

**Destination Zero: Comprehensive Safety Award Submission**  
**Herndon Police Department (VA)**



**AGENCY OVERVIEW**

The Town of Herndon is the third largest incorporated town in Virginia, comprised of 4.25 square miles. It is situated in western Fairfax County, just minutes from Dulles International Airport and approximately 25 miles from Washington, DC. The town has 11 parks, and the W&OD bike trail runs through its downtown. It has a current residential population of around 24,500. Its citizens are well educated, with 48.5% having a college degree, and the median income level is approximately \$100,000. The town also has a growing Hispanic population of approximately 36%. The town is surrounded by a growing business base due to its location and has become a hub for information technology, government facilities, and other national and international businesses. The leadership of the town preserves the unique sense of community of Herndon and strives to maintain the balance between business growth and small-town charm, especially with construction activity preparing the way for the Washington Metropolitan Area Transit Authority subway stop later this year.

Historically, the first law enforcement office in the town was formed in 1879, with an appointed town sergeant. In 1958, the responsibilities of a town sergeant were turned over to a chief of police. Under a chief of police, the department was comprised of both full and part-time officers. By 1972, the department had six officers. From 1972-1983, the six-man department grew to 26 officers and 10 civilian personnel. Also, in 1972, the first dispatcher was hired for a part-time call center, and was later expanded to a 24-hour, seven day a week operation in 1975.

Today the agency is a professional, progressive mid-size police department employing 54 police officers and 18 civilian personnel. It is nationally accredited through the Commission on Accreditation for Law Enforcement Agencies, Inc. (CALEA) and has led the region in policies and practices for the past 10 years under the current chief, who came to Herndon after retiring from a neighboring county agency in 2012. The department serves a very diverse and supportive community and places a priority on community policing and engagement, a practice that is supported throughout all levels of the organization. It values the trusting relationship it has earned with the Herndon community and has accumulated a total of 12,500 followers on its social media platforms (with a town population of 24,500).

## Message From the Chief



Over the past 9 years, the Herndon Police Department has made significant strides in developing a culture of safety, emphasizing smart risk-taking and sound decision making through education, discussion, training, and accountability. Changing a culture takes time and patience, a desire of staff to engage in continuous learning, and a recognition of the need to change how we operate. Officers and supervisors need to be provided encouragement and support for decisions that minimize risk in the accomplishment of the public safety mission, and to make mistakes within safe boundaries to enhance the learning process.

Creating a culture of safety within law enforcement requires a change in mindset, a progressive approach to examine new ways to safely solve the tactical and operational challenges we face daily. This means abandoning old ways of doing business, and an openness to new methods and tactics that challenge our traditional approach to problem solving, all with the goal of reducing accidents, injuries, and exposures to work-related traumatic incidents.

As the chief in the Town of Herndon and throughout my professional career, I have continually placed a priority on law enforcement safety. This attention to safety began during my early career with the Fairfax County Police Department where I initiated, developed, and commanded the first comprehensive Law Enforcement Safety Officer Program in the country. After being appointed chief in Herndon, I returned to school to earn my master's degree and completed my thesis on organizational safety (*"A Systems Approach to Law Enforcement Safety: Recommendation for a Comprehensive Safety Management Framework"*). I have worked diligently on various board positions with the Virginia Association of Chiefs of Police (VACP) to educate both officers and executive leaders towards a mindset of safety. This is illustrated in a class that I developed entitled *"Building Organizational Safety"* that was taught in Herndon and for the VACP First Line Supervisors Course. I have partnered with the U.S. Marshal's Service to facilitate a National Public Safety Wellness Survey and educated others about the mental health challenges facing our profession. Currently I am working with a non-profit organization out of Reno, Nevada to build the first National Public Safety Wellness Center in Northern Virginia, a no-cost, walk-in facility to treat first responders experiencing mental health challenges. This future facility is expected to serve as a national



Signs of support posted on each entrance gate to the secured parking lot. Officers pass through these gates whenever they return to the station.

The process of building this award submission has provided me with far more than a platform to demonstrate the commitment our agency and leadership team has made to officer safety. It has assisted me in identifying current gaps in our efforts and programs that still need to be addressed. The pursuit of excellence in the interest of officer safety is an endless process that must continue to evolve. We must continue to evaluate where we have room to grow and improve, especially given the challenges and evolving threats facing our profession. Placing a priority on the health and safety of our officers must become the single most important job of every law enforcement leader.

## CATEGORY 1 – GENERAL OFFICER SAFETY

The goal of the department's efforts to increase officer safety have focused on several key areas.

- Instill sound decision-making and **smart** risk taking in operational settings to reduce injuries and enhance personal safety (culture of safety)
- Enhance departmental equipment to ensure officers have the proper tools to conduct safe and effective operations, and
- Increase training that focuses on critical thinking and tactical decision-making in both classroom and scenario-based exercises to improve positive outcomes

## COVID Safety Protocols and Practices

The past two years were unprecedented for law enforcement due to the COVID-19 pandemic, the “great resignation” across our profession, police reform protests and targeted attacks on law enforcement, along with other precarious professional challenges that simultaneously emerged. Throughout the rapidly changing and uncertain environment, our officers continued to maintain effective service delivery and answer calls for service and keep the community safe. All department personnel had to quickly adapt



### Personal protective equipment and supplies



operational and procedural changes that demanded strict adherence to updated personal safety protocols, adaptive methods to interact with the community, and effective use of personal protective

equipment and resources. The past two years were trying, but the Herndon Police Department met the challenges with flexibility, dedication, and professionalism.

Operational changes relating to COVID were promptly enacted to ensure continuity of operations. One immediate change that was enacted regarding response protocols mandated phone reporting for non-emergency calls or incidents where officers did not have physical evidence to collect evidence. Officers were also required to meet reporting parties outside, whenever feasible, to limit exposure.

The following protocols and changes were emailed out to all personnel on March 16, 2020, and became effective immediately:

*When a call comes into the dispatch center to report a past occurred offense of a **less serious nature**, the dispatcher shall enter the information into CAD per normal protocols and dispatch the event.*

*Dispatchers shall indicate in the Notes section that this is a **REPORT ONLY EVENT** and notify the caller/RP that a police officer will be contacting them to take a phone report.*

*Officers "dispatched" shall then contact the RP and take a report over the phone. It is advised that they mark on scene while making phone contact with the RP to indicate they are busy handling the event.*

*Officers shall **NOT** take phone reports whenever there is **evidence to collect**, or they determine that there is another need for them to meet in person with the RP. This information may only come to light after the officer makes phone contact with the RP, necessitating a need after all to respond to the location.*

*Officers **SHALL** also ensure that they respond to check the area after taking information over the phone, when necessary (checking for trespassers, noise violations, etc.), despite not meeting with the RP.*

*Call takers shall defer to a supervisor when there is any question regarding appropriateness of handling a report over the phone.*

*Supervisors always have the authority to override an event dispatched as a phone report.*

*Protecting the community remains our main mission and officers should always respond in person should they have any concerns about taking a complaint over the phone for a particular incident. This should be balanced with our need to keep our force safe and operationally ready.*

*Call takers will continue to ask RP's whether anyone in their residence is sick when dispatching an officer to respond in person to calls for service. Dispatchers shall not, however, verbalize over the radio if anyone is sick at a particular location. Officers need to check the notes in their CAD event for this information.*

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Dispatchers took further steps to limit officer exposure, and prior to dispatching officers to the scene, were instructed to ask callers if anyone at the location had COVID or had COVID-related symptoms. If they indicated yes, the dispatcher would request that the complainant respond outside to meet the officer. The County sent our Communications Center a daily email with a list of addresses in the town where a



resident tested positive for COVID, and where caution should be exercised over the next 14 days. These addresses were sent to all officers to provide awareness and increased caution during their shift.

Normal operations were greatly modified. Without delay, the police lobby was closed to the public. Those who came in person and wanted to see an officer had to pick up an external phone to dispatch and if warranted, an officer would respond outside to meet them. The department's ride-along program for the public was suspended. In-person training was cancelled for a significant time and was largely conducted virtually for much of the pandemic. Roll calls, briefings, and other meetings were cancelled to minimize in-person gatherings for months during the height of the pandemic or were conducted virtually. When gatherings were done in person, they were moved to larger meeting rooms to spread personnel out and maintain social distancing. Non-essential personnel were allowed telework and flexible schedules and in person workers were rotated to minimize exposure to other employees.

Safety equipment and protocols were greatly enhanced with N95 and surgical masks, latex gloves, and other personal protective equipment that were provided to all officers in the field. The department had a sizeable inventory of N95 masks on hand at the start of the pandemic due to previous planning efforts. Masks, latex gloves, and hand sanitizer were placed throughout the building. Officers were required to wear masks when transporting subjects and to place surgical masks on those being transported who were exhibiting flu-like symptoms or who were stating they were COVID positive. Temperature checks for all employees entering the building were required during the height of the pandemic. Thermometers were placed at two key locations in the building and employees were required to check their temperatures upon arriving for work, or if they suspected a fever. The department purchased a hydrostatic disinfectant sprayer to conduct daily sanitizing and cleaning of areas where officers and personnel congregated such as the roll call room, kitchen, gym, and the dispatch center. Sanitizing spray cleaning of each cruiser was also mandated immediately after a transport was conducted. Cruisers were kept out of service until such cleaning was done following a transport and were parked in the Sally port with a note indicating they had not been cleaned if this process had to be delayed. Personnel were provided with ongoing safety education through emails, videos, and virtual meetings and webinars.

Vaccines were made available for all employees. Although not mandated, the chief and her leadership team continually encouraged all personnel to get vaccinated, not only for personal safety and to maintain an operationally ready workforce, but to minimize the risk of transmitting the virus to family members.

