



# CORAL SPRINGS PARKLAND

— FIRE DEPARTMENT —

## MENTAL WELLNESS PROGRAM

PART OF THE CORAL SPRINGS-PARKLAND FIRE DEPARTMENT'S SAFETY AND HEALTH INITIATIVES, THE BEHAVIORAL HEALTH ACCESS PROGRAM (BHAP) IS A PROGRAM DESIGNED TO SUPPORT THE MENTAL WELLNESS OF OUR MEMBERS.

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CORAL SPRINGS-PARKLAND FIRE DEPARTMENT

FIRE CHIEF, MICHAEL MCNALLY

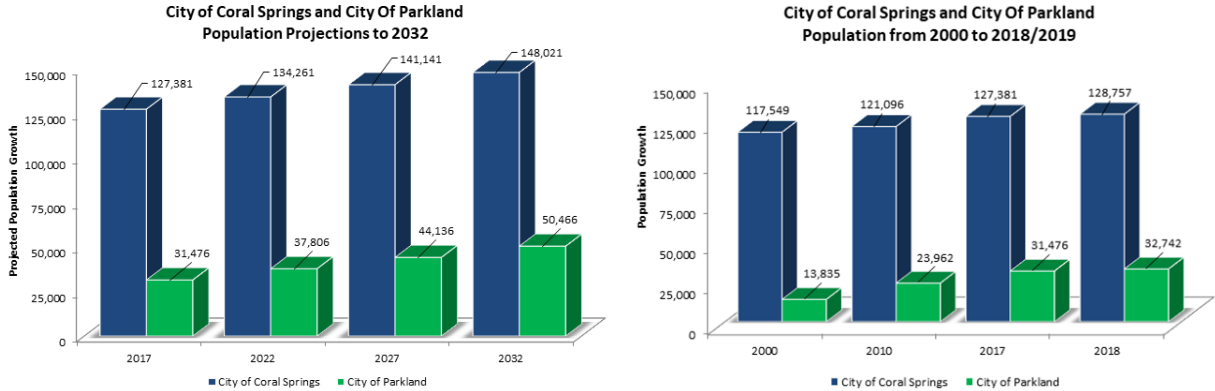


AUGUST 2020

# OUR COMMUNITIES AND OUR DEPARTMENT

The City of Coral Springs was incorporated in July 1963 and encompasses a total land area of 23.97 square miles. We are the 15th largest city in the state of Florida by population, and the 5th largest in Broward County. According to data from the BEBR (Bureau of Economic and Business Research), the City of Coral Springs is home to 128,757 residents as of 2018.

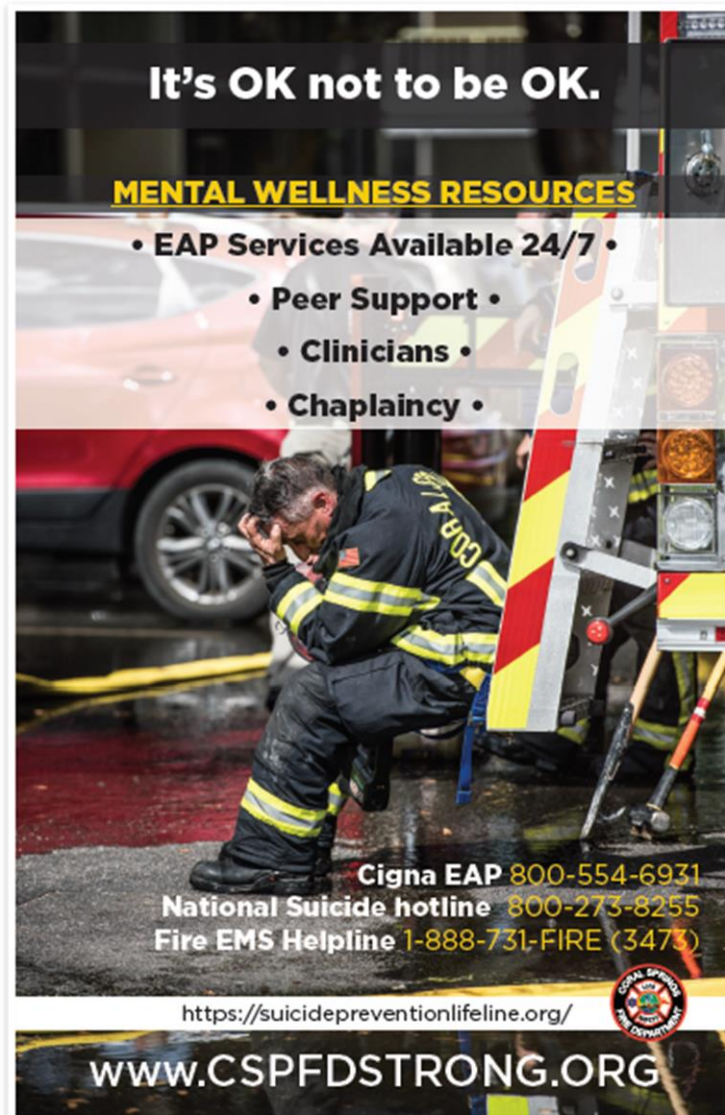
Just to the north of Coral Springs, the City of Parkland has a population of 32,742, within 14.32 square miles.



Of the 24-mile-long Sawgrass Expressway, 11.2 miles run through the cities of Coral Springs and Parkland.

The department operates seven primary divisions to further our mission: Operations, which includes Fire and Emergency Medical Services (EMS) Response, EMS, In-Service Training, Support Services, the Coral Springs Regional Institute of Public Safety (CSRIPS), and Community Risk Reduction (CRR). Our Fire and EMS divisions operate a 24 hour shift every third day from 8 Fire Stations. Each shift operates under the command of an Assistant Fire Chief and a Battalion Chief, who are responsible for all aspects of running a shift of approximately 53 members that include Captains, Lieutenants, Driver Engineers, and Firefighter Paramedics. Further information on the Coral Springs-Parkland Fire Department can be found in our Annual Report at [coralsprings.org/fire](http://coralsprings.org/fire) As the department has evolved, certain information included here may be different than what was listed in the 2019 annual report.

## OVERVIEW



**It's OK not to be OK.**


**MENTAL WELLNESS RESOURCES**

- EAP Services Available 24/7 •
- Peer Support •
- Clinicians •
- Chaplaincy •

Cigna EAP 800-554-6931  
National Suicide hotline 800-273-8255  
Fire EMS Helpline 1-888-731-FIRE (3473)

<https://suicidepreventionlifeline.org/>

**WWW.CSPFDSTRONG.ORG**



This guide represents a comprehensive plan of programs and services available to members facing a mental health crisis of any scope. The guide is intended to aid the department in maintaining the mental and emotional wellbeing of its members, meet issues as they arise, and provide a continuum of services to address a variety of needs.

There is no one program or service that will meet all members' needs, all the time. It is for precisely this reason that a variety of services exist and should be utilized accordingly.

Mental health, like physical health, can change over time. Like physical health, issues can be addressed and improved, leading to a return to a stable, healthy condition. However, mental



health issues have historically had a stigma associated with them, that has prevented many from seeking help, and has hindered some from achieving mental wellness. The first step is addressing the culture which in the past has encouraged silence.

In effecting a change of culture in an organization, a key component will be a Standard Operating Guideline. In the Coral Springs-Parkland Fire Department, this guideline was developed over time by our members of the health and safety committee.



Additionally, BHAP is the mental wellness component of a greater initiative of the Safety and Health Committee. The committee manages the program under the direction of the Safety and Health Chief Officer. Their overall focus is on all the aspects of safety and health including cancer prevention, physical fitness, mental wellness, and overall health. In all of these areas, The main goal of the SHC is to reduce the risk of injury and exposure to our members by providing information on several topics, and monitoring trends relating to the Health and Safety of our members and to apply the information, research, and best practices to impact the way the organization conducts itself for the better. Those of our members who served our department and our community for years remain part of our family and it is our intention to provide resources for good health during one's career and into retirement.

SOG – CSFD-G22 Mental Health and Wellness – is the backbone of our Behavioral Health Access Program, or BHAP. In the pages that follow this SOG, we have included the SOG for our Chaplain Program, the Peer Support Team Manual, and an overview of our Clinician Response Team that includes the specific requirements for the men and women that make up this important group. Additionally, you will

find the Administrative Policy dictating the purpose and scope of our Safety and Health Committee, as well as a memo outlining our retiree program.

Together, these documents form the building blocks of our program and the resources needed to comprehensively address various aspects of mental health needs. As shown in the poster on the previous page, we have tied all our resources together on one website for our members to access whenever there is a need. With all the resources in one place, it becomes easy for a member to choose what might best suit his or her current situation. We invite you to visit [www.cspfdstrong.org](http://www.cspfdstrong.org) to see how we've coordinated the components of our program, and to use as a guide for developing one that might work for you. Should you have any questions about this guide or our programs, please feel free to reach out to us at [csfd@coralsprings.org](mailto:csfd@coralsprings.org).



*May is Mental Health Month and on one night during the month, all our stations participated in an event to recognize mental health awareness by turning on the lights on our apparatus for one minute at 9pm.*



*A Coral Springs-Parkland Fire Department Captain holds a flag presented in memory of one of our fallen firefighters*

# STANDARD OPERATING GUIDELINE - BHAP

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EFFECTIVE DATE: MARCH 10, 2020  
APPROVED BY: MICHAEL MCNALLY, FIRE CHIEF

## **PURPOSE**

The purpose of this Standard Operating Guideline (SOG) is to assist all the members of the Coral Springs-Parkland Fire Department. Behavioral Health Access Program (BHAP) is a comprehensive, integrated, multicomponent, systematic program for firefighter mental health/wellness and crisis intervention. Its purpose is to provide education, support, assessment, and intervention for emergency service personnel and health care providers who are often exposed to and/or affected by critical incidents. BHAP is recognized by the National Fallen Firefighters Foundation and is becoming a world standard of care for first responders. BHAP has proven to be effective in providing guidance during the assessment, basic counseling, and stress crisis intervention. The goal when applying any of the BHAP components is to assess, educate, and intervene as necessary and return individuals to their work with the tools and support needed to reduce the effects of a critical incident. The benefits of the intervention include a reduction in symptoms of post-traumatic stress, quicker return to normal productive functioning, increased job satisfaction, reduced worker's compensation claims, reduced absenteeism, reduced errors, enhanced group cohesion, increased personal confidence and extended longevity.

