WISCONSIN EMS
HONOR GUARD ASSOCIATION

CHAPLAIN MONTHLY ACTIVITY AND INCIDENT REPORT

Executive Board Reporting Package

PURPOSE

This form documents monthly chaplain activities, significant incidents, services provided, referrals, follow-up actions, and matters requiring Executive Board awareness or action. Record only information necessary for operational oversight and continuity of care.

Reporting Month/Year: _____

Chaplain Name: _____

District/Area Served: _____

Date Submitted: _____

Handle and store in accordance with Association confidentiality and record-retention requirements.

PART I — MONTHLY CHAPLAIN ACTIVITY REPORT

1. REPORTING INFORMATION

Reporting Month and Year: _____

Chaplain Name: _____

Position/Title: _____

District or Area Served: _____

Date Report Submitted: _____

Submitted To: _____

☐ Commander

☐ Executive Officer

☐ Adjutant Officer

☐ Executive Board

☐ Other: _____

2. MONTHLY ACTIVITY SUMMARY

Activity Type	Number
-Duty Death responses	
duty member death responses	
member death responses	
s injury or illness responses	
er or family crisis responses	
al or rehabilitation visits	
l or memorial services attended	
Guard details supported	
notifications assisted with	
support contacts	
er wellness/emotional-support contacts	
incident support contacts	
-up contacts	
in meetings or consultations	
g sessions attended or conducted	
unity or interagency contacts	
chaplain-related activities	
CONTACTS OR RESPONSES	

3. SUMMARY OF SIGNIFICANT ACTIVITIES

Provide a brief operational summary. Do not include unnecessary medical information, diagnoses, private counseling details, or confidential spiritual communications.

_____

_____

_____

_____

_____

4. MEMBER AND FAMILY SUPPORT

A. Types of Support Provided

☐ Emotional support

☐ Grief support

☐ Hospital visitation

☐ Death notification support

☐ Member wellness check

☐ Coordination with clergy

☐ Coordination with EMS agency leadership

☐ Other: _____

☐ Spiritual support

☐ Family assistance

☐ Funeral/memorial planning assistance

☐ Critical incident support

☐ Referral to professional resources

☐ Coordination with funeral home

☐ Coordination with Association leadership

B. General Summary

_____

_____

_____

5. FUNERAL, MEMORIAL, AND HONOR GUARD SUPPORT

Date	Member/Agency	Service Type	Location	Chaplain Role	Follow-Up

Operational concerns, special circumstances, or recommendations

_____

_____

_____

6. CRITICAL INCIDENT AND EMERGENCY RESPONSE ACTIVITY

☐ Line-of-duty death

☐ Suicide or suspected suicide

☐ Pediatric death

☐ Multiple-fatality incident

☐ Member arrest or major personal crisis

☐ Critical incident involving Association members

☐ No critical incidents this month

☐ Serious line-of-duty injury

☐ Traumatic death

☐ Mass-casualty incident

☐ Violence involving EMS personnel

☐ Disaster response

☐ Other: _____

Incidents requiring immediate response:

_____

Incidents requiring continued follow-up:

_____

General summary of critical incident activity

_____

_____

_____

7. REFERRALS AND OUTSIDE RESOURCES

Date	General Reason	Resource/Agency	Accepted?	Follow-Up Completed?

☐ Employee Assistance Program

☐ Physician or medical provider

☐ Suicide-prevention resource

☐ Funeral home

☐ Veterans service organization

☐ Licensed mental-health professional

☐ Crisis response service

☐ Clergy or faith leader

☐ Grief-support organization

☐ Law enforcement victim services

☐ Social services ☐ Other: _____

8. FOLLOW-UP STATUS

Case/Incident Reference	Follow-Up Required	Responsible Person	Due Date	Current Status

☐ All required follow-up completed ☐ Follow-up remains in progress

☐ Executive Board assistance requested ☐ Transferred to another person/agency

☐ No follow-up required

Additional explanation

_____

_____

9. TRAINING, EDUCATION, AND PREPAREDNESS

A. Training Completed or Attended

Date	Training Topic	Provider	Hours	Certificate

B. Training Conducted by the Chaplain

Date	Audience	Topic	Number Attending

C. Recommended Training Needs

☐ Grief and bereavement support
☐ Death notification
☐ Critical incident response
☐ Funeral and memorial protocol
☐ Member wellness and resilience
☐ Other: _____
☐ Line-of-duty death response
☐ Suicide awareness and prevention
☐ Family liaison responsibilities
☐ Cultural or religious awareness
☐ Confidentiality and recordkeeping

10. EXECUTIVE BOARD NOTIFICATION OR ACTION REQUESTED

☐ No action requested
☐ Yes — Executive Board review/action requested
☐ Policy clarification
☐ Emergency authorization
☐ Family assistance
☐ Member wellness resources
☐ Equipment or supply request
☐ Confidential Executive Session discussion
☐ Financial assistance
☐ Additional personnel
☐ Legal or risk-management review
☐ Training authorization
☐ Interagency coordination
☐ Other: _____

Description of requested action

_____
_____
_____

11. CHAPLAIN OBSERVATIONS AND RECOMMENDATIONS

_____
_____

_____

_____

12. MONTHLY CERTIFICATION

I certify that this report is accurate to the best of my knowledge. Confidential information has been limited to what is reasonably necessary for Association oversight, operational continuity, member safety, and required follow-up.

