TENNESSEE EMERGENCY SERVICE CHAPLAINS ASSOCIATION
CRITICAL INCIDENT STRESS MANAGEMENT TEAM
CISM PROTOCOL AND STANDARD OPERATIONAL GUIDELINES

I. Introductory Problem Statement

Emergency services personnel have become increasingly aware of the toll that the unique stressors encountered in their occupations may take on the quality of their lives. The very nature of their jobs may expose these individuals routinely or periodically to stressful events that they may or may not be able to work through satisfactorily on their own.

Factors that cause stress to one individual may be non-stressful for another, but research has shown that a very small percentage of emergency service personnel are actually not affected by stress. Approximately one-half of the large percentage of those who demonstrate symptoms related to stress can resolve these alone—the other one-half continue to be affected.

Responses to stress may be immediate and incident specific; they may be delayed for a period of time after an incident; or they may be cumulative, building up over a long period of time and can include many incidents. Multiple factors affect an individual's response to stress and include factors specific to the stressor, such as the individual's personal qualities and past experiences and the resources available to him/her.

It has been demonstrated that certain events, such as the death of a child, the death of a co-worker, high-rise fires, and multiple casualty incidents are particularly stressful for emergency workers. Any of these events, plus a host of others, may cause or contribute to a critical incident for an emergency worker or for a group of emergency workers.

A critical incident has been defined by Mitchell as "Any situation faced by emergency service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later.... All that is necessary is that the incident, regardless of the type, generates unusually strong feelings in the emergency workers."* A critical incident has also been described as any event that overwhelms the capacities of a person to psychologically cope with the incident.

*Mitchell, Jeffrey T.; When Disaster Strikes...The Critical Incident Stress Debriefing Process; jems January, 1983; pp 36-39.

The following are examples of incidents that may have significant emotional impact and are appropriate for debriefing:

A.   Death of an emergency services worker, i.e. law enforcement, fire fighter or other emergency personnel in the line of duty, including during the incident, en route to or following the scene, or during a training exercise

B.   Serious line of duty injury

C.   Suicide of a crew member or other unexpected death

D.   Mass Casualty Incidents

E.   Serious injury or death of a civilian resulting from emergency services operations, i.e. auto accident, etc.

F.   Police shooting

G.   Events that seriously threaten the lives of responders

H.   Death of a child or violence to a child

I.   Loss of life of a patient following extraordinary and prolonged expenditure of physical and emotional energy during rescue efforts by emergency services personnel

J.   Incidents that attract excessive media coverage.

K.   Personal identification with the victim or the circumstances - when the victims are relatives or friends of emergency personnel

L.   Any incident that is charged with profound emotion

M.   Any incident in which the circumstances were so unusual or the sights and sounds so distressing as to produce a high level of immediate or delayed emotional reaction

The groups served by the CISM team include:

A. Fire services - paid or volunteer
B. EMS service - paid or volunteer
C. Law enforcement personnel
D. Search and rescue personnel
E. Ski patrol organizations
F. Hospital personnel
G. Schools
H. Any other organization involved in a critical incident upon invitation

II. Mission Statement - CISM Teams

CISM Teams provide debriefing following critical incidents to any emergency response agency requesting assistance at no charge. The focus of this service is to minimize the harmful effects of job stress, particularly in crisis or emergency situations. The highest priorities of the team are to maintain confidentiality and to respect the feelings of the individuals involved. It is not the function of a team to replace on-going professional counseling, but to provide immediate crisis intervention. Through the CISM process, a team provides emergency personnel tools to potentially alleviate stress related symptoms. CISM Teams also provide education regarding critical incident stress to emergency services workers. CISM teams provide services to emergency/first responder personnel, hospital personnel, spouses, and, as available, to schools, swimming pools, and to the public.