## **SCOPE**

BHAP highlights the Behavioral Health standing Group Safety and Health Committee, Leadership, Critical Incident Stress Management, Peer Support, Family support, evaluated recovery centers, Chaplaincy, Retiree inclusion, Behavioral Health Awareness education, insurance coverage, appropriate Employee Assistance Programs designed for the first responders needs and trained Clinician Response Team personnel (CRT). All these tools provide a diversified resource pool that may be utilized by first responders and/or family members. The BHAP team is made up of trained and credentialed members of fire/rescue, health care professionals, as well as trained, credentialed, and licensed mental health professionals, and qualified members of clergy trained in crisis interventions. Our BHAP programs are intended to be available for any incident that occurs 24 × 7 × 365-day basis, within two (2) hours after a critical incident has occurred and or when services are requested. In addition, the resources are available 24/7 for emergency services and family members of the first responder.

## **BHAP Component Definitions**

**Behavioral Health Awareness Education:** Educational component offered to the first



responder(s) should cover common mental health issues specific to first responders.

These programs may include awareness of the signs and symptoms of stress as well as offer varying types of evidence-based resiliency factors and how they can be developed. Leadership level components may also be offered to cover the scope of the mental wellness related issues, agency culture, reducing employee stress, policies, identifying employees in crisis, and how to assist those in need of assistance.

**Effective Insurance Coverage:** Effective insurance policies for first responders should be inclusive of first responder specific providers as well as provide the highest level of service while limiting any potential impediments to accessing clearly identified first responder specific resources. These programs should seek out and provide a current and detailed list of culturally aware providers that have tangible and validated experience working with first responders as well as fixed facilities that have first responder specific programs.

**Culturally competent Employee Assistance Programs:** Employee Assistance Programs should be available to first responders and their families through a process that includes program managers knowledgeable in first responder's mental health and professional and effective treatment options specific to the unique first responder culture and community.

**Trained Clinician Response Team (CRT):** Interagency team that has been trained through cultural awareness program. The CRT when requested provides assessment, treatment, and educational services when first responders are experiencing crisis symptoms that may put them at great risk for mental health issues. Members assigned to CRT shall be a state of Florida licensed mental health professional. The following are acceptable: Marriage & Family Therapist (MFT), Licensed Mental Health Counselor (LMHC), Licensed Clinical Social Worker (LCSW), Psychologist and or a Psychiatrist.

**Evaluated Recovery Centers:** Fixed facility centers that provide first responder specific treatment care programs geared toward successful recovery from but not limited to: substance abuse, PTSD, and other co-occurring behavioral health related issues.

## **CONFIDENTIALITY**

Florida Statute 401.30(4) (e) protects the discussions held during a CISM intervention as being "confidential and privileged communication under section 90.503." Therefore, all information shared during any part of a CISM intervention is held in the strictest of confidence.

### **I. Behavioral Health Access Program (BHAP)**

The Department's Safety and Health Chief Officer is responsible for implementing and managing the Behavioral Health Access program. The Fire Chief or the authorized designee is responsible for appointing members to the Mental Health and Wellness Group who are representative of all levels of department personnel. The department's Safety and Health Chief Officer serves as the group chairperson. Functions of the committee include, but are not limited to:

- A. Providing input and assistance to the development and implementation of the BHAP program.
- B. Recommending the type and content of critical incident-related programs, workshops, or seminars.
- C. Distributing BHAP-related information to members.
- D. Providing the administrative and technical support needed to implement BHAP activities.
- E. Assisting in the recruitment and training of peer support personnel.
- F. Coordinating and following up on requests for Debilitating Critical Incident (DCI).
- G. Assisting in the recruitment and training of CRT personnel
- H. Facility evaluations and site visits

## II. **BHAP Components**

The BHAP program should include pre-incident, on-scene, and post-incident activities, including education, diffusion of emotional reactions and debriefing. The purpose of the program is to minimize the impact of stress on members following major incidents.

Ideally, BHAP should incorporate the services of CISM, peer support personnel and trained professionals, such as Department Chaplain, physicians, psychologists, counselors or EAP.

The program is intended to be consistent with the recommendations of the National Fire Protection Association (NFPA) and the Fire Service Joint Labor Management Wellness- Fitness Initiative, developed by the International Association of Fire Fighters (IAFF) and the International Association of Fire Chiefs (IAFC).

### A. **Activation:**

The following are examples of incidents that may initiate a service within BHAP:

1. Major disaster or mass casualty incidents
2. Serious injury, death or suicide of a firefighter, police officer, dispatcher, or another emergency service provider
3. Serious injury or death of a civilian resulting from emergency service operations
4. Death of a child or similar incident involving a profound emotional response
5. Multiple youth fatalities
6. Any incident that attracts unusually heavy media attention

7. Loss of life following an unusual or extremely prolonged expenditure of emotional and physical energy by emergency services personnel
  8. Any unusual incident that produces an extreme, immediate, or delayed emotional response
  9. Cumulative trauma from multiple incidents
  10. Events when the victim(s) is (are) known
  11. Any event that may be outlined in medical protocols.
- B. Any time it has been determined that a potential **Debilitating Critical Incident (DCI)** has occurred, and intervention may be needed, a service within Behavioral Health Access Response (BHAP) should be requested. The request may be made either directly through peer support personnel or through the BHAP group through the shift chief officer, division supervisor or designee. Depending on the type and magnitude of the incident and services that may be needed, the appropriate resources may be activated either during or after a critical incident.
  - C. All members are responsible for recognizing incidents that may need BHAP. Once an incident has been identified as being a potentially DCI, appropriate response should be initiated as soon as practicable.
  - D. Debriefing may be conducted when appropriate anywhere there is ample space, privacy, and freedom from distractions. Consideration should be given to including responders from other agencies who were involved in the incident including, but not limited to, communications personnel, law enforcement officers, and paramedics or ambulance personnel.
  - E. Any member may request peer support or professional help as needed, on an individual basis.

### III. **BHAP SERVICES:**

The following types of services should be offered through the program.

- A. Critical Incident Stress Management (CISM)
- B. Peer and Family Support services and education
- C. Chaplaincy assistance
- D. Clinician Response team (CRT)
- E. Safety and Health Committee (SHC)
- F. Evaluated Recovery Centers
- G. Retiree Inclusion
- H. Behavioral Health Awareness Education
- I. Insurance Coverage and Access Portals
- J. Culturally Appropriate EAP Programs
- K. Peer Support Team
- L. Web access to mental health resources ([www.cspfdstrong.org](http://www.cspfdstrong.org))

#### IV. **CISM**

- A. CISM (Mitchell Model ICSF trained Team)
  - 1. One on one services with a qualified BHAP team member
  - 2. Individual support and follow up
- B. Small group defusing.
  - 1. Recommended within the first 12 hours after a critical incident.
  - 2. Best delivered as soon as possible after a critical incident occurs
  - 3. Homogenous groups.
  - 4. Assessment and education with possible referral and follow up.
- C. Small group debriefing.
  - 1. 12-72 hours post-critical incident occurs.
  - 2. Prior to demobilization from extended deployment or upon return from extended deployment
  - 3. Events of significant personal loss (expanded-phrase defusing within 12 hours)
- D. Crisis Management briefing.
  - 1. Appropriate for large incidents, incidents with high media involvement, respite/rehab centers and demobilization.
  - 2. Best for large groups or mixed groups.
  - 3. Primary focus on assessment and information.

#### V. **Peer and Family Support**

- A. First Responder and their prospective care givers, crisis recognition, intervention, and referral to available resources
- B. Organizational consultation.
- C. Assessment of organizational needs.
- D. Development and recommendation for coordination for delivery of services.
- E. Re-integration education programs

#### VI. **Chaplaincy Assistance**

- A. Pastoral/spiritual crisis intervention
- B. Grief counselor when trained to do so.

#### VII. **Clinician Response Team (CRT)**

- A. Assessment
- B. Evaluation
- C. Educational services
- D. Treatment
- E. Referral and follow up



**VIII. Safety and Health Committee**

The safety and health committee is designed to bring workers and management together in a non-adversarial, cooperative effort to promote safety and health in the workplace in compliance with FL Statute 633.522

**IX. Evaluated Recovery Centers**

A. Facility site evaluations to be conducted by members of BHAP along with member of HR to determine if those facilities meet the current needs of first responders.

**X. Retiree Inclusion**

A. Retirees shall have access to BHAP services.

**XI. Behavioral Health Awareness Education**

A. Education on available and current resources to be housed within the BHAP program shall be routinely be provided throughout the year for members of the department and peer support members.

**XII. Insurance Coverage and Access Portals**

A. Currently zero co-pays exist for obtaining services related to behavioral health or substance misuse and recovery programs. BHAP Team members shall continue to evaluate trends and work with industry representatives to identify areas in which the resources within the BHAP services can be improved.

**XIII. Chaplaincy**

Chaplaincy remains a significant part of the BHAP program. Refer to chaplaincy policy.

