



## **CISM Peer Support Statement of Understanding**

*The undersigned has applied for a position as a Peer within the East Contra Costa Fire Protection District's Critical Incident Stress Management (CISM) Program and acknowledges the following:*

I understand that the CISM Program Peer position is a volunteer position.

I understand that, as a Peer, I will handle confidential information of a personal nature. I understand that I am expected to hold all personal information and responses volunteered by participants (via oral, written, or electronic media) regarding the incident in strict confidence. Except where required by law, I will not divulge such information or responses outside the context of the CISM function unless the recipient of a CISM intervention authorizes disclosure in writing. Exceptions are: 1. When there is reason to believe that child abuse, or elder adult, or dependent adult abuse exists 2. When the employee expresses that he/she is suicidal or a danger to himself/herself 3. When the employee expresses the he/she intends to harm another person.

I understand that such communications are considered "covered communications" and failure to keep all covered communications confidential will result in removal as a Peer and may also result in disciplinary action, or other adverse personnel or administrative action.

I understand I will be on call. I agree to keep my CISM Team Director informed of my contact information. I understand and agree to monitor for symptoms of compassion fatigue within my fellow peers and myself and when it is warranted I will seek assistance.

In addition to my required CISM certification training, I understand I am expected to participate in trainings and meetings that the CISM Training Officer may organize for my team. Additionally, I agree to read articles pertaining to CISM interventions that the team may provide.

I understand that as a Peer, I will be required to maintain the highest standard of integrity and be a role model for all other District members, both on and off-duty. I understand that any substantiated incident of inappropriate conduct while deployed as a Peer can result in the loss of my CISM Peer involvement. I also understand that I will be expected to "practice what I teach" by using healthy ways to reduce my stress level when needed.

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Peer Signature

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Date

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Peer Name (Print)

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Employee #