

	POLICY & PROCEDURE	SERIES # 539	PAGE 1 OF 8
	SUBJECT		EFFECTIVE DATE
	CRITICAL INCIDENTS AND STRESS MANAGEMENT (CISM)		05/02/18
OVERSIGHT Operations			
DISTRIBUTION ALL MANUALS	AMENDS/SUPERSEDES/CANCELS P&P # 539 dated 10/17/13.		

I. PURPOSE:

The purpose of this directive is to establish the Critical Incidents and Stress Management Program, to identify its objectives and to provide general guidelines for its operation, selection of personnel for assignment, training, administration, and confidentiality.

II. POLICY:

It is the policy of the Hampton Police Division to maintain a Critical Incidents and Stress Management Program (CISM). The program consists of specially trained peer supporters, chaplains and professional mental health providers trained to give all Division members the opportunity to receive emotional and tangible peer support through times of personal or professional crises and to help anticipate and address potential difficulties.

III. DISCUSSION:

A. Objectives

1. The Hampton Police Division has recognized the value of providing a mechanism for its employees to cope with personal and/or professional problems. A successful approach to this problem has been to provide a program which offers a non-professional (peer) support program in addition to the current professional Employee Assistance Program (EAP). The CISM program is composed of a group of peers who have volunteered to make themselves available to any member of the Division. This will provide a means for Hampton Police Division employees to talk out personal and/or professional problems confidentially with someone who understands and cares.

The Hampton Police Division's most valuable resource is its employees. The CISM team's goal is to assist peers with stresses caused by personal and/or professional problems and to help them continue to be a productive member of the Hampton Police Division.

2. Sworn peer supporters are officers first and peer supporters second. Any conflicts of roles should be resolved in that context.

IV. DEFINITIONS

**APPROVED:
CHIEF OF POLICE**



- A. **Critical Incidents and Stress Management Personnel** - A member of the Department who is trained to identify the normal stress reactions associated with critical incidents and in the techniques that are helpful to resolve these situations. Support personnel are also trained in department, city, state, and federal benefits available to surviving spouses and/or family. They also provide a source of informal support to members.
- B. **Critical Incident** - Any situation faced by personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later.
- C. **Critical Incident Defusing** – Formal critical incident stress defusings are to occur as soon as practical, preferably within eight hours of an incident. The process explores the responders' reaction to the event and provides information as to possible emotional, cognitive, physical and spiritual reactions to the event that the responders may experience in the next 24 to 72 hours. This intervention may be done by peers without the assistance of a mental health provider.
- D. **Critical Incident Stress Debriefing (CISD)** - Formal critical incident stress debriefings are preferably conducted after 24 hours and within 72 hours of the incident but may be done at a later time if circumstances necessitate. These meetings are confidential to the participants and include discussions of involvement, thoughts, and reactions resulting from the incident. Also a discussion of typical stress-related symptoms will be included. **This is not a critique of the incident.** The purpose of the debriefing is to facilitate normal recovery from the incident. A CISD must include a mental health professional as a member of the team.
- E. **Crisis Management Briefing (CMB)** – A large scale crisis intervention for the purpose of providing information, reducing the sense of chaos and controlling rumors. Information is given by a reputable representative of the organization (Police Chief or his designate) who shares pertinent facts about the situation. The Clinical Director or his designate reviews the psychological impact of the event and the typical symptoms that might be experienced. An opportunity for questions and answers may or may not be included based on the situation.
- F. **Individual Peer Support** - Individual Peer support is available at any time, as needed. One to one support is available for any area that is of concern to the initiating employee.
- G. **Clinical Director** - A mental health professional responsible for conducting liaison with health services. All clinical activities are led by a mental health clinician who has postgraduate education in the behavioral sciences and has been trained in the critical incident stress review process. Part of the responsibilities of the Clinical Director is to serve as consultant to the clinical team. Upon notification of a critical incident the Clinical Director should be consulted as to the appropriate CISM intervention. The Clinical Director will participate as a team member (or will designate a trained mental health

provider to serve in his place) for all Critical Incident Stress Debriefings. The Clinical Director will provide and coordinate Team training as available.