*The Herndon Police Department had a voluntary vaccination rate of over 80% and experienced minimal disruption from positive COVID infections throughout 2020 and 2021.*

### **Tactical Trauma Kits and Training**

Several years ago, the department purchased tactical go-bags to issue to all sworn staff. These tactical bags are equipped with emergency medical supplies to use in the field and included tourniquets, Quick Clot, sucking chest wound patches, extra handgun and rifle magazines, gauze, and bandages, and an



Tactical "Go-Bags"

Tactical Emergency Medical Training



artificial airway tube. Officers are also provided a second tourniquet to be carried on their outer ballistic vest carrier that can be used on themselves should they become critically injured and unable to get immediate medical assistance.

A partnership was developed with our local fire department, who conducted tactical field training for all sworn personnel, to include the executive staff. This training involved hands-on guidance that included both classroom instruction on how to use the medical supplies, as well as scenario-based training that involved realistic officer rescue scenarios in active shooter and other high-risk incidents. Training is conducted each year that refamiliarizes officers with how to use this equipment properly. New officers are provided these tactical trauma kits upon hire and first receive training on the equipment while in the academy.

Additional small medical kits are attached to the back of the front seat passenger headrest of every patrol cruiser. This provides additional medical supplies for every on-duty officer and increases access to emergency medical supplies when an officer may not have immediate access to their trauma kits.



Extra Medical Supplies in Each Patrol Cruiser

### **Body Worn and In-Car Cameras**

The Herndon Police Department has been using Panasonic in-car and body worn camera systems for the past 4.5 years and was one of the first agencies in Northern Virginia to equip its officers with body worn cameras. The department is now in transition to the Axon camera systems for BWCs, in-car cameras, and station interview room cameras.

The move to this new camera system presents enhanced safety features such as GPS location in each BWC so that an officer who separates from his or her vehicle can be quickly located, an automatic on feature when the officer draws their weapon from the holster, automatic on features of other BWCs that respond and come within a set distance from an activated camera, enhanced picture quality, ability to review video from the officer's cell phone, automatic activation of the BWC when the cruiser lights are turned on (current capability as well), and enhanced ability to conduct effective and more efficient video audits by supervisors and commanders.

Our current and new system will continue to have a back seat camera to capture video of subjects being transported. These cameras protect officers from allegations of improper treatment or excessive force during transport and document any admissions a subject may make while enroute to the jail.

Video footage from an officer's BWC and in-car camera that capture use of force incidents or other police incidents that have training value are replayed in roll calls so squads can discuss the incident, including what worked well, what did not work as intended, and what other options could have been utilized to resolve the incident. Videos from use of force incidents are locked down until the review is conducted by a commander, then released for squads to view. These debriefing sessions are meant to educate officers on how to respond in similar situations, and not to criticize the performance of the officers involved.

*In 2019 when one of our officers was involved in an officer involved shooting, our IA commander put together a full debriefing in PowerPoint format and formally presented this debrief of the incident to all department members. The PowerPoint included radio traffic, suspect information, BWC video from the directly involved officer as well as responding officers first to arrive on scene, and information regarding the investigation.*



Body Worn  
Camera



Back Seat Camera



In-Car Camera



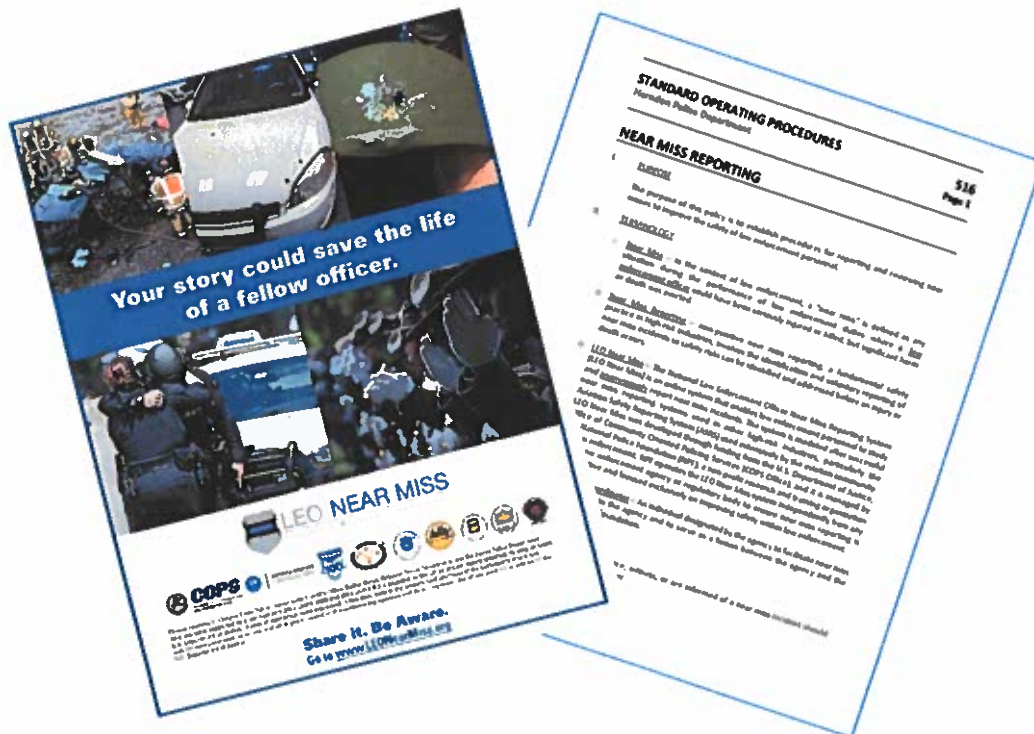
### **Law Enforcement Officer Near Miss Reporting System**

The Herndon Police Department is in the process of formalizing our participation in this valuable program that provides lessons learned from other law enforcement officers across the country, all with the goal of preventing serious injuries and fatalities. The goal of this program is to incorporate the open discussion of these incidents into monthly roll calls and into the safety culture of the organization to improve safety in the field. These incidents will provide impetus to adjust policy and training, where needed, as well as assist our department in making sound decisions on equipment purchases to support safe and effective patrol operations.

Flyers have been placed around the building describing the program in advance of training. Formal training is expected to occur during the month of March when we transition back to three patrol shifts and again have an overlap of shifts to facilitate roll call training (our department had to temporarily move to two patrol shifts over the past 9 months due to a staffing crisis from officers retiring and leaving the profession). During training, officers will be instructed to download the LEO Near Miss app on their smart phones. Every sworn officer in the department is issued a work phone upon hire.



We have already incorporated our Standard Operating Procedure for this program into policy and assigned an administrative lieutenant as our liaison for the program. Reviews of Near Miss Reports are assigned to our training committee, which is comprised of our instructors from firearms, vehicle operations, control tactics and de-escalation. This committee meets formally on a quarterly basis. They already incorporate department related incidents into training scenarios. Near Miss Reports will now also be considered for training topics, especially where trends are indicated.



## **Ballistic Vests**

The Herndon Police Department has a mandatory policy regarding the wearing of ballistic vests. Every officer is custom fitted with body armor when hired. The department gives officers the option of wearing their vest in an outer vest carrier or under their uniform shirt. Most officers in the department have chosen the outer vest carrier for greater accessibility to their issued equipment and less strain on their back from carrying all their equipment on their duty belts. The policy applies to patrol personnel and all other officers working in operational assignments. Body armor is also required at the firearms range during qualification and tactical training.

The department participates in the US Department of Justice Bulletproof Vest Partnership (BVP) Grant Program, which provides reimbursement for a percentage of the costs to purchase ballistic vests. The department equips all sworn officers with a Level III A protective vest. These vests are replaced every five years, as recommended by the manufacturer.

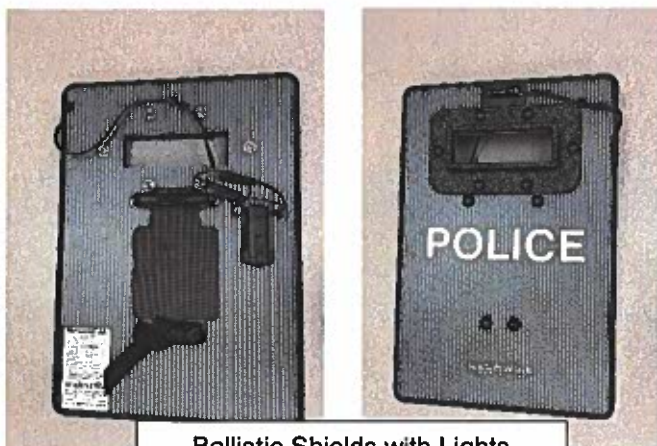


Ballistic Vests Worn at Range Training

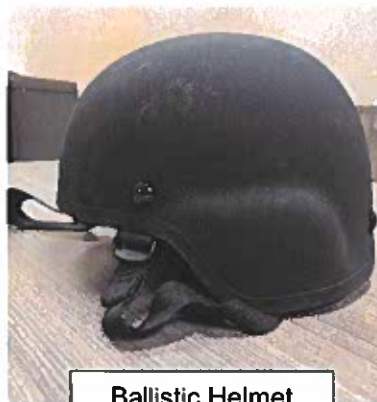


## **Ballistic Shields and Helmets**

The department is equipped with both handgun and rifle shields. These shields are carried in the on-duty supervisor's cruisers so they can be quickly deployed in an emergency or high-risk incident. The shields were recently equipped with forward facing lights (replacing the need for a flashlight), which allows the operator to handle both the shield and a firearm simultaneously. Ballistic helmets accompany the handgun and rifle shields and are also stored in the supervisor's cruisers. Inspections are conducted semi-annually on all equipment.



Ballistic Shields with Lights



Ballistic Helmet

## **Less Lethal**

The department utilizes a variety of tools to de-escalate volatile encounters and safely resolve high-risk incidents. Policies are in place for all less-lethal weapons that require annual training and/or recertification, guidelines for legal and department deployment, and reporting requirements. Inspections are conducted annually on all less lethal weapons and equipment.