Chaplain Signature: _____ **Date:** _____

Commander/Designee Review: _____ **Date Reviewed:** _____

Executive Board action, if any

_____

_____

PART II — INDIVIDUAL CHAPLAIN INCIDENT REPORT

Complete for any significant event requiring the Chaplain's presence, response, consultation, coordination, or continued follow-up.

1. INCIDENT IDENTIFICATION

Incident Report Number: _____

Date of Incident: _____

Time of Incident: _____

Date Chaplain Notified: _____

Time Chaplain Notified: _____

Date Chaplain Responded: _____

Time Chaplain Responded: _____

Incident Location: _____

District: _____

EMS Agency/Organization: _____

Person Requesting Response: _____

Title/Position: _____

Contact Information: _____

2. TYPE OF INCIDENT

☐ Line-of-duty death
☐ Death of active member
☐ Death of retired member
☐ Serious injury
☐ Serious illness
☐ Hospitalization
☐ Suicide or suspected suicide
☐ Traumatic incident
☐ Pediatric death
☐ Mass-casualty incident
☐ Death notification
☐ Family crisis
☐ Member emotional or spiritual crisis
☐ Critical incident involving EMS personnel
☐ Funeral or memorial service
☐ Honor Guard detail
☐ Workplace conflict or traumatic event
☐ Disaster or emergency response
☐ Member welfare concern
☐ Other: _____

3. PERSON OR MEMBER INVOLVED

Name: _____

Association Member (Yes/No): _____

Membership/District Number: _____

EMS Agency: _____

Position or Rank:

Immediate Family/Primary Contact:

Relationship:	**Contact Information:**

Do not record detailed diagnoses, treatment information, counseling statements, or other unnecessary confidential information.

4. INITIAL NOTIFICATION

☐ Telephone
☐ Email
☐ In person
☐ Association leadership
☐ Other: _____
☐ Text message
☐ Radio
☐ Dispatch or agency notification
☐ Family request

Initial information received

_____
_____
_____

Immediate concerns identified

☐ Personal safety
☐ Emotional distress
☐ Medical emergency
☐ Media presence
☐ Honor Guard activation
☐ Confidentiality concern
☐ Other: _____
☐ Family safety
☐ Suicide or self-harm concern
☐ Need for emergency services
☐ Funeral coordination
☐ Family liaison needed
☐ No immediate concern identified

5. CHAPLAIN RESPONSE

☐ On-scene response
☐ Family residence
☐ EMS agency
☐ Virtual meeting
☐ Command post
☐ Hospital response
☐ Funeral home
☐ Telephone support
☐ Memorial or funeral service
☐ Other: _____

Time Chaplain Arrived:
_____

Time Chaplain Cleared:
_____

Total Time Committed:
_____

Other Chaplains Present:
_____

Association personnel present

_____
_____

Outside agencies or professionals present

_____
_____

6. SERVICES PROVIDED

☐ Emotional support
☐ Spiritual support

☐ Grief support
☐ Member support
☐ Hospital visitation
☐ Family liaison assistance
☐ Funeral/memorial planning
☐ Critical incident support
☐ Coordination with agency leadership
☐ Coordination with clergy/faith community
☐ Resource information
☐ Other: _____

☐ Family support
☐ Prayer/religious observance when requested
☐ Death notification assistance
☐ Funeral home coordination
☐ Honor Guard coordination
☐ Referral to professional care
☐ Coordination with Association leadership
☐ Transportation assistance
☐ Follow-up contact scheduled

Objective summary of services provided

_____
_____
_____
_____

7. INCIDENT NARRATIVE

Provide a factual, chronological summary. Include the reason for involvement, actions taken, coordination performed, operational concerns, and outcome. Exclude confidential confessions, privileged communications, speculation, and unnecessary medical information.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

