



# Policy 1731

Subject

## **CRITICAL INCIDENT STRESS MANAGEMENT PROTOCOL**

Date Published

**DRAFT** 31 August 2018

Page

**1 of 5**

*By Order of the Police Commissioner*

### **POLICY**

The purpose of this policy is to provide protocols for the Baltimore Police Department (BPD) on Critical Incident Stress Management (CISM). These protocols are designed to ensure that members who are involved in Traumatic Incidents, high stress incidents, or Critical Incidents receive proper stress management support, guidance, and education.

### **DEFINITIONS**

**Critical Incident** — An incident that is unusual, violent, and involves a perceived threat to or actual loss of human life that may overwhelm an individual's normal coping mechanisms and cause psychological distress.

**Critical Incident Stress Debriefings** — A one-on-one discussion conducted by a licensed, qualified mental health professional that is designed to help members to understand their emotional response to a Traumatic or Critical Incident, and strengthen their coping mechanisms following an incident.

**Critical Incident Stress Management** — A formal process used to assist an individual who has been involved in a Traumatic or Critical Incident to return to and maintain an effective level of functioning.

**Directly Involved** — Any member, whether participatory or accessory, who is on the scene of a Traumatic or Critical Incident at the time the incident occurs.

**Employee Assistance Program** — EAP is a voluntary, confidential program that helps employees work through various life challenges that may adversely affect job performance, health, and personal well-being. EAP services include assessments, counseling, and referrals for additional services to employees with personal and/or work-related concerns, such as stress, financial issues, legal issues, family problems, office conflicts, and alcohol and substance use disorders. (See Policy 1703, *Employee Assistance Program*).

**Employee Assistance Program Provider** — The approved confidential EAP service provider who responds to member support requests. The EAP provider consists of a staff and provider network of psychologists, social workers, clinicians, and licensed mental health practitioners, all who provide confidential counseling and consultation.

**Involved Member** — Any member who is directly affected by a Traumatic or Critical Incident may include, but not be limited to: members who are on the scene at the time of the incident, those who respond to the scene immediately following the incident, and support personnel participating in the

response to the incident, such as emergency dispatchers and crime laboratory technicians.

**Peer Mentor** — An individual who has received training in Critical Incident Stress Management and who has been designated to provide emotional, social, practical and moral support to a BPD member. A Peer Mentor can be a sworn or civilian member of the department. A Peer Mentor is not a counselor or therapist but are trained to recognize and refer cases that require professional intervention, or are beyond their scope of training, to a licensed mental health professional. (See Policy 1711, *Peer Support Program*).

**Peer Support Team** — A group consisting of sworn and civilian employees who have been trained in Critical Incident Stress Management to assist members involved in Critical Incidents as well as high stress incidents, (e.g. death of a family member, divorce, or financial hardships). The Peer Support Team consists of a Team Coordinator, Peer Mentors, and a Mental Health Professional. Peer Support Team members will be required to participate in the department's comprehensive response to critical incidents.

**Post-Traumatic Stress Disorder (PTSD)** — As defined by the National Institute of Mental Health (NIMH), PTSD includes a group of symptoms, such as disturbing recurring flashbacks, avoidance, or numbing of memories of a dangerous event, and/or hyper-arousal. Acute PTSD symptoms usually begin early (within three months of an event), or may be onset symptoms beginning six months to a year afterwards. Symptoms must continue for more than a month after the occurrence of a traumatic event, and be severe enough to interfere with relationships or work to be considered PTSD.

**Referral** — The process of directing or redirecting a person to an appropriate specialist or agency for consultation, review, or further action, including but not limited to treatment.

**Traumatic Incident** — A mentally and sometimes emotionally painful and highly stressful event that cannot be resolved through normal stress-coping mechanisms. These events may cause disabling emotional and physical problems unless members are adequately treated. A Traumatic Incident is defined by an individual's unique, internal reaction to an event, not necessarily the external appearance or apparent magnitude of the event. It is not necessarily a life-threatening incident.

Common incidents that pose the increased potential for trauma include, but are not limited to:

- Police Officer Involved Shootings,
- An actual or **perceived** threat to one's life or of grievous physical harm,
- Suicide or suicide **attempt** by a colleague,
- Serious injury inflicted on, or death of a colleague,
- Serious injury or death of a non-member, especially a child, under particularly tragic or grotesque circumstances,
- Cruelty/abuse to a child,
- Line of duty contact with friend/relative during a tragic/traumatic event,
- Death or injury of a person resulting from duty operations,
- Perceived 'failure' during a tragic/traumatic event,
- Large scale or prolonged disaster,
- Events with high media exposure,
- Any tragic/traumatic event that may have private/personal emotional significance to a member, particularly when the event is characterized by: relative surprise; intense negative emotion; and perceived helplessness,

- Diagnosed or recovering from a terminal illness,
- Caring for a loved-one who has been diagnosed or recovering from a terminal illness, and/or
- Experiencing a familial death or loss (including children, spouse, etc.)

**Well-being Check** — The process whereby a member checks on the well-being of another member, be it via electronic communication or in person.

