned for one year later.

(Note: The same Peer Team Members who participated in Debriefing should provide follow up services whenever practicable.)

CISM Defusing Follow Up

All participants in CISM Defusing will receive a follow up telephone call no later than 48 hours after conclusion of defusing session, or within 24 hours if circumstances warrant priority attention.

CISM Individual Intervention (One-On-One) Follow Up

All participants in One-On-One Intervention will receive a follow-up telephone call no later than 48 hours after conclusion of Intervention, or within 24 hours if circumstances warrant priority attention.

(Note: The same Peer Team Members who provided One-On-One should provide follow up services whenever practicable.)

CISM Mobilization/Demobilization Follow Up

Follow up telephone calls should be made within 24 hours to any staff member who may be assessed to require additional and/or priority attention.

CISM Crisis Management Briefing (CMB) Follow Up

Follow up may be provided immediately after conclusion of CMB. Peers Team Members in attendance may provide this service as informal “walk and talk” conversations with audience members who request it or who may exhibit stress reactions.

CISM Reporting Requirements

CISM Service Report (non-confidential information)

The CISM Service Report (non-confidential information) will be completed by a Peer Team Member following every CISM intervention or contact (See Appendix XI).

Peer Team Members are responsible to forward Service Reports to the on-duty Lead Coordinator (LOC) by secure means. The on-duty LOC will be responsible to receive and coordinate, as well as safeguard, all Service Reports.

Please see APPENDIX XI for service report and completion instructions.

Appendices

- I. CISM Program Manager's Check List (Blue pages)
 - II. CISM District Coordinator Check List (Yellow pages)
 - III. CISM (Mass Event) Lead Coordinator Check List (Green pages)
 - IV. CISM Peer Team Member Check List (Pink pages)
 - V. Health Canada – Help the Helper
 - VI. CISM Crisis Triage Check List (Gold Pages)
 - VII. CISM Referral Guidelines
 - VIII. Critical Incident Stress - Tips On How To Recover From a Critical Incident
 - IX. Critical Incident Stress - Tips to Colleagues & Family
 - X. CISM Service Report – Interventions/Contacts
 - XI. EAP Information
- Acknowledgements

CISM Mass Event Response Plan

CISM Mass Event Response Plan

Appendix I – CISM Program Manager Check List

CISM Program Manager

Major Event Emergency – Duties and Responsibilities

Establish immediate communications and liaison with all Pacific Region CISM District Coordinators.	
Assist with activation of CISM Mass Event Response Plan and determination of Lead Coordinator role.	
Establish immediate communications with CBSA executive management (specifically Regional Director and Emergency Response Crisis Operations Centre). Advise CISM Mass Event Response Plan is activated and name Lead Coordinator.	
Establish immediate communications with CBSA EAP and designated external Mental Health professionals and operational consultants. Arrange for stand-by services as necessary.	
Establish immediate communication with other CISM Steering Committee members (OHS, Union, Program Services). Advise CISM Mass Event Response Plan is activated.	
Liaise with Lead Coordinator and assist with response planning and coordination as required.	
Provide CISM Debriefing assistance as required.	
Provide CISM Defusing and/or Debriefing assistance for CISM Team Members as required (Help The Helper).	
Provide CISM Defusing and/or Debriefing assistance for CBSA management as required.	
Provide CISM Crisis Management Briefing (CMB) direction and assistance to CBSA management as required.	
Provide CISM operational consultation to CBSA management as requested.	

In the event of total communications failure, proceed immediately to a designated Emergency Assembly Location (see: COMMUNICATIONS CONTINGENCY PROTOCOL, page11)

CISM Mass Event Response Plan

Appendix II – CISM District Coordinator Checklist

CISM District Coordinator (DC)