**Electronic Control Weapon (Taser)** - All patrol officers are issued Tasers and are required to qualify annually. Strict policy is in place regarding the deployment, medical care, and reporting of Taser usage. All Taser deployments are investigated as a use of force through our internal affairs process.

Tasers and batteries were updated in the past two years to safer models that automatically cut off after 5 seconds when fired. This ensures that officers do not get distracted during a rapidly evolving and stressful event and unintentionally continue to depress the trigger while continuing to deliver a shock.

*The Taser has been used this year to resolve a violent encounter safely and effectively on a subject under the influence of drugs. Since department Taser policy was amended in 2017 to reflect 4<sup>th</sup> Circuit Court case law, the department has had only 5 Taser deployments. All of these deployments were in compliance with department policy.*



X-26 Taser

**Elimination of less lethal shotgun rounds** – Approximately 2 years ago, the department eliminated less lethal shotgun rounds from its inventory. Despite having an appropriate policy that distinguished and maintained separate bean bag rounds for less lethal encounters, it was determined that the risk of mistakenly loading the wrong type of rounds into the shotgun during an incident was too great. As a result, the department eliminated all less lethal shotgun rounds and purchased a separate 40mm less lethal weapon that posed less risk and provided greater range and accuracy.

**40mm** – The 40mm less lethal launcher was purchased to replace the less lethal shotgun rounds that were eliminated. Patrol supervisors manage the use of the 40mm launcher, carrying it with them in their cruisers each shift. This weapon system provides a less lethal option that may be used to resolve potentially violent situations or when unsafe for officers to approach within a physical contact range. It provides more accuracy and utilizes a foam baton to deliver an effective impact.

*This less lethal device was used successfully in 2021 to safely disarm a subject in emotional crisis who was armed with a knife and threatening to harm himself.*



40MM Less Lethal Launcher

**Pepper Spray** – Officers are issued chemical spray as a less lethal tool that presents an alternative to physical control techniques. Pepper spray is not used often due to the additional contamination effect it can have on the officer deploying it.

**Collapsible Baton** – Officers are issued an impact weapon for defensive and control purposes. They receive retraining annually in conjunction with handcuffing procedures or as part of use of force training.



Defensive Tactics/Baton  
Training

*For the calendar years 2018 through 2020 (2021 statistics are not yet available), the department has decreased its overall use of force incidents each year across all weapon systems, from 21 in 2018 to 12 in 2020. All but 4 of these incidents involved hands-on use of force only. No serious injuries have occurred to either officers or the subjects involved through this three-year period.*

### **Thermal Imagers**

The department recently purchased two thermal imagers for patrol use. These devices allow officers to search for hidden suspects more safely in darkness or low light conditions without giving up concealment and/or cover. They can also be used to locate missing persons that may be hiding or in emotional crisis, or to check for recently parked vehicles and other items that emanate heat while investigating crimes in progress.

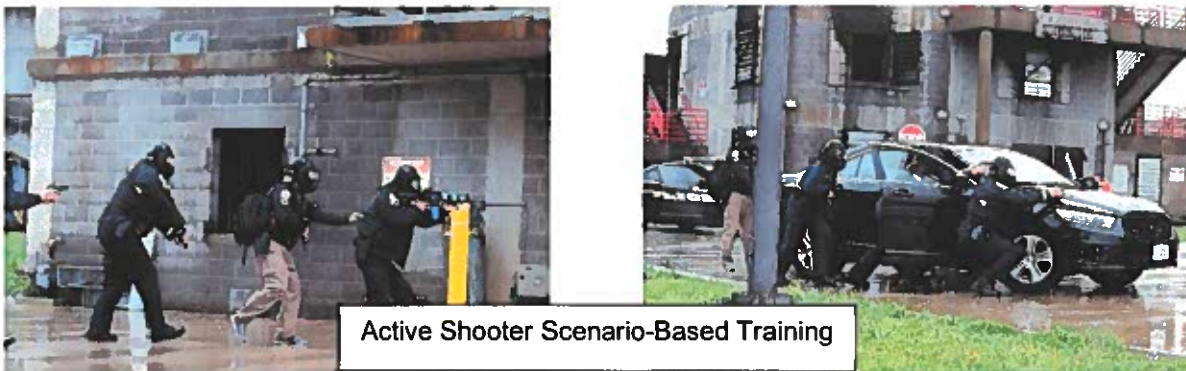


FLIR Thermal Imager

### **Active Shooter Training**

The department has two certified active shooter instructors that train department personnel, as well as assist our academy and other local agencies with training.

The department conducts active shooter training biennially. Training has been conducted independently, as well as jointly with both our county police department and with our county Fire and Rescue Department. Some of the training sessions have incorporated tactical medic response training where officers were instructed on how to use the medical trauma kits they were issued. Exercises were conducted using mannequins that spewed fake blood to simulate an arterial bleed, requiring officers to apply what they learned to pack a wound and stop the bleeding, apply a tourniquet, and also address a sucking chest wound. Officers were also trained to apply a tourniquet to themselves in the event they were wounded and had no backup or medical resources available.



Active Shooter Scenario-Based Training

Active shooter training was also conducted by our instructors at our community center for town staff, and for town council members in case of an attack during a town council meeting. In the training for town council members, those attending were taught how to react from their seats during an emergency and where to seek cover and/or concealment. This training is meant to be replicated after town council elections every two years but has recently been delayed due to COVID restrictions. The sensitive nature of this security training and the required documentation for town council requires that it not be carried out virtually.



## **Narcan**

The department received its first inventory of Narcan several years ago through a grant. Officers are trained to administer Narcan, an effective opioid reversal medication, by in-house instructors, to individuals experiencing an overdose emergency or an accidental exposure. Officers also carry Narcan for their own safety in case of accidental exposure to the deadly drug Fentanyl during a vehicle or subject search.

The department now participates in the Virginia Association of Chiefs of Police First Responder Naloxone Program, which trains officers to be Naloxone instructors and provides no-cost Narcan spray and carrying cases to law enforcement agencies in the Commonwealth. Through the Revive Program, the department can replenish our Narcan stock when inventory runs low or is beyond its shelf life.

*Although our officers have not personally administered the spray, they did provide our Narcan to Fire and Rescue personnel on two different occasions who successfully used it on a subject who had overdosed.*

## **Firearms, Qualifications, and Training**

The department incorporates shotguns, rifles, and handguns into police operations. Officers receive department authorized training designed to simulate actual situations and conditions and enhance officers' discretion and judgment in the use of lethal and less lethal force and weapons. The department also conducts recertification exercises to establish and measure weapons proficiency and officers must demonstrate proficiency with all approved and authorized lethal and less lethal weapons. Officers must qualify with firearms prior to carrying the approved weapon on-duty or off-duty. All department training is monitored by certified weapons instructors. Inspections and inventories are conducted annually or semi-annually, as appropriate, on all department weapons.

**Handguns** - The department transitioned from the Glock 40mm handgun to the Glock 9mm handgun approximately 1.5 years ago after FBI ballistics research indicated the greater effectiveness of the 9mm ammunition in stopping an active threat. Recently, gun lights were added to all patrol handguns for tactical effectiveness in low light or dark conditions. Officers working administrative or investigative assignments were given the option to add handgun lights.

The addition of the gun lights allows officers to keep two hands on their weapon instead of holding a flashlight and handgun simultaneously. The toggle switch for the handgun light was strategically placed on the opposite side of the officer's trigger finger to minimize the possibility of an accidental discharge.



**Shotguns** – All department shotguns are equipped with weapon lights, external shell carriers, and slings. Weapon mounted lights allow officers to maintain better control of the shotgun in low light conditions by freeing up both hands to operate the weapon. Officers must qualify annually with this weapon.



Shotguns with Mounted Lights

**Rifles** – The department's rifle program has traditionally allowed both department-issued rifles and personally-owned rifles. A decision was recently made to end the use of personally owned rifles for on duty operations due to liability concerns and more importantly, to standardize the platform that is being used. All rifles are not being configured using an identical platform and attachments so that anyone who operates a rifle in the program will have the ability to pick one up and be familiar with its operation. This is critical in emergency situations. Funding has been identified to purchase the additional rifles needed to ensure no personally owned rifles are carried on duty. That purchase has already been initiated. In the meantime, the department had enough rifles in stock due to staff transitions and movement out of the program to replace the personally owned rifles that were being carried by rifle certified operators.

Rifle operators must qualify quarterly to remain in the program. Rifle operators are chosen based on their skills and history of past decision making in the performance of their duties.

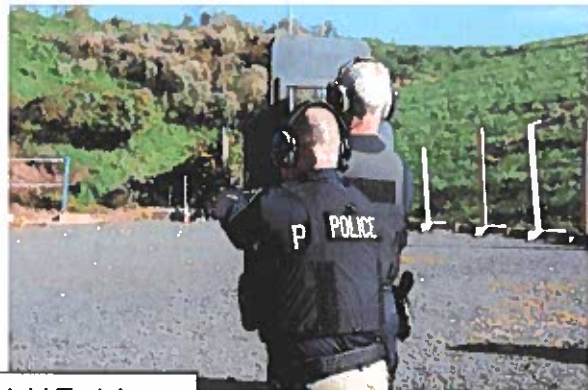


Rifle Training in Low-Light Conditions

**Backup Weapons** – Officers are permitted and encouraged to carry a backup handgun. Officers must submit a form requesting to carry an approved backup weapon, after qualifying and demonstrating proficiency. Annual qualification is also required.

**Range Training** – Officers are required to wear their ballistic vest to range training. Detectives are directed to attend tactical training in the soft uniform they routinely wear on duty, unless active shooter or other specialized tactical training is being conducted. Two formal range dates are held each year, one for mandatory qualifications and the other for tactical training exercises.

The Virginia Department of Criminal Justice Services mandates that law enforcement officers qualify once each calendar year on issued firearms with a 70% proficiency score. The department, however, requires officers achieve a 75% proficiency score. This higher proficiency score is also a requirement of academy graduates. Tactical training varies and involves exercises covering low light shooting, shooting while moving, tactical repositioning, shooting from behind cover and concealment, shooting behind a shield, tactical advancements alone and with another officer, and use of force decision making, and de-escalation. Weapons are cleaned and inspected by a firearms instructor after each range training.