## **GENERAL**

1. The BPD recognizes that law enforcement work often exposes members to emotionally painful and highly stressful situations. Such encounters can adversely affect a member's quality of life and job performance.
2. Through CISM protocols, the BPD will help members and their families maintain professional and personal wellness during and following Critical and Traumatic Incidents. The program is designed to provide members with prevention and early intervention strategies to help mitigate the painful effects of a Traumatic or Critical Incident, as well as to provide on-going support to members in a safe and confidential environment through our Employee Assistance Program (EAP) and Peer Support Program.

## **DIRECTIVES**

### **Immediate Referral**

The following critical incidents require an immediate response:

1. The member is involved in a police-involved shooting.
2. The actions of the member, whether accidental or deliberate, result in the death or serious injury of a person.
3. The member is present at the death or serious injury of a BPD employee.
4. Negotiating team members directly responsible for management of negotiations are involved in an incident that results in serious injury or death.

### **Immediate Response and Notification Process Following a Critical Incident**

#### **Incident Commander**

1. In Critical Incidents, the Incident Commander on scene will gather the following:
  - 1.1. Nature of the incident;
  - 1.2. Number of employee(s) affected;
  - 1.3. Location of affected employee(s);

Communications Section

1. Upon notification, Communications Section will advise the Director, Officer Safety and Wellness Section or Designee, of the following information:
  - 1.1. Location and nature of the incident;
  - 1.2. Name of requestor, affected personnel, to include any Communications Section personnel, and contact phone number.

**Supervisors of Involved Members**

1. During and after these incidents, supervisors shall briefly meet with the involved member(s) to:
  - 1.1. Ask supportive questions concerning the Critical Incident (e.g., “are you o.k.?”, “do you need anything?”, “would you like to talk to someone”? “Do you need to take a break?”),
  - 1.2. Inform and encourage the use of the BPD’s confidential Employee Assistance Program, (See Policy 1703, *Employee Assistance Program*),
  - 1.3. Closely monitor members during and after high stress incidents and shall conduct well-being checks,
  - 1.4. Ensure members are provided with adequate support - whether through EAP, Chaplain, or Peer Support Program - to maintain mental health, and
  - 1.5. Supervisors may request a Critical Incident Stress Debriefing in response to other highly stressful incidents that may not rise to the level of an immediate response and should be based on the nature of the traumatic event.

**NOTE:** Such incidents may include when members are involved in a riot, civil disturbance/unrest, or mass demonstration, but may not warrant a mandatory referral (See Policy 804, *First Amendment Protected Activity*).

**Post-Incident Stress Debriefing Procedures**

1. Any Directly Involved member must be referred to the BPD’s mental health provider for a post-incident stress debriefing immediately after the critical incident and/or before returning from administrative leave.
2. The Peer Support Team, in conjunction with the BPD’s mental health provider, once activated, will respond and assist in the debriefing process for Involved Members immediately following a Critical Incident.

**NOTE:** Attendance at a Critical Incident Stress Debriefing is strictly confidential, no information related to the debriefing shall be conveyed to other BPD members and will in no way jeopardize the member’s job security, promotional opportunities, and/or reputation within BPD. The debriefing process is not a critique of any actions taken by the member, but rather an attempt to mitigate elevated levels of anxiety, fear, and/or emotional distress a member may be experiencing. The debriefing shall not serve as the basis for disciplinary action.

3. Critical Incident Stress Debriefings shall take place immediately following the incident. Supervisors shall make every effort to facilitate a debriefing. If the debriefing(s) cannot be facilitated immediately, the supervisor shall ensure the member receives a debriefing before their tour of duty has ended. The supervisor shall explain the reasons for any delay in writing to the Involved Member's Commanding Officer and/or to the Commander of Officer Safety and Wellness Section.
4. Commanders will identify members within their command, who are exhibiting signs of distress or difficulty coping with a traumatic or critical incident and recommend a post incident debriefing through the Officer Safety and Wellness Section.

**NOTE:** In some instances, a member might consider an event traumatic. In such cases, Members may contact The Employee Assistance Program Provider directly, without consulting their Command, to request confidential support services. The EAP can be contacted at (800) 327-2251. (See Policy 1703, *Employee Assistance Program*).

5. The Director, Officer Safety and Wellness Section, may recommend the Commanding Officer of the amount of leave the member should take or if the member should work a modified-duty assignment.
6. Any member directly involved in a Police Officer Involved Shooting (POIS) shall be placed on administrative leave for 10 days (See Policy 710, *Level 3 Use of Force Investigations / Special Investigation Response Team (SIRT)*).
7. Whenever a member is placed on administrative or medical leave due to a Traumatic or Critical Incident, supervisors are required to perform well-being checks. Unless otherwise directed by a mental health professional, these checks should occur at least weekly while the member is on leave.

### **ASSOCIATED POLICIES**

Policy 710, *Level 3 Use of Force Investigations / Special Investigation Response Team*  
Policy 804, *First Amendment Protected Activity*  
Policy 1703, *Employee Assistance Program*  
Policy 1718, *Police Chaplain Program*

### **RECISSION**

Remove from files and destroy/recycle Policy 1731, *Critical Incident Stress Management* dated 1 July 2016.

### **COMMUNICATION OF POLICY**

This policy is effective on the date listed herein. Each employee is responsible for complying with the contents of this policy.