

**Horry County Fire Rescue 2011  
Report of Findings  
Crisis Intervention Team**



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## **The Need for Peer Support & CISM**

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### **Problem**

This report will show the need and use of a support group within the fire service for emergency responders.

### **Introduction of Organization**

Who is Horry County Fire Rescue?

### **Program Overview**

Breaking down the support group system and showing all its components.

### **Critical Incident Stress Management**

Data collected from national organizations on the need for CISM

### **Horry County Crisis Team Statistics**

Here is a breakdown of the CIT statistics for the past 3 years.

### **Funding & Budget**

This section gives the breakdown of the Crisis Teams working budget.

### **Outcomes**

In this section we summarize the affects of the Horry County's Crisis Management System.

### **Conclusion**

Final notes on the Horry County Fire Rescue CIT report of findings.

### **References**

Contributing articles and documents.



## **The Problem**

A call comes in for a motor vehicle collision involving 3 cars with 8 patients. You respond with three engines and 3 ambulances, a total of 14 fire personnel. When you arrive you find 2 vehicles with minor injury patients and one vehicle that have 2 children unresponsive and a mother trapped. Fire personnel start extrication; tend to all patients including the unresponsive children who they mark as immediate care. At the conclusion, crews lose one child to the call and save the rest.

Horry County Fire Rescue is no different than any other department in the country when it comes to responding to high stress calls. These calls have taken a large mental toll on the personnel both at work and at home.

Horry County's own statistics have shown that most of the time lost due to injury and/or illness has been from some sort of mental instability; with the origin of that instability coming from high stress calls that were never intervened.

In Horry County, they have also seen many cases of personnel who have faced issues with stress in their marriages, financial stress, disciplinary issues at work and lack of health. The emotions from certain high stress calls have made a significant impact on the emergency workers daily lives.

The members of Horry County Fire have had emergency medical training to help mitigate and understand the affects of stress to them and their daily routines. Unfortunately studies show that no amount of training can stop all the affects of stress that will impact emergency responders.

So many times the fire service sees its members taking leave of absence, getting injured on the job, poor job performance evaluations, excessive loss of time due to illness, and lack of motivation. These behaviors could frequently be avoided if there was a system in place to guide personnel with job stress, family stress, or the haunting visions of a bad call.

Such programs are available and can be used by any department that is willing to acknowledge the impact that mental stress has on the responder. These programs are contained within Critical Incident Stress Management (CISM) tools.

Some handle stress by shrugging it off and removing the details of the call from their immediate train of thought, and trying to forget the call all-together.

Others utilize the resources like CISM and EAP to help mitigate the effects of stress after the call.



## Overview of Organization

Horry County Fire Rescue is comprised of over 325 uniformed career members and over 200 uniformed volunteers.

The department started as two entities. First EMS was created in 1974 and responded out of just a few stations. Then the fire department came to being in 1979. Both of these two divisions were paid and had separate budgets.

The Horry County Fire Rescue came to life in 2001 when both the EMS service and Fire service merged as one. This merger created HCFR department, the largest in the state.

The fire rescue department covers over 1134 square miles, operating out of 44 stations, 19 career fire stations, 18 volunteer fire stations, and 7 medic unit only stations. The call volume has grown to over 42,500 incidents per year.

Horry County Fire Rescue also has many specialty teams. One team that has started to become more noticeable and used often is also the youngest specialty team which is the Crisis Intervention Team (CIT).

## Program Overview

In the later part of 2007, three members of the HCFR took interest in a local convention that was being held by the International Critical Incident Stress Foundation (ICISF). The three members all took CISM classes ranging from Group Crisis Intervention to Post Traumatic Stress Disorder.

The HCFR Crisis Intervention Team was conceived early 2008. Now that there were 3 members of staff that had taken some basic courses, they felt the need to continue that education and deliver it to their membership via Peer Support.

