

CIRT

Critical Incident Response Team

What is CIRT?

CIRT is the **Critical Incident Response Team** and is comprised of a multidisciplinary group of employees who have volunteered to respond when critical incident stress management (CISM) services are needed.

Each CIRT member has received 6 days of intensive training from the International Critical Incident Stress Foundation (ICISF) and is required to attend continuing education classes regarding the various types of critical incidents, the appropriate responses for each type of critical incident and a unified model that each member would use when responding to a request for CISM services.

What is a Critical Incident?

Any traumatic event that causes you to experience unusually strong emotional reactions which have the potential to interfere with your ability to function normally in your day-to-day activities or at some point in the future.

What are examples of a Critical Incident?

- Suicide or homicide of a co-worker or patient
- Unexpected or multiple patient deaths
- Acts of violence towards co-workers or patients
- Natural or man-made disasters (i.e. terrorist acts)
- Being a witness to a traumatic event
- Significant traumatic events involving children

What are the symptoms of Traumatic stress?

- Irritability
- Fatigue
- Intrusive thoughts
- Confusion
- Loss of memory
- Poor concentration
- Depression
- Changes in work patterns
- Sleep Disturbances
- Headaches

This is not an inclusive list and not all symptoms of stress may be present immediately.

Why CISM?

The structured, confidential discussion provides a forum for the individuals immediately affected by the trauma to discuss their reactions and listen to the reactions of their co-workers, provides a supportive environment, and helps to reduce the risk of post traumatic stress symptoms.

What types of CISM services are available from CIRT?

- Demobilizations
- One-on-One interventions
- Crisis Management Briefings (CMB)
- Defusings
- Critical Incident Stress Debriefing (CISD)

Depending upon the incident and severity one or more of these interventions may be appropriate.

Demobilization

A demobilization is a primary stress prevention and intervention technique which occurs immediately after staff have been released from a large-scale incident and before they return to their normal duties or return home. The demobilization is provided in a safe and secure environment, and is out of the view of the public and media. A demobilization is similar to a defusing but allows the affected staff to rest and take care of immediate physical needs.

Demobilizations usually last 20 minutes.

Crisis Management Briefing (CMB)

A CMB is a practical four phase group crisis intervention. It is designed to be highly efficient in that it requires from 45 to 75 minutes to conduct and may be used with “large” groups consisting of 10 to 300 individuals.

The goal of a CMB is to inform and consult, allow psychological decompression, offer stress management techniques, minimize rumors, and assess the group for individuals requiring one-on-one interventions.

CMBs usually last 45 - 75 minutes.

Are interventions only conducted with groups of people?

No.

Sometimes it is not appropriate to meet with a group of people and in those instances, one-on-one interventions are conducted.

One-on-One Intervention

A one-on-one is an individual meeting with a CISM Team member designed to return the employee to function, mitigate symptoms of the stressful event(s) and/or make referrals as needed. This meeting may take place during the affected individual's shift or at any other time and place. The meeting may be initiated by a supervisor, co-worker, or the individual who is affected.

A CISM team member may initiate the session after learning about the incident.

There are no written or recorded notes and all debriefings are **STRICTLY CONFIDENTIAL**.

Defusing

A defusing is similar to a debriefing, but is usually done 3 to 4 hours post incident or before the end of the shift.

The defusing provides a format in which staff can discuss their feelings and reactions regarding a stressful incident in a confidential forum. The goal is to reduce the negative impact of stress resulting from exposure to a traumatic event or series of traumatic events. There are no written or recorded notes and all debriefings are **STRICTLY CONFIDENTIAL**.

Defusings usually last 20 - 45 minutes.

Debriefing

The debriefing process provides a format in which staff can discuss their feelings and reactions regarding a stressful incident in a confidential forum. The goal is to reduce the negative impact of stress resulting from exposure to a traumatic event or series of traumatic events. There are no written or recorded notes and all debriefings are **STRICTLY CONFIDENTIAL**.

A critical incident debriefing is not a critique of the event and is not used as a forum to review/revise policies and procedures. A debriefing is scheduled 24 hours to 10 days after the event whenever possible.

A debriefing usually lasts 1 – 3 hours.

Is participation during the debriefing necessary?

Most often participants tend to share their experiences and feelings. Each participant is encouraged to share their feelings, **but they are not forced** into providing personal feelings or experiences.

On the whole, participants find that sharing *their* experiences with the other participants is very helpful.

Who is susceptible to critical incidents?

Everyone.

How is **CIRT** activated?

To **activate CIRT**, please call:

856-342-2700

(this will connect you to the hospital operator)

It is helpful to contact **CIRT** as soon as possible after a traumatic event or incident, so that a determination can be made by the CIRT dispatcher regarding the appropriate type of intervention.

What happens after I activate CIRT?

- After you have called 342-2700 and asked the operator to activate CIRT, the operator will page the CIRT dispatcher on-call.
- **The CIRT dispatcher on-call will contact you to get more information** (*what happened, when it happened, who is impacted, etc.*) **about the event and make a determination on the appropriate intervention** (CMB, one-one-one, demobilization, defusing, debriefing) **or interventions that should occur to properly support staff and allow them to begin the process of healing.**
- You and the CIRT dispatcher on-call will decide upon a plan.

Your Responsibilities

- After you and the CIRT dispatcher have agreed to the time, date, and location for the CISM intervention, you will need to arrange for staff coverage so that all those affected by the event can attend the session.
- Schedule the room for the CISM session.
- Arrange for food (low-salt, low sugar) and beverages (uncaffeinated) for staff to have at the conclusion of the session.
- Make sure there are tissues available for staff.

CIRT's Responsibilities

- The CIRT dispatcher on-call will evaluate the information and discuss the appropriate CISM plan for the event and assemble a team.
- If more than one session is necessary, CIRT will have a team prepared for each session.
- The CIRT dispatcher will communicate with you and let you know the team members who will be conducting the CISM intervention.

No one from CIRT contacted me...

- The CIRT dispatcher should respond to you within 60 minutes.
- Call 342-2700 and inform the operator that the CIRT dispatcher did not respond and ask that the dispatcher be paged again.

CIRT is *not*...

- CIRT is **not** counseling. The intent of a CISM intervention is to assist staff in identifying/dealing with stress reaction symptoms and begin the process of healing. Staff who exhibit acute distress will be given appropriate resources by a CIRT member for additional support.
- CIRT is **not** mandatory. Staff should be encouraged to attend if they were impacted by the event and desire additional information on coping with stress effects.
- CIRT is **not** scheduled by the department. It is requested through the CIRT dispatcher by dialing 342-2700, who will then collaborate with the departmental point of contact to schedule the appropriate CISM intervention.

CIRT Members

Dave Groves **Team Coordinator**
Risa Swell **Clinical Coordinator**

Robin Bilazarian, EAP
Marie Eagan, PACU
Don Everly, Life Support Training Ctr.
Mirabai Galashan, Pastoral Care
Elaine Garonzik, Social Work
James Irwin, ED Tech
Sally Kivilis
Jack Leshnov, Social Work
Bob Lumpe, Pastoral Care
Sandra Lynch

Barb McCarty, Child Life
Kathleen Pellegrino-Hall, PCIU
Nathan Ridgley, EAP
Lynn Ruoss, ICU/CCU
Arlene Skelly, Patient Relations
Mark Stevens, Pastoral Care
Paula Spiecker, EAP
Elizabeth Staib, EAP
Greg Staman, Sim Lab
Stacey Staman, Trauma