

	ADMINISTRATIVE REGULATION Department of Correctional Services State of Nebraska	NUMBER 115.24	PAGE 1 of 6
		CRITICAL INCIDENT STRESS MANAGEMENT (CISM)	

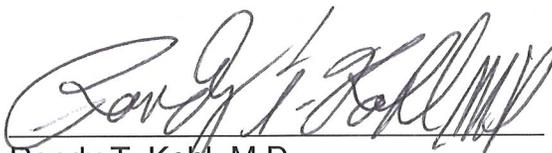
OFFICIAL USE/DISTRIBUTION ONLY

EFFECTIVE: December 24, 1997
REVISÉD: July 6, 2007
REVISÉD: June 16, 2008
REVIEWED: June 24, 2009
REVIEWED: June 29, 2010
REVISÉD: June 29, 2011
REVISÉD: August 10, 2012
REVISÉD: July 19, 2013
REVIEWED: August 27, 2014
REVISÉD: June 30, 2015
REVISÉD: June 30, 2016

SUMMARY of REVISION/REVIEW

Major revisions throughout. Read carefully.

APPROVED:



Randy T. Kohl, M.D.
Deputy Director, Health Services,

APPROVED:



Scott R. Frakes, Director
Nebraska Department of Correctional Services

	ADMINISTRATIVE REGULATION Department of Correctional Services State of Nebraska	NUMBER 115.24	PAGE 2 of 6
		CRITICAL INCIDENT STRESS MANAGEMENT (CISM)	

PURPOSE

It is the policy of the Nebraska Department of Correctional Services (NDCS) that a plan for continual awareness, prevention and preparedness for critical incident stress management be maintained to assist inmates, staff, and staff family members. This policy relates to our objective of maintaining a safe, secure and humane environment for inmates, staff and public.

The purpose of this Administrative Regulation is to outline the total approach needed by NDCS for Critical Incident Stress Management and will:

- Design the mechanism to meet the responsibilities for the planning, coordination and delivery of critical incident stress management services.
- Develop the individual phases of critical incident stress management services to include planning, prevention, coordination and service delivery to implement a continual and comprehensive approach to stress management.
- Determine the Critical Incident Stress Management command structure and the support functions prior to, during and after a critical incident, and define essential responsibilities.
- Delineate the standardized procedures to address Critical Incident Stress Management.

GENERAL

I. CRITICAL INCIDENT STRESS MANAGEMENT PHILOSOPHY

DEFINITIONS:

Critical Incident: Any incident that causes people responding to an emergency to experience unusually strong emotional reactions that have the potential to interfere with their ability to function either at the scene or later.

Critical Incident Stress: The emotional “after shock” to a critical incident that may overwhelm normally adequate coping responses.

Critical Incident Stress Management (CISM) philosophy is a system that requires continuous commitment to staff and resources to ensure a systematic approach to critical incident stress management. The overriding concern of the CISM team members will be inmate, staff, and staff family emotional and mental well being.

II. CRITICAL INCIDENT STRESS MANAGEMENT GOALS

- A. Provide training about stress, critical incident stress and stress management.
- B. Determine the necessity of critical incident stress management service delivery based on the type of incident and coordinate the delivery of those services in accordance with internationally recognized critical incident stress management techniques.
- C. Minimize the impact of the critical incident on those people directly involved.
- D. Provide referrals to other resources as needed to those involved.

	<p style="text-align: center;">ADMINISTRATIVE REGULATION</p> <p style="text-align: center;">Department of Correctional Services State of Nebraska</p>	<p style="text-align: center;">NUMBER</p> <p style="text-align: center;">115.24</p>	<p style="text-align: center;">PAGE</p> <p style="text-align: center;">3 of 6</p>
		<p>CRITICAL INCIDENT STRESS MANAGEMENT (CISM)</p>	

- E. Provide the opportunity for staff victimized on the job by an inmate(s) or parolee(s) to be referred to the Victim Services Department Coordinator for follow-up services. Services will also be available for family members of affected staff.