As soon as the idea was pitched to the fire rescue administration, the need to become more active with the online firefighters through peer support was approved. So the 3 members consisting of Wellness Coordinator, Medical Training Officer, and Fire Chaplain all started to follow the criteria that ICISF has in place for support groups. They finished up the basic courses which were; Group & Individual Crisis Intervention, Suicide Intervention and Strategic Response, and continued building the team.

The Critical Incident Stress Management Policy, SOP 619, was put into place in the spring of 2008. With the policy and a group of certified members available, it was time to connect with local resources trained in psychology and counseling.



The team then grew to a total of 4 peer department members and 4 licensed professional counselors. Those counselors also became certified through the ICISF and were cleared through the support staff volunteer status, making them HCFR members.

The CIT group took new form and started to meet once every month to continue training. They also continued to take all of the classes that the ICISF had to offer so that they were skilled in all levels. The training that the team completed each month was no less than 3 hours long and usually entailed role playing and scenario based exercises. Slowly team members were called out to post incident defusing on many occasions.

The training continued month to month with classes from ICISF which included; Building Skills for Crisis Intervention Teams, Stress Management for the Trauma Provider, Compassion Fatigue, Strategic Response to Crisis, Grief Following Trauma, and Pastoral Crisis Intervention.

Today the CIT is made up of 4 lead peer staff, 4 volunteer licensed counselors, 1 chaplain, and 8 peer members. The group has training and certifications through the ICISF from basic level to advance all meeting the criteria set forth by the ICISF and SOP 619 (HCFR-CISM policy).

Team members are available 24 hours a day, and 7 days a week. The activation is initiated through the Battalion Chief on scene of an incident to the Wellness Coordinator as per policy 619. Once notified, the Wellness Coordinator contacts the proper members and a meeting place is established between the Team Coordinator and Battalion Chief or Incident Commander.

The CIT will then send 3 members to the designated location for the defusing of involved personnel within hours after the incident is concluded. Following the defusing, material and information is distributed to members, alerting them to the signs and symptoms that may arise. Contact information for further assistance and Employee Assistance Program referrals are provided as well.

Immediately after the team members leave the site of the defusing, they conduct their own post defusing each and every time. This is done with members who were not on location, either in person or by phone. The purpose of this post defusing is to maintain our team member's mental health and well being.

Following CIT activation and defusing, the members involved with the defusing are contacted days later to ensure the mental wellbeing of each member. It is sometimes done through the commanding officer of the crew who



observes personnel for any further development.

The crisis intervention program is complimented by the availability of Employee Assistance Program (EAP). The department's EAP is a follow up for further, more structured individual therapy, while the CIT is for peer support and to help defuse traumatic situations. This program keeps the CIT on track with the main purpose, which is to help the members continue on the job without the undue stress that accompanies bad calls.

The Crisis Intervention Team is made up of the following members:

- Team Coordinator
- Training Officer Lead Peer
- Lead Mental Health/Lead Instructor
- Public Education Officer–Peer
- 4-LPC, Peer and Mental Health Professionals (MHP)
- 8 – Peer Support online Firefighters
- 1 – Peer Support and Chaplain

“The CISM teams are in actuality a partnership between mental health professionals and emergency or other high risk workers who are interested in preventing and mitigating the negative impact of acute stress on them and other workers. They are also interested in accelerating the recovery process once an emergency person or a group has been seriously stressed or traumatized.” (Mitchell and Everly, 1996)

## Critical Incident Stress Management

According to the Centers For Disease Control (CDC) and the National Institute for Occupational Safety & Health (NIOSH), the problem is rampant throughout emergency workers. They wrote the “Traumatic Incident Stress: Information for Emergency Response Workers.” It states that: “traumatic incidents can produce unusually strong emotional reactions that may interfere with your ability to function at the scene or later”.

The United States Fire Administration states under the “Emergency Incident Rehabilitation” (PDF) by the USFA, “First responder duties and activities come with a heavy burden on their psychological well-being. Regular exposure to dangerous situations and potential for harm takes a toll on individuals and the combination of these factors can increase stress.”