Firearms and Shield Training





### **High Visibility Traffic Vests**

Officers are required by policy to wear their yellow, high-visibility traffic vests when working traffic assignments or while working accident scenes on the roadways.



### **Threat Assessments Required for High-Risk Events**

Officers must complete a threat assessment form before any planned or high-risk event such as a search warrant or buy/bust operation. This form provides an evaluation of risk elements such as criminal history of the suspect(s), weapons involved, site factors, etc. The form standardizes the safety checks that must be conducted before a high-risk operation and indicates whether a tactical team should be used for the operation. This form must be completed by the lead officer/detective, reviewed by their supervisor, and approved by a commander before the operation is initiated.

### **Incident Command System (ICS)**

Sworn staff and dispatchers are trained on the Incident Command System and utilize this for managing both planned and emergency events. Supervisors and commanders are required to follow ICS protocols and practices when developing operational plans for Town events and work collaboratively with other Town departments to include them in the ICS structure, assigning roles and explaining responsibilities for those involved. All sworn officers are required to take ICS training courses. Supervisors and commanders attend advanced courses to support their roles and responsibilities and work in partnership with the County's Office of Emergency Management on updating the town's Hazard Mitigation Plan and emergency issues such as major weather storms that have an impact on the town.

### **Emergency Response to Town Buildings**

Following the 2019 workplace violence mass shooting in Virginia Beach, VA, the Herndon Police Department initiated an assessment of physical security in town buildings. These recommendations led to the installation of electronic door locks on the offices of the Town Manager and key staff in the Herndon Municipal Center (HMC), as well as the Town Attorney's Office. The doors to these offices and hallways had previously remained unsecured during operating hours and locked with a key during off hours. Every officer is now provided key cards/swobs for every electronic lock installed in town buildings. This ensures that officers can make a rapid entry into Town buildings should it be required for an emergency incident.

Panic buttons were installed at the front desk in the HMC, with cameras that are viewed directly by our dispatchers 24-hours a day. Dispatchers also have the ability to lock or unlock electronic doors if a threat incident occurs and can provide real-time information to officers who are responding to the scene. Additional security enhancements to Town buildings were halted due to COVID but are expected to resume this calendar year.

To enhance a rapid and effective response to workplace violence incidents, the department procured critical incident maps of every town building. These maps, known as Collaborative Response Graphics

(CRGs), provide a gridded overlay, high resolution imagery, and floor plans together in one map. The maps provide detailed labeling of each floor, rooms, doors, and key utility locations. They provide a simple, visual communication tool to coordinate emergency response while under stress both inside and outside a building. These maps have been loaded in the officer's mobile computers for immediate accessibility. Enlarged copies of the maps were printed and placed in supervisor cruisers for use in a command post. The department is preparing to add a smart phone app that will put these maps in their hands so they can access them on foot or from inside a building during response to a high-threat incident.

### **Safety Officer and Safety Matrix Requirement**

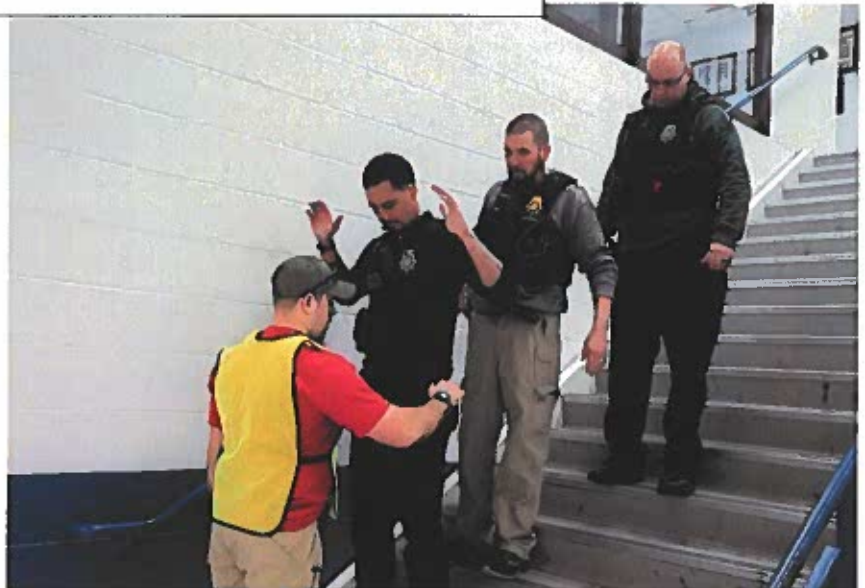
A dedicated safety officer is required for all firearms training and other scenario-based training exercises. This officer is responsible for ensuring the safety of all participants in the training exercise. The safety officer assigned to the training exercise must be dedicated to the safety function and not be providing instruction.

A safety matrix form must be completed for all scenario-based training exercises and included with mandatory lesson plans. This matrix ensures that all safety guidelines are properly addressed before training commences. This form must be signed off by a supervisor or commander, depending on the nature of the training. It is used for training at the academy, range, and within our department.

Training signs are also required to be posted when conducting scenario-based training exercises, whether training is held inside or outside.

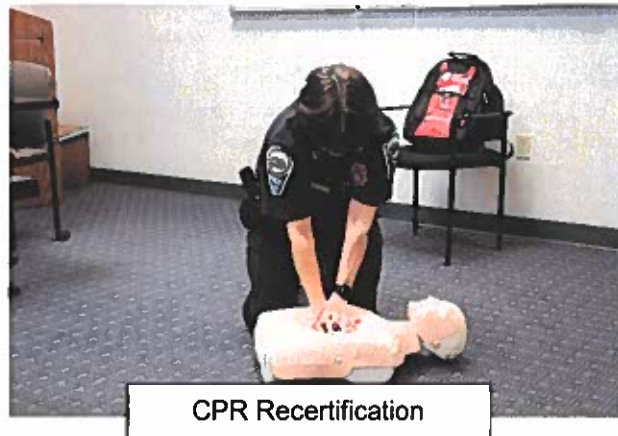


Safety Checks during Scenario-based Training Exercises



### **CPR Certification**

The department has both officers and dispatchers trained as CPR certified instructors. Officers first receive this training in the academy. Officers are then recertified every two years by our in-house instructors through scheduled roll call training.



### **Personal Protective Equipment (PPE)**

Sworn officers are equipped and fit-tested with gas masks and N95 masks. These masks are personally issued and carried with officers in their equipment bags.

Latex gloves are installed on the walls of several exit doors leading to the secured parking lot so officers can replenish their glove supply quickly on their way out the door.

Tyvek suits are available in the crime scene supply area as needed.

The department has both rifle and handgun shields that are deployed in multiple cruisers during a shift. Ballistic helmets are included with the shields.

For incidents involving civil disturbance, the County provides mutual aid to our department and has a large civil disturbance unit that can be rapidly deployed when requested. The region also works under a mutual aid MOU for civil disturbance and active violence incidents.

### **AEDs**

AEDs are located in the building and in all of the patrol supervisor's cruisers. Officers were instructed on how to operate them and shown the step-by-step instructions that are included with the device.

### **Bloodborne Exposure Reporting Process**

When officers are exposed to a known bloodborne pathogen or infectious disease in the line of duty, it is handled through our on-duty injury reporting system. Supervisors are required to first report the incident to our Nurse Triage Reporting System as well as fill out a Bloodborne/Airborne Pathogen Exposure Report. Depending on the specifics of the incident, the attending nurse provides the officer with



additional care advice and works with the exposed employee and supervisor to determine what treatment, if any, is needed.

Supervisors are then required to contact the 24-hour on-call exposure officer with the Fairfax County Police Department. The exposure officer will also arrange treatment with the approved Infectious Diseases doctor on our Workman's Compensation Panel. Having 24/7 access to an exposure control officer who can talk directly with the officer to ease concerns and arrange follow-up care has proven extremely beneficial.

### **Crisis Intervention Training (CIT) and De-escalation**

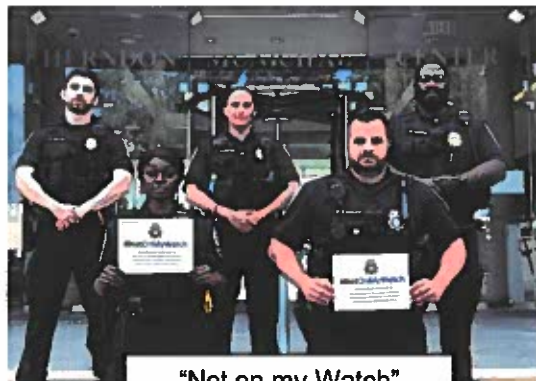
The department has 25 Crisis Intervention Officers who have received specialized, week-long training in responding and resolving crisis situations involving mental illness or developmental disability. Due to the complexity of delivering this scenario-based crisis intervention class (which is taught only once a month) and the high demand for it at our police academy, our department receives only 1-2 student slots each training class. We will continue to fill all training seats provided to us until our entire department is trained. We already have officers scheduled to attend the class each month throughout 2022. Our officers are also provided CIT training in-house that supplements this class.

We have two highly experienced employees who are certified in de-escalation training and teach the topic nationally. Officers receive annual de-escalation training to review strategies and scenarios that may be necessary to mitigate or avoid circumstances that could intentionally increase the risk of a volatile situation. These instructors have conducted multiple training sessions in de-escalation and control tactics, both in the classroom and through scenario-based exercises. The department's training committee has further been instructed to ensure that de-escalation tactics are incorporated into our firearms and use of force training each year.

To reinforce our commitment to ensure necessary and reasonable force in resolving incidents, the department conducted a public campaign in 2020 under the hashtag #NotOnMyWatch. This public commitment not only served to increase trust with our community, but it was a strong reminder of the officer's duty and ethical oath.