Major Event Emergency – Duties and Responsibilities

Conduct a self-assessment of: 1) Personal stress reactions 2) Individual association with event and 3) Required or appropriate operational role. Must advise a District Coordinator or the Program Manager immediately if any conflicts exist (occur) OR if they feel they cannot/should not participate/continue in a CISM function.	
Establish immediate communication with CISM Program Manager and other District Coordinators to: (refer to below bulleted functions)	
o Assess event situation	
o Location and severity	
o Number and location of employees involved (identities if possible)	
o Immediate trauma reactions	
o Determine CISM Lead coordinator role (for Operations Centre and Site Operations Centre liaison)	
o Assess available resources	
o CISM Team availability and capability	
o EAP/Mental Health availability	
Contact all District Peer Team Members to advise of situation and alert to stand-by status.	
Liaise with Lead CISM Coordinator and Program Manager to provide status update and assist with response planning and coordination as required.	
Contact and dispatch District Peer Team Members as requested by Lead Coordinator.	
Provide CISM Debriefing assistance as required.	
Provide CISM Defusing and/or Debriefing assistance for CISM Team Members as required (Help the Helper).	
Provide CISM Defusing and/or Debriefing assistance for Customs management as required.	
Provide CISM Crisis Management Briefing (CMB) direction and assistance to CBSA management as required.	
Provide CISM operational consultation to CBSA management as requested.	
Monitor and coordinate District CISM activities; provide continuous status updates to Lead CISM Coordinator.	
Collect and forward CISM Service Reports to Lead CISM Coordinator.	

In the event of total communications failure, proceed immediately to a designated Emergency Assembly Location (see: COMMUNICATIONS CONTINGENCY PROTOCOL, page11)

CISM Mass Event Response Plan

Appendix III – CISM Lead Coordinator Checklist

CISM Lead Coordinator (LC)

Major Event Emergency – Duties and Responsibilities

Conduct a self-assessment of: 1) Personal stress reactions 2) Individual association with event and 3) Required or appropriate operational role. Must advise other District Coordinator(s) or the Program Manager immediately if any conflicts exist (occur) OR if they feel they cannot/should not participate/continue in a CISM function.	
Grab Go-Kit, Customs ID (Mass Event Response Manual and Check Lists)	
Establish immediate communication with Customs Emergency Crisis Operations Centre and Site Operations Centre. (Lead Coordinators may be required to proceed immediately to Crisis Ops Centre location). Attend initial and daily briefings.	
Establish/Prepare CISM Events Log.	
Assess event; Identify groups and individuals with trauma reactions and triage for possible CISM interventions.	
Request District Coordinators to contact all CISM Team members – alert to “emergency stand-by”.	
Coordinate with Program Manager to contact external CISM consultants and external CISM Teams as required – alert to “emergency stand-by”.	
Coordinate with Program Manager for assistance by EAP/Mental Health professionals.	
Locate phones, fax – establish firm 24/7 communication links with: <ul style="list-style-type: none"> o Crisis Operations Centre (hourly update) o Program Manager (hourly update) o District Coordinators (hourly update) o EAP/Mental Health /External Consultant(s) o 1-800 Hotline Operators (request hourly updates) 	
Create CISM Resource Chart (Peer and MHP availability)	
Create CISM Dispatch Chart (who, what, where, when)	
Hourly updates to/from CISM District Coordinators for: <ul style="list-style-type: none"> o CISM Peers availability o Staff impact (on duty and off duty) o Injury/fatality status all staff o Management impact o Family impact o CISM Team impact o Operational issues 	

CISM Mass Event Response Plan

CISM Mass Event Response Plan

<p>Hourly update to/from CISM Program Manager for</p> <ul style="list-style-type: none"> ○ EAP/MHP and External Consultant(s) availability ○ Staff impact ○ Management impact ○ Operational issues 	
<p>Establish CISM Triage by Priority, Group/Individual, Type of CISM (Check List page XXX)</p>	
<p>Designate CISM staging areas as required. (Safety First protocol)</p>	
<p>Coordinate CISM interventions by Priority, Group/Individual, Type of CISM, District, Location, Date/Time, as required</p> <ul style="list-style-type: none"> ○ Mobilization/Demobilization (Set-Up required) ○ Defusings ○ Debriefings (Set-Up required) ○ Individual ○ CMB (Set-Up required) ○ CCRA Employee Call Centre Support ○ Help The Helper (Team) ○ Follow-up Services 	
<p>Arrange and coordinate all CISM interventions and logistics as required (Defusing, Debriefing, Mobilization/Demobilization, Individual Intervention, CMB, etc.). The LC is not to be involved with the actual delivery of these services.</p>	
<p>Arrange all CISM travel, accommodation, meeting rooms, refreshments and other logistics as required.</p>	
<p>Coordinate CISM Set-Up logistics as required</p> <ul style="list-style-type: none"> ○ Confirm meeting rooms ○ Arrange <u>and</u> confirm refreshments and supplies ○ Arrange <u>and</u> confirm transportation ○ Coordinate security for CISM Team/MHPs (IDs, safe routes, escort) ○ Assign <u>and</u> confirm <u>and</u> dispatch Peers/Mental Health ○ Staff invited? ○ Update COC and District management 	
<p>Mobilize and dispatch CISM Team members and EAP/Mental Health professionals.</p>	
<p>Mobilize and dispatch external consultants as required.</p>	
<p>Advise CBSA Crisis Ops Centre of CISM Team mobilization and activities. Provide continuous liaison with Crisis Ops Center and Site Centre.</p>	
<p>Arrange and coordinate CISM Team back-up and relief personnel.</p>	

