

Old Dominion EMS Alliance



Critical Incident Stress Management

**Critical Incident Stress
Management
Team**
*Administrative & Operational
Guidelines*

Old Dominion EMS Alliance

*Approved by: ODEMSA BOD
Current: September 15, 2021*



Critical Incident Stress Management

Serving the Citizens, EMS Agencies, Acute Care Hospitals and Local Governments in Planning Districts 13, 14, 15 & 19

Critical Incident Stress Management Team

Administrative & Operational Guidelines

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Critical Incident Stress Management Administrative and Operational Guidelines

I. Mission

The Critical Incident Stress Management (CISM) Team of the Old Dominion EMS Alliance (ODEMSA), Inc. functions to mitigate stress experienced by emergency services personnel, particularly the acute or critical incident stress unique to emergency services including emergency medical services (EMS). ODEMSA is committed to maintaining a CISM team accredited by the Virginia Office of EMS, and to supporting other recognized CISM teams in the 9,000 square-mile ODEMSA region.

Targeted emergency services include EMS and fire agencies, hospital staff, law enforcement officers and emergency communications personnel. The team's Clinical Coordinator may authorize team services to other groups on a case-by-case basis.

The ODEMSA CISM Team is responsible for that area served by the Old Dominion EMS Alliance and as defined by the Commonwealth of Virginia's Planning Districts 13, 14, 15, and 19. The CISM Team is composed of volunteers who provide the services described here without fee for the targeted groups as described above.

II. Team Administration

ODEMSA's CISM Team operates under the auspices of the Old Dominion EMS Alliance, Inc., and is responsible to the ODEMSA Board of Directors through the Executive Director in coordination with the Clinical Coordinator and Administrative Coordinator. ODEMSA facilitates and provides staff and, where possible, financial support for the team's operations.

The following are specific CISM Team officers and their respective duties:

Team Chair – Elected by the team membership for a two-year term, this person will chair the CISM Team's quarterly meetings. The Team Chair will alternate between a Mental Health professional and a Peer member as defined under Section III, Team Membership.

Clinical Coordinator – A team volunteer and Mental Health professional whose primary responsibility is the clinical competence and safety of the team. The Clinical Coordinator assures that team interventions are conducted within the scope of sound mental health standards and that they adhere to the standards and models promoted by the Virginia Critical Incident Stress Management Committee. The Coordinator evaluates the credentials of prospective and current members of the team and determines if applicants are suitable to act as clinicians or peers. The Clinical Coordinator is appointed by the Executive Director, with the approval of the ODEMSA Board of Directors, for a two-year term or until a successor is appointed.

Administrative Coordinator – An ODEMSA staff member, trained at the basic level CISM, who acts as the liaison between the Clinical Coordinator and CISM Team members, the ODEMSA Board of Directors and staff. The Administrative Coordinator reports to ODEMSA's Executive Director. The Administrative Coordinator is responsible within the ODEMSA office for the support services described above, for assisting the team and the Clinical Coordinator, acting as the point of contact (POC) for the CISM Team on the regional and state levels, for dispatching team members in response to a request for service, and for facilitating activities and projects of the team as needed. The Administrative Coordinator will maintain records and periodically will update membership rosters and file the required quarterly reports with the Office of EMS after review by the Executive Director, and maintain personnel files, meeting minutes, and team activity reports.

Secretary – Is responsible for the maintaining of quarterly meeting minutes and the distribution of those records to team members and others through the Administrative Coordinator. The Secretary also will assist the Administrative Coordinator in record keeping for local and state reporting purposes, and membership updates as needed. The Secretary will be elected by the team members and will serve a two-year term.

State CISM Committee – The Virginia EMS Advisory Board maintains a 10-member CISM Committee whose members represent the statewide CISM system. Members are selected periodically from among nominations from accredited Virginia CISM Teams and serve for three-year terms. The ODEMSA Team will respond to a request for nominees from the state committee by selecting the appropriate number.

When an ODEMSA Team member is selected to serve on the state committee, the regional team will appoint a member to serve as an alternate to the state CISM Committee and to vote in that committee in the absence of the Team's primary representative. The alternate's term will run concurrently with the primary member's term on the state committee.