Mat Room for training at  
Herndon Police Department



"Not on my Watch"



### **Field Training Program for Certified Officers and Academy Graduates**

Probationary officers (recent graduates of a law enforcement basic academy and certified police officer new hires) must complete mandatory department field training supervised by a field training instructor. New officers must demonstrate throughout the program sufficient knowledge and skill to perform independently as a police officer. Field training is based on tasks that are most frequently performed by law enforcement personnel and competency is measured in the required skills, knowledge, and abilities.

The department's field training program requires a new officer and a field training instructor to work together to complete a structured training program. New academy recruits must complete a minimum of 240 hours before they can be released for solo patrol. The department hires numerous certified officers from other Virginia agencies. Virginia certified sworn have already successfully graduated from an academy, but some have never performed the duties of a patrol officer. Certified officers that come from a corrections background, working in a jail or court setting, are required to complete the same full field training period as academy recruits. Certified officers that have been police officers in other agencies are required to go through field training, but the length of that training is reduced due to their experience and job knowledge.

A Field Training Instructor (FTI) is designated to provide daily guidance, mentoring, and direction during the field training process to develop the probationary officer for independent patrol. Officers in field training work under the guidance of multiple field trainers with expertise in different areas to expose them to a variety of best practices in performing patrol duties.

All FTIs are selected based on their interest in teaching new recruits and their overall job performance. FTIs are required to attend specific classes for Instructor Development and Field Training Instruction. Those that do not meet the department's expectations for delivering effective field training instruction are removed from the program. FTIs and all instructors must recertify every 3 years.

### **Overtime Restrictions**

Policies are in place to limit secondary employment to a maximum of 15 hours per day, including duty time, except for mission critical or ongoing activities/operations. This is to ensure officers remain alert on duty and get appropriate time for sleep before returning to their next shift. Exceptions to this policy must be approved by a supervisor.

### **National Accreditation from CALEA**

The Herndon Police Department has been nationally accredited by the Commission on Accreditation for Law Enforcement Agencies (CALEA) since 1986 by demonstrating its voluntary commitment to comply with essential law enforcement standards and adhere to best professional practices. The department is assessed every four years and compliance is reviewed annually. The department is additionally certified as meeting certain eligibility requirements pursuant to accreditation, as set forth by the U.S. Department of Justice, for discretionary grants eligibility.

## CATEGORY 2 – OFFICER TRAFFIC SAFETY

Training, equipment, and appropriate policy are crucial elements of officer safety in traffic operations. The department has taken great strides in keeping officer safety in the forefront and has emphasized ongoing training, improved equipment, and updated policy to promote safety through emerging safety tactics. **The department was awarded the Virginia Law Enforcement Challenge Award for three consecutive years for its efforts in traffic safety through enforcement, education, and operational initiatives**, until this competition was suspended in 2019 due to the pandemic. It received the highest award in 2019 for the Commonwealth's top award for best traffic safety program in the state. The following highlights the department's continued focus on safety in traffic operations.

### Below 100 Training

The department sent two sworn members to the Below 100 training in 2018, which is a commonsense training program on safety areas under an officer's control, with particular focus on such elements as seatbelts, vests, driving tactics and proper procedures. The officers then returned and conducted training for the entire department. The two officers used the Below 100 template for the training, but also incorporated our own relevant traffic policies into the instruction.

Over the course of the past 18 months, the department has experienced significant turnover and hired both new officers straight out of the academy and certified officers from other agencies to fill vacancies. As a result, this training will be updated and repeated during the 2022 calendar year for all sworn HPD officers.

The image displays the Herndon Police Department's 'Below 100' training materials. On the left is a black logo with the text 'Herndon Police Below 100®' and 'Corporal Findley Detective Sorg'. Below the logo is the tagline 'Honoring the Fallen by Training the Living'. On the right is a white 'Below 100 Lesson Plan Cover Sheet' with a table of topics and durations. A text box at the bottom right identifies the materials as the 'Herndon Police Department's Below 100 Lesson Plan Cover Sheet and PowerPoint Opening Slide'.

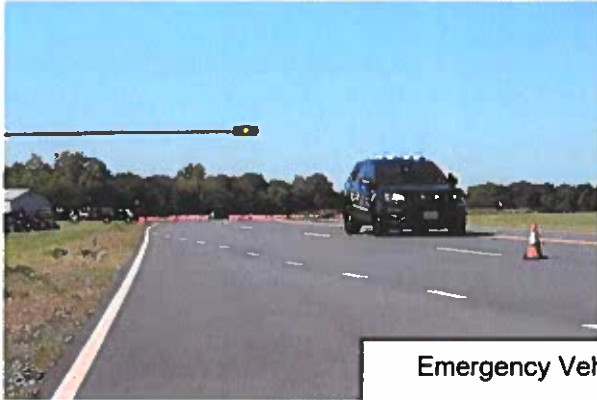
Herndon County Criminal Justice Academy 1400 Lee Blvd. Chantilly, Virginia 20151	
Below 100 - Herndon PD Class Schedule	
Overview of Below 100 Objectives	10 Minutes
Vehicle Safety Fundamentals	40 Minutes
- Discuss vehicle maintenance	
- Discuss vehicle modifications	
- Discuss vehicle safety features	
Body Armor Fundamentals	20 Minutes
- Discuss the importance of wearing body armor	
What's the "New" 100?	20 Minutes
- Discuss the "New" 100	
Comprehensive Exit Paper	20 Minutes
- Discuss issues involving officer compliance	
Break	10 Minutes
Total	120 Minutes

### EVOC Training and Instructors

Sworn officers attend two weeks of Emergency Vehicle Operations (EVOC) training when they go through the academy. After graduation, officers are required to attend EVOC training every three years. Training is conducted at the academy track and officers drive the same vehicles they operate on duty. EVOC training involves high speed driving and decision making, pursuit operations and policy review, cone courses and accident avoidance, and inclement weather driving on a specialized skid pan to simulate icy roadway conditions.



HPD has several trained instructors who assist academy staff in conducting EVOC training for the department. These instructors also assist academy staff several times a year when conducting EVOC training for new recruits. This allows our part-time EVOC instructors to hone their teaching and driving skills in this area. One of our EVOC instructors is also tasked with providing classroom-based pursuit training annually for all sworn department members. This training covers our department policy, liability and relevant case law. Videos of police pursuits located online are often used to illustrate the dangers involved in pursuit and response driving.



Emergency Vehicle Operations (EVOC) training

### **GPS in Vehicles**

All police vehicles are equipped with an automatic vehicle locator (AVL) that provides real-time location and tracking management. This helps dispatchers to effectively deploy officers to calls, maximize efficiency and time, and provides a critical safety feature to assist in quickly locating an officer's vehicle when they are not responding to the radio. The new Axon body worn camera system currently being implemented in the department will provide an additional GPS tracking device to assist in quickly locating an officer on foot and away from their vehicle. The new BWCs are expected to be issued in the next month.

### **In-Car Cameras**

The department currently utilizes Panasonic in-car cameras but is in the process of transitioning to the Axon camera system, with built in license plate readers (LPR). In addition to the forward-facing front camera, HPD's vehicles are equipped with rear-facing cameras and back-seat cameras so officers can safely watch suspects during transport. In-car cameras automatically initiate when an officer turns on their emergency lights to ensure driving behaviors and citizen encounters are captured on video.



In-car Camera Systems

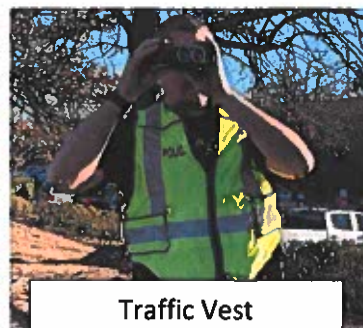
## Speed Monitoring and Accountability

Dash cameras in each of the department's cruisers are set to automatically turn on when the vehicle reaches 65 mph. The main purpose of this feature is to ensure pursuits or high-speed emergency response driving is captured on both the violator and the officer. Automatic recording of vehicles traveling at high speeds also serves as an accountability measure. Although these activations are not automatically sent to supervisors, the video is subject to being randomly selected for audit. Video audits of both in-car and BWCs must be conducted monthly by all squad supervisors. If policy violations are discovered, supervisors have the option of handling them formally or informally, depending on the nature of the violation, severity of the incident, and past performance of the officer.

*All vehicle accidents are required to be formally investigated through our internal affairs process. Over the past 5 years, from 2017-2021, officers have been involved in a total of only 18 at fault vehicle accidents. **None of the 18 at-fault accidents were the result of excessive speed.** Most of these accidents involved low speeds in parking lots or while slowing or stopped on the roadway.*

## High Visibility Traffic Vests

Officers are required by policy to wear their yellow, high-visibility traffic vests when working traffic assignments or while working accident scenes on the roadways.



## Cruiser Selection

The department has been purchasing hybrid utility vehicles for use in patrol operations for the past several years. The hybrid utility is pursuit-rated, maintains power and performance, and comes with industry safety features and a generous passenger/cargo space when outfitted. The vehicle is engineered to meet the 75-mph rear-impact crash test and has side protection and cabin enhancement structural reinforcement to provide crash safety. Back seat cages separate the passenger area of the vehicle from equipment stored in the rear cargo area. The larger size of the utility vehicles creates a safer and more comfortable passenger area for two officers. This is especially useful when officers share a cruiser during field training. Vehicles are replaced approximately every 7 years or 100,000 miles.



## **Seat Belts**

Personnel are required to always wear seat belts while on duty. It is both a department policy and a state law. This applies to both town-owned vehicles and to rental cars being operated by department personnel. Signs were installed on both exit gates to the department's secured parking lot to remind officers to always buckle up and be cognizant of their speed.



Safety Message Signs on all Exit Gates as Regular Reminders

**Pursuits** - Training on the pursuit policy is conducted annually and documented. Training consists of policy review, case law discussion, liability and/or review of video incidents of pursuits that are available for discussion and training.