8. SAFETY OR URGENT CONCERNS

☐ No immediate safety concern identified

☐ Yes — immediate safety concern identified

☐ 911/emergency services contacted

☐ Law enforcement contacted

☐ EMS response requested

☐ Crisis service contacted

☐ Transferred to qualified professional care

☐ Commander notified

☐ Executive Officer notified

☐ Family/responsible party notified

☐ Other: _____

Brief explanation

_____
_____
_____

9. NOTIFICATIONS MADE

Person/Organization	Title/Relationship	Date/Time	Method	Reason

☐ Commander

☐ Executive Officer

☐ Adjutant Officer

☐ Other Board Member: _____

☐ No Executive Board notification required

10. REFERRALS PROVIDED

☐ No referral recommended or provided

☐ Yes — referral recommended or provided

☐ Employee Assistance Program

☐ Medical provider

☐ Suicide-prevention resource

☐ Funeral home

☐ Social services

☐ Veterans service organization

☐ Licensed mental-health professional

☐ Crisis hotline/response team

☐ Clergy or faith leader

☐ Grief-support service

☐ Victim services

☐ Other: _____

Referral Organization/Contact:

_____

Date Referral Provided:

_____

Referral Accepted (Yes/No/Unknown):

_____

Follow-Up Required (Yes/No):

_____

11. FUNERAL OR MEMORIAL SUPPORT

Funeral Home:

_____

Funeral Director:

_____

Service Date:

_____

Service Time:

_____

Service Location:

_____

Family Liaison:

_____

Agency Liaison:

_____

Honor Guard Commander/Detail Leader:

_____

☐ Family support

☐ Scripture/selected reading

☐ Memorial remarks

☐ Funeral planning meeting

☐ Coordination with officiating clergy

☐ Prayer or invocation

☐ Benediction

☐ Graveside support

☐ Honor Guard briefing

☐ Other: _____

Special religious, cultural, or family considerations

_____

_____

_____

12. FOLLOW-UP PLAN

☐ Follow-up required

☐ No follow-up required

Primary Person Responsible:

_____

Planned Follow-Up Date:

_____

☐ Telephone
☐ Email
☐ Hospital visit
☐ Family meeting
☐ Other: _____

☐ Text message
☐ In-person visit
☐ Agency visit
☐ Funeral/memorial attendance

☐ Member wellness check
☐ Grief support
☐ Funeral planning
☐ Resource assistance
☐ Critical incident follow-up

☐ Family wellness check
☐ Confirm professional referral
☐ Memorial planning
☐ Association support
☐ Other: _____

13. FOLLOW-UP CONTACT LOG

Date	Person Contacted	Method	General Outcome	More Follow-Up?

Follow-Up Summary

_____

_____

_____

_____

14. CASE STATUS

☐ Open — active follow-up continuing

☐ Open — awaiting funeral/memorial service

☐ Closed — referred to another resource

☐ Closed — transferred to Association leadership

☐ Open — awaiting outside response

☐ Closed — support completed

☐ Closed — no further assistance requested

☐ Other: _____

Date Closed:

_____

Reason for Closure:

_____

15. EXECUTIVE BOARD REVIEW OR ACTION

☐ No Executive Board review required

☐ Yes — Executive Board review required

☐ Significant member/family need

☐ Financial assistance request

☐ Risk-management concern

☐ Reputational or media concern

☐ Need for professional wellness resources

☐ Other: _____

☐ Line-of-duty death or serious injury

☐ Policy or procedural concern

☐ Legal concern

☐ Need for additional personnel

☐ Need for confidential Executive Session

Recommended Board Action

_____

_____

_____

16. CHAPLAIN CERTIFICATION

I certify that this report is a factual operational summary. I have excluded confidential spiritual communications, privileged counseling discussions, unnecessary personal information, and detailed medical information except where disclosure was reasonably necessary to address an immediate safety concern or fulfill an Association responsibility.

Chaplain Name: _____

Chaplain Signature: _____

Date: _____

17. COMMAND REVIEW

Reviewed By: _____

Title: _____

Date Reviewed: _____

Additional Action Assigned To: _____

Completion Due Date: _____

Command Comments

_____

_____

_____

RECORD SECURITY AND RETENTION

- Chaplain reports shall be treated as confidential Association records.
- Reports shall be distributed only to persons with an operational or governance need to know.
- Confidential spiritual communications and private counseling discussions shall not be documented in operational reports.
- Immediate threats to life or safety shall be reported to the appropriate emergency service or authority.
- Incident reports should use a report number whenever possible rather than repeatedly identifying the person involved.
- Records shall be retained and destroyed according to the Association's approved records-retention policy.
- Reports involving legal claims, threats, deaths, serious injuries, or ongoing investigations shall not be destroyed without authorization from Association leadership or legal counsel.
- Electronic reports shall be stored in a secure, access-controlled location.
- Printed reports shall be stored in a locked and controlled file.
- Monthly reports submitted to the Executive Board should summarize activity without unnecessarily identifying individuals receiving confidential support.