

NORTH DAKOTA CRITICAL INCIDENT STRESS MANAGEMENT TEAM Post-Intervention Report Form

Incident Date: _____ Intervention Date: _____ Today's Date: _____

Intervention provided: On-Scene Support; Defusing (on-scene or near-scene)
 Debriefing Specialty Demobilization
FOLLOW-UP: phone call group individual

Location of Intervention: _____

Team Leader: _____

Mental Health: _____ Peer Support: _____

Nature of Incident: _____

Numbers Served: _____ TOTAL; _____ EMS; _____ Fire;
_____ Law Enf.; _____ Nursing/Hospital Personnel; _____ Dispatch;
_____ Other (List:) _____

General impression of intervention provided (No names or issues of confidence, please):

Need for additional services or follow-up? Yes No (Comment:) _____

Additional Comments: _____

Signature of Team Leader _____

NOTE: This Form must be completed & returned to the coordinator within 3 days post intervention.