III. Types of Interventions

Several types of interventions may be conducted depending upon the circumstances of a particular incident. Intervention may be on an individual one-on-one basis and in small groups. The TESCA CISM Team will provide all ten types of interventions appropriately suggested by ICISF as well as being flexible and creative enough to serve in new types as appropriate. Particular attention shall be paid to provide pre-incident education, one-on-one interventions, appropriate follow-up, and appropriate referral. The TESCA CISM Team will NOT use CISD as a stand-alone tool, but will include it in its proper place within the Management system. All interventions will follow the ICISF model.

IV. **The Intervention Process**

A. **Emergency services personnel, command officers, and medical control authorities are responsible for identifying and recognizing significant incidents that may require intervention. When an occurrence is identified as a "critical incident", a request for intervention should be made as soon as possible.**

B. **The team is activated by a call to the dispatch point. Appropriate call information is obtained and relayed to a team dispatcher. CISM interventions are coordinated by a designated team dispatcher to promote the quality of the services and to ensure appropriate procedures are followed. The team dispatcher also schedules requests for education/in-service presentations.**

C. A team dispatcher contacts the agency requesting services to:

1. Assess the need for the appropriate type of intervention.

2. Determine the nature of the incident.

3. Arrange a time and location if a formal debriefing is indicated. Debriefings are optimally conducted within 24-72 hours of the incident, and should not generally extend beyond one week. A 24 hour normalizing period following the incident is recommended. If large numbers of personnel are involved, debriefing begins with those most involved with the incident. A defusing may be appropriate within 24 hours of the incident.

D. Debriefing process considerations include:

1. The location selected for the debriefing should be tree of distractions. Other potential sites include schools, churches or other meeting facilities. Crew quarters or station may also be utilized if appropriate to the circumstances.

2. All emergency personnel involved in the incident should be invited to the debriefing and encouraged to attend. This includes, but is not limited to fire, law enforcement, dispatch, EMS personnel, and hospital emergency department personnel. Attention needs to be given, however, to maintain a homogeneous unit during the debriefing process.

3. A time for the debriefing should be selected that is most convenient for as many responders as possible and for the team members.

4. Agency management or command officers should be encouraged to relieve personnel from duty during the debriefing. The environment should be free of interruptions, phone calls, radios, and pagers.

E. The team dispatcher selects a debriefing team from available members. To assure the quality of the process, the team should consist of at least one mental health professional and from two to three team members. (The average team consists of 3 or 4 members). Team members who have responded to the incident should not be debriefers.

F. Team members should coordinate a time and location to meet prior to the debriefing to discuss the incident, available resource information, and the approach to be used during the debriefing. At times they may wish to visit the incident site before the debriefing.

G. Guidelines for debriefings:

   1. Strict confidentiality must be maintained. All information regarding agencies involved, situation debriefed, and issues discussed shall not be divulged before or after a debriefing except with team members or as part of the team continuing education process.

   2. No mechanical recordings or written notes will be made during a debriefing. It is up to the team to enforce this rule during the debriefing.

   3. No media personnel (TV, radio or newspapers) will be allowed to attend a debriefing. In the event that these individuals are present without team knowledge, phrases such as "Everything said here is off the record" may be helpful. This does not guarantee however that information will not be reported.

      Participants in the debriefing may speak to the media either before or after the debriefing. It is important for team members to explain that individuals speak only for themselves and NOT for anyone else in the debriefing.

      Debriefers may speak to the media, but only to educate about the process of CISM and to discuss the effects of stress. All other inquiries should be referred to a Team Coordinator or designated individual.

   4. Debriefings are not a critique of the incident. The team has no evaluation function of tactical procedures. The debriefing process provides a format in which personnel can discuss their feelings and reactions and thus reduce the stress resulting from exposure to critical incidents. The goal of the CISM is to encourage ventilation of emotions and a rebalancing of the individual and the group, and to educate group members regarding normal stress reactions.

   5. General format for formal CISM

      The format for formal debriefings shall follow the ICISF model. The TESCA CISM Team will not try to re-invent a well-developed wheel.