**XIV. Web Access**

Web access to mental health resources [www.cspfdstrong.org](http://www.cspfdstrong.org) that contains access to the following:

- A. Peer support
- B. Clinicians
- C. Chaplaincy
- D. Programs
- E. Resources

**XV. PEER SUPPORT TEAM**

The CSPFD is committed to preserving the privacy, confidentiality and dignity of all public safety personnel who experience a Behavioral Health Crisis. CSPFD

Administration and Peer Support Team Members shall meet the immediate needs of personnel who are requesting assistance with mental health and/or substance abuse problems.

#### Roles and Responsibilities of Team Members:

- A. At the discretion of the Fire Chief or his/her designee, members of the CSPFD will be assigned to the Peer Support Team. Peer Support Team Members will report directly to the Peer Support Team Coordinator, under the Safety and Health Chief Officer and will have the following responsibilities during a Behavioral Health Crisis incident:
1. Be an initial point of contact for the public safety member who is in crisis and reaching out for assistance.
  2. Process requests for assistance by deciphering what form of assistance is needed.
  3. Inform the Peer Support Team Coordinator of the incident while protecting the privacy of the member within statutory guidelines
  4. The goal will be to respond in person to the necessary location as the advocate for the member in need within one hour of receiving the call.
  5. Contact the applicable evaluated resources for proper treatment. (I.e. Detox, rehabilitation, or professional mental health intervention or peer assignment.)
  6. When appropriate, facilitate transportation of the member to the correct treatment center or pickup location.
  7. When needed, coordinate with appropriate Human Resources (HR) designee to process FMLA and other pertinent documentation to ensure proper insurance coding and approved leave, if applicable.
  8. Identify the member's personal needs and wishes for informing family members.
  9. Follow up with the member to ensure their needs have been met throughout their treatment plan to facilitate positive outcomes.
  10. Follow up with the family of the member to identify any need for assistance and relay those needs to the Peer Support Team Coordinator.
  11. Protect the confidentiality of all members who seek assistance and treatment through the CSPFD. Violation of a member's confidentiality may be subject to discipline up to and including termination.

The Peer Support Team Coordinator will report directly to the Safety and Health Chief Officer (HSO) and will have the following responsibilities during a Behavioral Health Crisis incident:

- A. Correspond with the Peer Support Team Member assigned to the member in need during a Behavioral Health Crisis incident or ongoing care case while maintaining confidentiality of the member who is requesting assistance.
- B. Assist the Peer Support Team Member, as necessary.
- C. For off duty CSPFD personnel, inform the Fire Chief or designee of the Behavioral Health Crisis incident and provide any pertinent updates on the status of the member's absence and/or eligibility to report for duty.
- D. For on duty CSPFD personnel, inform the Fire Chief or designee and the on duty Chief Officer that a Behavioral Health Crisis incident occurred and any pertinent updates on the status of the member's absence or specific needs. There may be extraordinary circumstances in which it may be in the best interest of the member to not remain on duty at which time a determination shall be made by the Fire Chief or their designee.
- E. Maintain an up to date, evaluated bank of resources to be referenced by Peer Support Team Members in the event of a Behavioral Health Crisis incident or request from a member in need of assistance.
- F. Provide initial peer support/behavioral health training opportunities, continuing education, and or share upcoming training and hold at minimum quarterly peer support team meetings

**XVI. Peer Support Team – Permissions and Limitations**

The Peer Support Team member shall not release the following confidential information without consent of the member requesting assistance to anyone other than the treatment resource or the appropriate human resources representative assisting with FMLA, in order to protect the privacy of the member who is requesting assistance:

- A. Member's name
- B. Member's treatment location
- C. Specific details of the member's crisis, i.e. Substance being abused, personal family problems, etc.

**(HR will provide the necessary information to Fire Chief or designee. It is not the Peer Support Team member's responsibility to disclose confidential information to Fire Administration.)**

The Peer Support Team member is permitted to release the following information to Fire Administration:

- A. Occurrence of a behavioral health crisis incident
- B. On-duty member's name
- C. Eligibility of a member to remain on duty
- D. Contact information for the member's family if the member allows for family contact.

**XVII. BHAP Providers**

BHAP providers include mental health professionals (clinicians), Peer Support Members, Chaplaincy.

- A. The duties and responsibilities of mental health professionals include the following:
  - 1. Provide input and advice on all clinical aspects of the BHAP program.
  - 2. Ensure the quality of BHAP services.
  - 3. Offer clinical support and program guidance for the BHAP program to the Safety and Health committee and peer support personnel.
  - 4. Assist in the selection of new peer support personnel.
  - 5. Provide guidance to peer support personnel.
  - 6. Assist in training peer support personnel and with continuing education.
  - 7. Advise on the development of policy and written operational BHAP protocols.
  
- B. Mental health professionals (clinicians) involved in the BHAP program should have the following qualifications:
  - 1. Be a state of Florida licensed mental health professional. (MFT, LMHC, LCSW, Psychologist, Psychiatrist).
  - 2. 3-years' experience direct patient treatment post licensure
  - 3. Be trained and experienced in a recognized BHAP model.
  - 4. Demonstrate experience in counseling emergency services personnel.
  - 5. Complete the FFSHC Clinician Awareness Training Program.
  - 6. Culturally aware to provide maximum assistance



- C. The duties and responsibilities of peer support members include the following:
1. Assist and support the BHAP mental health professionals, as necessary.
  2. Provide support and basic education of available resources to members and their families when requested.
  3. Serve as a BHAP frontline resource to refer the members in need when appropriate to mental health professionals.
  4. Complete training and supervision necessary for the role.
  5. Provides mobile crisis intervention services.
  6. Responds to emergency calls through call out by the Fire Chief, Chief of Safety and Health (HSO) or their designee,
  7. Provides stabilization services, emotional and mental wellness support as well, social support, for firefighters.
  8. Performs intervention and assessment services within their credentialed capabilities for individuals and family members of the Fire Dept experiencing a crisis event which requires assistance beyond services typically provided by the Fire dept.
  9. Provides emotional support and trained empathetic/active listening for first responders and their families experiencing a crisis event.
  10. Advises and seeks to understand members' immediate needs and assists individuals in identifying appropriate resources for additional assistance to fulfill those needs.
  11. Identifies social and community service agency options and makes appropriate recommendations to individuals in need.
  12. Assist in Coordinating referral services using various resources of community agencies, support groups, and other community-based resources.
  13. Provides confidential emotional and mental wellness related support to first responders; Can participate in community outreach with approval by the Fire Chief, Chief of Safety and Health (HSO) or designees.
  14. Periodically reviews and updates resources, etc.
  15. Assists and provides input and recommendations of available Mental health programs administered. Recommends improvements, assists in implementing changes and objectives.
  16. Reports concerns directly to HSO or designee

17. With approval from the Fire Chief, Chief of Safety and Health (HSO) or designee. Can act as a liaison between the FD and numerous social service agencies and community organization boards/ councils to analyze needs, listen and respond to specific concerns, identify possible solutions and establish effective working relationships with community representatives.
  18. Performs all work duties and activities in accordance with City policies and procedures:
  19. Works in a safe manner and reports unsafe activity and conditions immediately. Follows City-wide and Fire Dept safety policy and practices and adheres to responsibilities concerning safety prevention, reporting, and monitoring as outlined in city and FD Policies and SOG's.
  20. Serves as an advisor to the Peer Support Team and provides recommendations.
  21. Knowledge, Skills and Abilities:
    - a) Behavioral health, social services, and other community services and resources
    - b) Current Methods and standard practices for crisis intervention and counseling services available
    - c) Effective interviewing and intervention techniques and procedure.
- D. Members involved in the BHAP program as peer support personnel should have the following qualities:
1. Good negotiating skills
  2. Ability to communicate effectively
  3. The respect and trust of peers
  4. Ability to maintain confidentiality
  5. Ability to adhere to established limits and criteria
  6. Ability to learn about the psycho-social process
  7. Good listening skills
  8. Good rapport with fellow emergency workers
  9. Sensitivity to the problems of others
  10. Be an emergency service provider or a member of a related service
  11. Possess experience and knowledge about the types of incidents and situations to which members may be exposed

12. Peer support personnel should participate in both initial and continuing education and training regarding DCI and BHAP principles and procedures.

## **XVIII. Debriefing**

The form of interventions or resources utilized should depend upon how early the intervention is activated and the nature of the incident. The use of one format does not preclude the use of others for the same critical incident.

- A. Common formats for deployment of resources within the BHAP include:
  1. On-scene debriefing: Peer Support Personnel or mental health professionals may respond to the scene if requested as observers and advisers to watch for the development of acute reactions. They may offer encouragement and support, check on the well-being of personnel and allow for individual discussion of feelings and reactions.
  2. Initial defusing: This usually takes place within a few hours of the incident and is generally facilitated by CISM personnel. It is an informal process encouraging open and free expression of feelings without a critique of the incident. The purpose is to stabilize involved members so they can go home or return to service.
  3. Formal debriefing: Debriefing led by a BHAP program mental health professional and peer support personnel that usually takes place 24 to 48 hours after the conclusion of the incident. Members involved in the critical incident are given the opportunity for free expression of feelings. This expression should be met with acceptance, support and understanding.
  4. Follow-up debriefing: If deemed necessary, follow-up may be facilitated by the BHAP mental health professional and peer support personnel several weeks or months after a critical incident. The main purpose is to resolve any issues or problems that were not initially resolved. The follow-up debriefing may include the entire group or a portion of those originally involved.
- B. Regardless of the type of debriefing, BHAP is not a critique of the department operations at the incident. The BHAP provides a setting in which members can discuss their feelings and reactions as a means to reduce the stress resulting from exposure to critical incidents. Performance issues should not be discussed during the debriefing.
- C. No one has rank during a debriefing process, everyone is equal
- D. Following any intervention, should members feel a need for additional assistance, contact may be made with peer support personnel or a BHAP group member to obtain information regarding a referral.

