I. **Definitions**

A. **Stress** is a normal part of our lives. It is a response to a perceived threat, challenge or change; a physical or psychological response to any demand; and/or a state of psychological and physical arousal which can produce cumulative adverse effects on a person's physical and/or emotional health.

B. **Critical Incident Stress** is any incident that causes people to experience unusually strong emotional reactions that have the potential to interfere with their ability to function.

C. **Critical Incident Stress Management:** Evolved from early 70s concept of Critical Incident Stress Debriefing (CISD). Although the benefit of this process is debated among mental health professionals and many believe that it is not helpful and potentially harmful, CISM is designed to give EMS personnel a method to vent their feelings about a stressful event, understand their reactions, and reassures them that what they are experiencing is normal.

D. **Post-traumatic stress disorder**: An anxiety disorder that results from a patient's experiencing or witnessing an unusually traumatic event and includes intrusive recollections of the event, distressing dreams, and similar signs and symptoms.

II. **Introduction**

A. The NWC EMSS recognizes that all System members may at one time or another experience a highly stressful event. Such an event could adversely affect patient care or the System members themselves. Because of this potential, the System encourages appropriate intervention to assist in mitigating the effects of such stress.

B. **EMS stressors**

1. Administrative; shift work
2. Environmental: noise, bad weather, confined spaces, poor lighting, spectators, life-and-death decision making
3. Psychosocial: Family relationships, conflicts with co-workers, abusive patients
4. **Situations that may cause critical incident stress:**
    a. Line of duty injury or death of a fellow worker
    b. Extreme threat to emergency worker
    c. Death or serious injury to children
    d. Prolonged rescue attempts with a negative result
    e. Multiple casualty incident with scene presentation that evokes strong emotions in the rescuers
    f. Suicide of an emergency professional
    g. Victims known to the emergency workers
    h. An event that has an unusually powerful impact on EMS personnel

C. **Adapting to stress**

1. Use of **defense mechanisms** that are adaptive functions of personality. They help a person to adjust to stressful situations and may help to separate the person from the problem.
2. **Coping**: Active process of confronting by gathering information and using it to change or adjust to a new situation. Physical exercise is an excellent way to cope – it helps to burn off excess catecholamines. Finding humor in the situation can be helpful as can talking through the events with friends, family or co-workers..
3. **Problem-solving** involves analysis of a problem and determining a course of action.

D. **Signs and symptoms of stress**

1. **Physical:** Cardiac rhythm disturbance; chest pain, difficulty breathing, nausea, vomiting, profuse sweating, sleep disturbances, aching muscles or joints, HTN, increased blood glucose levels
2. **Emotional:** anger, denial, fear, feeling of being overwhelmed, ongoing state of vigilance/alertness, chronic anxiety, inappropriate emotions, panic reactions
3. **Cognitive:** Confusion, decreased level of awareness, difficulty making decisions, disorientation, distressing dreams, memory problems, poor concentration
4. **Behavioral**: Changes in eating habits, crying spells, excessive silence, hyperactivity, increased alcohol or drug consumptions, increased smoking, withdrawal

E. **Techniques for reducing Crisis-induced stress**

1. Allow adequate rest for emergency workers
2. Provide food and fluid replacement
3. Limit exposure to the incident if possible
4. Change assignments if possible

F. **The following may indicate the need for stress intervention:**

1. Personnel request intervention
2. Behavioral changes within individuals or the group
3. Participation in an extraordinary event that precipitates flashbacks, physiological or psychological complications
4. Increased levels of anxiety with ineffective coping mechanisms
5. Altered job performance after an incident, or unwillingness to go on similar calls in the near future
6. Effects seen in an agency participating jointly in an incident

## III. Policy

A. The System encourages a multifaceted approach to managing stress that may include the use of social support networks, Mental Health Services, cognitive behavioral therapy, Employee Assistance Programs (EAPs), and Critical Incident Stress Management.

B. System Providers are encouraged to develop their own policies concerning Critical Incident Stress based on International literature citing valid research into stress management.

C. Evidence on the role of CISM and CISD: "Despite the limitations of the existing literature base, several meta-analyses and randomized controlled trials (RCTs) found CISM to be ineffective in preventing PTSD. Several studies found possible iatrogenic worsening of stress-related symptoms in persons who received CISM. Because of this, CISM should be curtailed or utilized only with extreme caution in emergency services until additional high-quality studies can verify its effectiveness and provide mechanisms to limit paradoxical outcomes. It should never be a mandatory intervention" (Bledsoe, 2003).

D. The **Northern Illinois CISD Team** Coordinator will confer with any individual or agency about the team services or the steps to follow in requesting an intervention. **Call: 1-800-225-CISD.** Someone is available 24 hours a day.


Lilienfeld, S.O. (2007). Psychological treatments that cause harm. Perspectives on Psychological Science, 2(1), 53-70.