CISM Mass Event Response Plan

CISM Mass Event Response Plan

Coordinate CISM Team “Help The Helper” Defusings and/or Debriefings (with Program Manager).	
Monitor all CISM activities; provide continuous liaison with Program Manager and other District Coordinators.	
Ensure completion and safeguarding of (non-confidential) CISM Service Reports.	
Locate copier and/or copy service (extra CISM Handouts as required)	
Locate nearest TV (periodic news coverage)	
Arrange CISM Help The Helper Squad and locations (“Quiet Rooms”)	
Create CISM Expenses File	
Check funeral arrangements (request Peer attendance)	
Collect incoming CISM Service Reports	
Care for self – regular food, drink, sleep, CISM Defusing	
Prepare for hand-off to Alternate Lead Coordinator during rest periods. (Lead Coordinator is a position – not a person)	

In the event of total communications failure, proceed immediately to a designated Emergency Assembly Location (see: COMMUNICATIONS CONTINGENCY PROTOCOL, page 11)

CISM Mass Event Response Plan

Appendix IV – CISM Team Member Checklist

CISM Peer Support Volunteers (Team Members)

<p>Conduct a self-assessment of: 1) Personal stress reactions 2) Individual association with event and 3) Required or appropriate operational role. Must advise District Coordinator immediately if any conflicts exist (occur) OR if they feel they cannot/should not participate/continue in a CISM function.</p> <p>(Remember Team Members may not provide CISM support to anyone with whom they have a close personal relationship or for an incident in which they have been personally involved.)</p>	
<p>Establish immediate communication with District Coordinator (or Alternate Coordinator)</p>	
<p>If at home, stand-by and/or prepare for CISM dispatch and possible travel</p>	
<p>If on-scene, apprise District Coordinator of situation and request dispatch instructions. If unable to establish communication link, provide <u>appropriate</u> on-scene (“walk and talk”) CISM intervention until relieved.</p>	
<p>Stand-by and/or prepare for immediate CISM dispatch and possible travel.</p>	
<p>Gather necessary CISM activity material; Review CISM training and technique.</p>	
<p>Follow direction of District Coordinator; Provide CISM interventions as assigned remembering that confidentiality rules apply at all times and under no circumstances are notes to be taken during any CISM service provision.</p>	
<p>Adhere to communications protocols remembering that: Team Members may not provide CISM intervention or information by email - only in person or by phone directly to an individual.</p> <p>Team Members may not leave voice mail messages that identify you as a CISM Peer team member (leave only one’s name and contact number).</p> <p>In person, or when speaking directly to the individual by phone, Team Members will always identify themselves as a member of the <u>Critical Incident Stress Team</u>.</p>	
<p>Team Members may not wear a uniform during a CISM Debriefing – and should avoid wearing a uniform during other CISM interventions – in the interest of maintaining a neutral support environment.</p> <p>Team members are not to bring any unauthorized personnel, tools or equipment when mobilizing for a CISM service response.</p>	
<p>Communicate directly with District Coordinator after each CISM intervention; Fill out (non-confidential) CISM Service Reports and forward to District Coordinator.</p>	
<p>Provide CISM follow-up services as assigned.</p>	
<p>Attend CISM “Help The Helper” Defusings and/or debriefings as requested.</p>	

CISM Mass Event Response Plan

Appendix V – Health Canada & Other Recovery Services

Health Canada - Psycho-Social Emergency Response Team

The Employee Assistance Services Bureau at Health Canada has developed and trained a Psycho-Social Emergency Response Team. This team of trauma professionals from across Canada will, upon your request, assist federal departments or agencies to manage the psychological and social response and recovery activities when a major traumatic event occurs in the workplace. Team members will work in cooperation with your department's EAP in responding to the psychosocial needs of your employees. They will also provide consultative services to help you manage the many issues that might arise in the aftermath of a traumatic event. These services are available on a cost-recovery basis, or, in case of a major disaster, through disaster funding. If you require the assistance of the team, call EAP at 1-800-XXX-XXXX.