The ODEMSA Team will appoint one member and an alternate to attend meetings of the state EMS committee whether or not a member has been named to represent the ODEMSA Team on the state CISM Committee. That member or alternate will prepare a synopsis of the state committee meeting for the Clinical and Administrative Coordinators within 30 days of the meeting.

Membership Subcommittee – A three-member subcommittee, appointed from among the ODEMSA Team’s members by the Clinical Coordinator to assess, interview, and recommend action on Team applicants. At least one Subcommittee member will be a Mental Health member as defined in Section III, Team Membership. The subcommittee members may serve a maximum of two, two-year terms.

Meetings – ODEMSA’s CISM Team will meet quarterly, beginning in January. The Team will set its meeting schedule at least one year in advance to facilitate the attendance of all members. Each meeting will have a proposed agenda prepared in advance and be chaired by the Team Chair. Each agenda will include:

- A brief educational program on an appropriate topic to be selected in advance by the team members. The Clinical Coordinator will present the topic or designate a member to do so.
- Performance Improvement discussion within the guidelines of the ODEMSA Regional Performance Improvement Plan.

A simple majority of those present will carry an issue in question. For meetings and issues a quorum will be seven voting members. Only active members as described under “Team Membership” may vote. The Administrative Coordinator has no vote unless that person also is a member of the CISM Team in good standing.

Minutes will be recorded and filed in cooperation with the Team’s secretary by the Administrative Coordinator and submitted to the ODEMSA Executive Director within two weeks of the meeting.

Amendment of Guidelines – The modification of these CISM Administrative and Operational Guidelines will require two-thirds majority vote of those members in attendance at a regular or special ODEMSA Team meeting. The proposed changes must be published and distributed to the membership at least 28 days in advance of the regular or special team meeting.

All guidelines, policies and procedures of ODEMSA’s Critical Incident Stress Management Team are subject to the charter and by-laws of the Old Dominion EMS Alliance and their interpretation by its Board of Directors and its Executive Director.

III. TEAM MEMBERSHIP

The Old Dominion EMS Alliance, Inc. will not discriminate against any employee, or other person, on account of race, color, gender, religious creed, ancestry, age or national origin.

Team Composition – ODEMSA’s CISM Team is composed of two categories of members:

Mental Health – Mental Health members, also referred to as Clinicians, have advanced training in the assessment and management of emotional problems. They are practiced in the recognition of significant or dangerous mental disturbances and are capable of addressing those disturbances when detected. Mental Health members provide clinical expertise and safety for the CISM Team activities.

Prerequisites for the Mental Health membership are post-graduate degree in clinical psychology or counseling and extensive experience in a clinical setting. Minimum qualifications of a Licensed Clinical Social Worker or Licensed Professional Counselor are preferred. The Team's Clinical Coordinator may accept alternative training and experience that is consistent with good clinical practice and the Team's mission.

Peers – CISM Peers are emergency services personnel, generally from the above targeted services, who are familiar with the circumstances and stresses common in emergency work. Through their personal training and experience they provide to the team and understanding and empathy for the emergency worker that is unique to the field. Their participation on the regional CISM Team validates the Team's function for most of the personnel being served and provides an avenue of access that otherwise would not be possible.

Prerequisites for Peers are a minimum of three active years, in good-standing, of public safety, dispatch or emergency department experience, emotional maturity, and a reputation of trust within their own peer group. Alternative experience may be accepted if determined by the Clinical Coordinator to be appropriate to the role of Peer.

The Administrative Coordinator will be a ODEMSA Team member.

Membership Application Process – Persons interested in joining the ODEMSA Team must complete an ODEMSA CISM Team application (See Appendix A).

Mental Health applicants will provide copies of appropriate state certificates or licenses. Mental Health applicants who are not licensed by the state will provide copies of all undergraduate and post graduate degrees.

Peer applicants will return with their application the provided Peer Experience Documentation form (See Appendix D), completed and signed by their supervisor or agency manager. The ODEMSA Team requires at least two responses from references, and an additional reference to complete and submit the Peer Experience Documentation Form (See Appendix D).