Organizations can ensure that programs are in place to address and mitigate the psychological hazards of the job by implementing a comprehensive CISM program. The following are the goals of a CISM program:

- Minimize the emotional impact of critical incidents on emergency responders.
- Increase resistance and resilience to this type of stress.



- Prevent harmful effects following critical incidents by working with response personnel at or near the time of such incidents.
- Prevent any chronic effects through the use of follow-up care and employee assistance programs.

The Emergency Management and Response Information Sharing and Analysis Center (EMR-ISAC) noted the USFA document stating that “organizations must structure work and support mechanisms to enable personnel to minimize the toll of career stress on themselves and their families.”

It also affirmed that reducing critical incident stress and its effects will benefit personnel, the department, municipality, and families.

The International Critical Incident Stress Foundation (ICISF) writes that; “CISM is a comprehensive, integrative, multi-component crisis intervention system. CISM is considered comprehensive because it consists of multiple crisis intervention components, which functionally span the entire temporal spectrum of a crisis. CISM interventions range from the pre-crisis phase through the acute crisis phase, and into the post crisis phase. CISM is also considered comprehensive in that it consists of interventions which may be applied to individuals, small functional groups, large groups, families, organizations, and even communities.”

### **Horry County Crisis Intervention Team-Statistics**

Since 2008 the CIT has been called out to dozens of serious trauma incidents as well as hundreds of one-on-one support for all its members. They have even been involved with groups in the community on several occasions following a traumatic event.

The following statistical data has been collected from February of 2008 to February 2011. Over the last 3 years an increasing trend of support is obvious, spearheaded by the CIT.

#### 2008 Activation Statistics:

- Four Small Group Defusing
- Two Large Group CMB
- One Large Group Debriefing
- 55 One-on-one Interventions
- 76 hours of group training
- 25 members referred to EAP

#### 2009 Activation Statistics:

- One Small Group Defusing
- Two Large Group CMB
- 80 One-on-one Interventions
- 80 hours of group training
- 12 members referred to EAP

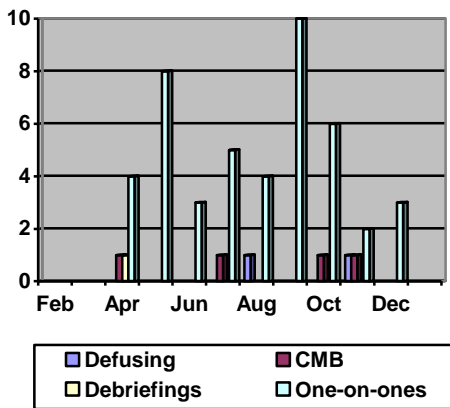


2010 Activation Statistics:

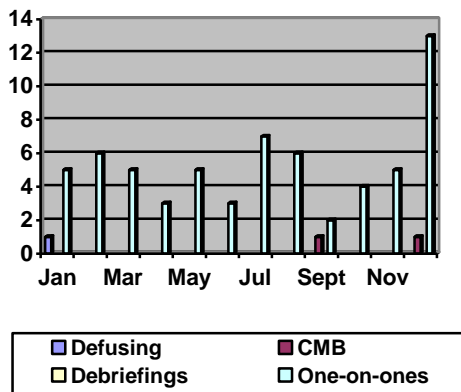
- Two Small Group Defusing
- Two Large Group CMB
- 65 One-on-one Interventions
- 78 hours of group training
- 18 members referred to EAP

Summary of monthly CIT statistics, by year:

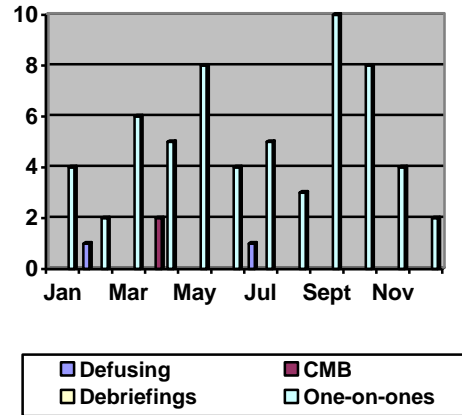
2008 Stats



2009 Stats



2010 Stats



The training hours varied from month to month as well as year to year. The monthly training that is required for all team members has been on average, 3 hours per month. This has also been obtained through continued education hours with ICISF classes. Some months were filled with 8 to 16 hour classes, with a break in training in the following month.