Human Resources

Human Resources and Pay and Benefits can assist by explaining, to loved ones of employees who died or were injured, the various entitlements offered by the employer:

- Death benefits
- Pension benefits
- Medical benefits
- Sick leave
- Disability benefits

Human Resources can also assist managers in developing a transition work schedule and work plan for employees who are returning to the workplace. The employees' family physician and the Workplace Health and Public Safety Program's Occupational Health Medical Officer are also involved in determining if the employee is fit to return to duty. Contact H.R reception at xxx-xxx-xxxx.

Community Resources

Most communities across Canada have a wide range of agencies and organizations that can offer short- and long-term emotional support to people affected by a traumatic event. You may utilize the CBSA Employee Assistance Program to gain information about, or refer you to a resource in your community. In addition here are some key agencies that can help:

- B.C. Bereavement Foundation (604) 738-9950 or 1-877-779-2223.
- B.C. Council for Families (604) 660-0675 or 1-800-663-5638.
- Crisis Intervention and Suicide Prevention Centre of B.C. Distress: (604) 872-3311 or 1-866-661-3311 or TTY (604) 872-0113.
- Mental Health Association, British Columbia Division (604) 688-3234 or 1-800-555-8222.

Union Representatives

Employees may also want to consult with their union representatives for various forms of assistance, for example, compensation, disability, return to work. Some unions have additional death benefits that families of employees may be able to claim. The Public Service Alliance of Canada (PSAC) can direct you to an appropriate component representative.

Appendix VI – CISM Crisis Triage Check List

CISM Assessment Criteria – Emergency Triage

Basic Information:

Employee involvement in incident	
Number of employee(s) involved	
Name(s) and Work Group	
Nature of incident and complications	
Location, date, time of incident	
Present location of employee(s)	
Any injuries or fatalities?	
Any individual or group closer to the incident than others (more affected)?	
Are individuals asking for CISM intervention?	
Any stress reactions/ symptoms noticed in any of the employees?	
Source of incident report(s)	

Additional Information:

How long ago did the incident occur? Is the event ongoing? Is it getting worse/more complicated?	
Does the event fit within the definition of a Critical Incident? i.e. Is the event of sufficient magnitude to cause <u>significant</u> emotional distress among those involved? (“Defusing” within initial few hours may allow for assessment of involved personnel.)	
How many individuals are involved in the incident? (If more than three, think CISD! If less, perhaps individual intervention would be more appropriate.)	
Are there several distinct groups of people involved or is there only one? Are there witnesses? Does everyone belong to the same work group? Are they staff or management? Are they related (married, partners, etc.)? Do they have the same incident perspective? Depending on criteria, more than one CISD may be required.	
What is the status of the involved individuals? Where are they and how are they reacting?	
What signs and symptoms of distress are being displayed?	

CISM Mass Event Response Plan

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<p>Are any of the following key indicators present:</p> <ul style="list-style-type: none"> • Behavioural change • Regression • Continued symptoms • New symptoms arising • Intensifying symptoms • Group symptoms 	
<p>How long have the reactions or signs and symptoms of distress been going on? Significant symptoms that continue past a few days indicate a Debriefing may be necessary. If symptoms of distress continue longer than one week after the incident, a Debriefing is definitely necessary.</p>	
<p>Are the symptoms growing worse as time passes? Worsening symptoms in a group may indicate a need for Debriefing.</p>	
<p>Are group members simply requesting information on stress, stress management, operational details, etc? (A formal Debriefing may be unnecessary if these requests are not accompanied by significant stress reactions.)</p>	
<p>Is the group willing to come to the Debriefing?</p>	
<p>What other stressors or influences are complicating? Are there any other issues that might inhibit or otherwise derail a successful Debriefing?</p>	