**XIX. Attendance**

- A. Only those involved in the incident and BHAP team members should be present. Members directly exposed to the traumatic aspects of an incident are strongly encouraged to participate in the defusing/debriefing.
- B. Under special circumstances, the supervising officer may make attendance mandatory. Even if attendance is mandatory, members should not be obligated to speak or express their feelings during the defusing/debriefing.
- C. During debriefings, members involved should be out of service with radios, pagers or other distractions turned off.

**XX. Rotation of Personnel**

- A. Incident Commanders should minimize members' exposure at critical incidents by rotating or removing initial responding personnel from the immediate scene and reassigning them to less stressful operations if possible. Members directly involved in critical incidents should be considered a high priority for immediate reassignment or removal from the scene. Relief from duty may also be considered.
- B. Trained peer support personnel may make a request to their supervisor for relief or reassignment during a shift to participate in BHAP activities. The peer support personnel should provide several on-scene services, including on-site evaluation, encouragement, and consultation. They should also be considered an available resource for assignment to rehab, medical or other areas as needed.
- C. Circumstances of a critical incident may result in a recommendation that individuals or companies be taken out of service. The Chief Officer for the division affected is responsible for making the appropriate arrangements.
- D. Under no circumstances is being taken out of service to be construed as critical or negative. Personnel taken out of service are to be viewed as deserving of the same consideration as an injured firefighter.

**XXI. Confidentiality**

- A. The Department considers all interventions contained within the BHAP, Peer Support interactions, regardless of type, as strictly confidential. Notes, other than those specifically identified in this policy, are prohibited. No audio or video recording may be made without the express consent of all participants.
- B. The only exceptions to confidentiality should be when:
  - 1. There is reasonable evidence to assume a risk of harm to the member or



to others

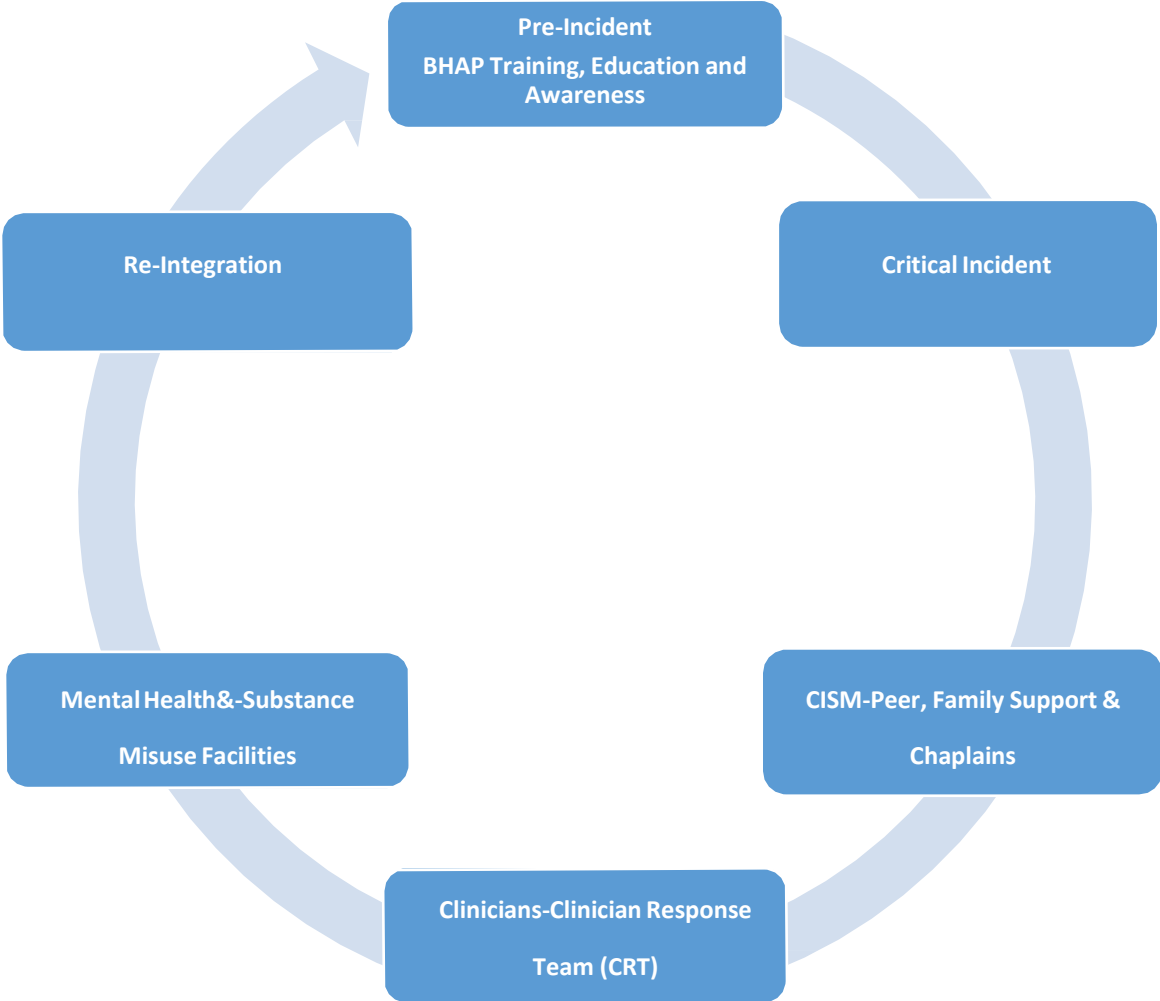
2. If the risk is to another person, that person is identifiable and there are means to contact the person.
3. Participants divulge information that falls under any applicable state mandatory reporting duties.

**XXII. Record-Keeping**

- A. Following a DCI intervention, the group chairperson should prepare a summary report and forward it to the BHAP program group for statistical record-keeping. The report should be limited to the following information:
  1. Incident date and time
  2. Brief description of incident facts
  3. Intervention date and location
  4. Names of DCI members conducting the intervention
  5. Numbers of participants from each agency involved
- B. Names of participants will not be recorded.



# BHAP FLOW SHEET



# ADMINISTRATIVE POLICY – CHAPLAINCY PROGRAM

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EFFECTIVE DATE: AUGUST 6, 2020  
APPROVED BY: MICHAEL MCNALLY, FIRE CHIEF

## **PURPOSE AND SCOPE**

This policy establishes the guidelines for Coral Springs-Parkland Fire Department chaplains to provide counseling or emotional support within the Behavioral Health Access Program (BHAP) to members of the Department, their families and members of the public.

## **POLICY**

The Coral Springs-Parkland Fire Department shall ensure that department chaplains are properly appointed, trained, and supervised to carry out their responsibilities without financial compensation. Reasonable efforts shall be made to incorporate chaplains from varying denominations reflective of the community to the best extent possible.

## **CONFIDENTIALITY**

Florida Statute 90.505 Privilege with respect to communications to clergy. The communication between a member of the clergy and a person is “confidential” if made privately for the purpose of seeking spiritual counsel and advice from the member of the clergy in the usual course of his or her practice or discipline and not intended for further discussions between members of the Department and all chaplains.

### **I. Eligibility**

Requirements for Participation as a chaplain for the Department may include, but are not limited to:

- A. Be of good moral character, temperate, prudent, respectable, hospitable, able to teach, free from addiction to alcohol or other drugs, and free from excessive debt.

- B. Managing his/her household, family, and personal affairs well.
- C. Having a good reputation in the community
  - 1. If new to the community, must have a good reputation in the community they recently lived in.
- D. Successful completion of an appropriate-level background investigation.
- E. A minimum of five years of successful counseling or ministry experience.
- F. Possessing a valid driver license.

The Fire Chief may allow exceptions to these eligibility requirements based on organizational and community needs and the qualifications of the individual.

## **II. Recruitment, Selection and Appointment**

- A. The Coral Springs-Parkland Fire Department shall endeavor to recruit and appoint only those applicants who meet the high ethical, moral, and professional standards set forth by the Department.
- B. All applicants shall be required to meet and pass the same pre-employment procedures as other civilian department members before appointment.

## **III. Recruitment**

- A. Chaplains should be recruited on an as needed basis consistent with department policy on equal opportunity and non-discriminatory practices. A primary qualification for participation in the application process should be an interest in and an ability to assist the Department in serving the public. Chaplain candidates are encouraged to participate in ride-alongs with department members before and during the selection process.

## **IV. Selection and Recruitment**

- A. Chaplain candidates shall successfully complete the following process prior to appointment as a chaplain:
  - 1. Submit the appropriate written application.
  - 2. Include a recommendation from employers or volunteer programs.
  - 3. Interview with the Fire Chief and the chaplain coordinator.

4. Successfully complete an appropriate-level background investigation.
5. Complete an appropriate probationary period as designated by the Fire Chief.

Chaplains are volunteers and serve at the discretion of the Fire Chief. Chaplains shall have no property interest in continued appointment. However, if a chaplain is removed for alleged misconduct, the chaplain will be afforded an opportunity solely to clear his/her name through a liberty interest hearing, which shall be limited to a single appearance before the Coral Springs-Parkland Fire Department or the authorized designee.

**V. Identification and Uniforms**

A. As representatives of the Department, chaplains are responsible for presenting a professional image to the community. Chaplains shall dress appropriately for the conditions and performance of their duties. Uniforms and necessary safety equipment or personal protective equipment (PPE) will be provided for each chaplain. Identification symbols worn by chaplains shall be different and distinct from those worn by other members through the inclusion of "Chaplain" on the uniform and other identifying PPE. Chaplain uniforms and PPE shall not reflect any religious affiliation.

B. Chaplains will be issued Coral Springs-Parkland Fire Department identification cards, which must be carried at all times while on-duty. The identification cards will be the standard Coral Springs-Parkland Fire Department identification cards, with the exception that "Chaplain" will be indicated on the cards. Chaplains shall be required to return any issued uniforms, PPE or other department property at the termination of service.