V. Team Structure

   The Tennessee Federation of Fire Chaplains, a not-for-profit organization, sponsors the TESCA CISM Team.

   Team structure consists of the following:

   A.   The clinical coordinator duties include:

         1.   Insure that the TESCA CISM Team provides a quality service.
         2.   Provides informal or formal debriefings to debriefing teams as needed.
         3.   Provides clinical expertise and consultation to the team when needed.
         4.   Provide referral sources as needed

   The clinical coordinator shall be a mental health professional. He or she is a team member. The primary criteria is that the clinical coordinator is experienced in the debriefing process and is aware of the dynamics and needs of emergency personnel and the Team members.

   B.   The team program coordinator is an experienced team member who provides administrative functions and duties include:

         1.   Coordinate and facilitate team meetings

         2.   Maintain institutional administrative support including:

               a.   Secretarial support
               b.   Printing/Xeroxing handout materials
               c.   Mailings
               d.   Prepare and distribute minutes
               e.   Maintain current team roster mailing lists
               f.   Financial assistance for training, etc.
               g.   Arrange printing for Team brochures, cards, etc.

         3.   Maintain financial records for Team as appropriate

         4.   Coordinate training for new team members

         5.   Serve as liaison with sponsoring agency

C. **The team dispatcher duties include:**

*1. **Receive and screen requests for debriefings. Assess the need for formal debriefing, defusing, etc.**

*2. **Contact team leader and/or debriefing team members regarding debriefing. Schedule debriefing in concert with team leader.**

*3 **Provide follow up for unit/agency debriefed**

*4 **Receive requests for CIS education/in-services and schedule with team members as appropriate**

* This position may be rotated among members, shared by two members, or filled by an individual.

D. **The following committees may be activated on an as needed basis:**

1) **Membership Committee - duties include:**
   a) **Solicit membership applications**
   b) **Develop screening criteria**
   c) **Evaluate membership needs**
   d) **Screen, interview, and recommend applicants for team membership**

2) **Education Committee - duties include:**

   a) **Determine continuing education needs of team members**
   b) **Schedule training sessions to be held during team meetings**
   c) **Schedule workshops or other special educational sessions for team members**

3) **Resource Committee - duties include:**

   a) **Actively solicit donations to cover team expenses**
   b) **Coordinate fund raising functions such as education programs for the Emergency Services community**
   c) **Investigate grant funding for team activities**

VI. Team Member Duties and Responsibilities

CISM team members are emergency services, clergy, or mental health professionals with an interest in emergency care who have made a commitment to volunteer their time, energy, and expertise to the TESCA Critical Incident Stress Management Team. Their duties and responsibilities include the following:

A.   Maintain the confidentiality of the CISM process.

B.   Serve as a team member for interventions as requested by the team dispatcher.

C.   Complete "Debriefing Incident Contact Forms' and submit to program coordinator as required.

D.   Provide crisis intervention and support during disaster situations for rescue workers and victims.

E.   Participate in regular (quarterly) team meetings/continuing education sessions. Team members may miss no more than 50% of meetings in a given year. Members who miss more than 50% of meetings may be dismissed from the team.

F.   Present educational programs on the CISM process to agencies and groups requesting this service.

G.   Submit a record of education/in-service programs to the team program coordinator.

H.   Serve on team committees and positions as requested.

I.   Serve as a member of a Peer Review Board as requested.

J.   Develop and submit appropriate materials for handouts and educational materials.

K.   Remain informed of team operating policies and procedures.

VII. Team Membership

The following process applies to team membership.

A. Team members serve for a minimum period of one year

B. A member wishing to drop membership on the team should discuss the matter with the team program coordinator, and submit their resignation in writing.

C. Membership is evaluated annually. Current members must sign a "Memo of Understanding" for another one-year period, and may remain on the team with the approval of the membership committee. New members are selected prior to the annual Spring CISM team training class.

