



ANNUAL REPORT 2018

FROM THE CHAIR

Overview

We've added a few tips (like this one) to help you get started.

When you tap tip text, the whole tip is selected. Just start typing to replace it with your own.

Financial Highlights

Thanks to the hard work, of several members in the last few years, we remain in excellent shape financially.

Operating Highlights

It has been a busy year for the team. Even though we are all volunteer and offer our services 24/7 we manage to be there whenever someone calls. Whether it is 0300 hours for a responder in emotional distress or a debriefing for 30 responders, the team has managed to meet its goals of service.

*2017 was also a year of loss for the team,
please see our memorial page in back.*

Looking Ahead

View and edit this document in Word on your computer, tablet, or phone. You can edit text; easily insert content such as pictures, shapes, and tables; and seamlessly save the document to the cloud from Word on your Windows, Mac, Android, or iOS device.

Douglas Bird, BApB, ACP
Chair
August 2018

FINANCIAL SUMMARY

Annual Account for the Year Ending December 31, 2017

Cash balance January 1, 2017 \$ 19,463.92

Revenue

donations received \$ 15,000.00

Total Income \$ 15,000.00

Expenses

team purchases \$ 3,265.48

membership fees \$ 257.32

External training expense \$ 9,000.24

Internal training expense \$ 312.03

office/team supplies \$ 489.62

flowers/gifts \$ 100.00

bank fees \$ 103.79

Dog supplies/expenses \$ 666.94

travel expense-Training \$ 8,447.31

conference fees \$ 1,026.86

Total Expenses \$ 23,669.59

Cash Balance December 31, 2017 \$ 10,794.33

Respectfully submitted:

Michele Mark

ON CALL CO-ORDINATORS

Annual Report 2017

As coordinators of a tri-service team, our role is to collect information from the caller, decide on what service should be provided, disseminate information, gather a team and, relay and coordinate timings with our caller. The call to the team, in most circumstances, comes through switchboard at Lakeridge Health- Oshawa Campus, to the on-duty coordinator. The coordinators are on a rotating schedule as agreed upon by them. The coordinator gathers information such as nature of incident, agency(ies) involved, number of first responders directly involved, and current known status related to the call ie survived or deceased. This information allows the coordinator to make an informed decision on timing and requirement of providing one-on-one care or a group service. Once decided on what is needed, a team of critical incident stress management (CISM) providers is assembled and a location for service is determined. Coordinators use sites that allow best access and accommodation for the first responders.

After providing service(s) to our first responders, our team members follow up with the responders on a scheduled basis until the responder requests to no longer be contacted or until 1 year post incident; this could be extended on a case-by-case basis if requested. Coordinators use a dynamic approach to gather, disseminate information and form decisions using a unique framework for decision making. As fellow first responders to our caller(s), our understanding of what the jobs entail provides a foundation for best understanding of how to meet the demands of our requests for service. We help form a keystone in our team and complement our co-members for an effective provision of CISM.

Dan Gagnon
Senior Team Coordinator

MEMBERSHIP

In 2017, we added 8 new members to our team: 3 Police peer, 3 Police Communicator peer, and 2 Paramedic Peer. One member passed away and we had 3 peers on LOA.

Our team currently consists of 46 members including: 18 police peers (including communications peers), 4 fire peers, 10 paramedic peers, 5 mental health peers (including 2 Chaplains), 5 therapy dog teams, and 4 general members. Many of our members wear multiple hats within the team, chairing various areas, being department liaisons and as on-call coordinators.

Krisztina Dalziel
Membership Chair

TRAINING

We now have two (2) members who attended Instructor training courses, in the US, this year. Sandra Mackey and Deb Sabo are now certified by the ICISF to conduct Peer and Group training. They have now conducted two (2) courses to try and get all our new members certified.

We continue to offer four (4) training nights per year. These are coordinated by Joanne Paterson, our training Chair.

CRISIS RESPONSE DOGS

- Naveed and Bentley passed away in 2017
- Clara has been retired due to medical reasons

Ginger, Kalahan, Linda and Todd attended the CCISF conference in Niagara Falls in April for 2 days. We promoted the use of canines in CISM. Was very well received and we have gotten a lot of positive feedback. Have also had many inquiries as to how to get more dogs involved on teams.

**DRCISST K9's participated in
2 defuses, 5 debriefs, and 4 pre-incident education meetings**

Michele and Linda attended the ICISF conference in Baltimore in May to learn more about the use of dogs in Crisis Response. We learned the difference between "Therapy Dogs" and "Crisis Response K9's". Therapy dogs typically do short visits in very low stress situations whereas Crisis Response Dogs typically work for longer durations and in high stress situations. DRCISST changed the title of our dogs to better reflect their roles within the team. We also learned that our dogs are underutilized. Dogs can, and should, be used more in the day to day operations of First Responders. Whether it is being used as a friendly visitor to various Police/Fire/Paramedic/Communications stations to offer comfort, alleviate stress, or simply a quick snuggle, dogs offer a boost to morale and are an overall stress reliever. They also should be used more in Critical Incidents at the time of the event. In the U.S. dogs are deployed to most Critical Incidents as research has proven it helps to mitigate the trauma and stress of such events. The dogs help first responders but also help civilians by offering comfort and compassion when they are at their most vulnerable.

DRCISST K9 policy has been rewritten to bring it up to date. We have also created our own Crisis Response Dog Evaluation. We would like to evaluate our own dogs/handlers based on the needs of the team. This evaluation will test dog/handler team's soundness to all stress, the dog's social wellbeing, and they will be aggression tested.

DRCISST needs more dog/handler teams. We need dog/handler teams that are committed and will be dedicated to the team and available with short notice.

There is a fine line between too many teams, and therefore they do not get used enough, to having too few teams, and not being able to meet the needs of the team. It is recommended that we bring on board 2-3 new dog/handler teams.

Submitted by

Linda McMillan

DRCISST Lead Crisis Response K9 Handler



IN MEMORIAM

Randy Tureski



A member of the team for many years, Randy was one of the rocks that kept this team grounded and focused.

His infectious smile coupled with an ability to read people and situations made him a great peer supporter.

A good friend who is sorely missed.

Naveed



As one of our originals, Naveed and handler Lynn helped bring Crisis Response Dogs into Canada. Lynn was our first Crisis Response Dog Co-Ordinator.

Bentley



Another one of our originals, Bentley and handler Michele were always ready to help. As one of our small dogs, he made up for it in attitude. Although Bentley is no longer with us, Michele is. We found out she knew how to keep proper financial accounts.