C. Chaplains shall conform to all uniform regulations and appearance standards of the Department.

**VI. Chaplain Coordinator**

A. The Safety and Health Chief Officer shall serve as the chaplain coordinator.

B. The chaplain coordinator shall serve as the liaison between the chaplains and the Fire Chief.

C. The function of the coordinator is to provide a central coordinating point for effective chaplain management within the Department, and to direct and assist efforts to jointly provide more productive chaplain services. Chaplains shall report to the chaplain coordinator and/or Incident Commander (IC).

D. The chaplain coordinator may appoint a senior chaplain or other designee to assist in the coordination of chaplains and their activities.

E. The responsibilities of the coordinator or the authorized designee include, but are not limited to: Recruiting, selecting, and training qualified chaplains.

1. Conducting chaplain meetings.
2. Establishing and maintaining a chaplain callout roster.
3. Maintaining records for each chaplain.
4. Tracking and evaluating the contribution of chaplains.
5. Maintaining a record of chaplain schedules and work hours.
6. Completing and disseminating, as appropriate, all necessary paperwork and information.
7. Planning periodic recognition events.
8. Maintaining a liaison with other agency chaplain coordinators.

F. An evaluation of the overall use of chaplains will be conducted on an annual basis by the coordinator and a written report provided to the Fire Chief.

## **VII. Duties and Responsibilities**

A. Chaplains assist the Department, its members and the community as needed. Assignments of chaplains will usually be to augment the Safety and Health Division, but chaplains may be assigned to other areas within the Department as needed. Chaplains should be placed only in assignments or programs that are consistent with their knowledge, skills and abilities, and the needs of the Department.

B. All chaplains will be assigned duties by the chaplain coordinator or the authorized designee or an IC.

C. Chaplains may not persuade or attempt to recruit members of the Department or the public into a religious affiliation while representing themselves as chaplains with this department. If there is any question as to the receiving person's intent, chaplains should verify that the person is desirous of spiritual counseling or guidance before engaging in such discussion.

D. Chaplains may not accept gratuities for any service, or any subsequent actions or follow-up contacts that were provided while functioning as a chaplain for the Coral Springs-Parkland Fire Department.

## **VIII. Compliance**

A. Chaplains are volunteer members of the Department and, except as otherwise specified within this policy, are required to comply with the Community Volunteer Program Policy and other applicable policies.

## **IX. Operational Guidelines**



- A. Chaplains will be asked to be available for call on an as-needed basis.
- B. Chaplains operating at emergency incidents or large-scale department events shall operate within and as part of the Incident Command System (ICS) at all times, including participating in and replying to Personal Accountability Reports (PAR) conducted as part of the incident or event.
- C. Each chaplain should serve with the Coral Springs-Parkland Fire Department a minimum of four hours per month to maintain the necessary proficiencies and contacts necessary to be effective in their service.
- D. At the end of each period of service or response to an incident the chaplain will complete a chaplain's report and submit it to the Fire Chief and chaplain coordinator or the authorized designee. This report should be limited to operational metrics such as hours and types of services provided, and specifically exclude any confidential information, i.e., any identifying information of a member.
- E. Chaplains shall be permitted to ride with members during any shift and observe Coral Springs-Parkland Fire Department operations or training sessions, provided the on-duty Battalion Chief has been notified and is aware of the activity.
- F. Chaplains shall not be evaluators of members of the Coral Springs-Parkland Fire Department.
- G. In responding to incidents, a chaplain shall never function in a hazardous area or serve as an assistant other than the chaplain's role.
- H. When responding to in-progress calls for service, chaplains will be required to stand-by in a secure area until the situation has been deemed safe.
- I. Each chaplain shall have access to current member rosters, addresses, telephone numbers, duty assignments and other information that may assist in his/her duties. Such information will be considered confidential, and each chaplain will exercise appropriate security measures to prevent unauthorized access to the data.

**X. Assisting Department Members**

- A. The responsibilities of a chaplain related to department members include, but are not limited to:
  - 1. Assisting in making notification to families of members who have been seriously injured or killed and, after notification, responding to the hospital or home of the member.
  - 2. Visiting sick or injured members in the hospital or at home.

3. Attending and participating in funerals of active or retired members, when requested.
4. Serving as a resource for members who are dealing with the public during significant incidents (e.g., accidental death, suicide, suicidal subjects, serious accident, drug and alcohol abuse or a mass casualty incident (MCI)).
5. Providing counseling and support for members and their families.
6. Being alert to the needs of members and their families.

**XI. Assisting the Department**

A. The responsibilities of a chaplain related to the Coral Springs-Parkland Fire Department include, but are not limited to:

1. Assisting members in defusing a conflict or incident, when requested.
2. Responding to any significant incident (e.g., natural and accidental death, suicide and attempted suicide, family disturbance or MCI) in which the IC or supervisor believes the chaplain could assist in accomplishing the mission of the Department.
3. Responding to all major disasters, such as a natural disaster, bombing, MCI, and similar critical incidents.
4. Being available, or if possible, on-duty during major demonstrations or any public function that requires the presence of a large number of department members.
5. Attending department functions such as academy graduations, ceremonies and social events and offering invocations and benedictions, as requested.
6. Participating in in-service training classes.
7. Training others to enhance the effectiveness of the Department.

**XII. Assisting the Community**

A. The duties of a chaplain related to the community include, but are not limited to:

1. Fostering familiarity with the role of fire and Emergency Medical Services (EMS) members in the community.
2. Providing an additional link between the community, other chaplain coordinators and the Department.

3. Providing a liaison with various civic, business, and religious organizations.
4. Assisting the community when they request representatives or leaders of various denominations.
5. Assisting the community in any other function, as needed or requested.
6. Making referrals in cases where specialized attention is needed or in cases that are beyond the chaplain's ability to assist.

**XIII. Chaplain Meetings**

A. Chaplains may be required to attend scheduled meetings. Absences from such meetings should be satisfactorily explained to the chaplain coordinator.

**XIV. Privileged Communications**

A. Chaplains shall be familiar with state evidentiary laws and rules pertaining to the limits of the clergy-penitent, psychotherapist-patient and other potentially applicable privileges and shall inform members when it appears reasonably likely that the member is discussing matters that are not subject to privileged communications. In such cases, the chaplain should consider referring the member to an appropriate counseling resource or available program.

B. No chaplain shall provide counsel to or receive confidential communications from any Coral Springs-Parkland Fire Department member concerning an incident personally witnessed by the chaplain or concerning an incident involving the chaplain.

**XV. Training**

A. The Department may establish a minimum number of training hours and standards for department chaplains. The training, as approved by the Training Chief, may include:

1. Stress management
2. Death notifications
3. Symptoms of post-traumatic stress
4. Burnout for department members and chaplains
5. Legal liability and confidentiality
6. Ethics
7. Responding to crisis situations
8. The fire and EMS family

9. Substance abuse
10. Member injury or death
11. Sensitivity and diversity



# PEER SUPPORT TEAM MANUAL



As described in Section XV of the Standard Operating Guideline G-22, the Peer Support Team is another critical component of BHAP. The following manual outlines all the aspects of this team.

## **Introduction**

Members of the Firefighter Peer Support Team (PST):

Some of the stressors involved in firefighting are often dangerous and unavoidable; firefighters need a resource to help address these stressors. Peer support programs are one of the resources to aid firefighters and are supported by Firefighter Life Safety Initiative 13 endorsed by the National Fallen Firefighters Foundation (NFFF).

The PST is a voluntary team whose goal is to give firefighters the opportunity to help each other during times of personal or professional crisis situations and keep each other mentally healthy in



order to prevent the loss of a valuable employee. The PST is an internal, personnel-based support program that is supported by the Coral Springs Parkland Fire Department Safety and Health Committee.

The structure of this program is based upon internal criteria, including a level of comfort and respect from peers and a willingness to give back to fellow firefighters in the form of emotional support. Peers are not chosen based upon job title or rank. Peer support members are provided training to help address issues related to behavioral health that are common among firefighters as well as referral resources for significant clinical problems. An important responsibility of PST members is the encouragement of and emphasis on anonymity, trust, and confidentiality for those that seek their assistance. Communication between a peer support member and a fellow firefighter is considered privileged and confidential with the exception of matters that violate the law.

PST members are not just treatment-focused, but prevention-focused. An important part of breaking down the stigma of addressing problems is acceptance by firefighter culture in which peer support members play an intricate role. Firefighters support one another everyday both physically with the demands of the job and emotionally during and after troubling calls. The firefighter family has a unique bond and this team offers another level of that support system.

We thank you for your time and dedication to your fellow firefighters.

### **Mission Statement:**

The Coral Springs-Parkland Fire Department recognizes the value in providing their personnel with a way of appropriately dealing with their personal and/or professional problems. One approach is to provide an ancillary program run by their fellow firefighters. The Firefighter Peer Support Team is composed of firefighters who have volunteered to train and make themselves available to any member of the department. The PST will provide a way for firefighters to receive assistance on personal and/or professional problems confidentially with someone who: (1) has a similar understanding of those issues through experience, and (2) genuinely cares. The PST will assist peers with a variety of stressors and help them continue to be a valuable productive member of the Coral Springs Parkland Fire Department.

### **Peer Support Program Overview**

Peer support teams assist with day-to-day stressors as well as high-stress incidents. They know when to intervene and how to intervene in the event of these situations. Members of the PST have an organized approach to addressing these stressors in firefighters. The program is available to all employees and consists of one-on-one peer support and/or group meetings. Peer support programs are an essential part under the umbrella of behavioral health, as these members understand the stress of a firefighter, they are willing to help, they are trained to assist, and they



value trust. Utilization of peer services is considered confidential except for issues that involve the violation of the law. Members of the PST are trained to assist with common issues, stressors of the job, and personal life challenges. However, if further assistance is needed, peers will provide appropriate referrals. The Firefighter Peer Support Program is a link between the employees and EAP services, and functions as complimentary, but separate services.

