

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



**Informational & Application Packet
For Initial and Renewal Accreditation**



VDH VIRGINIA
DEPARTMENT
OF HEALTH
*Office of Emergency
Medical Services*

Team Name: _____

Application Date: _____

Virginia Office of Emergency Medical Services CISM & Peer Support Team Accreditation Program

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 created both an accreditation program and standardized training expectations. This process promotes consistency across teams that may be requested for CISM and Peer Support (PS) responses at the state level or through Emergency Management Assistance Compact (EMAC) requests from other states.

To better reflect the evolving needs of public safety professionals, this packet has been significantly expanded from its original format. The updates provide clearer definitions, detailed requirements, and structured documentation standards, ensuring fairness, transparency, and operational readiness across all accredited teams.

Accreditation helps identify qualified teams that may be available for mutual aid or statewide response through local coordination.

To receive accredited status, a CISM/PS team must complete the application and provide supporting documentation of the required elements. Once the materials have been received, they will be reviewed for consideration, and any requests for clarification will be sent to the primary point of contact listed on the application.

This packet includes the application, documentation checklist, and all accreditation standards that must be met prior to submission. Approved accreditations are valid for a three-year period, after which teams must reapply and meet any updated requirements in place at that time.

Accreditation also provides formal recognition under Virginia law, which strengthens legal protection for both teams and those they serve. Under [Code of Virginia § 32.1-111.3:2](#), CISM and Peer Support interventions conducted by accredited teams are considered privileged communications, not merely confidential. This designation reinforces the legal standing of teams operating in sensitive environments.

Completed applications should be submitted electronically to:

CISM.Accreditation@vdh.virginia.gov. *Electronic submission is preferred.* If your team is unable to submit the application electronically, please contact the Office of EMS for guidance on alternative submission options.

For questions or assistance, you may also contact the CISM and Peer Support Accreditation Program Manager email at CISM.Accreditation@vdh.virginia.gov

Table of Contents

Cover Page.....	1
Purpose and Benefits of Accreditation	2
Table of Contents.....	3
Team Membership & Leadership Requirements.....	4
Team Training and Alerting Requirements	5
Operational Policies, Animal-Assisted Support, Peer Outreach.....	6
Team Documentation Requirements	7
CISM & Peer Support Training Standards	9
Key Terms and Definitions	10-12
Team Accreditation Application.....	13-17
Checklist of Required Items	18
Certification and Attestation.....	19

CISM / Peer Support Accreditation Requirements

I. Minimum Team Membership

A. Clinician Requirements

1. CISM Teams
 1. One (1) clinician required
 2. Clinician must meet one of the following:
 - a. Virginia-licensed clinician (as defined on page 10) **or**
 - b. Possess equivalent training and experience in mental health or crisis intervention
 3. A doctorate in the field of behavioral mental health or crisis intervention
 4. Two (2) clinicians are recommended for larger or high-volume teams
2. Peer Support Teams (Per Code of Virginia § 32.1-111.3(13)):
 1. One (1) Virginia-licensed clinician required (minimum)
 2. Team must be led by a Virginia-licensed clinician (as defined on page 10)
 3. The clinician must have at least five (5) years of experience working with EMS or public safety personnel.

B. Peer Members (CISM and Peer Support Teams)

1. Teams must have at least three (3) trained peers for each public safety discipline they intend to serve, including:
 1. Law Enforcement
 2. EMS/Fire
 3. Dispatch
2. Teams are not required to have peers in every discipline, but must meet the 3-peer minimum in each discipline they include in their operational focus or service area.
 1. Example:

A team that serves EMS and Dispatch must have at least 3 qualified EMS peers and 3 qualified Dispatch peers. A team that supports all public safety agencies must meet the 3-peer minimum in each category.
3. A single person may serve as a peer in multiple disciplines if they meet the qualifications for each. (e.g., Law Enforcement, Fire, EMS, Dispatchers)
4. All peer members must meet the minimum training requirements outlined in the training section of this packet.

II. Team Leadership

A. Team Leader and Assistant Team Leader

1. Active member that meets training standards
 - a. Must be designated as providing team oversight.
 - b. Minimum one (1) year field experience in crisis interventions
 - c. For Peer Support teams the leadership must be provided by a Virginia-licensed Clinician.