Incidents that will result in automatic CISM Debriefing:

<ul style="list-style-type: none"> • Line of duty death • Suicide or homicide • Armed/violent assault in the workplace • Hostage-taking • Disaster • Client/traveler fatality in the workplace 	
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Incidents that have the potential to result in a CISM Debriefing:

<ul style="list-style-type: none"> • Serious injury or death of a co-worker outside the workplace • Perceived threat to personal safety in the workplace (beyond normal circumstances) • Medical emergency • Serious injury or death of a child/family member under unusual circumstances 	
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CISM Mass Event Response Plan

Appendix VII – CISM Referral Guidelines

Critical Incident Stress Management (CISM)

“How do I know when I’m in over my head?”

Referral Guidelines For Peers

(Prepared by: Gregory Janelle, Janelle & Associates Consulting Ltd., 1997. Revised 2001)

Peer support training does not fully equip the average layperson for the occasionally overwhelming circumstances that may be encountered after a critical incident. This is especially true during Defusing and One-On-One intervention, when the Peer is often the first to respond and assessment of a survivor’s emotional state is difficult at best.

No matter how experienced and confident one may feel going into a situation, there may inevitably come a point when it would be harmful, even dangerous, to try to handle a survivor without professional mental health intervention. A responsible Peer will always enter a dialogue cautiously and follow established guidelines with due care. It is very important that the Peer remain constantly vigilant to “danger signals” that may alert them to the moment when they feel they are beyond their limits as a caregiver and no longer capable of providing proper support to the traumatized individual. To err on the side of caution is always the best route to take.

As a helpful guide, consider the following BEFORE speaking to a person in crisis:

(Excerpt with permission, from “Coping With Survival” by Margaret A. Kilpatrick, 1981)

Alertness and Awareness

You can probably handle, if the survivor:

- is aware of who he/she is, and what happened
- is only slightly confused or dazed, or shows slight difficulty in thinking clearly or concentrating on a subject

Consider referral, if the survivor:

- is unable to give own name or names of people he/she is living with
- cannot give date; state where he/she is; tell what he/she does
- cannot recall events of past 24 hours
- complains of memory gaps

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Actions

You can probably handle, if the survivor:

- wrings his/her hands; appears still and rigid; clenches his/her fists
- is restless, mildly agitated and excited
- has sleep difficulty
- has rapid or halting speech

Consider referral, if the survivor:

- is depressed, and shows agitation, restlessness and pacing
- is apathetic, immobile, unable to rouse self to movement
- is incontinent
- mutilates self
- excessively uses alcohol or drugs
- is unable to care for self, eg. doesn't eat, drink, bathe or change clothes
- repeats ritualistic acts

Speech / Mental Functioning

You can probably handle, if the survivor:

- has appropriate feelings of depression, despair, discouragement
- has doubts of his/her ability to recover
- is overly concerned with small things, neglecting more pressing problems
- denies problems; states he/she can take care of everything him/herself
- blames problems on others; is vague in planning; bitter in feelings of anger that he/she is a victim

Consider referral, if the survivor:

- hallucinates – hears voices, sees visions, or has unverified bodily sensations
- states his/her body feels unreal and fears losing his/her mind
- is excessively preoccupied with one idea or thought
- has delusion that someone or something is out to get him/her and family members

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- is afraid of killing self or another
- is unable to make simple decisions or carry out everyday functions
- shows extreme pressure of speech; talk overflows

Emotions

You can probably handle, if the survivor:

- is crying, weeping, with continuous retelling of the disaster
- has blunted emotions, little reaction to what is going on around him/her
- shows excessive laughter, high spirits
- is easily irritated and angered over trifles

Consider referral, if the survivor:

- is excessively flat, unable to be aroused, completely withdrawn
- is excessively emotional, shows inappropriate emotional reactions

References:

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Kilpatrick, M.A., Coping With Survival, Glendale, CA., 1981.