All pursuits are formally investigated and documented through the department's internal affairs process. When policy violations occur, officers receive discipline in accordance with the seriousness of the violation and past performance. Remedial training is mandated in cases where it is warranted.

*The department's pursuit policy was changed a few years ago to narrow the circumstances when a pursuit can be initiated, limiting pursuits to incidents involving crimes of violence or of an immediate threat to public safety. This has resulted in a significant reduction of pursuits over the past three years to from 3 in 2018 to only 1 total between 2019-2021.*

## **Elimination of Vehicle Stop Sticks**

*According to the National Law Enforcement Officers Memorial Fund, 14 officers were struck and killed by other vehicles in 2020. In 2021, 28 officers died in "struck-by" events.*

To reduce the chances of our officers being struck, stop sticks were recently removed from all department vehicles and eliminated as an authorized tool to stop fleeing vehicles due to the danger posed to the officer deploying them. Roadblocks and pit maneuvers are still permitted as tactics to stop fleeing vehicles if the officer has attended the specific EVOC training courses for these tactics and maintained proficiency through retraining. Officers must be retrained in these tactics every 3 years.



### **Traffic Accident Investigation**

The department has several officers trained in traffic accident reconstruction. These officers investigate accidents resulting in serious injuries or fatalities, as well as serious cruiser accidents.

Recently, a drone was obtained on grant funding that will allow accident reconstruction to be done from the air, eliminating the need to close roadways or place officers in the roadway to conduct accident scene mapping/reconstruction and photo documentation. This program will be initiated, and training conducted for ARU investigators, once department policy on the drone program is finalized.

### **CATEGORY 3 – OFFICER WELLNESS**

The Herndon Police Department has developed a comprehensive wellness program for department members that has greatly improved the mental health and wellness of our personnel, and improved safety and working conditions within our agency. Our goal with this program is not just to react to wellness issues as they arise, but to proactively provide the programs, resources, and tools necessary to prevent physical and mental issues from becoming personally disabling or interfering with law enforcement performance and responsibilities.

The program has a variety of components that help personnel cope with exposure to stressful incidents, as well as deal with day-to-day health and wellness issues. Our program takes a holistic view to mental and physical health and consists of numerous components that are outlined below. No one part of the program is more important than the other. Specific measurable goals to achieve over time are to reduce sick leave and on-duty injuries, and reduce complaints related to the performance of duty. Due to the significant turnover in personnel experienced by our agency over the past two years, and the medical issues related to COVID, it will take additional time to determine overall program effectiveness. What we do know, however, is that our programs are having a significant impact on hiring and recruiting based on input we receive during the application process.

Before the various components of HPD's comprehensive wellness program were implemented, two of our lieutenants with significant experience in the wellness field conducted roll call training sessions on the various components of our program for all personnel. This was done to ensure officers could ask questions and understand the purpose behind the policies and program. The police psychologists were included in these presentations virtually so personnel could be introduced to them in advance of the mandated wellness checks and before they became involved in a critical incident.

As chief, with the assistance of competent and experienced staff members, I have also taken a proactive leadership role to share our wellness policies with other agencies throughout the state, advocate for participation in the National Public Safety Wellness Survey, work on state and regional mental health projects, successfully introduced new legislation that will support treatment of first responders in Virginia, and assisted other agencies with leveraging mental health resources for their officers and dispatchers. My position on the board of the Virginia Association of Chiefs of Police has presented me with a visible and influential platform to educate and collaborate on law enforcement mental health issues across Virginia.

## **National Public Safety Wellness Survey**

The Herndon Police Department became the law enforcement liaison for a critical public safety mental health survey that was conducted in 2021. The National Public Safety Wellness Survey, led by the United States Marshal Service, was developed to collect mental health data using verified clinical diagnostic tools tailored towards first responder mental health (law enforcement, fire and rescue, corrections, and dispatchers), to assess levels of PTSD, anxiety, and depression among participants. The survey was disseminated nationwide, which closed at the end of November 2021, was entirely voluntary, and the identity of all participants remained anonymous due to encryption software that the Marshal's Service attached to the survey. As the chief, I took the lead liaison position for this survey alongside my experienced lieutenant, and we began advocating for other agencies in Virginia and across the country to participate.

What we discovered was that public safety leadership in some agencies did not support the survey because they either did not place a priority on mental health issues or did not want appear to want to know the results for their agency. To educate law enforcement executives, my lieutenant and I conducted numerous in-person presentations on this survey to organizations both in Virginia and out of state attempting to create buy-in from top leadership and get cooperation for distributing the survey to their personnel. These organizations included the Virginia Association of Chiefs of Police (VACP), Virginia Fire Chiefs Association, National Capital Region Council of Governments (COG), Northern Virginia Chiefs and Sheriffs, and the Attorney General of Ohio Safety and Wellness Conference. Other presentations to out of state groups was conducted virtually by my lieutenant. When the survey closed, over 10,000 first responders had taken the survey.

As chief, I also participated in a video for the survey urging law enforcement leaders to distribute the survey to their agency and discussed how they could use the results to leverage mental health resources. That video can be viewed at <https://youtu.be/BZfWmmxOfcQ>.

For participating in the survey, each agency head received a summary of their agency's responses. This provided them a snapshot of the mental health of their agency and a valuable resource to advocate for mental health resources. The results for the state of Virginia were released in late January, and the national summary results will be released in mid-March.

The Herndon Police Department participated in the survey in early 2021 and I received an agency summary quickly due to our lead role in the project. The survey results were concerning and in line with national and state results that showed a significant number of officers were experiencing moderate to severe levels of anxiety and depression. Also alarming from the survey results was a snapshot of those with levels of PTSD and suicide ideation. When I presented our department's summary to the Town Manager, he was immediately struck by the results, especially since the Town of Herndon was a relatively calm, supportive community throughout the challenges of police reform that sparked violent protests and heightened attacks towards law enforcement. As a result, funds were immediately made available for Herndon police officers to have access to wellness checks, with an assurance that the funding would continue in future budget cycles. Those wellness checks were implemented within months of the funding being allocated.

In early January, I approached a Virginia Senator to solicit support for introducing a bill in this year's General Assembly that would add workman's compensation benefits for law enforcement officers and firefighters who were suffering from anxiety and depression resulting from a work-related traumatic exposure. Currently legislation only supports PTSD for workman's compensation. As a result, companion bills were introduced in both the Virginia Senate and in the House. The results of the Virginia survey were used to advocate and advance this legislation without opposition through the General Assembly. This bill, the first of its kind nationwide, is expected to become law at the end of the 2022 General Assembly.



## **Police Psychologist**

Police psychologist services were contracted to assist Herndon officers and dispatchers who were struggling with exposure to traumatic events, as well as the daily stresses of the job. Research has shown that providing first responders access to a known and experienced police psychologist who understands the demands and challenges of the profession can greatly increase their willingness to disclose their struggles and build a trusting relationship. The department hoped to encourage officers to seek help before their mental health issues escalated to problems at work or at home. The department also recognized that a mentally well officer and dispatcher will have more effective interactions with the community, make better decisions, and be better prepared to cope with traumatic exposures more effectively.

The police psychologists that were contracted are two of the most experienced police psychologists in the state and are utilized for annual wellness checks, training, advice, callouts for traumatic incidents, and referrals regarding difficult and/or struggling personnel. Personnel were given their contact information and provided direct access without having to go through their chain of command. This was done to encourage department personnel to reach out confidentially and ask for help without fear of impacting their jobs.

*The critical importance of having a known police psychologist on contract and available for call out became readily apparent in June of 2021 when officers responded to an apartment complex for a welfare check of a family, only to discover the murdered bodies of two young children and their mother. The presence of the police psychologist in the police station all day as this case was being investigated was invaluable. The psychologist, who had her own emotional support dog along with her, met with every officer and dispatcher involved in the incident prior to the end of their shift and upon leaving the station. The psychologist also provided follow up sessions with those who needed it in the days following the incident. Based on her recommendations, several officers were provided additional administrative days off before returning to work to cope with the traumatic incident.*



## **Annual Wellness Educational Sessions**

Annual wellness educational sessions are **mandated** for both sworn and professional staff as part of HPD's wellness program. Mandating these sessions through policy removes the stigma of having to talk with a mental health professional. All employees, including the chief and her executive staff, participate in these sessions. Our administrative support lieutenant worked closely with our police psychologist to schedule all personnel for these wellness sessions in early 2021, which were designed to provide mechanisms and strategies to cope with stress, as well as allow personnel to discuss current struggles. These sessions were conducted virtually with our police psychologists and done in complete confidence. Follow up sessions were conducted with personnel as needed or as requested.

Prior to launching the sessions, roll call training was conducted for the agency to introduce the police psychologists, familiarize personnel with the process and what to expect in the sessions, and demonstrate the need for mental health care in the profession. The police psychologists also answered any questions that arose and explained their professional duty to confidentiality.

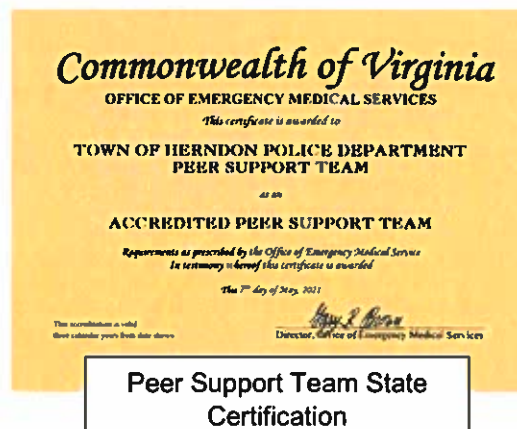
Despite some initial hesitancy among a small percentage of personnel, these sessions were well received and quickly embraced by staff. The wellness checks will continue to be conducted annually and remain mandatory for all personnel at HPD. The Town Manager understands the need for these wellness checks and has committed to funding them each budget year.