V. PROCEDURE:

A. Handling of Officers at the Critical Incident

1. A supervisor shall be dispatched to the scene of the incident, and shall assume primary responsibility in caring for involved personnel.
2. The supervisor shall make appropriate arrangements for all necessary medical treatment.
3. During any period when the involved officer is required to remain on the scene, but has no immediate duties to fulfill, the officer should be taken to a quiet area away from the scene of the incident. A CISM member or other supportive friend or officer should remain with the officers, but should be advised not to discuss the details of the incident.
4. The supervisor should arrange for the officers directly involved in the incident to leave the scene as soon as possible, and be taken to a quiet, secure setting.
5. Where possible, the supervisor shall briefly meet with the involved officers.
 - a. No stimulants or depressants should be given to the officers unless administered by medical personnel. The officer may have decaffeinated coffee.
 - b. Only minimal, preliminary questions should be asked about the incident. The officers should be advised that a more detailed debriefing will be conducted at a later time.
 - c. Any standard investigations that will occur concerning the incident should be discussed with the officers.
 - d. The officers should be advised that they may seek legal counsel.
 - e. The officers should be advised not to discuss the incident with anyone except a personal or City Attorney and Commonwealth Attorney, Divisional Investigator and Internal Affairs, until the conclusion of the preliminary investigation.
6. The supervisor shall determine whether the circumstances of the incident require that the officer's duty weapon be taken for laboratory analysis. Where the duty weapon is taken, the supervisor shall:
 - a. Take custody of the officer's weapon in a discrete manner.

- b. Replace it with another weapon, or advise the officer that it will be returned, or replaced at a later time, as appropriate.
7. Involved officers should notify their families about the incident as soon as possible. When an officer is unable to do so, the appropriate Service Commander (or their designee) shall personally notify the officers' family, and arrange for their transportation to the hospital if necessary.
8. At all times, when at the scene of the incident, the supervisor should handle the officer and all involved personnel in a manner that acknowledges the stress caused by the incident.

B. Post Incident Procedures

1. Involved personnel shall be removed from line duties pending evaluation but shall remain available for any necessary administrative investigations.
2. All officers directly involved in a critical incident shall be required to contact the Division's designated specialist for counseling and evaluation as soon as practical after the incident. Involved support personnel should also be encouraged to contact such specialists after the critical incident. After counseling sessions, the specialist shall advise the appropriate Service Commander:
 - a. Whether it would be in the officer's best interest to be placed on administrative leave or light duty, and for how long.
 - b. Where the officers were relieved of their duty weapon(s) after an incident, at what point they should be returned.
 - c. What is the best-continued course of counseling?
3. To insure that each officer that is involved in a critical incident is prepared and ready to return to full duty status, they may be required to complete any or all of the following:
 - a. A complete physical. This will insure there are no physical changes, (i.e. elevated blood pressure) to the officer caused by the event.
 - b. A mandatory review by a mental health worker. This will insure that the involved officer is properly coping with the incident and is fit to return to full duty.
 - c. A minimum of 4 hrs of refresher defensive tactics. This refresher will include redman scenarios to insure the involved officer continues to react instinctively during physical confrontations.
 - d. A minimum of 4 hrs. of firearms refresher. This refresher will

include qualification course as well as simunition scenarios to insure the involved officer will instinctively react properly during deadly force encounters.

A recommendation will be submitted to the Chief of Police by C.I.S.M. staff as to which, if not all of the above protocols, officers will be required to complete. Based on their recommendation, the Chief of Police will determine which of the protocols officers will be required to complete prior to returning to full duty status.

4. The Police Division strongly encourages the families of the involved officers to take advantage of available counseling services.
5. The Police Division's investigation of the incident shall be conducted as soon and as quickly as practical.
6. Internal Affairs will brief the Chief and Command Staff concerning the incident so that rumors are kept to a minimum. Police Division personnel are encouraged to show the involved officers their concern.

C. CISM Team Support Activation

1. It shall be the responsibility of the Unit Commander to contact the Communications supervisor, who will notify the CISM Commander or their designee for the following types of incidents:
 - a. The serious injury or death of a Division employee or other emergency personnel working at an incident or while en-route.
 - b. Multiple casualties.
 - c. Suicide of a Division employee.
 - d. Serious injury or death of a civilian resulting from Division operations, e.g., vehicle accidents, deadly force.
 - e. Death of and/or violence to a child.
 - f. Loss of life following extraordinary and prolonged expenditures of physical and emotional energy during operations.
 - g. Incidents in which circumstances are usually bizarre and/or trigger profound emotional reactions.
2. Once activated, the CISM member(s) will respond for the initial demobilization and report to the ranking officer on the scene where he/she will advise the ranking supervisor of his arrival and coordinate support. Regardless of rank the CISM member exercises no command authority when performing his/her duties as a team member.
3. The CISM member will avoid direct involvement in the incident. The role of the CISM member is to provide support to the member(s) and determine who will need formal stress debriefing. He/she does not provide legal counsel. CISM members should attempt to focus their attention toward members or employees of this Division. It is

recommended that the CISM members be the same rank as the member being assisted unless otherwise requested.