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Appendix VIII – Critical Incident Stress: Tips on How to Recover from a Critical Incident

Critical Incident Stress (traumatic stress) tests your coping mechanisms to the limit. Because of the impact on your psychological system, a variety of coping mechanisms appear – some healthy, some not so healthy. Research has shown that the way in which a person takes care of him or herself during the first few days following a traumatic event will help to minimize the development of future psychological reactions to the event. Here are some tips on how to cope in the aftermath of an incident:

1.) **Do not use alcohol or other drugs to cope.**

Drugs, in particular alcohol, are powerful symptom suppressors. Ethanol, the active ingredient in alcohol, saturates the brain, creating an artificial feeling of euphoria. As more ethanol is absorbed into the system, more and more areas of the brain are numbed or shut down, creating a distance from emotional issues. No psychic healing takes place because of the alcohol in the system. Consequently, once the alcohol leaves the body, not only is the original problem still there, but your body is now struggling with the depression and nausea from the alcohol. Similarly, drugs also prevent any psychological resolution at the subconscious level.

2.) **Do not isolate yourself from family, friends and co-workers.**

People react to psychological trauma by keeping it inside. Often the trauma may seem so great that life seems meaningless. By withdrawing, you isolate yourself running the risk of allowing the incident to become larger than life. By remaining involved with others:

- You prevent yourself from becoming obsessed with the incident;
- You are more likely to appreciate that, though this incident was traumatic, life goes on;
- You may end up talking out the incident, contributing to your working it through.

3.) **Eat well and maintain a physical outlet.**

Diet is an important factor in reducing the negative effects of stress. Even though you may not feel hungry, eat something and make sure it's healthy food.

Exercise is critical to cleansing the body of the negative consequences of stress. It is recommended to get good exercise within 24 hours of the incident. But don't stop with that. Keep up regular activity whether it's a tennis game, a run or a swift walk.

4.) **Assess your situation carefully.**

If you are very traumatized by an incident, it may be necessary to take time off work. Working while being emotionally vulnerable puts us more at a risk for an acute stress reaction. On the other hand, you may be someone who finds that being back on the job is just what you need. Assess your situation carefully. If you feel vulnerable, request time off or arrange to have a reduced workload.

5.) **Watch your fixation on the incident.**

Some individuals become obsessed with finding reasons for the event. Shocked by what has happened, they feel a need to regain meaning or a sense of fair play in life. Whether they are

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looking for simple or complex answers, the solution doesn't come immediately. Allow time to pass. Only over time will the real meaning of what has happened become apparent.

6.) Give yourself time to heal.

Traumatic stress can seriously affect you. Accept that it takes time to heal. Beware of having unrealistic expectations for hasty recovery.

7.) Expect the incident to bother you.

Take comfort in knowing that the incident won't bother you forever. Though you may never completely forget the incident, recalling it doesn't have to cause emotional distress. Your goal shouldn't be to totally forget the incident, rather, it should be to heal. You know you are healed when you think you are able to think of or talk about the incident without profound emotion.

8.) Learn or review your facts about critical incident stress (C.I.S.)

You need facts about what you are going through. By reading up on C.I.S. and its associated reactions, you will see that, however unusual they may seem, your reactions are normal.

9.) Take time for fun.

You must take care of yourself – that includes doing what you enjoy. Take time for leisure activities.

10.) Get help if necessary.

If you find the incident is staying with you longer than it should, seek individual counselling. Through talking with a trained professional, any unresolved issues can be faced and resolved. If you don't get help, you run the risk of remaining distressed or of seeing this incident affect you more intensely in the future, when facing other events.

Also refer to Critical Incident Stress signs and symptoms as per page 20

Appendix IX – Critical Incident Stress – Tips to Colleagues and Family

If a friend or mate has experienced a traumatic event, your behaviour may help the recovery process. Here are some suggestions:

Learn about Critical Incident Stress (C.I.S.) so you can begin to understand what the person is experiencing.

Encourage the individuals to talk about the incident, but don't be overly demanding. They may feel that others don't want to hear about their feelings or that you expect them to be able to "handle" the situation. You need to challenge these beliefs by indicating your willingness to listen.

Ask "How are you doing?" or "How are you feeling?" If people want to talk they will; if not, they won't. By your questions, you have at least sent the message that a listening ear is available. Don't be afraid of deep emotion. Many of us have not experienced profound grief or anguish. Seeing someone cry uncontrollably can be somewhat distressing. Traumatized individuals need to vent their emotions and if they are in your presence; they need your support. Simply be there to listen and let them talk. Afterwards, suggest a walk to help them further reduce their level of stress.

