

Tidewater CISM TEAM

**STANDARD OF CARE SURVEY**

The CISM intervention leader shall provide this form (and a self-addressed envelope) to an Agency point of contact following every CISM intervention completed.

*For the Agency POC: We ask that you complete this form and mail it to the TEMS Office. We want to ensure that your needs are met and that we have held to the highest possible standards for this intervention. If you have any questions, or wish to speak to the senior leadership of the CISM Team, please contact the Tidewater EMS Council.*

Date of Intervention: \_\_\_\_\_

Intervention: \_\_\_\_\_ CISD \_\_\_\_\_ Defusing \_\_\_\_\_ 1-on-1 \_\_\_\_\_ Other \_\_\_\_\_

Agency: \_\_\_\_\_ POC Name: \_\_\_\_\_

1. On a scale of 1 to 5, with 5 being the highest:

a. Were you (or your agency) satisfied with the CISM intervention?

1      2      3      4      5

b. Was the CISM Team responsive?

1      2      3      4      5

c. Was the team composition appropriate for your agency?

1      2      3      4      5

d. Were your (or your agency's) needs met?

1      2      3      4      5

e. Did the intervention help with people's coping of the incident?

1      2      3      4      5

f. Would you recommend another CISM intervention within your agency?

1      2      3      4      5

2. What was the best thing about the CISM Team's intervention?

3. What could the CISM Team do to do a better job in the future?

4. Do you have any comments you'd like to make to the CISM Team leadership? (use back)

Please mail or fax this form to: CISM Team (Attn: Admin Coordinator), TEMS Council, 1104 Madison Plaza, Suite 101, Chesapeake, VA 23320-5163. Fax: 757-963-2325. To speak with the Admin Coordinator, please call 757-963-0632. Thank you.

