

**DEFUSING/DEBRIEFING REQUEST & PREPARATION CHECKLIST**

Date:  Call Received From:

Contact Person Name**:**  Title:

Agency Name:

Telephone: (H) (W) (Cell)

**THE CRITICAL INCIDENT**

Line of Duty Death

Serious Injury to Emergency Personnel

Serious Injury to Children

Serious Multiple Casualty Incident

Traumatic Death of Child or Children

Suicide of Emergency Personnel

Victims Known to Emergency Personnel

Event with Excessive Media Interest

Event with Unusually Powerful Impact to Emergency Personnel

Other, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date of Incident: Time of Incident:

Number of Victims:  Number of Deaths:

**Number of Involved Personnel:**

Rescue Personnel EMS

Fire Personnel Law Enforcement Personnel

Security Personnel Clinical Personnel

Air-Medical Personnel Medical / Hospital Personnel

Dispatchers Other Involved Personnel

Are there individuals in the group who appear to be distressed?

Yes No Describe:

Have personnel demonstrated behavioral changes?

Yes No Describe:

Have any personnel requested help? Yes No

Who:

Are other agencies showing similar reactions? Yes No

Describe:

What will the length of time be between the incident and the scheduled defusing/debriefing?

**THE DEBRIEFING**

Date:  Time: Location:

Directions:

**Who will be responsible for the following:**

Opening the debriefing facility:

Providing light refreshments:

Briefing the team prior to the debriefing:

Data collection for the team:

(News Articles, videotapes, photographs, incident report, etc.)

**ANNOUNCEMENTS OF THE DEBRIEFING**

The debriefing must be announced to all personnel involved in the incident.

Who will be responsible for notifying the following:

Rescue Personnel:

Air-medical Personnel:

Fire Personnel:

Law Enforcement Personnel:

Security Personnel:

Clinical Personnel:

Medical Personnel:

Other Involved Personnel:

Emergency Medical Services:

Dispatchers:

**TEAM FORMATION**

Time for team to meet for strategic planning:

**Team Members:**

Mental Health Professional: (Team Leader)

Peer Support Personnel:

Brief Description of the Incident:

**INFORM THE PARTICIPANTS OF THE FOLLOWING:**

* **Purpose, to bring all of the participants together to discuss their reactions to the incident, to learn techniques for dealing with stress, and to offer positive support for the actions taken.**
* **It will NOT be an incident critique.**
* **Location**
* **Starting Time**
* **Length, allow 2 ½ to 3 hours.**
* **Note taking, recorders, and non-involved personnel are forbidden from the debriefing.**
* **Radios/pagers/scanner, etc. will need to be turned off.**