PROCEDURE

I. TEAM MEMBER SELECTION

- A. Staff will be asked to identify individuals within their institution who are perceived as being trustworthy, supportive and professional. An individual from the Behavioral Health staff who is a Nebraska licensed Psychologist or who is a Nebraska Licensed Mental Health Practitioner and who has completed basic CISM training will be designated the Clinical Director of CISM. The Clinical Director of CISM, or designee. The Director of CISM, or designee, will identify potential qualified applicants for CISM and help initiate their training.
- B. Up to six members from each institution will be selected with the goal of having at least one from the following areas: mental health, custody, medical and unit management. If the institution does not have staff on-site in these areas, one will be designated from a nearby facility.
- C. Staff members selected and interested in being on the team will be asked to make a two-year commitment to the team.

II TRAINING

- A. During Pre-Service, all new hires will be educated about the availability of CISM. Current employees will receive additional information about CISM during annual in-service training.
- B. All team members will complete 16 hours of training in the internationally accepted Mitchell Model of Critical Incident Stress Management prior to conducting any interventions.
- C. Team members will also complete at least four hours of annual training on CISM issues.

III. CRITICAL INCIDENT STRESS MANAGEMENT SERVICES – Types of Interventions

- A. Staff who are negatively impacted by exposure to a traumatic event in the course of duty, should be offered an opportunity to participate in a CISM intervention. However, it should be noted that staff participation in CISM interventions is entirely voluntary.
- B. Peer to Peer: Completed by CISM peers/Mental Health during the course of work with obviously distressed staff to provide immediate support. This intervention is done individually one-on-one.
- C. Defusing: A shortened version of a debriefing completed within 12 hours of the event, lasting 20-45 minutes. It is utilized for small groups when a more immediate response is needed. The groups will be staff peer led and may result in a debriefing at a later time or may eliminate the need for a debriefing.
- D. Demobilization: An intervention for a large-scale incidents / mass casualty situations such as a riot; conducted by Mental Health support staff within 12 hours, with small groups of people as a substitute for a defusing. A formal debriefing shall be scheduled later.

	ADMINISTRATIVE REGULATION Department of Correctional Services State of Nebraska	NUMBER 115.24	PAGE 4 of 6
		CRITICAL INCIDENT STRESS MANAGEMENT (CISM)	

Critical Incident Stress Debriefing (CISD): An intervention involving Mental Health and peer team members following a critical incident.

- E. Follow-up Services: Contacts made with staff by a Mental Health staff, staff peer or supervisor to determine the need for further services, such as referral to Employee Assistance Program, NDCS Victim Assistance Program or another debriefing.
- F. Individual Consultations: Individual contacts made by a Mental Health staff following a critical incident as determined by the CISM Director to not need a formal group intervention.
- G. Specialty Debriefing: A debriefing for a special group, such as indirectly involved correctional staff. This should only be conducted if doing the debriefing will not interfere with the CISM primary responsibility of assisting people who are directly involved with the critical incident.
- H. A CISD will be done for all incidents involving inmate suicide. CISD or other CISM interventions may be done for suicidal incidents and cases involving suicide watch.

IV. ARRANGING FOR SERVICE DELIVERY

- A. Following the incident the Warden or designee—Commander in an emergency situation is informed of the possible need for a critical incident stress debriefing; the Warden or designee is the initial contact point for correctional staff needing CISM team services.
- B. The Warden or designee will contact the CISM Clinical Director, who determines the type of intervention needed, if any.
- C. If the CISM Clinical Director decides that some type of intervention is needed, he/she will notify the Behavioral Health Assistant Administrator for Mental Health and request CISM team members to participate in a CISM Intervention. Each facility shall release staff who are CISM team members and relieve staff who will be participating in the intervention.
- D. The CISM Clinical Director will then assemble a team of individuals who have been properly trained from the institution(s) not involved in the critical incident to conduct the intervention.
- E. If possible, all team members should be transported to and from the site together.
- F. Within 48 hours after the intervention, a representative of the CISM team involved with the intervention will contact the CISM Clinical Director to report on the effectiveness of the intervention. The CISM Clinical Director will decide if a follow-up intervention is necessary.
- G. Within 72 hours after the debriefing, the CISM Clinical Director will send a memo to the Administrators of the affected institution, indicating the number of staff who participated in the CISM intervention. The CISM Clinical Director will make recommendations about the need for any additional CISM intervention based on information provided to him/her by CISM staff involved with the intervention. The specific content of the CISM intervention is confidential. Administrative staff at the affected institution should not be allowed to attend a CISM intervention.
- H. The CISM Clinical Director will make an assessment as to whether the debriefing team itself needs to go through a debriefing process.

