GEORGIA DEPARTMENT OF CORRECTIONS **Standard Operating Procedures**		
Policy Name: Employee Assistance Program/Peer Support		
Policy Number: 104.04	**Effective Date:** 2/18/2021	**Page Number:** 1 of 15
Authority: Commissioner	**Originating Division:** Administration & Finance Division (Human Resources)	**Access Listing:** Level I: All Access

I. Introduction and Summary:

The purpose of this Standard Operating Procedure (SOP) is to ensure that assistance with personal and/or family-related matters and debriefing on critical incidents is made available to every employee and the employee's family. These services will be provided by Corrections Human Resources Management (CHRM) through use of the Employee Assistance Program (EAP).

II. Authority:

A. Georgia Department of Corrections (GDC) Board Rules:125-2-1-.07, Performance of Duty and 125-2-1-.08(4) Personnel Actions;

B. GDC SOPs: 104.03, Bulletin Boards and 104.02 Human Resources Records Management; and

C. ACA Standards: 2-CO-1C-01, 2-CO-1C-25, 2-CO-1C-20, 1-CTA-1C-01, 1-CTA-1C-07, 1-CTA-1C-13, 5-ACI-3B-16 (ref. 4-4225-1), 5-ACI-1C-01 (ref 4-4048), 5-ACI-1C-16 (ref. 4-4063), 5-ACI-1C-24 (ref. 4-4071), 4-ACRS-7C-02, and 4-ALDF-7C-01.

III. Definitions:

A. Employee Assistance Program (EAP) - A confidential service established to assist employees in coping with and overcoming problems that may affect work behavior and/or performance. EAP confidentiality standards ensure no one except the EAP and the person seeking assistance from the EAP knows about the issue unless it meets one of the criteria that requires disclosure.

B. Critical Incident - Any accident, action, or event, which has the potential for producing significant emotional trauma that may adversely affect the psychological well-being of personnel.

C. Critical Incident Debriefing (CID) - A process used to assist the survivor of a job-related traumatic event in understanding the individual effects of trauma on the survivor and to help in the process of recovery.

D. Critical Incident Stress Management (CISM) - A collection of recognized psychological techniques used by both trained lay-personnel (peers) and professionals to provide care for personnel exposed to potential or actual traumatic incidents. It emphasizes both individual and facilitated small group discussions among impacted persons and caregivers.

E. Critical Incident Support - An adjunct to professional medical, psychological, spiritual and other referral services. It does not replace the counseling and mental health benefits provided by EAP resources or by employees' health plans. Critical Incident Support does not provide substance abuse or psychological counseling. It does provide first-responder support to those who have experienced a critical incident.

F. Critical Incident (Peer) Support - Available to all Department of Public Safety personnel and their immediate families after a critical incident. With appropriate approvals, these services may be offered to the members of other Georgia law enforcement organizations. The techniques are recommended for all persons exposed to traumatic situations. Candidates for support may include witnesses, victims, employees and others.

Peer support includes employees who have volunteered to participate in the Critical Incident Support Program and are trained in CISM techniques. They would be detached to assist fellow employees, their families, and other law enforcement personnel in the aftermath of critical incidents. The success of this program is predicated on the fact that law enforcement personnel may initially be more inclined to seek the counsel of fellow officers.

IV. Statement of Policy and Applicable Procedures:

A. The Employee Assistance Program (EAP):

EAP participation is typically voluntary but may be mandatory in certain situations. At any time, an employee may voluntarily seek assistance from EAP. Management may offer a non-mandatory referral when it recognizes the EAP may benefit an employee with unsatisfactory performance or other work-related problems, or when an employee discloses a personal issue that may be negatively affecting work. In these circumstances, the employee's EAP participation is voluntary, and the employee may accept or decline participation without penalty. Such management referral is not intended as a disciplinary measure, nor does it replace the agency's policies and procedures for dealing with work deficiencies.

B. EAP Coordinator Responsibilities:

1. Each Field Appointing Authority will appoint a local EAP Coordinator, to oversee and administer the EAP in accordance with departmental guidelines. Written notification or an email notice must be sent to the CHRM EAP Coordinator, whenever there is a change of local EAP coordinators.

2. Coordinator responsibilities include:

   a. Assigning eligible employee(s) to a coordinator;

   b. Posting a copy of the Official Policy Statement (Attachment 1), on the official bulletin board;

   c. Publicizing the intent and purpose of the program to all employees;

   d. Utilizing personnel designated by the Appointing Authority to accomplish the EAP goals;

e Conducting short-term counseling within the limits of his/her experience and expertise;

f. Monitoring referrals and providing assistance as necessary;

g. Referring problems beyond the Coordinator's scope to the appropriate provider;

h. Providing assistance to supervisory staff with performance related problems; and

i. Ensuring confidentiality of all information obtained from and about employees and their families.