### **Program Objective**

To support firefighters by playing an active role in keeping each other safe, healthy, and productive. The program offers assistance and appropriate support resources and services to firefighters when professional or personal problems negatively affect them socially or occupationally.

### **Program Purpose:**

The purpose of the PST is to assist in preventing and lessening the potential negative impact of stress amongst fellow firefighters by providing support and offering information on possible solutions. The PST is composed of voluntary members who have been trained specifically on stress management, critical incidents, communication, and behavioral health issues. They are able to provide emergency services through private one-on-one, on-scene, and post-incident support.

### **Benefits of PST Support**

- Enhanced job satisfaction and increased safety and health.
- Decreased cost of recruiting and training, while increasing retention of personnel.
- A resource for employees to be aware of alternative avenues available for themselves and family's members.
- Early diffusing of behavioral/mental health problems, preventing them from becoming a personal crisis.

### **Goals of Team:**

PST Members:

- provide a resource for employees during crisis situations both within their personal or professional environments.
- foster social, physical, and emotional health of firefighters.
- help to recognize and assess conflicts, listen, and offer support to firefighters.
- demonstrate and promote communication, encouragement, trust, and confidentiality to firefighters involved in peer services.
- provide support during and following professional or personal stress to those who express a need for assistance or to whom staff feels could benefit from program involvement in order to lessen the impact of the situation.
- function as liaison between resources and staff in an effort to maximize support and meet the needs of members utilizing services.

### **Program Participation:**

- Participation in the PST is voluntary; participants will have completed training in several areas including crisis intervention, communication, behavioral health issues, and referrals.
- Members of the PST are not trained mental health professionals and do not function as a substitute for professional mental health services.
- Participation in the PST will be voluntary for employees and firefighters who are referred for services by their peers or command staff. Firefighters may choose to utilize or reject peer support services.

### **Responsibility**

PST members provide ongoing assistance to firefighters during a variety of situations in which firefighters experience emotional distress or behavioral health problems. PST members provide support when firefighters have been involved in a critical incident that has resulted in a death or injury and/or has resulted in an emotional impact. PST members services are confidential. PST members have the responsibility to refer to the appropriate resources when needed, including EAP, our chaplain, crisis intervention, and requested critical incident response.

## **Confidentiality**

The Coral Springs Parkland Fire Department recognizes and respects the importance of **confidentiality** between PST members and firefighters. Command staff will allow members of the PST to maintain confidentiality to ensure that firefighters will feel comfortable utilizing this valuable service. PST operates on a system of mutual trust, support, and respect from command staff and fellow firefighters. Members of the PST inform a firefighter utilizing their services that they cannot hold an issue confidential if it falls within the guidelines of one of the following exceptions:

- Danger to self
- Danger to others
- Suspected child abuse
- Suspected elderly abuse
- Suspected abuse of individuals with intellectual disabilities

## **Program Structure and Operation**

The Firefighter Peer Support Team (PST) members will have good rapport with fellow peers, respect for command staff and union, have proficient listening skills, will be able to empathize and provide support for others facing issues, and understand and value confidentiality.

The PST will consist of 10 peer members including a peer support team program coordinator. These members will be nominated by peers and provide support voluntarily. PST members will sign a contract of confidentiality and abide by all policies and guidelines stated within this manual.

PST members are not certified professional counselors but are able to provide support and the resources to appropriate services. PST members have received training in peer support, recognition of signs and symptoms of various emotional distresses, and how to take the appropriate action. PST training includes active listening skills and communication, problem solving and decision-making, stress management and crisis intervention.

## **PST Coordinator**

The PST coordinator will facilitate the management of the team by coordinating call-outs and requests for peer member's services, maintaining a list of professional resources for potential referrals, coordinating educational materials including material to post on station bulletin boards, coordinating quarterly meetings with PST members to discuss programs needs and/or changes,

organizing department training and maintaining communication with the appropriate outside peer teams and resources.

### **PST Members**

PST members provide supportive services and referral information for peers who have been involved in a critical incident, a personal or professional crisis, struggling with behavioral health issues, and/or stressful day-to-day problems. PST members will act as a link to mental health clinicians through EAP and necessary resources within the community, and assist in field education regarding support services available, level one department training and station visits to assist in promotion of the Firefighter Peer Support program.

PST members may respond to “call-out” requests for individual one-on-one support anonymously, a line of duty death, death of a firefighter off duty, serious injury of a firefighter, a mass casualty incident, and by request of a shift commander or the Fire Chief.

Members of the PST are encouraged to participate in writing policies and procedures and developing updated materials to promote the program, including brochures and educational resources. Members are required to attend a minimum of two quarterly meetings per year to discuss changes and needs within the PST, as well as to provide support to each other.

### **Choosing PST Members**

A survey link will be sent to each firefighter’s email. Firefighters will be made aware of this email through their shift commanders and told participation is voluntary. The survey will take 3-5 minutes.

*The email link will state:*

Coral Springs Parkland Fire Department is in the process of maintaining our peer support team. It is important for you to be comfortable speaking with members of the peer support team. All team members will consist of CSPFD firefighters. In order to help select members to be a part of this program\*, please take the following short survey.

\*Members will be asked if they wish to participate as peer counselors. No member of the team will be forced to participate, and no firefighter will be forced to use or participate in the program.

Sample Question: If you wanted to talk to a fellow firefighter about a personal or professional problem, with whom would you speak? (Please pick 3 names).

Sample Question: Who would you confide in within our department to seek advice for a personal and/or professional problem?

Each person's name in the department will be on a dropdown list, including command staff.

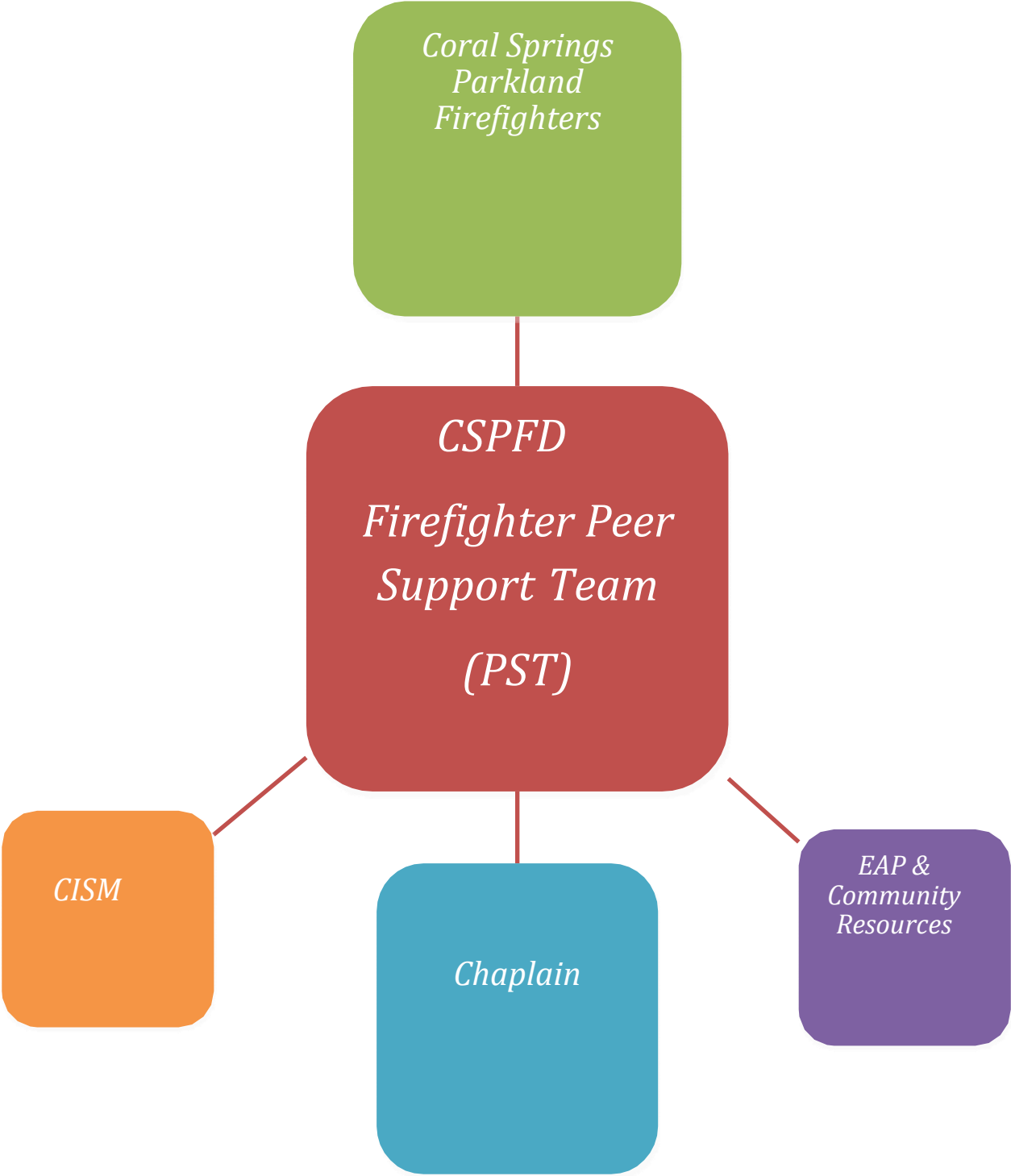
### **Termination of Members**

A PST member may resign at any time by notifying the PST coordinator. Members can be asked to resign if they are unable to fulfill their responsibilities, including participating in trainings and responding to calls for services or if they violate the confidentiality agreement. Members' integrity is essential to the success of the program. Therefore, if a notification of a breach of confidentiality or misconduct occurs, a member can be removed from the team.

