1. PURPOSE

The purpose of this policy is to provide all department personnel with support and wellness in instances of stress and when critical incidents occur. All peer support interaction with department personnel is confidential. The only exception to this being in the interest of the employee for their own protection or wellness and health as designated in this policy.

2. PERSONS AFFECTED

All department personnel.

3. POLICY

It is the policy of the Hawai‘i Police Department to maintain a Peer Support Unit as a confidential resource for all personnel. This unit is comprised of department volunteers specifically trained in Critical Incident Stress Management (CISM) to provide support and resources to their peers.

4. DEFINITIONS

4.1. **Critical Incident** – Any significant event that may result in a strong emotional reaction and which has potential to affect an employee's ability to cope. Examples include, but are not limited to:

4.1.1. Line-of-duty deaths.

4.1.2. Line-of-duty serious injuries.

4.1.3. Employee suicides.

4.1.4. Disasters/multi-casualty incidents.

4.1.5. Officer-involved shootings.

4.1.6. Significant events involving children.

4.1.7. Incidents involving victims who are relatives or friends.

4.1.8. Events with excessive media coverage.

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4.1.9. Events life-threatening to responders.

4.1.10. Civilian deaths that occur during police operations, and cumulative significant events that occur within a short time period.

4.2. **Critical Incident Stress Management (CISM)** – A psychological first aid framework that supports individuals and groups in managing the immediate emotional impact of a traumatic event. This may include immediate emotional support, stabilization of affected personnel in both individual and group settings, and referral to ongoing services as needed.

4.3. **Critical Incident Support Unit** – A group of Peer Support Unit Members who have received training in counseling and in providing emotional and moral support to department personnel who have been involved in emotionally traumatic incidents by reason of their employment. Critical Support Unit members respond to critical incidents for the purpose of CISM interventions

4.4. **Critical Support Unit Coordinator** – The Critical Support Unit Coordinator is a voluntary position designated to assess Critical Incident situations and apprise the respective commander of the recommended course of action to include if CISM intervention is immediately necessary. The Critical Support Unit Coordinator is selected by the Steering Committee.

4.5. **Debriefing** – A group meeting (preferably within 48-72 hours) to relieve the impact of a critical incident; this is not an operational critique.

4.6. **Defusing** – A group meeting (preferably within 3-4 hours), shortened version of a debriefing, offering information, support, an initial venting of feelings, and the assessment of the need for a debriefing.

4.7. **Peer Support Coordinator** – The Peer Support Coordinator is a voluntary position selected by the Steering Committee that is designated to coordinate training, policies, practices, and other administrative issues through the office of the Police Chief. The Peer Support Coordinator acts as a liaison to the department.

4.8. **Peer Support Unit** – A voluntary group composed of department personnel trained in providing psychological first aid and emotional support to their peers.

4.9. **Public Safety Counselor** – Serves as the staff counselor for the department and its personnel including individuals, couples and family counseling, assessment-related activities, operational support, and organizational management consultation among other related duties.

4.10. **Steering Committee** – Is comprised of designated voluntary key members from the Peer Support and Critical Incident Support Units who manage the health and wellness of department personnel. The Steering Committee meets to discuss issues pertaining to operations, practices, trainings, assigned follow ups, and wellness checks.

4.10.1. The committee may be comprised of personnel from the following districts, or sections within the bureaus:

a. One representative from each of the patrol districts in Area-I and Area-II (7 total)
b. Criminal Investigations Division (CID) Area-I and Area II (2 total)
c. Communications Division (1 total)
d. Chaplain Coordinator from the Chaplain Program (1 total)
e. Peer Support Coordinator who will oversee the Steering Committee (1 total)
f. Any other representation as deemed appropriate by the Police Chief for effectively managing the wellness and health of department members, as recommended by the Peer Support Coordinator and agreed upon by a majority of the Steering Committee members.

5. ORGANIZATIONAL STRUCTURE AND SELECTIONS

5.1. The units are tied administratively to the Police Chief through the Peer Support Coordinator who acts as a liaison to the department. The Peer Support and Critical Incident Support Units operate independently within their defined scope and are recognized and supported by the department.

5.2. The Peer Support Coordinator after being designated by the Steering Committee, shall have an administrative notice published to all personnel identifying the Peer Support Coordinator.

5.3. Participation in the Peer Support and Critical Incident Support Units are voluntary and open to all department personnel, retirees, and volunteers.