D. Critical Incident Stress Debriefings

1. If it has been determined that a formal stress debriefing is warranted the CISM commander will be contacted and briefed on the situation. The commander will determine what resources are required and insure a timely response. Every effort will be made to insure the debriefing is conducted within 24 to 72 hours of the incident.
2. Debriefings will be made available for all personnel involved in the incident. All personnel involved in the incident have a valuable contribution to make to the recovery process. Although each individual's need for a review may vary, the participation of ALL is an important aspect of the recovery process. Members who attend the debriefing may leave at anytime during the debriefing.
3. Unit Commanders are responsible for notifying their personnel of the debriefing time and location.

E. One to One Contacts

1. Any member of the Division may approach any CISM member at any time and request a one to one meeting. Every attempt should be made to conduct these meetings during working hours, however, if the situation warrants meetings can occur during off duty hours. These meetings are purely voluntary on the part of the team member and individual. These meetings must be mutually agreed upon by both parties. It is of paramount importance that involvement with a CISM member be voluntary.
2. All contacts and conversations with CISM members are strictly confidential except as enumerated in Section V paragraph E of this policy.

F. Selection of Personnel for Assignment

1. The Chief of Police or his designee will appoint all CISM members based on the demonstrated skills and experience of those applicants who successfully meet the following criteria:
 - a. Endorsement of applications by the individual's Unit Commander.
 - b. Minimum of three (3) years of experience as a full-time Police Officer, two (2) years of which must be a Hampton Police Officer. Civilian employees are eligible to apply after 3 years of service with the Hampton Police Division, two (2) of those years must be after their probationary period is completed.

- c. No formal discipline during the twelve (12) month period preceding the date of application.
- d. Minimum of an overall “3” on the performance evaluation.
- e. Must demonstrate excellent communications skills.
- f. Must appear before a CISM Applicant Review Board comprised of the CISM Commander, Deputy Commander, and the Clinical Director.
- g. Must attend and successfully complete minimum training standards set forth by the International Critical Incident Stress Foundation.

NOTE: Assignments will be made as vacancies occur. A register will be established annually and vacancies filled from that register. The register will remain closed and in effect for 1 year from the date of the register. Applications will be on a voluntary basis.

G. Police Chaplains

- 1. Specially trained Police Chaplain(s) will be considered a vital part of the Critical Incident Stress Management Team and will be included in the training/activities of the Team, as well as the other activities they perform in their volunteer service to the Department.
- 2. Police Chaplains must be trained to minimum International Critical Incident Stress Foundation standards for chaplains prior to their use on the Critical Incident Stress Management Team. It is the responsibility of the team commander to assure that all Police Chaplains that volunteer to assist with CISM meet training standards.

H. Training

- 1. CISM members must be trained to minimum International Critical Incident Stress Foundation standards prior to their use as a CISM team member.
- 2. CISM members must maintain minimum International Critical Incident Stress Foundation standards of training to remain in the assignment. It is the responsibility of the team commander to assure that all CISM members meet training standards. The team commander will supply a current list of all CISM members to the Communications Unit.

I. CONFIDENTIALITY STATEMENT

- A. It shall be the duty and obligation of all CISM team members to maintain strict confidentiality as outlined in § 19.2-271.4. Any statement or discussion with a CISM member while fulfilling his/her role on the CISM

Team will remain confidential except as enumerated below. CISM members are prohibited from making any notes or records while providing support.

- B. Communication between a CISM member and an individual is considered privileged. It will be the policy of this Division not to question CISM members for the facts surrounding a critical incident debriefing or which individuals attended. The Division will not seek any information from a CISM member. CISM members should, when possible, be of equal rank to the member being assisted or unless otherwise requested.
- C. All Department members are to treat all discussions and attendance at a critical incident stress debriefing as confidential. Department members who violate confidentiality will be subject to disciplinary action.
- D. CISM members who violate confidentiality will immediately be dismissed from the CISM Team and will be subject to additional disciplinary action.
- E. **Exceptions to Confidentiality**

The provision of privileged communications shall not apply when:

1. A person whose communications are privileged have waived the privilege;
2. Criminal activity is revealed;
3. A member of a critical incident stress management team reveals the content of privileged information to prevent a crime against any other person or a threat to public safety;
4. The privileged information reveals intent to defraud or deceive the investigation into the critical incident; or
5. A member of a critical incident stress management team reveals the content of privileged information to the employer of the emergency medical services or public safety personnel regarding criminal acts committed or information that would indicate that the emergency medical services or public safety personnel pose a threat to themselves or others.

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