3. All Coordinators will be required to attend the Basic EAP Training course during their first year of assignment. Coordinators must also attend the Annual EAP Training.

C. The Following Guidelines are Applicable to the EAP Services Provided:

1. All contacts with the EAP resource persons will be treated with confidentiality;

2. Acceptance of EAP services usually is voluntary. To the extent possible, efforts will be made to arrange for EAP counseling/treatment visits during non-scheduled work time;

3. The Appointing Authority may require EAP participation. Mandatory referrals must be job-related and consistent with business necessity;

4. If a referral is directed by the Appointing Authority on an involuntary basis, the employee will be required to provide periodic progress reports, and the employee's treatment plan and aftercare recommendations will be monitored to ensure compliance;

5. If a mandatory referral is sought (for alcohol, mental health, or drug-related counseling/treatment) on an involuntary basis, the employee should notify the EAP Coordinator and the Appointing Authority regarding: the start or end dates of a treatment plan, any work restrictions or accommodations needed, aftercare appointments, or other recommendations or exchanges of important information;

6. The Appointing Authority may request an evaluation when the employee's fitness for duty or ability to return to work is not apparent;

7. The employee(s) should be provided a reasonable amount of time to improve work performance or correct workplace deficiencies before subjecting an individual to disciplinary action;

8. The EAP Coordinator will provide assistance in arranging for requested evaluations through specific contact with the CHRM Employee Assistance Coordinator;

9. Attachment 2, Authorization for Release of Medical Information, is to be used only as required to obtain necessary medical information on the employee, e.g., history, progress, treatment, aftercare and fitness for duty; and

10. Employees' family members may have access to EAP services because their problems could affect the employee and his/her job performance. Employees shall not be asked to reveal history, progress, treatment, or aftercare recommended or utilized by their family members.

D. Supervisor Responsibilities shall include:

1. Performing assessment and recommending appropriate corrective action;

2. Assisting through EAP, if problems are personal;

NOTE: The EAP is designed to relieve the supervisor of direct involvement in the employee's personal problems.

3. Recommending the EAP to employees and stressing that the program is intended to be voluntary and confidential;

4. Informing the local EAP Coordinator and the Appointing Authority of the referral. Assistance may be requested directly from the CHRM EAP Coordinator;

5. Allowing the employee sufficient work time or leave to consult with the EAP Coordinator;

   NOTE: If the employee accepts an EAP referral, scheduled appointments should be made after working hours whenever possible. Adjustments to work schedules and appropriate leave time should be considered to facilitate completion of the initial diagnostic interview with the outside consultant, as well as participation in the appropriate treatment/counseling program.

6. Refraining from attempts to diagnose the employee's problem. No information will be placed in the employee's personnel records describing the problem/issues or the referral to EAP;

7. Allowing the employee, a reasonable amount of time to improve deficiencies in job performance before taking disciplinary actions against an employee. Document only the date employee assistance was offered; and

8. Assisting in arranging a Fitness for Duty evaluation when requested by the Appointing Authority. The evaluation will be conducted by a physician, psychologist, or psychiatrist if the employee's fitness for duty is questioned or if job retention is in jeopardy due to the perceived personal problems that affect

job performance. The Department Human Resources Director must approve the referral for a Fitness for Duty Evaluation.

NOTE: If a fitness for duty evaluation is performed by an external service provider, the Department will be responsible for any direct costs associated with the initial evaluation.

E. Employee Responsibilities shall include:

1. Maintaining satisfactory work performance and conduct on the job. If the employee recognizes the need for assistance, he/she should contact the local EAP Coordinator or the CHRM EAP Coordinator office at 478-992-5211 to locate a resource or person to facilitate the resolution of a problem before the work performance is adversely affected.

2. The network of providers includes the EAP contract consultants, various community resources, and any coverage available under the employee's individual insurance. Services include:

    a. Counseling Services;

    b. Work/Life Services;

    c. Online Services;

    d. Management and Organizational Services;

    e. Program Promotion;

    f. Training & Education; and

    g. Quality Management.