5.4. The Peer Support and Critical Incident Support Units are managed by the Steering Committee and by a Peer Support Unit Coordinator.

5.5. The Peer Support Steering Committee members shall meet at least monthly to discuss issues pertaining to operations, practices, trainings, assigned follow ups, wellness checks, and other administrative issues.

5.6. Selection of Peer Support Unit Members

5.6.1. Selection of Peer Support Unit Members is conducted through an internal selection process by the Peer Support Coordinator and Steering Committee. Desired traits include individuals demonstrating sustained willingness to assist their peers and the ability to function effectively in supportive roles.

5.7. Selection of Steering Committee Members

5.7.1. Steering Committee Members are selected through an internal selection process by the Peer Support Coordinator and current Steering Committee members.

6. CONFIDENTIALITY AND PRIVILEGED COMMUNICATION

6.1. Peer and Critical Incident Support Unit members shall adhere to the strictest standards of confidentiality and not discuss any information divulged in support, debriefing and defusing sessions, except as required by section 7. Duty to Report.

6.2. Trained peer support personnel are bound by privileged communication as established by existing statutes at the time of disclosure.

6.3. Peer Support and Critical Incident Support Unit members are protected from being mandated or coerced into providing any information in any criminal or administrative investigation and are protected by Hawaii Revised Statutes, 78-52, subsection b, which allows for the confidential disclosure in incidents where an employee has confided in the Unit Member(s).

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7. DUTY TO REPORT

7.1. Peer Support and Critical Incident Support Unit Members are bound by confidentiality. However, in the following circumstances they shall immediately report to the Police Chief or designee any incidents that cause a concern for safety, wellness, or health for the individual or others. These circumstances include, but are not limited to the following:

7.1.1. Any threat of suicide or homicide made by a participant in a peer support counseling session or any information conveyed in a peer support counseling session relating to a threat of suicide or homicide;

7.1.2. Any information relating to abuse of spouses, children, or elderly, and other information that is required to be reported by law;

7.1.3. Any admission of criminal conduct;

7.1.4. When there is reason to believe that the person intends serious self-injury or injury to another person; or

7.1.5. When the employee is in immediate danger of hurting themselves or others as evidenced by the display of abnormal behavior, including (but not limited to) delusional or threatening verbalization as a result of substance abuse or personal/emotional issues.

8. ACCESS TO PEER SUPPORT ASSISTANCE

8.1. The initial contact can be made either by the person seeking support or by unit members through peer referrals.

8.2. Persons have the right to refuse peer assistance.

8.3. When seeking assistance, peer support members and individuals requesting assistance are not compensated for such requests except as allowed by current collective bargaining agreements in the course of duties or other scheduled CISM interventions.

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8.4. The role of members of the Peer/Critical Incident Support Unit is to render emotional support.

8.5. When problems are acute or appear to require specialized assistance, information on referral resources will be made available to those seeking help.

8.5.1. Resources include the department's Public Safety Counselor, the County Employee Assistance Program (EAP) or other Professional Services contracted by the Department.

8.6. Supervisors who are on duty and who are peer volunteers cannot relinquish their supervisory responsibilities, but may make referrals to other Peer Support Unit members.

9. CRITICAL INCIDENT PROCEDURES

9.1. The Critical Incident Support Unit Coordinator shall be notified as soon as possible whenever a critical incident occurs.

9.1.1. The supervisor in charge of the incident through the dispatch supervisor is responsible for the notification.

9.1.2. Notification may be made by the responsible field supervisor, unit supervisor, communications supervisor, or by any employee who feels that a critical incident has occurred.

9.2. The Critical Support Unit Coordinator or designee will assess the situation and apprise the respective commander of the recommended course of action.

9.2.1. It shall be the duty of the Commander or the Critical Support Unit Coordinator to determine if CISM intervention is immediately necessary.

9.3. If CISM intervention is necessary, all personnel involved in the incident will attend. Supervisors shall ensure that their respective personnel are informed of any scheduled interventions.

9.3.1. Defusing should be conducted within three or four hours of the incident, before personnel leave for the day.

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9.3.2. Debriefing should be conducted between 48 and 72 hours after the incident.

9.3.3. If any part of the approved CISM intervention for a critical incident is conducted after the regularly scheduled tour of duty, overtime shall be paid to attendees.