## **Peer Support Team Expansion and State Certification**

The Herndon Police Department had previously established a small peer support team, but its members had little experience or training. Additionally, internal policies had not been fully developed for the agency, nor did officers understand the unique role this team played during a critical incident.

Over the course of the last two years, department's administrative lieutenants worked on developing training opportunities for new and current members and expanded the number of team members in the agency. They also connected our peer team with other teams throughout the region for training purposes and to assist with mutual aid requests. State level training in Critical Incident Stress Management (CISM) was also secured to ensure all team members received this baseline training.

The administrative lieutenants also developed the necessary internal policies governing the proper use of a peer support team and completed the paperwork and steps to have HPD's peer support team Virginia state certified in Richmond. The team's state certification protects the confidentiality of discussions between officers and peer team members so they cannot be called to court and testify. This provides officers with a known colleague to talk to in confidence when they are struggling without fear of that information being released.



The department has a total of 7 officers trained in peer support. A retired police officer who now works as a civilian parking enforcement officer for the department is also trained, as is one assistant supervisor in our dispatch center. Three commanders are fully trained, one of which oversees the program, provides guidance to the first line supervisor in the unit, and assists in coordinating training. Depending on the scope and size of the incident, our peer support team provides services to our personnel. When incidents

exceed the ability of our agency, peer teams from other jurisdictions in the region are called to assist our department.

*Our peer support members are used to respond to the scene of critical incidents and were called to the scene of an officer-involved shooting in 2019 to provide peer support to the officer involved in that incident. In 2021, during a significantly difficult homicide scene involving the death of young children, the department utilized peer support from a neighboring jurisdiction for our officers due to the number of peer team members from our agency directly involved in working the scene.*

### **Transcendental Meditation**

Research has shown that mindfulness training is critically important to effectively deal with stress. The Herndon Police Department recognized that meditation could provide personnel with skills to cope with the daily challenges they face. As such, one of our administrative lieutenants developed a contact with the David Lynch Foundation, which teaches Transcendental Meditation™. As a result of that contact, the Foundation offered to donate instructors to teach HPD personnel TM through a grant at no cost to our agency. Over the course of 2021, the David Lynch Foundation provided an onsite certified instructor to train 25 personnel who had a desire to incorporate TM into their daily lives. The first group that was trained was the chief and her administrative staff. The Town's Risk Manager was also invited to participate in the training to demonstrate the department's proactive efforts to support officer mental health and wellness.

Herndon Police Department personnel are provided on duty time to meditate each workday and a comfortable location in which to do so. Those that have incorporated meditation into their lives have discussed the positive effect it has had on managing daily stress. Additional police department personnel have now expressed a desire to be trained and additional grant funding is being explored for the David Lynch Foundation to provide this training.

### **Mental Health Diversion Policies**

The department's administrative lieutenants helped to develop best practice policies to provide leadership with opportunities for diversion treatment in lieu of discipline for performance issues that arise, where applicable. These avenues for diversion allow division commanders ways in which to treat underlying mental or physical health issues that interfere with performance, so the problems do not repeat themselves, as well as provide officers a path towards post-traumatic growth. Personnel are still held accountable for performance issues, but through the internal investigation process, diversion policies provide a method to mandate therapy to deal with root causes, instead of simply treating the behaviors.

*This policy was used in 2021 to mandate assistance for an officer who had performance issues but was found to be struggling with significant personal stress. This mandated assistance allowed us to eventually return the officer back to full duty.*

### **Early Warning System**

The department recognizes that poor performance and behavior often has a root cause that can be addressed successfully if discovered early. As a result, the department has established an Early Warning System to identify officers in need of structured intervention measures to address problematic behavior or other potential issues.

The objective of an Early Warning System review is to recognize incidents, practices, or patterns of behavior that negatively impact the department's mission or the officer's performance, and provide

structured intervention through monitoring, training, counseling, or other productive means to improve performance. If it is determined that intervention is warranted, the appropriate division commander works with the officer's supervisor to propose an intervention plan that may include training, EAP or peer counseling, or other methods that would support improvement.

*This process was used successfully over the past two years to separate one officer from the agency, and to put another officer on a positive path forward.*


## Critical Incident Exposure Form

Our administrative support lieutenants introduced and developed a Critical Incident Exposure Report form that personnel and supervisors are asked to use to document on duty exposures to traumatic incidents such as child death investigations, police involved shootings, etc. These forms simply document the involvement of the officer or dispatcher in an on-duty traumatic incident over the course of a career. They are intended to help support future workman's compensation claims of PTSD, depression, or anxiety, should an officer need mental health resources and treatment due to an exposure. These forms will also be invaluable to assist police psychologists in treating those struggling from work-related stress.

These forms are not mandatory, and officers may fill them out themselves, or a supervisor can complete it. Officers are encouraged to maintain a copy for themselves. The forms are not placed in an officers personnel file, nor are they sent up the chain of command or to Human Resources. No HIPAA information is included on the form. If filled out, a copy is sent to the administrative lieutenant in charge of the peer support team, who is also our liaison with our psychologist. These forms remain in that file until the officer separates from the department. At that time, the officer is given the entire file to take with them.

This documentation is critical due to the recent changes in Virginia State Code regarding the ability for law enforcement officers to secure workman's compensation for mental health treatment if diagnosed with PTSD. Legislation has recently been introduced in Virginia's current General Assembly session that adds the conditions of depressive disorder and anxiety disorder to the workman's compensation bill. The legislation states that these conditions **MUST** have resulted from an on-duty exposure to one of five qualifying events such as traumatic exposures to a crime scene, traffic accident, involvement in a use of force incident that leads to death or serious injury, etc. By using some standard format to capture these exposures, officers will be in a better position to support their need to secure workman's compensation covered treatment from a mental health professional.

Critical Incident Exposure Report



**Herndon Police Department  
Critical Incident Exposure Report**

This is a report of exposure to a critical incident to be submitted to the Herndon Police Department. This is not a worker's compensation claim form. Employees will be offered the opportunity to fill out this form if they were involved in a critical incident. A brief list of events that may be considered critical incidents are: officer involved shootings, vehicle crash involving a serious injury or death, officer being the victim of a terrorist assault, death or serious injury of a colleague or partner, death or serious injury to someone in custody, near-shoot situations, sexual trauma or death involving children, elderly and other vulnerable populations, particularly if officer has a close relationship with the victim, incidents involving multiple deaths or injuries in a short amount of time, close personal association with victims, unsuccessful rescue attempt, witnessing human rights, personal personal threat, excessive media coverage or a negative outcome.

Each officer's threshold for emotional trauma is different, and there is a cumulative effect to such exposures. Being able to track exposures following a critical or potentially traumatic incident will help the department to better understand how critical incidents affect officer's mental health and what help or treatment may be needed in the short and long term. Tracking "near miss" incidents and giving better support to officers "near miss" will help officer's emotional trauma as well as reduce absenteeism and compensation claims. The form also provides valuable information that may be used later to support a potential worker's compensation claim for post-traumatic stress disorder (PTSD).


Remember to employees, if you are diagnosed with Post-Traumatic Stress Disorder (PTSD) and you believe the stress should be work related and needs to establish a claim, you must complete and submit the worker's report of injury form within one year of the diagnosis. **This is NOT that form.**

**Please submit this completed report to the  
Assistant Support Services Commander**

It is recommended that you attach a copy of the event or report to this document for future reference.

The form can only be obtained and viewed by the employee, clinicians, and the Assistant Support Services Commander.

Page 1 of 2



**Herndon Police Department  
Critical Incident Exposure Report**

**OFFICER INFORMATION**

Officer Name:	Last Name:	DOB:
Assignment:	Unit:	Place Of Birth:
Unit #:	Supervisor:	Time Of Birth:
Cell Number:	Emergency Contact:	
Alt. Email Address:	Phone Number:	

Manager/Supervisor's Name: \_\_\_\_\_

**CRITICAL INCIDENT DETAILS**

Date of Incident: \_\_\_\_\_ Type of Call: \_\_\_\_\_

Event # \_\_\_\_\_ Case # \_\_\_\_\_

Describe Nature of Incident: \_\_\_\_\_

Describe Officer/Employee Involvement: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Page 2 of 2



### **Restoration and Recovery Room ("Nap Room")**

A Restoration and Recovery Room, or "nap" room as it is commonly referred to, was established in HPD to provide officers and dispatchers a safe place to take a 20–30-minute power nap, meditate, or otherwise use as a quiet space to decompress. Officers and dispatchers work long, varied shifts and are routinely working in states of sleep deprivation. Research overwhelmingly supports the fact that rested first responders are safer and make better decisions in the field. Better decisions in the field lead to better interactions with our community, as well as less chance for accidents.

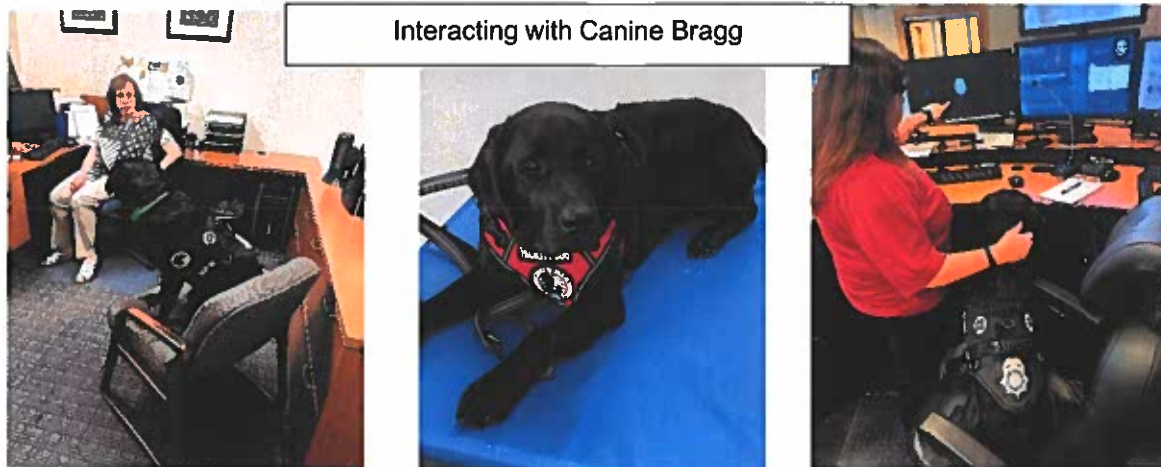
One of our administrative lieutenants worked diligently to construct this space and make it a comfortable and inviting environment. Recliners, dim lighting, dark paint, and a sound machine contribute to a soothing environment. The lieutenant took it upon himself to paint the room instead of waiting for Town Public Works personnel to complete the job to ensure we could make the room available in a quicker time frame. A policy was developed to ensure both accountability and safety while the room was in use. Because the room remains darkened most of the time, a sign was installed on the wall next to the door that slides to "occupied/unoccupied" so those using the room are not interrupted.