B. Clinical Coordinator – Optional role

1. Coordinate with clinicians
2. Oversees team training and deployments
3. Supports team leadership functions

III. Team Training

A. Training program must meet minimum OEMS standards

1. Refer to Page 9 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

1. Must accompany the membership packets.
2. If Certifications of Completion are not available:
 - a. A letter from the Team Leader 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. Documentation is required, including:
 - a. Courses completed for each team member
 - b. Training course rosters (if available)
 - c. Certificates of Completion (if issued)

IV. Team Alerting

A. 24-hour contact number and/or systems/processes for team notification

B. Alerting process that is documented and shared with OEMS

V. Team Meetings

A. Minimum – quarterly

1. Sample topics can include but not limited to:
 - a. Review of intervention techniques
 - b. Protocol/Procedure Review
 - c. Training and Development
 - d. Team Member Well-Being
 - e. Operational/Logistical Challenges
 - f. Strategies for Peer Support and Outreach

VI. Team SOP/SOG/Policies (Standard Operating Procedures/Guidelines)

A. Should cover the following essential elements:

1. Membership requirements
2. Alerting process
3. Team deployment
4. Team leadership structure
5. Discipline procedures

B. Animal Assisted Support (if applicable and utilized within program)

1. If utilized, SOP/SOG/Policy should include team requirements including:
 - a. Support Animal and Handler Requirements
 - a. Minimum qualifications for both animal and handler
 - b. Training certifications for animal and handler
 - i. E.g.: Animal behavior, animal handling and crisis management
 - b. Animal Care and Safety Standards
 - a. Care requirements should be included e.g.
 - i. Responsibility for care of the dog/animal
 1. Hydration, Rest periods
 - ii. Reporting procedures for accident or injuries for dog/animal
 - iii. Veterinary care is provided and maintained
 1. Health and vaccination records
 - c. Incorporation into team activities
 - a. Regular integration into team training, deployments, station visits, etc.
 - b. Annual report of activities

VII. Peer Outreach

A. Required for reaccreditation

B. Minimum of three outreach efforts per accreditation period

1. Outreach efforts must involve interaction with the Peer Group outside of the team membership

C. Examples include:

1. Briefings or presentations at fire, EMS, law enforcement, or dispatch agencies
2. Participation in wellness events, station visits, or open houses
3. Post-incident follow-up visits or check-ins with impacted departments
4. Training or resource-sharing sessions with public safety personnel

D. Documentation should include:

1. Event summaries, attendance logs, sign-in sheets, or internal team activity records

VIII. Team Documentation Requirements

A. Twice a year basis

1. Statistics and activity log
 - a. Record of the number of team activities, activations and relevant statistics.
2. Training Log
 - a. Include details of attendees, dates, times, and topics covered
 - b. Document individually attended trainings
3. Meeting Log
 - a. Minutes and agendas from each meeting
 - b. Attendance roster
4. Background Check verification
 - a. If not a member of required community, background checks must be completed and verified

B. Updates provided - Teams required to provide OEMS with updates on team leadership changes within 30 days of changes.

1. Provide evidence of any updates for changes for:
 - a. Team leadership
 - b. Clinician or clinical coordinators
 - c. SOP/SOG/Policy Changes
 - d. Animal assisted outreach

C. Team SOPs/SOGs/Policies

1. Activation Procedure
 - a. Include clear steps for activating the team during an emergency or critical incident
2. Standard application process
 - a. Include a copy of the member application
 - a. Must include statement of conviction
3. Dismissal Process
 - a. Outline a procedure for dismissing team members for conduct that undermines the team's reputation or effectiveness.

4. Animal Assisted Support (if applicable)
 - a. Training records for animal and handler
 - b. Veterinary care, injury, health and vaccination records
 - c. Outreach and support interventions documentation

D. Team Roster

1. Names, Training/Qualifications
2. **MUST INCLUDE ALL ACTIVE MEMBERS**, not just minimum members
3. Team Leadership
4. Clinical Support and Leadership
5. Support Animal(s) and Handlers (if applicable)
 - a. Include details for any support animals and their handlers

IX. Team Identification

A. Photo Identification

1. Teams must provide each team member a standardized photo identification badge.
2. If team members already have a work ID provided by the public safety agency, it can be utilized as their team identification badge.

- B. If unable to provide as a team, please contact the Office of EMS for additional assistance and guidance.

CISM – Peer Support Training Standards

As a part of this process, a list of standards has been created for use in the review of CISM / PS training programs. This review will determine whether or not CISM/PS 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.

- **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 any problem areas identified through practice (**problem solve**).
- **Identify resources and referral options** for people in crisis, as well as peer support providers.
- **Evaluation** of the overall effectiveness 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 submission via email is preferred. If electronic or email submission is not feasible, contact the Office of EMS CISM and Peer Support Program Manager for alternate options.

The program will be reviewed to determine whether it meets the above standards and notification of determination will be sent back to the instructor/course coordinator.