F. Critical Incident Debriefing (CID):

1. The Appointing Authority with the responsibility for the incident shall coordinate, conduct and review all CIDs at the conclusion of situations when staff members are placed in personal jeopardy or exercise any necessary deadly force. It is imperative that all impacted staff are in attendance, and they are referred to the Local EAP Representative, who will assist them with the appropriate services to mitigate the stress associated with these events. Additional assistance in this process can be obtained through the Regional Director's office as well as CHRM. A debriefing includes, but is not limited to:

    a. A review of staff and offender actions during the incident;

    b. A review of the incident's impact on staff and offenders;

    c. A review of corrective actions taken and still needed; and

    d. Plans for improvement to avoid another incident.

2. A follow-up debriefing shall be conducted by the Appointing Authority within two weeks of the initial debriefing. During this debriefing, the validity and appropriateness of policies, plans, and information used during the critical incident and immediately after shall be discussed. All minutes from the debriefing shall be recorded and maintained with the incident report.

G. Critical Incident Peer Support Program (CIS):

1. Critical Incident:

    a. It is the duty and responsibility of every employee to be alert to the need for a colleague to be referred to the program so that timely peer support and/or professional assistance may be offered.

b. Supervisors who are notified of or become aware of a need should begin the CIS process during or as soon as possible after a critical incident. The supervisor should arrange for a CIS Team response by contacting any one of the Team Coordinators while impacted personnel are on-duty or minimally within 24-hours of the incident. (Note: It is best to conduct the initial meeting with an impacted person within 24 hours and not later than 72 hours following the incident for maximum benefit.)

c. Any employee who identifies a critical incident may initiate a response by contacting their supervisor. The supervisor should contact a Team Coordinator to assist in evaluating the need for CIS and/or professional support.

d. Team members involved in a critical incident shall not be utilized to provide Peer Support for that incident.

e. Team Coordinators shall utilize the call-out roster, when practical, to summon Team members determined to be the best suited to respond to the incident.

f. Critical incidents such as the following requires supervisors to request Critical Incident Support response. Other incidents will be handled on an individual basis:

   i. Death of a staff member while acting in the line of duty;

   ii. Serious injury to a staff member while acting in the line of duty; and

   iii. Offender on staff violence.

g. Critical incidents can have a cumulative effect over several years. Therefore, the on-scene supervisor responsible for managing an incident such as those described above shall advise the CIS Administrator, through channels of the potentially stressful incident(s). The notification shall

include whether CIS resources were called to the scene and whether the personnel involved accepted or declined support.

h. Team members shall not interfere with the investigation or incident management. Team members shall confer with the on-scene supervisor or primary investigator prior to meeting with the impacted parties.

i. Team members will instruct employees involved in Peer Support activities that they should not make statements of fact that may be related to any criminal or administrative investigation.

j. The purpose of a Peer Team is not to investigate the facts surrounding a critical incident, but to better understand the emotional impact that the critical incident has had on the participants and other impacted persons and to explore ways to lessen that harmful impact. Team members engaged in peer support interactions with involved impacted employees will stop employees who appear to be making statements of fact that are related to a criminal or administrative investigation.

k. The Peer Team shall maintain a current call-out roster and distribute updated copies containing the Team members' names, assignments and contact telephone numbers to necessary staff members. These lists are for emergency use only. The strongly preferred method for obtaining CIS services is to contact a Team Coordinator so that the appropriate resource can be dispatched.

l. Employees shall contact their supervisor, if they believe that they or another person should be referred for CIS services. Except in exigent situations, a response must be authorized by a Team Coordinator.

m. If CIS is requested of a Team Member by anyone other than a Coordinator, the Team member should contact a Team Coordinator for a determination of who should respond. A response which is neither directed nor approved by a Team Coordinator should be a very unusual occurrence.

n. With the exception of an active emergency response to a critical incident all utilization of personnel for Peer Support will be with the permission of the Appointing Authority or equivalent or their designee. Team Members are selected for a particular assignment based on their ability, their training, their experience and their suitability for a specific assignment. For that reason, Appointing Authorities are encouraged to supply the individual who has been requested, where possible.

o. The Team Member who made the contact or the Lead in a group response will give a detailed out-briefing to the Team Coordinator after all responses. The CIS Administrator will be briefed on all but the most routine responses.

p. CISM techniques can be anticipated and employed prior to, during and after an emergency response to major disaster scenes. Appointing Authorities who are aware of potentially traumatic major scenes should incorporate pre- and post- exposure care in their critical incident response planning.