D. Vacancies will be discussed by the team and recommendations made to the membership committee regarding replacing members on the basis of:

1. number and type of vacancies
2. current membership and perceived needs
3. availability of training

E. New members will be solicited through application, screened, and interviewed according to established criteria. References are checked on all applicants.

F. CISM team members are all volunteers.

G. Team members are provided an identification badge to be utilized when conducting any form of CISM.

H. The TESCA CISM Team admits qualified team members regardless of any race, color, sex, and national or ethnic origin. The team encourages members of diverse cultural groups to further enhance service to emergency responders with similar diverse backgrounds.

VIII.   MEMBERSHIP CRITERIA

A. The following criteria are considered in screening new applications for membership in the TESCA CISM Team.

1. Completed application form
2. Signed "Memo of Understanding"
3. Emergency service experience and background
4. Training in areas of stress/psychology
5. Evaluation of reasons for wanting to be on the team
6. Accessibility for debriefings and team activities
7. Respect and trust of peers
8. Ability to keep confidences
9. Ability to express self
10. Maturity
11. Sensitivity to others
12. Ability to work within an established framework
13. Self identified assets/deficits
14. Type of service represented, i.e. fire, private, municipal, law enforcement, paid and volunteer services, mental health professional
15. Geographic location of candidate

B. Mental health professionals should have at least an MA in psychology, social work, or a related field, or a BA in Nursing with psychiatric specialty, or be employed in one of the following areas:

1. Social Services
2. Psychologist
3. Psychiatric nursing
4. Crisis intervention
5. Mental health counselor

C. Mental health professionals should have specific training in the following:

1. Crisis intervention
2. Stress response and stress management
3. Group process
4. Directive intervention
5. Communications skills
6. Post traumatic stress disorder
7. Cross training in emergency services or be willing to obtain this experience

D. Evaluation of renewal applications will include the criteria listed and:

1. Outcome of Peer Review Board procedures
2. Past accessibility for debriefings and education presentations
3. Attendance at team meetings

IX. Revocation/Suspension of Membership

A. Membership is revocable at the discretion of the team program coordinator or clinical coordinator on the recommendation of a Peer Review Board. Revocation is applicable for, but not limited to the following:

1. Failure to be present at an assigned debriefing; formal or informal, or at a scheduled educational or inservice presentation, when the member has made a commitment to do so.
2. Any misrepresentation of the CISM **team.**
3. Continued absenteeism at regular meetings (over 50% of meetings in a team year).
4. Acting against the expressed direction of the program clinical coordinator.
5. Violation of confidentiality of the debriefing process.
6. Failure to follow protocols and directives regarding team activity.
7. Unethical behavior. Using one's position on the debriefing team to further personal interests. This includes a mental health professional referring someone to themselves for treatment or a team member pursuing a personal relationship with a debriefee or in any way profiting or benefiting from an individual or group requesting team services. Also includes other behavior determined to be unethical by the Peer Review Board.
8. Behavior that has the potential to damage the reputation or credibility of the Team.

B. Peer Review Board Procedures

1. A Peer Review Board of 3 members shall be selected by the team or team program and clinical coordinators to evaluate any criteria for membership revocation or suspension. The Board will consist of a mental health clinician and two other active members of the team if the incident involves a clinical matter. For non-clinical problems, any three team members may be selected.

2. For clinical issues the following procedures apply:

   a. the Peer Review Board shall meet or discuss the problem by phone with the member within 72 hours of notification.
   b. the Peer Review Board shall file a written report and recommendations within 48 hours to the team program coordinator
   c. the team program coordinator and clinical coordinator will initiate disciplinary action after considering action recommended by the Peer Review Board.

3. For non-clinical issues the following procedures apply:

   a. The Peer Review Board shall meet with or discuss the problem by phone with the member within a one week period following notification.
   b. The Peer Review Board shall file a written report with the program coordinator within one week of the meeting.
   c. The team program coordinator and clinical coordinator will initiate disciplinary action recommended by the Peer Review Board.

