# Appendix E
## Critical Incident Activation Checklist

**Purpose**
This checklist provides guidance for activating and implementing structured peer support follow up after high impact events.

A critical incident response is intended to support members, reinforce organizational care, and promote early intervention. It does not replace clinical services.

**Step 1: Identify a Triggering Event**
A critical incident response may be activated following events such as:

- Line of duty death or serious injury
- Pediatric fatality
- Suicide or suspected suicide
- Multiple casualty incident
- Prolonged or unusually distressing call
- Incident involving a coworker
- Any event identified by leadership or members as high impact

**Activation may be initiated by:**

- Chief or agency leadership
- Wellness Lead or Resilience Officer
- Peer Support Team
- Supervisor request
- Individuals involved in the call
- Dispatch Center

**Step 2: Immediate Actions (Within 24 Hours)**

- Notify the Wellness Lead or designated peer supporter
- Confirm affected personnel
- Ensure operational coverage if needed
- Provide verbal acknowledgment of the incident
- Remind members of available peer support and resources

**Step 3: Initial Follow-Up (24–72 Hours)**

- Offer voluntary peer check-ins
- Reinforce confidentiality
- Provide information on EAP or external resources
- Assess need for external CISM team if appropriate
- Document activation in aggregate only (no names)

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**Step 4: Secondary Follow-Up (2–4 Weeks)**

- Conduct additional check-ins
- Monitor for delayed stress reactions
- Encourage ongoing engagement if needed
- Review whether further resources should be offered

**Step 5: Program Review**

Following significant incidents, peer support team leadership and/or the wellness lead should review:

- Was activation timely?
- Were members aware of support options?
- Were confidentiality standards upheld?
- Are adjustments needed for future responses?

**Agency-Specific Considerations**

Agencies are encouraged to align critical incident response practices with their existing policies, procedures, and available resources.

This may include:

- Identifying internal referral pathways, such as peer support, wellness leads, or supervisory support
- Incorporating external resources, including EAP, behavioral health providers, chaplain services, or regional CISM teams
- Aligning response practices with any existing agency policies or procedures related to employee support, critical incidents, or behavioral health
- Clarifying how and when referrals to additional support services should occur

Agencies should ensure that personnel are aware of available resources and understand how to access support following high-impact events.

**Key Principles**

- Participation is voluntary
- Confidentiality is maintained within defined limits
- No individual documentation in personnel files

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