No Team member may be convicted of a felony. If a member is accused of a felony, they must inform the Administrative and Clinical Coordinators immediately. Due to the delicate nature of CISM, the member will be placed on suspension pending the outcome of the charges.

The Membership Subcommittee may act to determine the accuracy of the information provided. The names and comments of all persons so contacted will be maintained as part of the applications, but will not be attributable except with the expressed permission of the person quoted.

Members of the Team will be informed of the application and encouraged to review the applicant's suitability for membership. Team members will be given the opportunity to comment to the Membership Subcommittee prior to the committee's interview of the applicant.

The applicant will meet with the Membership Subcommittee for an interview prior to any action being taken on an application. Interviews typically will be held immediately prior to regularly scheduled quarterly team meetings. The Membership Subcommittee will then recommend to the Clinical and Administrative Coordinators the acceptance, rejection, or deferral of the applicant for Team membership.

Upon acceptance, the new member will sign a Team Member Memorandum of Agreement (See Appendix E).

Maintaining Membership – It is the sole responsibility of individual Team members to keep the ODEMSA office informed as to their current mailing address, e-mail address and telephone number(s). Periodically, members will be asked to renew the CISM Team Memorandum of Agreement (copy attached).

Active participation of all members is essential to the effective operation of ODEMSA's CISM Team. To remain on the team's active roll, members must:

- Attend at least two out of four scheduled quarterly Team meetings each year.
- Help present at least one educational session every two years. Mental Health members may choose a minimum of four hours of accompanying on-duty emergency providers in lieu of presenting educational sessions.
- Attend and document four hours or four installments of Virginia CISM approved, stress or counseling-related continuing education every two years.

Any member unable to fulfill the above requirements in a two-year period should confer with the Clinical Coordinator and detail their intent with regard to remaining active on the team by Dec. 31 of the second year.

A member who has been dropped from active status will be placed on inactive status for a period of not more than two years during which time the person may still be called on to assist with Team operations. Inactive members forfeit their voting rights with the Team.

After two years inactive status, any ODEMSA Team member may be dropped from the Team without notice. Inactive members may resume active status after meeting with the Clinical Coordinator to discuss his/her commitment to the Team. Following the meeting, the Clinical Coordinator will present the request for re-instatement to the CISM Team for its consideration at the next scheduled meeting.

The Clinical Coordinator is responsible for members' continued participation on the Team and may suspend any member for cause. Examples of cause include breach of confidentiality, failure to follow the Critical Incident Stress Management model or procedures, failure to follow sound practices, etc.

Such action may be appealed in writing to the ODEMSA Executive Director with copies to the Clinical and Administrative Coordinators. The individual may request a hearing by the Membership Subcommittee. Following the hearing, the subcommittee will make a recommendation for consideration by the ODEMSA Executive Director and the Clinical and Administrative Coordinators.

IV. TRAINING

All members of the ODEMSA's CISM Team must complete Critical Incident Stress Management team training (ICISF Group) as recognized by the Virginia Department of Health's Office of Emergency Medical Services.

Mental Health members should spend a minimum of eight hours accompanying emergency service personnel performing their duties before they assume primary responsibility for any critical incident stress interventions. The Clinical Coordinator may waive all or part of this requirement on a case by case basis.

Members are expected to meet the continuing education requirements described under Section III of this document.

V. INTERVENTIONS

ODEMSA's Critical Incident Stress Management Team members work to achieve the Team's mission of emergency services stress mitigation through pre-event training and post-event interventions.

Pre-Incident and Post-Incident Training – Educational sessions can be conducted by all CISM Team members for target groups who are considered to be at risk for frequent or severe critical incident stress. The goal of these sessions is to educate those groups in understanding, identifying and managing critical incident stress and to offer the assistance of the ODEMSA Team when needed.

Only those Team members authorized by the Clinical Coordinator may participate in the following interventions:

Critical Incident Defusings – Sessions held shortly after the incident. The Defusing is designed for Team members to listen and to provide people with an opportunity to vent. When appropriate, members should inform those participants of the normal progression of a critical incident stress reaction, provide various coping strategies for dealing with those reactions, and offer additional CISM Team services if needed. Additionally, CISM Team members conducting Defusings should remain alert for anyone experiencing a particularly acute or debilitating reaction with the goal of obtaining timely, appropriate intervention for that person.