X. Team Training

A. All new members must complete a Basic CISM team training before being scheduled for debriefings. New team member training will be scheduled on a yearly basis. It will be conducted by current team members and will follow an established outline to maintain consistency of training standards.

B. Clinicians must be scheduled for ride-alongs with emergency service agencies within the first 3 months of membership. It is recommended that they are not scheduled as team leader until these rides have been completed. Suggested agencies include:

   1. Fire/EMS agency
   2. Law enforcement agency
   3. Public/private ambulance service provider

C. Continuing education will be provided at team meetings. Team members will be asked to present topics of interest identified by the group. Team members are encouraged to participate in other stress and CIS workshops and seminars available.

FACT SHEET

For Individuals Interested in Becoming

A TESCA CISM Team Member

The TESCA CISM team was established in October of 2002 to provide a form of crisis intervention specifically designed to help emergency workers cope with the psychological stresses inherent in their profession. The TESCA team provides crisis intervention for particularly stressful events such as multiple casualty incidents, the death of a child, the death of a co-worker, traumatic incidents involving critical media coverage, failure of rescue efforts following prolonged intervention and other events that are unusually emotionally stressful.

A team dispatcher receives and screens requests for interventions. When the need for a formal debriefing is determined, the team dispatcher contacts a three to four member team consisting of one mental health professional and two or three peer emergency workers and schedules the debriefing within a 24-72 hour period. Debriefings generally last two to three hours. Travel time may vary considerably.

The TESCA Team consists of members who rotate to debriefings on the basis of availability. Other factors considered in assigning a team member to a debriefing include the type of service the individual represents and not being familiar with individuals being debriefed. Confidentiality of debriefings is stressed. The volume of debriefings varies from month to month.

Other team member responsibilities include attending monthly CISM team meetings. The purpose of these meetings includes:

1. **discussion of the dynamics that occurred in the prior month debriefings.**
2. **providing continuing education in-services**
3. **providing an opportunity for members to get to know each other before working together at a debriefing**
4. **increasing team cohesiveness**
5. **providing a forum for the exchange of ideas, addressing problems and brainstorming**
6. **debriefing the debriefers when necessary**

Members serve on committees and special task groups. They also are assigned to present continuing education programs to groups as requested. Education regarding Critical Incident Stress is the first step in efficient utilization of the Crisis Intervention Process.

Prospective Team members are asked to complete an application form and a Memo of Understanding. They are requested to make a one year commitment to serving with the team. If you have further questions regarding membership on the TESCA CISM team please contact Paul Trumpore at (865) 588-6994.

CRITICAL INCIDENT STRESS MANAGEMENT
DEBRIEFING INFORMATION SHEET

The following information is provided to assist you in organizing a psychological debriefing.

- **A psychological debriefing is a structured group meeting with the personnel directly involved with a critical incident, and a CISD team. It Is a confidential discussion of the involvements, thoughts, reactions, and feelings resulting from the incident. It is not a critique. Information is provided on the stress response and appropriate stress reduction techniques. Debriefings accelerate recovery in normal people who are having normal reactions to abnormal events.**
- **Invite all involved responders. Consider: EMS, fire service, law enforcement, dispatchers, emergency department staff, flight staff, etc. Include specialty groups**

- **Do not invite the following individuals without consulting the CISM team:**
  - **Personnel not involved in the incident Bystanders, witnesses, friends**
  - **Children of responders**
  - **Family members of the victim**
  - **Non-emergency workers involved in the incident (generally)**
  - **Personnel who are still "responding' to the incident in some way, I.e., officers still involved in an investigation, victims advocates still providing services, coroners**

- **Spouses should be debriefed in a separate group, not included with emergency responders.**

- **The meeting area must be large enough to accommodate all participants. The meeting area should be quiet, with no interruptions.**

- **Participants should be out of service during the debriefing. Can another unit or agency cover calls?**

- **There are no time schedules for debriefings. However, allow at least 3 hours. Participants should be able to remain for the entire session.**