### **Activating the PST's Services**

PST members' contact information will be posted at all stations bulletin boards and on brochures available at all stations. Firefighters and their family members may contact the PST Coordinator or a member of the PST directly for services. Supervisor notification or approval is not required. Supervisors may request the services of a member or members of the PST following a critical incident or when support may be necessary. If a specific member of PST is requested for services, that member will be contacted. When requested for services, a member of the PST will be provided with the name of the person requesting services, the name and rank of the firefighter, the location of the firefighter, and the nature of the problem/incident.

If a member of the PST is requested to respond to an active incident or crisis situation, they shall coordinate their activities with the on-site incident commander and keep the PST Coordinator informed.





## Firefighter Peer Support Team Member Agreement

### PST Program

*The PST is a voluntary resource to firefighters that is designed to provide emotional support and assistance during professional and/or personal crisis situations or concerns. An important part of breaking down the stigma of addressing problems is acceptance by firefighter culture in which peer support members play an integral role.*

### PST Peer Member

*FIRST members have been chosen based upon internal criteria and by their peers through a selection process. Members have not been chosen based on job title or rank. Members participate voluntarily and have a strong desire and willingness to assist their fellow firefighters.*

### PST Training

*Peer support members are provided training to help address issues that are common among firefighters as well as given referral resources for significant clinical problems. FIRST members are trained on stress management, critical incidences, communication, and behavioral health issues. They are able to provide services through one-on-one support, on- scene support, and post-incident support.*

- Members are voluntary and may discontinue participation at any time
- Members participate in initial training as well as continuing education.
- Members initiate services through requests and are to maintain contact with the PST Coordinator in order to respond to requests for services. Members respond to requests for services in a timely manner.
- Members recognize and respect the importance of **confidentiality** between PST members and firefighters seeking services. Members will keep information confidential unless the information violates the law.

**Successful PST members will have good rapport with fellow peers, respect for command staff and union, have proficient listening skills, can empathize and provide sympathy towards others facing issues, and understand and value confidentiality.**

By signing, I am stating my understanding that my participation is voluntary, and I am agreeing to the responsibilities, policies, and commitment stated in the manual.

X\_\_\_\_\_

## **Resources**

East Hartford Fire Department Peer Support Program. Communication on December 29, 2015.

Public Health Seattle & King County Emergency Medical Services Division Critical Incident Stress Management Program (2006) A Guide for Developing a Peer Support Team Program.

Everyone Goes Home Firefighter Life Safety Initiatives by the National Fallen Firefighter Foundation. 13. Psychology Support. <http://www.everyonegoeshome.com>

California Peer Support Association (2011) Sample Peer Support Guidelines. Digliani, J.A. Firefighter Support Information Reference and Resource Handbook.

Digliani, J.A. (2015) Civilian Peer Support Team Manual Reference and Resource Handbook.

Digliani, J.A. (2014) Police and Sheriff Peer Support Team Manual Reference and Resource Manual, fifth edition.

# CLINICIAN RESPONSE TEAM (CRT)



The Clinician Response Team is an important part of BHAP and one that took time to develop. Our clinicians participated in a comprehensive training and awareness program to increase their knowledge and understanding of first responder issues. The Job Bulletin that follows describes the kind of clinicians we sought and the requirements of their service. Over time, those who were the most dedicated, and had the best fit with our program, became our core team, and they have developed trusted relationships with many of our members who sought their services. Our clinicians participate in regular ride times each quarter, and spend time in our stations, with the crews.

Additionally, they each complete a task book over the course of each year which is then evaluated to determine their ability to demonstrate their understanding of the protocols and the required tasks of a BHAP provider. The Task Book follows the Job Bulletin in this guide.



CITY OF CORAL SPRINGS

invites applications for the position of:

**Fire Department Volunteer Clinician -  
Clinician Response Team**

**SALARY:** See Position Description

**OPENING DATE:** 11/07/19

**CLOSING DATE:** Continuous

**DESCRIPTION:**

Under close direction from Battalion Chief of Safety and Health (HSO), Serve as a volunteer with a team of clinicians and perform highly responsible and confidential clinical work involving crisis intervention, counseling, emotional and psychological support for Firefighters, dispatchers, Fire Department employees, and EMT/Paramedic students attending Coral Springs Regional Institute of Public Safety. Performs intervention and assessment services for individuals and families. Serve in an advisor role to members of the Peer Support Team. Provide recommendations and any concerns to the Fire Chief or Battalion Chief of Safety and Health (HSO).

**EXAMPLES OF DUTIES:**

- Provides mobile crisis intervention services. Responds to emergency calls through call out by the Fire Chief, HSO or their designee, provides stabilization services, emotional and psychological support for Fire Department members and their families
- Performs intervention and assessment services for individuals and family members of the Fire Dept experiencing a crisis event which requires assistance beyond services typically provided by the Fire dept. The crisis may result from a fire, domestic violence, sexual assault, medical emergencies, substance use or misuse, mental health emergencies, grief and loss, self-inflicted injuries, elder care issues, child abuse, neglect, exploitation, etc.
- Provides emotional support and empathetic/active listening for first responders and their families experiencing a crisis event.
- Counsels, advises, and seeks to understand members' immediate needs and assists

individuals in identifying appropriate resources for additional assistance to fulfill those needs.

- Identifies social and community service agency options and makes appropriate recommendations to individuals.
- Assist in Coordinating referral services using various resources of community agencies, support groups, and other community-based resources.
- Provides confidential emotional and psychological support to first responders.
- Can participate in community outreach with approval by the Fire Dept.
- Periodically reviews, updates, and resources, etc.
- Assists and provides input and recommendations of Mental health programs administered. Recommends improvements, assists in implementing changes and objectives.
- Reports concerns directly to Fire Chief, HSO or designee
- Can act as a liaison between the FD and numerous social service agencies and community organization boards/ councils to analyze needs, listen and respond to specific concerns, identify possible solutions and establish effective working relationships with community representatives with dept approval.
- Performs all work duties and activities in accordance with City policies and procedures:
- Works in a safe manner and reports unsafe activity and conditions. Follows City-wide and Fire Dept safety policy and practices and adheres to responsibilities concerning safety prevention, reporting, and monitoring as outlined in city and FD Policies and SOG's.
- Serves as an advisor to the Peer Support Team and provides recommendations.

### **Tasks**

- 12 hours of station visits and ride along per quarter
- Quarterly CRT meetings
- Attend department functions
- Participate in department Mental Health Training

- Available for crisis support
- Serve as an advisor for the Peer Support Team

#### TYPICAL QUALIFICATIONS:

Licensed in the state psychologist, MFT, LMHC, LCSW, Psychiatrist, 3 years experience direct patient treatment post-licensure  
Completion of Clinician Awareness Training  
Completion of background check Successfully Pass panel interview

#### SUPPLEMENTAL INFORMATION:

Work environment involves everyday risks or discomforts which require normal safety precautions typical of such places as office or meeting and training rooms, e.g., use of safe workplace practices with office equipment, avoidance of trips and falls, and observance of fire and building safety regulations, and traffic signals when driving.



*Those integral to our program include members of our fire department, our human resources division, our Peer Support Team, our Chaplain, and our Clinician Response Team.*



FIRE DEPARTMENT VOLUNTEER CLINICIAN - CLINICIAN RESPONSE TEAM  
SUPPLEMENTAL QUESTIONNAIRE

\* 1. To be considered for this position you must a Cigna Provider. Are you a Cigna Provider?

Yes       No

\* 2. Please list all other insurances you accept.

\* 3. Please list all licenses and qualifications related to mental health.

\* 4. To be considered for the position, you must be able to meet the minimum commitment of volunteering 12 hours of station visits and ride alongs per quarter. Are you able to meet this commitment?

Yes       No

\* 5. To be considered for this position, you must present immunization documentation for hepatitis-B, HIV, and tuberculosis testing. Can you comply with this requirement?

Yes       No

\* 6. To be considered for this position, you must undergo a criminal background investigation a pre-hire 10-Panel Drug Screen and sign a CSFD Affiliation Agreement. Are you willing to comply with this requirement?

Yes       No

\* 7. While volunteering for the Coral Springs Fire Department you are required to abide by the established Fire Department Code of Conduct as well as follow all standard operating procedures, rules, regulations, and all City administrative policies. Failure to do so may result in immediate release from the program. Are you willing to comply with this requirement?

Yes       No

\* Required Question

**Clinician Response Team**  
**Annual Performance Objectives**  
**Task book**

**Scope:**

This task book lists the annual requirements of Clinician Response Team members. These requirements shall include all information, activities, and skills the CRT member will be responsible for throughout each 12-month period.

**Objective:**

To evaluate the CRT member's comprehension of procedures within the chain of command, clinical involvement in public safety and/or various city divisions, and performance as a mental health clinical expert and advisor.

**References:**

Behavioral Health Access Program (BHAP)

2020 Clinician Response Team job description, duties, and tasks.

## CRT Annual Task Book

The CRT member shall complete the required objectives and tasks as directed and to the best of their ability. Though some tasks are performed quarterly, these requirements are accumulative goals to be reached over a 12-month period and the CRT member's comprehension, involvement, and performance are to be evaluated on an annual basis.