Defusings will be conducted at the request of targeted agencies or they may be offered as potentially critical incidents come to the attention of the ODEMSA Team. The Defusing may be conducted by either Clinician(s) or Peer(s). Only those Peers authorized by the Clinical Coordinator may conduct CISM Team Defusings in the absence of a Clinician.

If a Peer detects in a provider any sign that suggests that the provider presents a possible danger to him or herself or others during the course of a Defusing, the Peer must attempt to notify the Clinical Coordinator or other Mental Health Clinician on the Team. If the Peer is unsuccessful in contacting a Clinician on the Team within four hours, the Peer must contact the local Mental Health Services Board or the Mental Health contractor for the provider's agency. Significant danger signs include, but are not limited to, statements or references of self-destruction, pronounced withdrawal or depression, excessive anger or extraordinarily flat affect.

Critical Incident Debriefing – A structured function designed to encourage emergency personnel who have experienced a critical incident to learn from the intervention, discuss any concerns, and essentially debrief themselves. Participants learn about coping strategies and are reassured that the symptoms they may be experiencing are “normal.” ODEMSA's Critical Incident Stress Management Team uses the ICISF Model, as endorsed and promulgated by the Critical Incident Stress Management Committee of the Virginia Department of Health, Office of Emergency Medical Services.

The Critical Incident Debriefing will be scheduled at the request of targeted agencies or may be offered as potentially critical incidents come to the attention of ODEMSA's CISM Team.

PLEASE NOTE: Critical Incident Debriefings are closed and confidential. Attendance is generally limited to provider personnel who have had a role in the event and to CISM Team members responsible for the meeting. News media or other public media are never allowed to attend. All attendees must agree to maintain confidentiality before the debriefing begins.

The Debriefing ideally should be conducted within 48 to 72 hours post-event and must be staffed by a minimum of one Clinician and one Peer. Larger groups may necessitate additional CISM Team staffing and will be determined on a case by case basis. Any intervention will be documented on the CISM Team Intervention Report (See Appendix B) and sent to the Administrative Coordinator within five (5) business days.

While ODEMSA's Critical Incident Stress Team is committed to the concept of the Debriefing model described above, it recognizes the need for flexibility in format and detail inherent in some situations. Clinicians have the responsibility to adapt to unique needs and circumstances as they arise. An outline of the ICISF Seven-Step Debriefing Format (See Appendix F) is included for use by the Clinicians and other members.

Individual Crisis Intervention (one-on-one) – When only one emergency provider is experiencing an incident-specific stress reaction, it may be appropriate for one member of the CISM Team to meet with that individual. The format for such a meeting is flexible and will be determined by the Team member responsible; however, the general goals are the same as those of a Critical Incident Debriefing. This should be staffed by a Team member trained in the Assisting Individuals in Crisis, SAFER-R intervention format and endorsed by the Clinical Coordinator.

If a Peer detects in a provider any sign that suggests that the provider presents a possible danger to himself or herself or others during the course of an Individual Crisis Intervention, the Peer must attempt to notify the Clinical Coordinator or other Mental Health Clinician on the Team. If the Peer is unsuccessful in contacting a Clinician on the Team within four hours, the Peer must contact the local Mental Health Services Board or the Mental Health contractor for the provider's agency. Significant danger signs include, but are not limited to, statements or references of self-hate or self-destruction, pronounced withdrawal or depression, excessive anger or extraordinarily flat affect.

Individual Clinicians, if used at the discretion of the Clinical Coordinator, may proceed with any intervention they determine to be appropriate. Clinicians should be mindful of the importance of Peer validation in some provider groups.

Confidentiality – As mentioned previously, confidentiality is critical in the acceptance and function of the CISM Team. It is paramount in the setting of the Critical Incident Debriefing and the Individual Crisis Intervention.

All members of the ODEMSA Critical Incident Stress Team will hold as privileged any information, facts, descriptions or perceptions related by any individual participant in any team sanctioned interventions. No member of the Team shall share or divulge such privileged information with any other persons except in the pursuit of more expert or definitive care as some individuals' condition may warrant. Any non-Team participants in any interventions will be expected to maintain that same confidentiality.