H. Critical Incident Peer Support Team - Selection and Training:

1. The CIS Selection Committee will recommend suitable candidates for CIS Team membership to the Commissioner.

2. When recommending candidates for CIS Team membership the Committee shall review each candidate's history and will consider any supervisory comments, letters of appreciation or other enclosures that reflect upon the candidate's judgment, maturity, and ability to communicate with people.

Specific criteria for consideration will include, but are not limited to the following:

a. Basic listening and empathy skills;

b. Exposure to critical incidents;

c. Motivation for becoming a Team Member;

d. Standing in the Department;

e. Ability to maintain confidentiality;

f. Non-judgmental approach to personal behavior, lifestyles and personal problems;

g. Ability to recognize common crisis indicators (e.g. depression, suicidality and substance abuse);

h. Willingness and availability to attend training sessions and regularly scheduled meetings; and

i. Patrol or equivalent field experience.

3. Team Members must have correctional experience or equivalent experience.

4. Any person who has received, in the past three years, an adverse action, an unfavorable fitness for duty evaluation, notice(s) of performance problems/deficiencies, or an overall unsatisfactory performance rating shall not be eligible for consideration.

5. Team members must be willing to respond to a request when called out by a Peer Team Coordinator.

6. Team Members shall complete a course of formal training approved by GDC Executive Staff and/or given by licensed trainers and shall attend regular training sessions organized by GDC Representatives.

7. Complaints about the CIS Team will be investigated in accordance with the requirements of GDC Policy 104.43 Employee Complaint Resolution.

8. A CIS Team Member may be removed from the program by the Commissioner/Appointing Authority upon the recommendation of the CIS Peer Team Coordinator. Examples of conduct warranting removal include:

   a. Breach of confidentiality;

   b. Lack of satisfactory participation;

   c. Inability to participate;

   d. Voluntary withdrawal from the program;

   e. Poor performance at regular duty assignment; and

   f. Poor performance as a Team Member;

I. Critical Incident Peer Support Team Conduct:

1. The privacy of those who received CIS must be protected.

2. A CIS Team Member shall not divulge the identity of an employee who requests support, or discuss information obtained while acting in a peer support capacity with anyone else other than the participating Team members and/or Mental Health Professionals (MHP), unless required by law or ordered to do so by the Team Member's Division Director, the Director of Human Resources, the Director of Special Investigations, or General Counsel. If a CIS

Team Member is asked to divulge information regarding information obtained as a Peer Support Team member in an administrative investigation, the member shall have the opportunity to speak with the member's Division Director or the Director of Human Resources prior to divulging the information.

3. Disclosure of information shall be required in the following circumstances:

   a. If the employee authorized disclosure in writing;

   b. If the information obtained suggest that the employee is a danger to himself/herself or a danger to other persons; and

   c. If employee misconduct that constitutes a violation of state or federal law, or a serious violation of departmental policy is admitted. A Team member who learns that an employee is engaging illegal activity shall inform the CIS Administrator who shall inform the Commissioner or designee.

J. Record Keeping:

1. Notes, records or recordings detailing the information shared in any Critical Incident Support activity shall not be kept.

2. Statistical reporting information will be maintained as part of the program. However, all information shall be kept in a manner that will not identify the employee so that the privacy of the impacted employee may be protected to the extent possible.

3. The CIS Team Coordinator will provide evaluation forms to persons who participate in Peer Support activities. Such forms will be submitted anonymously. The CIS Administrator will use the evaluations to judge the effectiveness of this program.

K. Time Keeping and Scheduling:

1. The CIS activities of Team members are work activities and will be reported and compensated just like any other time worked.

2. If a member is called out and the call out causes the member to work overtime, the member will receive compensatory time as outlined in GDC Policy 104.37 Working Hours, Overtime & Compensatory Time.

3. If a member is needed to respond to an active emergency, the member will make every reasonable effort to respond. The member and the coordinators will keep supervisors and affected Appointed Authorities informed.

4. Member participation in all preplanned activities must be preapproved. The member is responsible for making appropriate and timely requests for approval to attend from their supervisor and for completing any required travel requests. Coordinators are responsible for gaining all required approvals from the Appointing Authorities. The coordinators and administrators are responsible for activity planning, gaining budget and management approvals and seeing that appropriate orders are generated.

V. Attachments:

Attachment 1: Official Policy Statement
Attachment 2: Authorization for Release of Medical Information Form

VI. Record Retention of Forms Relevant to this Policy:

Attachment 1 shall be posted permanently on all official bulletin boards. Upon completion, Attachment 2 shall be retained permanently in the employee's local and official medical file. See SOP 104.02 regarding retention of records documenting the referral and treatment of employees through the EAP.