Share your feelings about the situation. Don't say "I know how you feel," because you don't. You may have gone through a similar experience, but no two experiences are the same or perceived as being the same. You can, however, say things like "I can imagine this must hurt a lot" or "I feel sorry for what has happened."

Don't make false promises such as "everything will be okay." No one knows the future. Your role is that of a support person, not a miracle worker. If you don't know what to say, say nothing. In most cases, all people need is someone to "hear them out," not necessarily to solve their problems.

Say "it's okay for you to feel the way you do." Affirm that there has been a terrible tragedy and that it is normal to feel pain, confusion, etc. Such a statement is particularly reassuring if you are a peer. It is helpful to have co-workers legitimize your feelings.

Do not explain away anything. At this stage, your explanation is not needed; emotional release is. Your explanation may be interpreted as minimizing rather than supporting the individual's feelings.

Encourage a subsequent debriefing or counselling session if the pain persists. Guidelines are difficult to provide. However, the situation should improve one week to next. Indications of progress include hearing comments such as "Yeah, I'm feeling better today," seeing less stress and strain on the individual or seeing the individual become more like his/her former self.

Take care of yourself; you are a co-survivor. Though not involved in the incident, you are a victim of the by-product of the incident. Make sure there is someone with whom you can talk things out.

Also refer to Critical Incident Stress signs and symptoms as per page 20

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Appendix X – CBSA CISM Service Report

CISM Service Report

The CISM Service Report form is to be completed following any activity by a member of the CISM team. The form must be completed and forwarded to the CBSA CISM District Coordinator. The information received will be used to summarize regional activities for reporting to the CISM Steering Committee and to assist in the further development of CISM services.

INSTRUCTIONS for completing the CISM SERVICE REPORT form:

1. A CISM Team Member, when notified of an emergency event, and whether or not deployed, is responsible for completing this form and for forwarding it to the CISM District Coordinator.
2. Notate District Coordinator's name – or if notified by a Supervisor, notate Supervisor's name in the "Authorized by" column for each CISM action.
3. Forward completed report promptly to District Coordinator in sealed envelope
4. For further information, visit the CBSA CISM website
5. For clarification contact your District Coordinator

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CISM Service Report (please see instructions on following page)

Location of Incident: _____ Date of Incident: _____

Type of Incident: _____

Type of Service: - If more than one CISM service is delivered for the same incident, report all interventions below.

	Yes / No	# of Participants	Date of CISM Service	Comments	Authorized by
None requested					
On-Scene Support					
Defusing					
Debriefing					
Mob/Demob Crisis Mgt Briefing					
One-on-one					
Follow Up					

Service Providers:

MHP and/ or District Coordinator(s): _____

Peer(s): _____

- Services Offered to Families of Employees

CISM Intervention Expenses: *(list details of incurred expenses):*

Additional Comments:

--	--	--

Signature

CISM Position

Date of Report

- Forward original to CBSA CISM District Coordinator

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Appendix XI – EAP Information

For employees requiring access to the EAP service, you will have access to several contact points, depending on your location. Please note that the 1-800 phone service, mentioned below, is staffed by counsellors 24/7 who are able to help you find a counsellor close to home or work. These mental health professionals are external to CBSA and are under contract with CBSA to provide the services of assessment, short-term counselling, referral and follow-up.

An employee may access EAP services directly through the 1-800 line, or through a referral agent or the program coordinator-counsellor.

CBSA Peer Referral Agents to promote the EAP program within the workplace and help employees obtain the information and assistance they require. They are peers who are selected and trained to provide a listening ear for employees who want to discuss their problem with a peer resource person. Peer Referral Agents are listed by location on the HR EAP web page.

The Coordinator-Counsellor is the CBSA representative that oversees all aspects of EAP services in the Pacific Region. This is a professional counsellor who is also available to you. Any questions, comments or suggestions regarding any aspect of EAP in the Pacific Region can be directed to the EAP Coordinator-Counsellor.

The 24 hour EAP contact number for all areas of the Pacific Region: 1-800-XXX-XXXX

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Acknowledgements

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ICISF Internet Site - A Primer on Critical Incident Stress – www.icisf.org

Janelle & Associates - Canada Customs CISM Training and Development Consultant – www.cisresponse.com

Sherry Olsen – format & layout