Any violation of confidentiality can lead to dismissal from the ODEMSA Team.

Staffing Requirements – In general, requests for CISM Team service will be coordinated through the Administrative Coordinator utilizing the Virginia Emergency Operations Center paging system that provides 24 hour service. Individual CISM Team members who receive requests for CISM should refer those requests to the Virginia EOC contact number (1-800-468-8892), or the ODEMSA Administrative Coordinator.

Any authorized member of the Team may offer and conduct a Defusing. While it may occasionally be necessary to act expeditiously, Team members who find it necessary to conduct a Defusing should make a reasonable effort to notify either the Clinical or Administrative Coordinators of the ODEMSA office before acting.

No member of the Team is prohibited from the de-facto Defusing of, or other interaction with, personal friends and acquaintances or any members of their own agency. However, ODEMSA's CISM Team cannot sanction as Team activity a Critical Incident Debriefing or Individual Crisis Intervention conducted by any member who has not been so authorized by the Clinical Coordinator.

Only clinicians authorized by the Clinical Coordinator shall act as a Lead Clinician for any Critical Incident Debriefing. For any such meeting there will be a minimum of one Lead Clinician in attendance who is responsible for the session and a minimum of one Peer. Lead Clinicians should have previously attended at least one other actual Critical Incident Debriefing and completed their eight hours accompanying public safety personnel as specified under the "Team Membership" section of this document.

VI. GENERAL INFORMATION

Regional Cooperation – It is the mission of the Old Dominion EMS Alliance to coordinate emergency medical services in the 9,000 square-mile ODEMSA region. As such, ODEMSA and its CISM Team will encourage, support and otherwise help other qualified CISM Teams in the region whenever possible. Requests for assistance will be endorsed by the Clinical Coordinator and/or Administrative Coordinator, and the approval of the ODEMSA Executive Director.

Public Access – Access to services of the ODEMSA CISM Team is through the Virginia Department of Emergency Management's Emergency Operations Center (EOC) by calling (804)674-2400 or 1(800)468-8892. Virginia EOC has agreed to

contact the CISM designated point of contact by pager. Team members will not take the liberty of dispatching themselves to requests for service. People who call individual Team members or the ODEMSEA Office should be directed to call the Virginia EOC phone number(s) to have the CISM Team activated. However, contact the Administrative Coordinator, the Clinical Coordinator, the ODEMSEA office or the ODEMSEA Executive Director if the caller has had difficulty obtaining CISM services.

Expense Reimbursement – Service on ODEMSEA's CISM Team is voluntary and non-compensable. However, Team members will be reimbursed for mileage at the current rate paid by ODEMSEA when the member officially has been activated in response to an incident. ODEMSEA also will pay for or reimburse expenses associated with state-required and approved training and/or continuing education provided appropriate funding is available. Reimbursement for authorized travel/training may be requested by submitting an ODEMSEA CISM Team Mileage/Training Reimbursement Form (See Appendix C) and appropriate documentation.

Conflict of Interest – To avoid possible conflicts of interest and to give participants the greatest freedom in Individual Crisis Interventions and Stress Management Meetings, the ODEMSEA CISM Team should avoid staffing these interventions with Team members who are members of the provider's agency. However, the Clinical Coordinator and Administrative Coordinator can use such Team members when it is determined to be necessary or advantageous.

Neither the ODEMSEA CISM Team nor any of its members will attempt any Critical Incident Stress intervention or counseling in any other region within Virginia unless requested by the CISM Team responsible for that region, the Virginia Office of EMS, or the Virginia Emergency Operations Center. No member of the Team will act as such in any area outside the defined service area (Virginia Planning Districts 13, 14, 15, and 19) without the consent of either the team's Clinical or Administrative Coordinators, or the ODEMSEA Executive Director.

Nothing in the above paragraph shall be construed to prohibit the routine private or employed practice of any Mental Health professional or clergy serving on the ODEMSEA CISM Team.

Reporting Requirements – Any intervention or educational session conducted by the Team, or any member of the Team, shall be documented on the CISM Team Intervention Report (See Appendix B) and sent to the Administrative Coordinator within five (5) business days of the action.