10. PUBLIC SAFETY COUNSELOR

10.1. The Public Safety Counselor (PSC) serves as a confidential, licensed mental health professional available to all department personnel and their families. The PSC provides clinical services including, but not limited to:

10.1.1. Individual, couples, and family counseling;

10.1.2. Trauma-informed care and crisis intervention; and

10.1.3. Organizational consultation and wellness support.

10.2. The PSC operates independently in a clinical capacity. The PSC is a member of the Steering Committee, but is not part of the Peer Support Unit. While Peer Support personnel may utilize the PSC as a professional resource, the PSC does not coordinate or share information with Peer Support members due to confidentiality requirements.

10.3. Access to Services

10.3.1. All department personnel, spouses, couples, and children may directly access the Public Safety Counselor through self-referral. No supervisor or Peer Support referral is required.

a. The PSC maintains an open-door policy and may be contacted via cell phone (24-hours), office phone or e-mail. Contact information may be found in the Document Management System and department telephone directory.

10.3.2. Counseling services may be conducted:

a. In person

b. Via virtual teleconference

10.3.3. Personnel may access services:

a. During meal periods and while off-duty; or

b. While on duty (requires supervisory approval).

10.4. Confidentiality and Privileged Communication

10.4.1. The PSC is a licensed social worker and is bound by state law, professional ethical standards, and clinical confidentiality requirements.

10.4.2. Information disclosed to the PSC will not be shared with Peer Support, supervisors, or department administration, except as required by law.

10.4.3. The PSC operates under clinical supervision for professional development; however, no identifying or confidential client information is disclosed in that process.

10.5. Duty to Report (Public Safety Counselor)

10.5.1. The Public Safety Counselor is required to report under the following circumstances in accordance with applicable laws and professional standards:

a. Threats of suicide or homicide;
b. Intent to commit future criminal acts;
c. Suspected abuse; or
d. Situations where an individual poses a serious and imminent threat to themselves or others.

10.5.2. Admissions of past criminal conduct are not disclosed, unless otherwise required by law.

10.5.3. These reporting requirements are consistent with mandated reporting laws and clinical ethical guidelines.

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10.6. Relationship to Peer Support Unit

10.6.1. Peer Support Unit members may refer personnel to the PSC as a resource when appropriate.

10.6.2. The PSC and Peer Support Unit operate as separate but complementary resources, ensuring multiple pathways for employee wellness.

10.6.3. The Public Safety Counselor will not refer individuals to Peer Support if doing so would violate clinical confidentiality.

10.7. Training and Education

10.7.1. The Public Safety Counselor contributes to department wellness through:

a. Providing In-Service Trainings (ISTs) for personnel;

b. Providing specialized training sessions upon request;

c. Conducting wellness needs assessments; and

d. Attending Peer Support meetings.

10.8. Wellness App Administration

10.8.1. The Public Safety Counselor serves as the administrator of the department's wellness application and is responsible for:

a. Managing content and resources;

b. Providing updated wellness materials and briefings; and

c. Monitoring overall engagement data.

10.8.2. All application data reviewed by the PSC is non-identifiable and statistical in nature, ensuring user confidentiality.

11. WELLNESS APP

11.1. All department employees and their families are encouraged to use the Cordico Wellness App, by Lexipol, that can be used for a variety of assistance to employees and their families.

11.1.1. The app can be accessed using standard app download programs, and is not specific to the individual using the app. No information is ever tracked or stored to identify anyone or the accessed programs by the individual user.

11.1.2. All employees, spouses, family members, and retirees and their families can access the app using credentials specific to the police department.

11.1.3. To ensure confidentially in accessing the variety of wellness programs, everyone shares the same username and password.

11.1.4. Once the app is downloaded, enter the member code, and department code and you can begin using the app.

11.1.5. QR code:

11.1.6. Enter the following credentials:

a.	Active Member:	HawaiiPD-A-HI
b.	Spouse/Family Member:	HawaiiPD-S-HI
c.	Retired Member:	HawaiiPD-R-HI
d.	Department Code:	Hpd*808

12. ANNUAL TRAINING

12.1. The Peer Support Coordinator, Critical Incident Unit Coordinator, assigned Chaplain(s), and unit members shall receive initial and annual training related to the health and wellness management of personnel.

12.1.1. The training will be recommended and coordinated by the Peer Support Coordinator and the assigned Chaplain, designated by the Peer Support Coordinator.

12.1.2. All training shall be coordinated with the Captain of the Administrative Services Section or designee.

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