Key Terms and Definitions

- **Animal Handler**

An individual responsible for managing and working with support animals, ensuring their well-being, and facilitating their interaction with people in crisis. The handler is typically trained in animal behavior, crisis management, and proper handling techniques to ensure the safety and effectiveness of the animal during team operations. The handler is also responsible for maintaining the health, safety, and appropriate care of the animal, including routine veterinary checks and adherence to animal care standards.
- **Background Check**

A current review of an individual's criminal history to ensure eligibility for participation in the team, particularly for those not already part of the required community.
- **Clinical Coordinator**

An optional role in which an individual is responsible for overseeing the clinical operations of the CISM team, ensuring that crisis intervention services are delivered effectively and in compliance with established standards.
- **Clinician:**

A trained professional, such as a psychologist, psychiatrist, social worker, or counselor, responsible for providing direct crisis intervention services to individuals or groups impacted by critical incidents.

 - **Clinician Roles:**
 - **Licensed Clinical Psychologist**
 - **Professional Term:** Clinical Psychologist
 - **Abbreviation:** Ph.D., Psy.D. (depending on the degree held, e.g., Doctor of Philosophy or Doctor of Psychology)
 - **Licensure Title:** Licensed Clinical Psychologist (LCP) or Licensed Psychologist (LP)
 - **Licensed Psychiatrist**
 - **Professional Term:** Psychiatrist
 - **Abbreviation:** M.D. or D.O. (Doctor of Medicine or Doctor of Osteopathic Medicine)
 - **Licensure Title:** Licensed Psychiatrist
 - **Licensed Clinical Social Worker**
 - **Professional Term:** Clinical Social Worker
 - **Abbreviation:** LCSW (Licensed Clinical Social Worker)
 - **Licensure Title:** Licensed Clinical Social Worker (LCSW)
 - **Licensed Professional Counselor**
 - **Professional Term:** Professional Counselor
 - **Abbreviation:** LPC (Licensed Professional Counselor)
 - **Licensure Title:** Licensed Professional Counselor (LPC)

- **Crisis Counseling**
Short-term psychological support provided to individuals following a traumatic event or critical incident to help reduce emotional distress and assist with emotional recovery.
- **Critical Incident Stress Management (CISM)**
A comprehensive, multicomponent program designed to help individuals and groups manage stress following critical incidents. CISM typically involves a range of crisis intervention strategies to mitigate stress and promote recovery.
- **CISM – Peer Support Accreditation**
The formal process by which a Critical Incident Stress Management and or Peer Support team is recognized as meeting established standards and requirements, such as training, protocols, and team composition.
- **Emergency Management Assistance Compact (EMAC)**
A mutual aid agreement among states for the sharing of resources during times of disaster or emergency. It allows states to request help from other states when their resources are exhausted or unavailable.
- **Grief Following Trauma**
The emotional and psychological response to loss or trauma. This training focuses on providing support to individuals grieving after a traumatic event, including crisis-related grief.
- **Peer Outreach**
The proactive efforts by team members to engage with and provide support to individuals or groups outside of the immediate team membership. This includes offering crisis intervention services, promoting mental health resources, fostering relationships within the community, and raising awareness about stress management and wellness initiatives. Peer outreach may involve collaboration with other support networks, community organizations, or emergency services to ensure broader access to mental health support and to encourage a culture of well-being within public safety sectors.
- **Peer Support (PS)**
A type of support provided by individuals with shared experiences or backgrounds. In the context of CISM, peer support typically involves team members who have direct experience with emergency services offering emotional support to colleagues.
- **Psychological First Aid**
A set of supportive actions to help people in the immediate aftermath of a disaster or traumatic event to reduce stress and prevent further psychological harm.
- **Resiliency Training**
Training aimed at developing the ability to adapt to and recover from adversity or stressful situations. It focuses on strengthening mental and emotional coping mechanisms.

- **Standard Operating Guidelines (SOGs)**
Similar to SOPs, but generally less rigid. SOGs offer recommended practices, allowing some flexibility depending on the situation.
- **Standard Operating Procedures (SOPs)**
A set of documented guidelines or protocols that provide clear instructions for team operations, ensuring consistency and efficiency in response to critical incidents.
- **Statement of Conviction**
A declaration or certification related to the criminal background of team members, typically required during the application or membership process.
- **Suicide Intervention/Postvention Training**
Training focused on recognizing the signs of suicidal ideation, providing immediate intervention, and offering post-incident support to individuals affected by suicide.
- **Support Animal**
An animal, typically a dog, that is trained to provide emotional and psychological support to individuals during or after a critical incident. The designation, role, training, and care requirements of the support animal are determined by the agency or team, in accordance with their specific policies and protocols. Support animals may assist in various settings, including crisis intervention, team support, and community outreach. The animal's role may include functions such as therapy animal, crisis support animal, or general support animal, as defined by the team's operational needs. The team or agency overseeing the animal is responsible for its training, integration into team activities, and ensuring the animal's welfare is maintained throughout operations.