ODEMSEA is required by contract with the OEMS/VDH to submit quarterly reports on CISM Team activities. To meet that requirement, careful, complete and confidential records, including Team Intervention Reports, will be kept secure by the Administrative Coordinator at the ODEMSEA offices. Quarterly reports will be prepared by the Administrative Coordinator, primarily from the Team Intervention Reports. Reports will be reviewed by the Clinical Coordinator and ODEMSEA Executive Director before being forwarded to OEMS/VDH.



Critical Incident Stress Management

7818 E. Parham Road, Suite 911
Richmond, Virginia 23294-4303

Critical Incident Stress Management Team Application for Membership

Name: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Work Phone: (____) _____ Pager: (____) _____

E-mail: _____ Other: _____

Applying as: **Clinician** **Peer**

High School: _____

City: _____

Dates Attended: _____

Did you Graduate? YES NO (If yes) Year _____ GED? YES NO (If yes) Year _____

College: _____

City: _____

Dates Attended: _____

Did you Graduate? YES NO (If yes, date and degree) _____

Graduate _____ School: _____

City: _____

Dates Attended: _____

Did you Graduate? YES NO (If yes, date and degree) _____

Licenses and Certificates – Please list, including dates and issuing authorities *:

*Mental Health Applicants should provide copies of any pertinent licenses issued by the Virginia Departments of Health and Retardation. Non-licensed Mental Health Applicants should provide copies of all college and graduate school degrees

Name: _____

1. Are you, or have you been convicted of a felony?

YES

NO

If yes, please explain:

2. Briefly explain your experience as it relates to the CISM Team's mission.

3. Do you find people willing to confide in you? _____

4. Which of your personal skills do you believe will be most useful in dealing with critical incident stress?

5. How do you cope with stress?

6. Why are you willing to expose yourself to this type of tragedy in a volunteer capacity?

7. What is your greatest personal strength and how will it affect your service on the team?

8. What is your greatest personal weakness and how will it affect your service on the team?

9. What personal or family problems will your service on the team create or worsen?

10. How do you think your service in the CISM Team will affect your career?

11. Will you attend Team meetings and training sessions, and complete basic training and Team requirements? **YES** **NO**

Comments: _____

References:

ODEMSA must receive at least two responses to our requests for references for any applicant to be considered. In addition to these references, an additional reference must complete and submit the Peer Documentation Form. Please print all reference information.

Name: _____

Address: _____ **City:State & Zip:** _____

Daytime Phone: _____ **Relationship:** _____

Name: _____

Address: _____ **City:State & Zip:** _____

Daytime Phone: _____ **Relationship:** _____

Name: _____

Address: _____ **City:State & Zip:** _____

Daytime Phone: _____ **Relationship:** _____

Name: _____

Address: _____ **City:State & Zip:** _____

Daytime Phone: _____ **Relationship:** _____

Name: _____

Address: _____ **City:State & Zip:** _____

Daytime Phone: _____ **Relationship:** _____

Please return the completed application to the Old Dominion EMS Alliance at the address on the first page. Include any attachments or additional documentation that you believe will enhance your application. A member of the ODEMSA Team will contact you. Thank you for your interest.

Old Dominion EMS Alliance



Critical Incident Stress Management

CISM Team Intervention Report

(All information is confidential)

Contact Date: _____ Approximate Time: _____

Name: _____

Agency: _____

Nature of Incident/Request: _____

Agency Liaison: _____

Phone/Pager Number(s): _____

Action Plan (*Check one*):

On site	Consultation
Defusing	Educational Session
Debriefing	Meeting
One-to-one	Follow-up
Stress Meeting-Referral	Other (specify)

Time: _____ Date: _____

Location: _____

Start Time: _____ Finish Time: _____

Team members participating:

Mental Health: _____

Peers: _____

Providers Participating (include numbers):

EMS _____

Law

Enforcement _____

Fire _____

Hospital Staff _____

Community _____

Other _____

Did contact come through Virginia EOC? YES NO

Did the service/intervention differ from that planned? If so describe how.