	<p style="text-align: center;">ADMINISTRATIVE REGULATION</p> <p style="text-align: center;">Department of Correctional Services State of Nebraska</p>	<p style="text-align: center;">NUMBER</p> <p style="text-align: center;">115.24</p>	<p style="text-align: center;">PAGE</p> <p style="text-align: center;">5 of 6</p>
		<p>CRITICAL INCIDENT STRESS MANAGEMENT (CISM)</p>	

- I. If the incident involved the death of a correctional staff member, two formal debriefings will probably be needed. The first should be performed 8-12 hours after the death and the second should be performed three - five days after the funeral.

V. ON-SITE AT MASS CASUALTY/ LARGE SCALE INCIDENTS

- A. When a CISM team is requested for on-site support services at the scene of mass casualty or large scale incidents, such as riots or hostage situations, the Warden will notify the CISM Clinical Director of the request and the proposed response. The CISM Clinical Director will notify the other facilities and the Behavioral Health Assistant Administrator for Mental Health so that any NDCS response can be coordinated with various facility teams. (NOTE: If the request is after day shift hours, or on a weekend or holiday, the NDCS Officer of the Day or designee should notify the CISM Clinical Director to activate mass casualty/large scale telephoning of Mental Health Team Leaders at each institution not involved in the incident). If more than one institution is involved, the CISM Clinical Director and Director or designee will determine whether to contact the Nebraska Statewide CISM program through the Nebraska State Patrol Dispatcher (402/471-4545).
- B. If sufficient resources are available within NDCS to deal with the incident, the CISM Clinical Director will appoint a CISM Team Leader prior to the assembly of team members. The CISM Clinical Director may elect to serve as the CISM Team Leader. Duties of the CISM Team Leader at a mass casualty/large scale incident include:
 1. Consult the Response Management Team and Incident Commander (Hostage negotiators, Special Operations Response Team (SORT) leader, etc.) to learn the scope of the incident and to advise that they will be available to assist emergency response workers by conducting DEFUSINGS and/or DEBRIEFINGS as warranted.
 2. Act as a liaison between the disaster team and the CISM team, including arranging for lodging and meals for team members.
 3. Coordinate CISM team member activities at the site.
 4. Utilize resources of NDCS Victim Assistance Program for services and/or follow-up.
- C. When a team arrives at the site of a mass casualty/large scale incident, they review what has happened and evaluate the entire situation, identifying who is in charge. They do not begin CISM activity until the CISM Team Leader arrives. Team members must be made aware that if they become active participants in the disaster (performing rescue or body recovery or any other direct involvement in the situation) they can no longer function in a CISM capacity.
- D. In the event that outside agencies would assist in a mass casualty/large scale incident, (state patrol, local fire and rescue teams) CISM teams from both the statewide program and the corrections program could be involved, the Clinical Director with the highest training in CISM will be in charge.
- E. Individual team members must participate in a formal debriefing after they return from on-site support at a mass casualty or large scale incident.

	ADMINISTRATIVE REGULATION Department of Correctional Services State of Nebraska	NUMBER 115.24	PAGE 6 of 6
		CRITICAL INCIDENT STRESS MANAGEMENT (CISM)	

REFERENCE

- I. ADMINISTRATIVE REGULATIONS
 - A. Administrative Regulation 005.02, *Victim Assistance Program*
 - B. Administrative Regulation 203.02, *Emergency Preparedness*
- II. ATTACHMENTS – none noted.
- III. ACA Standards - none.