CISM and Peer Support Team Application

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
Team Accreditation Application**

Please Print or Type: Application Status: Initial ____ Renewal ____

Date Form Completed: _____ Type of Team: Peer ____ CISM ____ Dual ____

Agency(s) Name: _____

Team Name (as on file with OEMS): _____

Jurisdiction(s) Supported: _____

Team Mailing Address: _____

(City)

(State)

(Zip)

Team Primary Phone #: _____ Cell #: _____

Team Primary E-mail Address: _____

Is the team willing to be considered for state deployment requests? Yes No
If yes, list public facing team notification contact information:

Phone: _____ Web/Email: _____

TEAM NOTIFICATION

Primary Point of Contact: _____

Title / Rank: _____ Phone #: _____ Cell #: _____

E-mail: _____

Secondary Point of Contact: _____

Title/ Rank: _____ Phone #: _____ Cell #: _____

E-mail: _____

TEAM LEADERSHIP

Team Leader: _____

Title / Rank: _____

Address: _____

(City) (State) (Zip)

Phone # : _____ Cell # : _____

E-mail: _____

Assistant Team Leader: _____

Title / Rank: _____

Address: _____

(City) (State) (Zip)

Phone # : _____ Cell # : _____

E-mail: _____

CLINICAL CONTACTS

Clinician 1: _____

Title(s): _____ License #: _____

Address: _____

(City)

(State)

(Zip)

Telephone #: _____ Cell #: _____

E-mail: _____

Clinician 2: (recommended not required) _____

Title(s): _____ License #: _____

Address: _____

(City)

(State)

(Zip)

Telephone #: _____ Cell #: _____

E-mail: _____

Clinical Coordinator: (optional) _____

Title(s): _____ License #: _____

Address: _____

(City)

(State)

(Zip)

Telephone #: _____ Cell #: _____

E-mail: _____

ANIMAL SUPPORT CONTACT (if applicable)

N/A _____

Lead Animal Handler: _____

Title/Rank: _____

Animal Name, Age, Breed and Type: _____

Address: _____

(City) (State) (Zip)

Telephone #: _____ Cell #: _____

E-mail: _____

Assistant Animal Handler: _____

Title/Rank: _____

Animal Name, Age, Breed and Type: _____

Address: _____

(City) (State) (Zip)

Telephone #: _____ Cell #: _____

E-mail: _____

Additional Support Animal Information

If there is any other relevant information regarding the support animal(s) or their role within the team, please provide it on additional pages as needed. This could include details about specific training, deployment experiences, required veterinary care, or any other information that could assist in the accreditation process.

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
Roster	Yes	No	
Governing Documents	Yes	No	
Training Records	Yes	No	
Alerting Process	Yes	No	
Meeting Schedule	Yes	No	

1. Roster – Must be updated at least twice a year for all members and team leadership.
2. Governing Documents – Outline the structure of the CISM /Peer Support Team, including leadership roles, how positions are filled, membership requirements, grievance or disciplinary procedures, and other relevant governance details.
3. Training Records – Documentation of training completed by team members. This may be submitted in a spreadsheet format but must include a signed verification that records have been reviewed and are available upon request.
4. Alerting Process – A written description of the team’s notification process for activating members. Include documentation of any tests conducted and their results.
5. Meeting Schedule – A list of scheduled team meetings with an indication of frequency of the meetings (e.g., monthly, quarterly).

CERTIFICATION AND ATTESTATION

Participation in the Virginia Office of EMS CISM and Peer Support Team Accreditation Program is voluntary. Teams may seek accreditation at their discretion and are not required to do so to provide CISM or Peer Support services. However, accreditation offers formal recognition of a team's qualifications, reinforces legal protections under Virginia law, and may help teams demonstrate readiness for deployment or mutual aid opportunities beyond their local jurisdiction.

I certify that the information provided in this application and supporting documentation is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in the denial or revocation of accreditation status.

By signing below, I affirm that our team agrees to comply with all applicable policies, procedures, and requirements established by the Virginia Office of EMS for accredited CISM and Peer Support Teams.

Team Leader Name (printed): _____

Title/Rank: _____

Date: _____

Signature (electronic or handwritten): _____

Optional – Completed By (if different from Team Leader)

Name (printed): _____

Role/Title: _____

Date Completed: _____

Submit completed applications to: CISM.Accreditation@vdh.virginia.gov
Electronic submission is preferred. If your team is unable to submit electronically, please contact the Office of EMS for guidance.