

PENNSYLVANIA CRITICAL INCIDENT STRESS MANAGEMENT TEAM DATA FORM

TEAM ACCESS INFORMATION

Team Name: _____

Primary Contact/Team Coordinator: _____

Sponsoring Agency (if applicable): _____

Title: _____

Business Phone: (____) _____

Email Address: _____

Secondary Phone (if applicable): (____) _____

Team Clinician: _____

Other Phones/Pagers (if applicable): (____) _____

Clinician Phone: (____) _____

Business Mailing Address: _____

Clinician Email: _____

Team Website: _____

Team Activation Information

Steps to Access/Activate Team: _____

Access/Activation Phone Number: (____) _____ Is this a 24-hour number Yes _____ No _____

Access Location and Address (if different than above): _____

Primary Coverage Area (by county): _____

TEAM PROFILE

As your team is presently organized, are you a Type I, II or III resource (if uncertain, visit http://www.nimsonline.org/resource_typing/Critical%20Incident%20Stress%20Management%20Team.htm)

Type I _____ Type II _____ Type III _____ Still Unsure _____

Do you offer (check all that apply): Interventions _____ Debriefing _____ Referrals _____ Short Term Counseling _____

Other (describe) _____

When evaluating your CISM Team's mission and its target groups, how would you classify the population that you **primarily serve**?

Fire Service _____ EMS _____ All Emergency Services _____ Private Industry _____ Hospital Staff _____ Military _____
 Fire/Rescue/EMS _____ Airline _____ Community _____ Law Enforcement _____ School _____

TEAM STATISTICS

Reporting period from: _____ TO _____

Number of Pre-Incident (Awareness/Orientation) education programs conducted: _____

Please provide number of active members

Team Expertise – check all that apply:

Team Leaders _____
 Mental Health Prof. _____
 (MHPs, Master's Level)
 Clergy _____
 Peers:
 Fire Only _____
 Law Enforcement Only _____
 Nurse _____
 Rescue Only _____
 EMS Only _____
 Fire/Rescue/EMS Only _____
 Physician _____
 Communications/Dispatch _____
 Combination of Categories _____
 Other (list) _____

EMS _____
 Fire _____
 Police _____
 Nurse _____
 Dispatch _____
 Spousal _____
 Clergy _____
 Mass Casualties _____
 Major Fire _____
 Multiple Deaths _____
 Violent Deaths _____
 Pediatric Death _____
 Line of Duty Death _____
 Haz-Mat Incidents _____
 High Media Interest _____
 Corrections/Prisons _____
 Other _____

Total Number of Members _____

EDUCATIONAL TRAINING AND RESOURCES

1. Does the team provide internal/external educational training? Yes _____ No _____
If yes, check all that apply: Pediatrics _____ Grief _____ Spousal _____ CISD Basic _____ Peer Support _____
Stress Management _____ Other (explain) _____
2. What resources do the team use (i.e., videotapes, publications, etc.) _____

3. Are these resources available for loan to other teams? Yes _____ No _____

MISCELLANEOUS

1. Is your team interested in responding to incidents outside of your primary coverage area? Yes _____ No _____

**** In order to be available to respond outside of your county (or primary coverage area)**

your team must be registered with PEHSC and ICISF**

2. Is your team currently registered with ICISF? Yes _____ No _____
3. If your team is not currently registered with ICISF, is your team planning to register? Yes _____
No _____
4. If you are planning to register, what is your time frame for registration? (Check One)
_____ 0-3 months _____ 3-6 months _____ 6-12 months _____ 1+ year
5. In order to register, do you have identified specific training needs or administrative needs that are presently unmet?
Yes _____ (please specify : _____) No _____

6. Is the team networked with other systems? Yes _____ No _____

Specify: _____

7. Is the team associated with mental health agencies? Yes _____ No _____

Specify: _____

8. Is the team reimbursed for service (i.e., travel, lodging, consults)? Yes _____ No _____

In what manner _____

9. Does the team or member hold expertise in a specialty field? Yes _____ No _____

Please indicate person and explain.

10. If we are able to make regional training available through the Task Force, which ICISF courses would your team be most interested in attending?

11. Do you have any members who are fluent in a foreign language and would be willing to be a resource for PEHSC?

Yes_____ No_____ If yes, please provide the following:

Name	Contact Information	Language	Phone Consultation or Travel

ICISF Trainers

1. Please provide a list of team members who are ICISF trainers:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Level of Instructor (Basic, Advanced, Other)</u>

If additional space is required, use back

2. Have you attached supplemental information and/or samples of team brochures, etc., with this survey? Yes _____ No _____

**Please return to: Pennsylvania Emergency Health Services Council, 600 Wilson Lane, Mechanicsburg, PA 17055-2437
or register online at www.pehsc.org
Questions: (800) 243-2EMS**