

**Virginia Office of EMS  
Critical Incident Stress Management (CISM)  
And  
Peer Support Team**

**Accreditation Information**

**And**

**Application Packet**



**Office of Emergency Medical Services  
Virginia Department of Health**

Approved 8/1/19

## **Glen Allen, Virginia**

# **Purpose and Benefits of Accreditation**

In 2009 the Office of EMS recognized a need to standardize the training, composition, and protocols of Critical Incident Stress Management (CISM) teams. Through a multi-phase process the Governor's Advisory Board CISM Committee has created both an accreditation program and standardization of training expectations. This process will allow for a standardization of teams that will be utilized in requests for CISM Teams at the state level or to fulfill Emergency Management Assistance Compact (EMAC) requests from other states.

The process of fulfilling requests at the state level will be based on prioritizing those teams that have received accredited status over those teams that have not. In order to receive accredited status, a CISM team must complete the attached application and provide supporting documentation of the additional requirements. Once the documents have been received they will be reviewed for consideration and any additional information or need for clarification will be sent to primary point of contact listed on the application.

This packet provides the application as well as a list of supporting documentation and requirements for accreditation that must be complete prior to sending in the packet. Please understand that once approved, the accreditation period is a 3-year period, at which time a team will need to reapply for recognition, meeting any new requirements that may be in place.

### **Mail Completed Applications to:**

Virginia Office of EMS  
ATTN: Karen Owens  
1041 Technology Park Drive  
Glen Allen, Va. 23059

For additional information or questions contact Karen Owens by e-mail ([Karen.Owens@vdh.virginia.gov](mailto:Karen.Owens@vdh.virginia.gov)) or phone (804-888-9100)

# CISM Accreditation Requirements

- I. Minimum Team Membership
  - A. Clinician – 1 – Licensed Clinician (or hold equivalent training) or hold doctorate in the field (2 clinicians recommended)
    - 1. If applying for accreditation as a Peer Support Team the clinician MUST be a Virginia-licensed clinical psychologist, Virginia-licensed psychiatrist, Virginia-licensed clinical social worker, or Virginia-licensed professional counselor with at least five years of experience working with emergency medical services or public safety personnel.
  - B. Peer (a single person may be a peer in multiple categories). You only need to meet minimum requirements for the area(s) of focus. These individuals must meet the minimum training requirements listed below.
    - 1. Law Enforcement - 3
    - 2. Fire/EMS - 3
    - 3. Dispatchers – 3
- II. Team Leadership
  - A. Active member that meets training standards
    - 1. must be designated as providing team oversight
    - 2. Minimum one year field experience in crisis counseling
    - 3. For Peer Support teams the leadership must be the Virginia-licensed clinician
  - B. Optional – Clinical Coordinator
- III. Team Training
  - A. Training program must meet minimum OEMS standards (found on Page 6 of this document)
  - B. Minimum Training Certifications for Peers
    - 1. Peer-to-Peer
    - 2. Group Training
    - 3. Suicide Intervention/Postvention Training
  - C. Optional Training:
    - 1. Resiliency Training
    - 2. Psychological First Aid
    - 3. Grief Following Trauma

- D. Training verification must be received with the membership packets. If Certifications of Completion are not available, a letter from the team commander verifying training is acceptable.
- E. Renewal
  - 1. 12 hours for each team member within the three year accreditation period
    - a. Renewal training must be in crisis counseling or related topics
    - b. Will need documentation on what the courses were and roster
- IV. Team Alerting
  - A. 24-hour contact number for team
  - B. Alerting process that is documented and shared with OEMS
- V. Team Meetings
  - A. Minimum – quarterly
- VI. Team SOPs
  - A. Should cover the basics, including membership requirements, alerting, leadership, and discipline
- VII. Peer Outreach
  - A. Required for reaccreditation
  - B. Three outreach efforts per accreditation period
    - 1. Interact with Peer group outside of team membership
- VIII. Team Documentation
  - A. Twice a year basis
    - 1. Statistics and Activation activity log
    - 2. Training Log
      - a. Who attended, what dates, what times, what topics
      - b. Individually attended trainings
    - 3. Meeting Log
      - a. Minutes and agendas from each meeting – attendance roster
    - 4. Background Check verification
      - a. If not a member of community that is required, then they must conduct a background check
    - 5. Updates provided
  - B. Team SOPs