## **Tasks specific to first year CRT members:**

Complete the FFSHC CAP curriculum and post curriculum requirements  Yes  No  
(Florida Firefighters Safety & Health Collaborative Clinician Awareness Program)

Demonstrate the process of activating the BHAP  Yes  No

Demonstrate general understanding of chain of command  Yes  No

Demonstrate understanding of protocols and exceptions to chain of command as a CRT member while in the role of a BHAP provider.  Yes  No

Demonstrate comprehension of the required tasks of a BHAP provider. (Assessment, evaluation, educational services, treatment, referral and follow up.)  Yes  No

### **Evaluator Notes:**

## **Annual Objectives and Requirements of all CRT members:**

Maintain a license in a minimum of one of the following: Marriage/Family Therapist, Licensed Mental Health Counselor, Licensed Clinical Social Worker, Psychologist, Psychiatrist

Yes  No

Meet minimum ride along/station visit requirements (12 hours quarterly)  Yes  No

Participate in Public Safety/City events and mental health seminars  Yes  No

Attend quarterly meetings (Safety and Health Committee, Peer Team, CRT)

Yes  No

Deliver department or citywide mental health training  Yes  No

Assist in development of continuing education for peer team members  Yes  No

Assist in reviewing/updating resources (rehab site visits, clinician lists)  Yes  No

Assist during crisis involving an employee or family member. (fire, domestic violence, sexual assault, medical emergency, substance use/misuse, mental health emergency, grief/loss, self-inflicted injuries, elder care issues, child abuse, neglect, exploitation, etc.)

Yes  No

Serve as advisor for the peer support team  Yes  No

### **Evaluator Notes:**

# SAFETY AND HEALTH COMMITTEE ADMINISTRATIVE POLICY

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EFFECTIVE DATE JULY 25, 2018

APPROVED BY FRANK BABINEC, FIRE CHIEF

## **PURPOSE**

To provide a safe working conditions and to protect the welfare of the members of the Coral Springs - Parkland Fire Department (CSPFD).

## **SCOPE**

This Administrative Policy (AP) applies to all members of the Coral Springs - Parkland Fire Department (CSPFD).

## **PROCEDURES**

### **I. Committee Board**

- A. The Safety Committee may consist of eleven (11) members:
  - 1. Committee Chair
  - 2. Health and Safety Officer (HSO)
  - 3. Division Chief of Emergency Medical Services (EMS)
  - 4. A member of the union as specified in the Collective Bargaining Agreement (CBA)
  - 5. Three (3) members, one (1) from each shift and one (1) member from the Community Risk Reduction Division
  - 6. Safety Officer
  - 7. Administrative Secretary
  - 8. Chief Officer from Training Division
  - 9. Representative from Risk Management

### **II. Committee Responsibilities:**



- A. Review fire department injuries and close calls to determine how the department can improve work practices.
- B. Review Administrative Policies, Standard Operating Guidelines and training practices involving health and safety hazards.
- C. To seek, evaluate and recommend improved protective devices and equipment for personnel to the Fire Chief or his/her designee.
- D. To strive constantly to develop practices and procedures to improve the health and safety of employees and the work environment.
- E. To develop a comprehensive health and safety program under the direction of the Fire Chief and his/her designee.
- F. Research health and safety suggestions submitted by employees.
- G. Publish minutes from each meeting and necessary reports.
- H. Maintain accurate records of actions taken by Safety Committee

### III. Safety Committee Communications

- A. Publish minutes from each meeting and necessary reports.
- B. Maintain accurate records of actions taken by Safety Committee
- C. Any member wishing to request either a report or requesting action by the Safety Committee shall do the following:
  - 1. Written or email request addressed to the Fire Department Health and Safety Officer.
  - 2. Member will receive a receipt of request.
  - 3. The official request will be brought forward to the committee for consideration.
- D. Posting of Minutes
  - 1. Each meeting shall be audio recorded for accuracy of minutes.
  - 2. Meeting minutes will be transcribed by the administrative secretary position.

- a) Following the transcription of minutes, the Health and Safety Officer and/or Committee Chair shall conduct a review prior to publication.
3. The minutes for each Safety Committee Meeting shall be sent out via email within forty-five (45) days from the date of each meeting.
4. Copies of all minutes shall be maintained on a designated Safety Committee Fire Department computer drive.

#### IV. Committee Voting

- A. Anytime the committee wishes to conduct a vote, they shall have a quorum of at least six (6) members present. Voting may be used for the following, however, is not limited to such:
  1. Passing of minutes
  2. Direction of focus
  3. Project adoption
  4. Policy recommendations
  5. Health and Safety Recommendations

*Yoga can be a valuable stress reduction technique*



*Green buckets placed on all our apparatus contain scrub brushes and approved soap for decontamination*

# RETIREE PROGRAM

## **Overview:**

Coral Springs-Parkland Fire Department & the Coral Springs Professional Firefighters Benevolent recognize the importance of developing a retiree program to maintain the brotherhood/sisterhood by supporting the health and welfare of our retired Fire family. The health and wellness of our Fire Department Family remains the highest priority for this organization while as an active member and well into retirement.

The program launched in December of 2019 consists of several components, here are just a few examples.

- Quarterly lunches with the Fire Chief
- Annual Trip
- Fire Department Events
- Newsletter & Emails
- Firefighter Cancer Initiatives
- Appropriate recognition for LODD Funerals
- Training Resource
- Peer Support
- Resource & Support Staff
- Notification and Involvement in FD functions
- Retiree Coordinator position
- Health and Wellness center
- Access to annual Lifescan physicals
- Maintain certification
- Current members of the benevolent both civilian and Firefighters will support the launch of this program within the current benevolent fee structure. Retired families are asked to contribute 50 dollars annually to support this initiative. Letter of interest to our retirees have already been sent out with positive feedback and interest.



### The Why

- Employment provides:
  - ✓ Fire station as a social environment
  - ✓ Feeling of brotherhood, belonging, purpose
- Retirement provides:
  - ✓ Loss of information, loss of routine
  - ✓ Loss of connection
  - ✓ Depression, isolation





## Our Purpose

- Maintain the brotherhood by supporting the health and welfare of our Firefighters as well as the community we fought so hard to protect.
- Process to support the retiree and their family
- Maintain a non-political position

## Launch

- Initial launch can be informal – breakfast or lunch gatherings
- Due to increase of future number of retirees, recognized need to develop formal program

## Activities

- Quarterly Lunches
- Annual Trip
- Firefighter Cancer Initiative – Retired FF Health Survey with Sylvester Comprehensive Cancer Center at University of Miami
- Annual Fire Dept Events & Activities



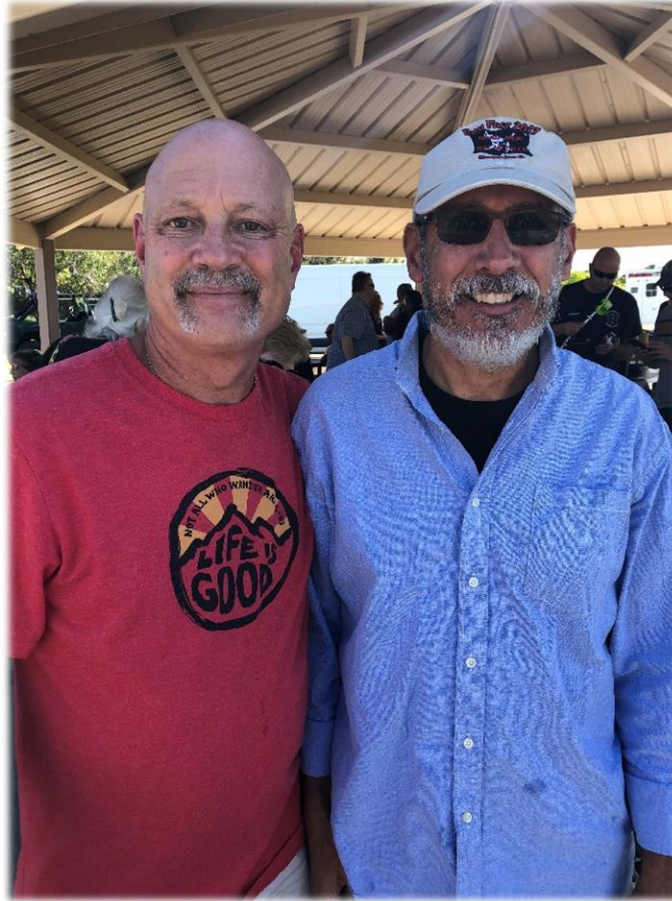


## **Support**

- Liaison with Dept so members LODD still received appropriate recognition and honor at funerals
- Maintain list of retirees who have died
  - ✓ Notify state agencies, FPF, etc.
- Training Resource Hurricane Preparation for infirmed retirees
- Maintain certification for retirees
- Access to Health and wellness center
- Access to Lifescan
- Resource to Department – Honor Guard, Safety & Health Program/Peer Support,
- Developed Retiree Information Packet – critical transition Information
- Liaison link to Department to meet needs of retirees (badges, uniforms, patches, etc.)
- Rep position to voice concerns of retirees, benefits, to Union







### **Take Away Points**

- Building a process to keep retirees connected provides:
  - ✓ means to maintain past relationships
  - ✓ sense of belonging
  - ✓ united voice to concerns/maintain benefits
  - ✓ support retirees in need
  - ✓ Resource pool for the Department

### **Fire Department Responsibilities**

- Support Retirement Program-in partnership with the benevolent
- Quarterly meetings- Lunch with the Chief
- Funding to support Lunches,
- Uniforms-Retiree Rocker, etc.
- Active email for Retiree Liaison within the city email.



Many factors and events acted as a precursor to the development of this program. In 2015, we began researching best practices in mental wellness resources as we prepared for the passing of one of our members from pancreatic cancer. By desire and necessity, the program expanded during the years that followed as we experienced the loss of the one member to cancer, another member to suicide, and the tragedy of a high school shooting in our community.

Our Safety and Health programs continue to grow and evolve as we encounter the changes that we all face on a day to day basis.

For more information, please reach out to us at [csfd@coralsprings.org](mailto:csfd@coralsprings.org).



# CORAL SPRINGS PARKLAND

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