



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### CRITICAL INCIDENT STRESS MANAGEMENT SERVICES

**Effective Date:** May 24, 2018

**Policy:** ER - 05

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- I. PURPOSE:** To clarify policies and procedures for the use of Critical Incident Stress Management (CISM) services at Montana State Hospital (MSH). To clarify appropriate activation and use of the CISM Team.

To utilize established and acceptable techniques of CISM as a means to support hospital employees, contractors, and patients in the management of stress associated with a critical incident at the hospital.

To provide referrals and resources to hospital employees, contractors, and patients who may need additional assistance managing stress associated with a critical incident.

**II. POLICY:**

- A. MSH provides initial CISM services to hospital employees, contractors, and patients who have been directly involved in a critical incident at the hospital.
- B. MSH prioritizes CISM services for employees, contractors, and patients, which may include temporary relief from normal work responsibilities or reimbursement for extra time needed to participate in the services.
- C. MSH identifies critical incidents and implements an appropriate CISM service as soon as is reasonable and appropriate.
- D. MSH focuses CISM services on those employees, contractors, or patients who were directly involved in an incident. Meetings are not open to the general public, members of the press, and others who were not directly involved.
- E. MSH offers internal or external referrals and resources to those directly involved in a work related critical incident (employee assistance program, wellness programs, counseling resources). These resources may or may not be funded by the state.
- F. MSH asks CISM team members and recipients of CISM services to maintain confidentiality of all information discussed by hospital employees and contractors during CISM services. However, given the group nature of services confidentiality is not guaranteed. The service is designed to facilitate stress management and not for administrative investigation, quality improvement, or employee/contractor discipline.

Information shared by patients in stress management sessions may be provided to their treatment teams in order to facilitate appropriate mental health care.

### III. DEFINITIONS:

- A. **Critical Incident:** A work related event which is extraordinary in nature, traumatic, or has the potential to cause significant stress or stress-related problems. Examples include:
1. Physical assault with serious injury
  2. Sexual assault
  3. Taken hostage
  4. Involved in a major disturbance or riot
  5. Involved in a potential HIV exposure incident, or major blood exposure
  6. Involved in or witness to a serious injury or death of an employee, contractor, or patient
  7. Involved in or witness to a patient attempted suicide
  8. Other incidents that the Hospital Superintendent or designee and the CISM Team Member identify as critical incidents with the potential for significant stress or stress-related problems
- B. **Critical Incident Stress Management (CISM):** A comprehensive, integrated, and systematic approach to helping people manage stress associated with a critical or traumatic incident. This includes a variety of interventions and services, depending on the nature and severity of the critical incident. It is not treatment or psychotherapy. It is intended to offer initial, “first-aid” type services, and resources and not prolonged care or services.
- C. **CISM Team:** A group of people trained to understand critical incident stress and provide services designed to help people manage stress effectively. The team is generally comprised of trained volunteers from among MSH staff who represent a variety of professions. The team may draw on external service providers as indicated or appropriate.

### IV. RESPONSIBILITIES:

- A. **Hospital Administrator or designee:** Review incident reports, consult with supervisors or program managers about incidents, consult with CISM team members, and authorize CISM plans as needed. The Hospital Administrator or designee will ensure that debriefing sessions take priority over routine work assignments for employees, contractors, and CISM team members.
- B. **Supervisors/Program Managers:** Assist the CISM team in performing an immediate assessment of the initial needs of each employee, contractor, or patient.

Complete the initial incident report, identify people involved, and assist with the coordination of CISM services.

- C. **CISM Team Leader(s) or designee:** The CISM Team Leader(s) consults with supervisors and program managers to clarify the nature of the incident, identify those involved in the incident, and plan for appropriate interventions. The Leader consults with the Hospital Administrator or designee about critical incidents and recommended stress management services. The CISM Team Leader(s) also maintains a current list of staff trained in CISM.
- D. **Critical Incident Stress Management Team:** Offers a comprehensive, integrated, and systematic range of services to those directly involved in a work related critical incident. Collaborates with hospital administration and supervisors in the efficient provision of these services.
- E. **The Human Resource (HR) Department:** Maintains current information about the state Employee Assistance Program, state wellness programs, and outside resources that may assist an employee, contractor, or patient involved in a critical incident at the hospital. The HR Department will assist in maintaining resource lists and will be prepared to advise the employee, employee's family, contractor, contractor's family, patient, or patient's family regarding any health benefits available from the department.

**V. PROCEDURE:**

- A. Hospital employees, contractors, and patients bring critical incidents at the hospital to the attention of their supervisors or caregivers as soon as is reasonable following an incident. Supervisors or caregivers offer immediate care and support as indicated to help the people involved in the incident. Supervisors work with employees, contractors, and patients to make sure that critical incidents are documented on incident reports, including the names of people directly involved in the incident.
- B. Hospital supervisors will bring work related critical incidents to the attention of the Hospital Administrator or designee as soon as is reasonable following an incident. Critical incidents will be documented in writing as incident reports, including the names of people directly involved in the incident.
- C. The Hospital Administrator or designee regularly reviews incident reports with attention to potentially critical incidents that may indicate a need for CISM services. Incidents that are assessed as meeting the definition of a critical incident or otherwise believed to be critical incidents will be referred to the CISM Team for consideration.
- D. Members of the CISM Team are available to receive reports of critical incidents and referrals for services. Hospital Administrator or designee maintains a list of team members. A team member will consult with the Hospital Administrator or designee

about potential critical incidents. If an incident is mutually identified as a critical incident the team member will recommend a plan of service to be approved by the Hospital Administrator or designee.

- E. Members of the CISM Team work with supervisors and the staffing department to arrange for the provision of appropriate critical stress management services to people directly involved in a critical incident at the hospital. If employees or contractors involved are asked to participate in CISM services on their regular days off or regular time off, the employee or contractor will be reimbursed at their normal wage for the additional time.
  - F. Members of the CISM Team consult with one another about the most appropriate CISM intervention for the particular critical incident. The plan for service is implemented as soon as is appropriate and reasonably possible given employee work schedules.
- VI. REFERENCES:** M.C.A. § 39-74-101, 102, 103, 104, & 105.
- VII. COLLABORATED WITH:** Hospital Administrator; Medical Director, Clinical Services Director; Director of Nursing; Assistant Director of Nursing; and Staff Development.
- VIII. RESCISSIONS:** ER-05, *Critical incident Stress Management Services* dated May 11, 2015.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Clinical Services Director.
- XII. ATTACHMENTS:** None.

Signatures:

Jay Pottenger  
Hospital Administrator

Thomas Gray, M.D.  
Medical Director