1. Include activation procedure
2. Standard application process (include a copy of the member application – must include statement of conviction)
3. Include dismissal process for conduct that diminishes view of the team

C. Team Roster

1. Names
2. Qualifications
3. **MUST INCLUDE ALL MEMBERS**, not just minimum members

IX. Team Identification

- A. Teams must provide each team member a standardized photo identification badge. This can be a work ID if provided by the public safety agency.
- B. If unable to provide as a team, please contact the Office of EMS for additional assistance.

# CISM Training Standards

As a part of this process, a list of standards has been created for use in the review of CISM training programs. This review will determine whether or not CISM programs taught within the Commonwealth meet membership and deployment requirements set forth by the Office of EMS.

The following are the training standards that will be used by the Office of EMS to review CISM Courses by the Office of EMS.

- **Define** terminology and key concepts related to training topic
- Develop an **understanding** of the training topic and key concepts
- **Learn techniques** related to the training topic
- Develop a **plan to implement** or **apply techniques** related to the training topic
- **Practice** the plan, skills, and techniques related to the training topic
- **Review** the skills and discuss problem areas identified through practice (**problem solve**)
- **Identify resources and referral options** for people in crisis, as well as interveners
- **Evaluation** of the course

To have a program reviewed, the course coordinator or instructor must send a copy of the program to the Office of EMS (electronic or CD preferred). The program will be reviewed to determine whether or not it meets the above standards and notification of determination will be sent back to the instructor/course coordinator.

# **CISM Team Application**

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES  
1041 TECHNOLOGY PARK DR  
GLEN ALLEN, VA 23059  
Team Accreditation Application**

Please Print or Type

Date Form Completed: \_\_\_\_\_ Type of Team: Peer CISM

Team Name (as on file with OEMS): \_\_\_\_\_

Jurisdiction(s) Supported: \_\_\_\_\_

Team Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Team Primary Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Primary E-mail Address: \_\_\_\_\_

Is the team willing to be considered for state deployment requests? Yes No

---

**TEAM NOTIFICATION**

Primary Point of Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX#: \_\_\_\_\_

E-mail: \_\_\_\_\_

Secondary Point of Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Pager #: \_\_\_\_\_

E-mail: \_\_\_\_\_

---



**TEAM CONTACT**

**Team Leader:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Telephone #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Cellular #: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Assistant Team Leader:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Telephone #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Cellular #: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Clinical Coordinator:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Telephone #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Cellular #: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-mail: \_\_\_\_\_

---

**TEAM SPECIALTIES**

Please list any special areas that the team can provide services in.

---



---



---



---



---



---



---

The following check list contains the items necessary to complete a Task Force Application. Failure to submit items on this list will delay consideration of the application.

ITEM	ATTACHED		COMMENTS
	Yes	No	
Roster	Yes	No	
Governing Documents	Yes	No	
Training Records	Yes	No	
Alerting Process	Yes	No	
Meeting Schedule	Yes	No	

1. Roster – updated at least twice a year
2. Governing Documents – What type of structure does the CISM Team have, what offices will be utilized, how will the positions be filled, what are team membership requirements, what are the grievance processes, etc.?
3. Training Records – Training records of members. This can be in a spreadsheet format but with a signature that the records have been reviewed and can be obtained as needed.
4. Alerting Process – This is the written Alerting process that the CISM Team uses to alert members. Documentation will be submitted on any tests and results.
5. Meeting Schedule – A list of meeting dates needs to be provided with indication of frequency of the meetings.