



**Health,  
Wellbeing  
& EAP**

**CISM Activation Form**

Tusla Critical Incident Stress Management Request for Services Form

**Complete prior to contacting a local CISM Team for services.**

**Type of Critical Incident:** (Check appropriate box)

- |  |                          |
|--|--------------------------|
| Line of duty death   | <input type="checkbox"/> |
| Serious line of duty injury                                | <input type="checkbox"/> |
| Suicide of a staff member                                  | <input type="checkbox"/> |
| Critical injury or death of a child                        | <input type="checkbox"/> |
| Knowing the victim involved in an event                    | <input type="checkbox"/> |
| Prolonged incident with negative results                   | <input type="checkbox"/> |
| Multi-casualty incident/Terrorist Incident                 | <input type="checkbox"/> |
| Event with excessive media attention                       | <input type="checkbox"/> |
| Injury or Death of any individual caused by a staff member | <input type="checkbox"/> |
| Multiple Significant Incidents within a short time frame   | <input type="checkbox"/> |
| The victim or observer of Workplace Violence               | <input type="checkbox"/> |
| Any other significant or overwhelming event                | <input type="checkbox"/> |

**Date of Incident:** [Click here to enter a date.](#) **Time of Incident:** [Click here to enter text.](#)

**Number of Victims:** [Click here to enter text.](#) **Number of Deaths:** [Click here to enter text.](#)

**Number of Personnel Involved:** [Click here to enter text.](#)

**Please give a brief description of the incident:**

[Click here to enter text.](#)

Are there personnel in the staff group directly involved that appear to be distressed?  
If so describe:

[Click here to enter text.](#)

Have the personnel demonstrated behaviour changes? If so describe:

[Click here to enter text.](#)

Have any personnel requested help? Explain.

[Click here to enter text.](#)

Is the incident extraordinary? If so, explain how.

[Click here to enter text.](#)

Are there staff involved from other agencies who are displaying similar signs?

[Click here to enter text.](#)

What will be the length of time between the incident and the target time for services requested?

**Hours** [Click here to enter text.](#) **Days** [Click here to enter text.](#) **Weeks** [Click here to enter text.](#)

Where is the facility that the services will be conducted?

[Click here to enter text.](#)

Will the participants be taken out-of-service or be off duty?

[Click here to enter text.](#)

Who will arrange for refreshments following the services?

[Click here to enter text.](#)

**Contact:** [Click here to enter text.](#)

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FOR COMPLETION BY HW&EAP OFFICE
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Date Requested Received [Click here to enter a date.](#) CISM Activation Required Y ☐ N ☐

Team members allocated: [Click here to enter text.](#) & [Click here to enter text.](#)

Scheduled date and time of CISM [Click here to enter a date.](#) at \_\_\_\_\_

Tusla Health, Wellbeing and EAP

[eap@tusla.ie](mailto:eap@tusla.ie)