1. NOTIFICATION DATE: Click here to enter text.
2. CIRCUMSTANCES/EVENT (DO NOT USE NAMES OR DETAILS THAT MAY BREECH CONFIDENTIALITY):

Click here to enter text.

1. HAS THERE BEEN ANY PROCESSING/SUPPORT PROVIDED TO THE STAFF? YES [ ]  NOT YET [ ]
2. HAS THE HOMOGENEITY OF THE GROUP BEEN ADDRESSED? YES [ ]  NO [ ]

DO WE NEED MORE THAN ONE DEBRIEFING? YES [ ]  NO [ ]

PLEASE DESCRIBE SITUATION:

Click here to enter text.

1. ARE THERE ANY SENSITIVE ISSUES OR SPECIAL NEEDS TO BE AWARE OF (TO INCLUDE BARRIERS TO LANGUAGE, ACCESS, ETC.)?
Click here to enter text.
2. **INTERNAL (WITHIN THE AGENCY):** [ ]  **OR EXTERNAL (OUTSIDE AGENCY REQUEST):** [ ]  **IN COUNTY/LOCATION: Click here to enter text.
IN STATE/ADDRESS & COUNTY: Click here to enter text.**

1. SUPERVISOR(S) OR CONTACT PERSON: Click here to enter text.

CONTACT NUMBER/INFO: Click here to enter text.

1. DOES SUPERVISOR NEED SUPPORT? NO [ ]  YES [ ]

 IF YES:

1. Conversation with supervisor (internal/external) will be had about best practice of them not being present.  If the external supervisor insists on their presence, please note this Click here to enter text.
2. Does the supervisor(s) need a separate debriefing or individual support? Click here to enter text.
3. ARE MORE THAN 2 DEBREIFERS NEEDED (FOR LG GP)? YES[ ]  NO[ ]
4. WHO IS REQUESTING DEBRIEFING; SUPERVISOR OR LINE STAFF? Click here to enter text.
5. HOW MANY PARTICIPANTS DO WE EXPECT? Click here to enter text.
6. SCHEDULED DATE OF DEBRIEFING: Click here to enter text.

HAS SPACE BEEN RESERVED? Click here to enter text.

LOCATION? (USE 1ST FLOOR OASIS ROOM WHEN POSSIBLE) Click here to enter text.

1. DATE OF BRIEFING: Click here to enter text.
HOW MANY ATTENDED? Click here to enter text.

ANY IMPORTANT CIRCUMSTANCES? Click here to enter text.

1. DATE OF DEFUSING: Click here to enter text.
HOW MANY ATTENDED? Click here to enter text.
ANY IMPORTANT CIRCUMSTANCES?
Click here to enter text.
2. **DATE OF DEBRIEFING: Click here to enter text.**

**HOW MANY ATTENDED? Click here to enter text.
ANY IMPORTANT CIRCUMSTANCES?
Click here to enter text.**

LEAD DEBRIEFER: Click here to enter text.

SUPPORT ROLE: Click here to enter text.

CHECK LIST OF NEEDED ITEMS: Either supply or arrange (with external)

* Food/candy, plates, napkins if possible
* Water
* Kleenex
* Private location
* Handouts to include *Critical Incident Stress Information, Things to Try* (on opposite side) and follow up info form
* Follow up contact info - CISM business cards
* EAP pamphlets (for internal only)
* Anonymous surveys and envelopes

CHECK LIST OF TO DO ITEMS:

* When we find out a CISM is to occur, send one page description to supervisors to provide to staff
* Talk to supervisors about homogeneity ahead of time to ensure proper message gets to correct staff
* Put up Oasis Room signs as much ahead of time as possible, letting staff know that room will be closed at these times
* Put up closed room signs when using the room for privacy