**Funding & Budget**

The CIT had almost no budget to start with but still found a way to become the team it is today. The first 3 original members used funds from their training budget and took the initial courses needed to understand the CISM modality.

Then with some help from the teams lead mental health professional,



they continued to find ways to educate the team with classes taught within including monthly scheduled training.

Teams operating budget for the first year 2008 was as follows:

- \$200.00 for Team shirts
- \$1,800.00 for training classes
- \$300.00 for Membership dues

*A grand total for 2008 of \$2,300.00*

In 2009 the operation budget was increased to:

- \$200.00 for Team shirts
- \$4,500.00 for training classes
- \$500.00 for Membership dues
- \$200.00 misc.

*A grand total for 2009 of \$5,400.00*

In 2010 the budget decreased due to reduced revenue:

- \$200.00 for Team shirts
- \$2,000.00 for training classes
- \$500.00 for Membership dues
- \$200.00 misc.

*A grand total for 2010 of \$2,900.00*

The first year the team budget was supplemented by money available through the Fireman's Insurance and Inspection Fund, also known as 1% fund. The money is a one-percent tax collected on fire insurance premiums and granted by the General Assembly to fire departments across the state who

meets certain requirements. The following years they had allocated funds in both the general fund and fire fund.

Even with the decrease in operating budget the CIT program continued to thrive with their in house training classes and volunteered time from their members.

### **Outcomes**

Since the Crisis Team's inception, hundreds of interventions have been delivered, ranging from small and large group defusing to one-on-one personal help.

The department as a whole has benefited from this program. Listed below is a summary of feedback that we have gathered over the last 3 years:

- 85% of all the calls that have been intervened has come back with positive replies and follow ups were continued
- 10% have had positive feedback with no further call back needed
- 4% appreciated the efforts but did not require any further call backs nor felt they needed it
- 1% of the calls came back with some negative feedback due the lack of resources they had on hand and the



lack of preparation for that specific call. Though the group was mostly appreciative, some were not accepting and kept themselves at arm's length from any help

- Out of all the interventions done, the CIT has referred over 50 members to the Employee Assistance Program
- Out of those that have been seen by EAP, none have shown any negative response to the programs in place

The average time lost from work over the last 3 years has decreased. These numbers' which come from accident, injury, sick, and leave abuse, have dropped significantly due to the wellness program. Some have also been positively influenced by our CIT and EAP programs. Here are the averages for each year:

- In 2007 there was more than 70 injuries and over half a million in gross incurred costs to the department which includes hundreds of man hours lost
- In 2008 the numbers of injuries dropped to 60 with a 10% decrease in gross incurred costs and man hours lost
- Then in 2009 we saw even more of a decrease in injuries/on the job drop to less than 50 with over 22%

decrease in incurred costs and man hours lost

### **Conclusion**

What HCFR has learned from the cooperation of the CISM and EAP programs is that, the need for continued mental health is very much a necessity in the emergency response field. Without it there would be more serious outcomes to its members. This is due to the stressful reaction that befalls emergency workers following major incidents.

HCFR's CIT program will continue to grow and offer help to its members 24 hours a day, 7 days a week. The benefits of having peer support groups will continue to grow and help the employees of HCFR remain healthy and working well. Keeping employees healthy will continue to be a way to reduce the cost of maintaining an organization like HCFR. The health and monetary benefits are two obvious benefits. That is the benefit of having peer support groups like the CIT within an organization as large as Horry County's.

HCFR's overall goal throughout this program is to ensure that its member's health is priority. They also want to keep educating their employees and help them return to work post any major incident. That is why the need to have and maintain peer support programs is so very vital in public safety.



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