- **You may wish to provide light refreshments following the debriefing.**

Clinical Director

Bob Hubbard D.Min, LMFT, LPC/MHSP   Office (865) 251-2218
    2319 Bell Drive   Home (865) 251-2319
    Knoxville, TN 37998   Cell   (865) 661-2319

Team Coordinators

Chaplain Paul Trumpore   Home (865) 577-3095
    908 Kimberlin Heights Road   Cell   (865) 588-6994
    Knoxville, TN 37920-8926   Pgr.   (865) 631-8339

Chaplain Darrell Cook   Home (865) 457-8134
    306 Lexington Street   Cell   (865) 207-4827
    Clinton, TN 37716   Pgr.   (865) 301-3514

Section VIII
CISM Training Records

	Paul Trumpore	Darrell Cook	Bob Hubbard	G. Barrett	B. Brantley	D. Collins	C. Covington	C. Ford	B. Foster	G. Bridges	R. Freels	C. Fritts
Basic Crisis Intervention	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Advanced Crisis Intervention	✓	✓	✓		✓		✓				✓	
Individual Crisis Intervention/ Peer Support	✓	✓			✓			✓		✓	✓	✓
School Crisis Response	✓	✓										
Suicide Prevention												
Substance Abuse: Preventing Self-Medication	✓											
Psychotraumatology for Clinicians												
CISM in the Workplace												
CISM in the Healthcare Setting												
Air Medical & Critical Care Transport												
Traumatic Stress Mgmt: Peer Support Strategies												
Stress & the Emergency Service Personnel												
CISM: When Disaster Strikes	✓	✓										
Law Enforcement Perspectives		✓									✓	
Line of Duty Death												
Powerful Presentation												
Thought Field Therapy												
CISM Application With Children	✓	✓										
Stress Mgmt for the Trauma Provider												
Compassion Fatigue												
Prevention Youth Violence												
Assaulted Staff Action Program (ASAP)												
Psychotraumatology & Short Term Treatment of PTSD												
The Role of a Pastoral Care Provider in CISM												
Families and CISM	✓	✓									✓	
Weapons of Mass Destruction	✓							✓				
Pastoral Crisis Intervention	✓	✓										

Section VIII CISM Training Records	K. Fultz	M. Hawn	C. Peevyhouse	R. Patterson	R. Thompson	G. Williams						
Basic Crisis Intervention	✓	✓	✓	✓	✓	✓						
Advanced Crisis Intervention												
Individual Crisis Intervention/ Peer Support					✓							
School Crisis Response												
Suicide Prevention												
Substance Abuse: Preventing Self-Medication												
Psychotraumatology for Clinicians												
CISM in the Workplace												
CISM in the Healthcare Setting												
Air Medical & Critical Care Transport												
Traumatic Stress Mgmt: Peer Support Strategies												
Stress & the Emergency Service Personnel												
CISM: When Disaster Strikes												
Law Enforcement Perspectives												
Line of Duty Death												
Powerful Presentation												
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CISM Application With Children												
Stress Mgmt for the Trauma Provider												
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Families and CISM												
Weapons of Mass Destruction												
Pastoral Crisis Intervention												

Tennessee Emergency Service Chaplains Association
Critical Incident Stress Management Team
Application Process

1. Complete the attached application.

2. Complete the Basic and, preferably, Peer CISM training class.

3. Have certification as a mental health care provider, be a member of the clergy, or involved with Emergency Services for a minimum of 2 years.

4. Submit letters of recommendation

   Emergency Services personnel must submit a letter of recommendation from 2 officers/supervisors in their respective department, and one character reference.

   Mental health providers must provide 2 letters of reference from professionals in their field and one character reference.

   Clergy members must submit 2 letters of reference from fellow clergy members and one character reference.