Give a brief description of the service provided. Use the back of this form if needed: _____

Will follow-up be needed? YES NO

Submitted by: _____

Print Name

Signed: _____ **Date:** _____

Old Dominion EMS Alliance



Critical Incident Stress Management

Critical Incident Stress Management Team Mileage/Training Reimbursement Form

Please fill out this form when you have been activated for any form of intervention in response to an incident, or have been authorized to attend CISM-related training. You will be reimbursed for mileage in using your private vehicle mileage at the existing rate paid by ODEMSA. ODEMSA also will reimburse Team members for certain expenses associates with state-required training and approved continuing education provided funding is available and has been budgeted. **All receipts must be attached to this form for reimbursement.** Please print all information.

Team Member's Name: _____

Date Submitted: _____ Total Reimbursement Requested: _____

Purpose of Trip: _____

Date(s) of trip: _____

Origin: _____

Total Round-tip Mileage: _____

Total Meals: _____ Total Lodging: _____

Associated Costs (briefly describe): _____

Signature: _____ Date: _____

ODEMSA Office Use Only. Initial for Approval.

Date Received: _____ Administrativ

e Coordinator: _____ Clinical Coordinator: _____

ODEMSA Executive Director: _____

Date Reimbursement issued: _____ Check number: _____

Current 9/15/21



CISM Team Peer Experience Documentation

All Peer applicants to the Old Dominion EMS Alliance CISM Team must document a minimum of three active years, in good-standing, of Peer appropriate experience. Please have an administrator or line supervisor complete this form regarding your experience in their organization. You may make copies if necessary to track your experience through different organizations.

Applicant's Name: _____

The person named above has applied to join the regional CISM Team and must document experience in one or more emergency or public safety roles. Please take a few minutes to help us understand this applicant's background. Please print all information. Thank you.

Your Name: _____ **Title:** _____

Your Organization: _____

Mailing Address: _____

ZIP Code: _____ **Daytime Phone:**(_____) _____

Describe your organization: _____

In what capacity(ies) and for what time has the applicant served in your organization?

How would you describe this person? _____

Signature: _____ **Date:** _____

Thank you. Your assistance is appreciated.

Old Dominion EMS Alliance



Critical Incident Stress Management

Team Member Memorandum of Agreement

I, _____, agree to serve as a volunteer member of the Old Dominion EMS Alliance's Critical Incident Stress Team for a minimum of one year. I understand that serving as a Team member requires the following commitment:

1. To adhere to the operational guidelines of the ODEMSA CISM Team.
2. To attend a minimum of two of four quarterly CISM Team meetings.
3. To maintain strict confidentiality regarding debriefings held, including topics discussed and personnel involved. I understand that any breach in confidentiality will result in my immediate removal from the Team and the ODEMSA program.

The Old Dominion EMS Alliance Critical Incident Stress Management Team agrees to the following commitments to a CISM Team members:

1. To provide at least one CISM continuing education session per quarter.
2. To provide a quarterly staffing/alert schedule in a timely manner.
3. To provide administrative support and mileage reimbursement through the Old Dominion EMS Alliance, Inc. when I am officially activated.
4. To provide, if necessary, debriefings for CISM Team members after a critical incident.
5. To evaluate team operations and personnel annually.
6. To maintain quality standards in performance and confidentiality for Team members and operations.

I have read and understand these commitments and agree to serve as a Member of the Old Dominion EMS Alliance CISM Team.

Signed

Date

(Copy to Team Member, copy to ODEMSA file)

Current 9/15/2021



Stages of CISD

7 Steps

Stage 1	Introduction	To introduce intervention team members, explain process, set expectations
Stage 2	Fact	To describe the traumatic event from each participant's perspective on a cognitive level.
Stage 3	Thought	To allow participants to describe cognitive reactions a to transition to emotional reactions.
Stage 4	Reaction	To identify the most traumatic aspect of the event for participants and identify emotional reactions.
Stage 5	Symptom	To identify personal symptoms of distress and Transition back to cognitive level.
Stage 6	Teaching	To educate as to normal reactions and adaptive coping mechanisms, i.e., stress management. Provide cognitive anchor.
Stage 7	Re-entry	To clarify ambiguities, prepare for termination, Facilitate "psychological closure" i.e., reconstruction.