Please send the completed application packet with reference letters, memo of understanding, and copies of ICISF training certificates to:

Paul N. Trumpore
Tennessee Emergency Service Chaplains Association
Critical Incident Stress Management Team
908 Kimberlin Heights Road
Knoxville, TN 37920-8926

Tennessee Emergency Service Chaplains Association
Critical Incident Stress Management Team
Member Application

Personal Information

Name:

Address:

City: State: Zip:

Phone Information

Home:	Work:
Pager:	Cellular:

Do you currently have a valid drivers license: Yes: No:

State:	Class:	Number:

Emergency Contacts

Name:	Relationship:

Address:

City: State: Zip:

Phone Information

Home:	Work:
Pager:	Cellular:
Name:	Relationship:

Address:

City: State: Zip:

Phone Information

Home:	Work:
Pager:	Cellular:

Do you have or have you ever had an Emergency Services Affiliation?		Yes:		No:
Name:		Supervisor:		
Address:				
City:	State:		Zip:	
Phone:		Length or Service:	Years:	Months:

Are you a Mental Health Professional?		Yes:		No:
Degree:				
Do you hold any other certifications:				
Yes:	No:	Type:		
Business Name:				
Address:				
City:	State:		Zip:	
Phone:				

Are you a member of the Clergy?		Yes:	No:
Denomination:			
Church Name:			
Address:			
City:	State:		Zip:
Phone:			
Do you have any CISM training: Yes: No:	Basic	Advanced	
	Peer		

In accordance with ICISF regulations and TESCA CISM Team protocols, you must attach copies of all International Critical Incident Stress

References (minimum two non-family members)

Name:

Address:

City: State: Zip:

Phone Information

Home:	Work:
Pager:	Cellular:

Name:

Address:

City: State: Zip:

Phone Information

Home:	Work:
Pager:	Cellular:

Have you ever been convicted of any offences other than traffic violations?

Yes: No:

If yes, explain:

Briefly describe why you would like to be a member of the CISM Team:

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I have read the above statement and the information supplied on this application is true. I hereby authorize and request any and all of my references that I have named to furnish any and all information concerning my training, experience, and personal background. I hereby release such persons from any and all liability by reason of furnishing such information. I also understand that any misrepresentation or omission of facts requested in this application may be cause for revocation or suspension of membership. I further understand that completion of this application does not insure me of acceptance for membership.

Signature: Date:

For Administrative Use Only

| Date application was received: |
| Date application was reviewed: |
| Date of applicants interview: |
| |

| Accepted: | Denied: |

TENNESSEE EMERGENCY SERVICE CHAPLAINS ASSOCIATION

CRITICAL INCIDENT STRESS MANAGEMENT TEAM

MEMO OF UNDERSTANDING

I, _____ the undersigned agree to serve as a volunteer team member with the TESCA Critical Incident Stress Management Team for a minimum period of one year. I understand that serving as a team member requires the following commitment:

1. Attend a mandatory two-day training session as scheduled.
2. Schedule at least 16 hours of ride along experience with emergency service agencies for mental health professionals.
3. Participate in approximately 10-12 hours of debriefing per quarter and/or in-service presentations when scheduled and assigned.
4. Attend monthly team meetings and meet the attendance requirement.
5. Complete required records of activities including records of expenses incurred during debriefings. Also submit the total number of hours engaged in the team activities.
6. Maintain strict confidentiality regarding CISMs held, including topics discussed and personnel involved. Any breech in confidentiality will result in immediate removal of the individual from the team and the program.
7. Abide by the established team protocols and operational guidelines.

The TESCA Critical Incident Stress Management Team agrees to the following commitments to team members:

1. Provide two-day training session for new members.
2. Provide administrative support.
3. Provide, if necessary, crisis intervention for members after CISM.
4. Reevaluate the team operation and personnel each year.
5. Maintain quality in performance standards.
6. Maintain that all crisis intervention activity done by the TESCA CISM team remain on a voluntary only basis.

I have read and understand these commitments and agree to serve as a team member for the TESCA CISM Team for a one-year period.

(Signed) _____ Date _____

The TESCA CISM Team agrees to provide to CISM Team Members the above commitments.

(Signed) _____ Date _____