Before this room was created, officers would routinely catch short naps in their cruisers when sleep deprived or while waiting to go to court or drive home after an extended shift. This is a reality throughout our profession that most will not openly discuss. The increased targeting of our law enforcement officers, however, makes this practice even more dangerous today. This nap room creates a safe place for officers to take a short nap without judgment. Officers also use this room to catch a short nap while waiting to attend court after their shift or after court before they drive home. The room is also used for meditation by our staff and can be utilized as a private space for female employees to lactate after the birth of a child.



### **Facility Dog**

A decision was made to add a dedicated facility dog to our HPD family to assist our personnel with daily stress and trauma exposure. One of our administrative lieutenants made contact with a non-profit organization based out of Portsmouth, VA, (Mutts With a Mission), who trained and placed dogs with veterans suffering from PTSD. The organization had recently begun to place some of their dogs with law enforcement agencies as facility dogs, where they could serve an entire group of first responders as opposed to one individual with PTSD. As a result of the relationship that our lieutenant developed, and the efforts he made to establish our agency as a worthy recipient of a facility dog, the Herndon Police Department was selected to receive a dog for our agency.



In April of 2020, Canine Bragg joined the HPD family and had an immediate positive impact on personnel. One of our captains was chosen to be Bragg's handler based on his regular but flexible administrative shift schedule and his training in peer support. K9 Bragg was embraced by staff from his first day on the job, and leadership quickly noticed the positive difference in the personalities of several employees due to his presence. Bragg can often be found during the day visiting various parts of the station, sitting in dispatch, begging in the lunchroom around noon, or hanging out in investigations visiting with the detectives. Bragg and his handler have also visited some of our local schools for various special events, which has helped break down barriers between the police and our community. He has been an ambassador for us to talk to the community about the impact that stress has on our profession and our need for mental health resources.

### **Employee Assistance Program (EAP)**

The town provides an Employee Assistance Program (EAP) which offers counseling and support services for personnel at no cost. The EAP can assist with a variety of problems whether personal or job-related. Any employee or family member may initiate a request for help by calling EAP without going through the chain of command and the services provided are strictly confidential. Personnel are provided information on how to access EAP during their hiring orientation with the Department of Human Resources and information is also posted in the police department. This information is readily accessible to personnel electronically or by phone.

Supervisors also can make employee referrals to EAP when they determine someone needs services. If a work performance problem continues and the employee does not voluntarily consult with EAP, the supervisor can initiate a formal referral for the employee. The supervisor must contact EAP and register the referral. The supervisor is not entitled to any information discussed between the employee and EAP, but EAP will confirm with the supervisor if the employee has called to schedule an appointment and verify their attendance. The department has successfully used both voluntary and mandatory referrals in the past few years to help employees cope with personal problems.

### **Suicide Awareness Training**

Suicide awareness training has been provided to officers through a variety of training platforms over the years. The department, however, recognizes this growing crisis within the profession and has taken

steps to conduct formal training to all personnel in the month of March 2022. An additional police psychologist who has been recently brought onto our contract will be conducting the training. The training will be delivered in-person, onsite in roll calls using videos that were developed depicting officers from our neighboring jurisdictions that have been personally affected by this growing crisis.

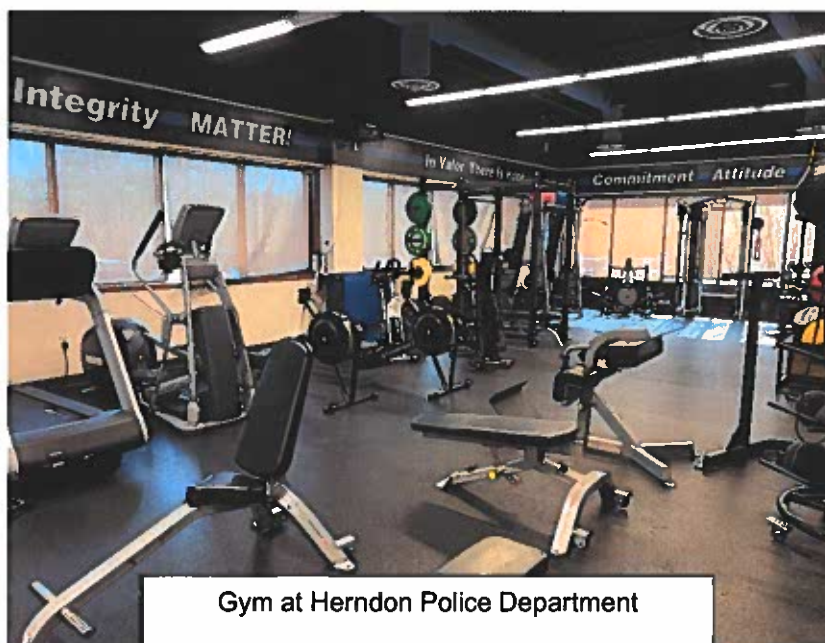
Additionally, our executive staff encourages open discussion about police suicides that occur in our region. Our senior staff also talks about officers we know that have taken their own lives, how those signs and red flags became clear after the officer's death, and how they can engage other officers in conversation when issues of concern are voiced. Our department also encourages our personnel to honor those who take their own life, and not allow the stigma of suicide to diminish their dedicated service.

### **Fitness Facility**

Department personnel have 24-hour access to a well-equipped gymnasium that contains functional fitness, strength, and cardio equipment. Personnel are provided one hour to work out on duty each shift, provided that operational demands don't otherwise prevent it. Personnel also have full access to this facility before or after work, and on days off. A signup sheet is in the facility to document employee use in the event of a workman's compensation claim.

*During the height of the pandemic, our department gym remained open when most public and private facilities were forced to shut down. Limits were placed on the number of employees who could use the facility simultaneously to adhere to basic social distancing protocols. The ability to continue to work out throughout the pandemic provided a significant mental and physical boost to our staff at one of the most challenging and stressful times in their careers.*

The Town of Herndon also has its own Community Center with an indoor pool, gymnasium, strength and cardio equipment, tennis courts, and fitness classes. All personnel have free access to this facility and the classes that are offered, on or off duty. In addition, the Town's golf course is free to all employees.





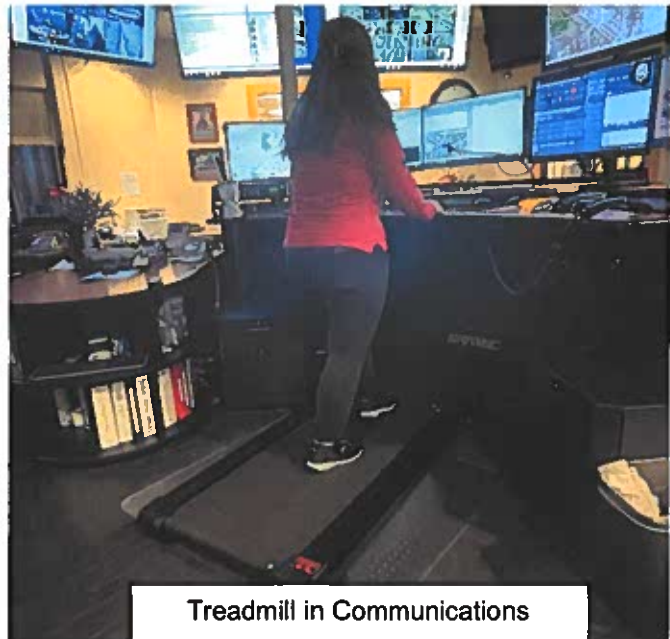
### **Fitness Training for Staff**

The department has identified officers who have an interest in fitness and sent them to various training courses to increase their knowledge of health and wellness programs and practices. In addition to increasing their knowledge, these officers are now able to assist others with proper exercise instruction, as well as build programs for those with little experience. The department has trained officers in CrossFit and the Cooper Institute's law enforcement fitness standards. The department also has a sworn officer who is highly experienced in jiu jitsu who teaches the martial art to others who have an interest. He is also our lead physical control tactics and de-escalation instructor. The department has a mat room in the building that allows this training to be conducted onsite. This training not only increases physical fitness but teaches officers valuable skills that assist them in handling physical encounters and surviving ground fights on duty.

The Herndon Police Department also applied for a Bureau of Justice Administration (BJA) Training Grant and was awarded the proposal for department wide fitness, nutrition, and healthy lifestyle training. Due to COVID restrictions on federal contractors to travel, this training has not been delivered. HPD is now in the process of reapplying with BJA (as instructed by BJA) to offer a more creative approach to receive this grant funded training that will not involve travel for the vendor. The new proposal is requesting access to the vendor's online training courses and providing department members access to the vendor's health and wellness smart phone app that provides fitness workouts, meditation, yoga courses, nutrition advice and healthy recipes, etc. The department will have the ability to select the online courses provided for personnel and is planning to place an emphasis on nutrition and sleep courses, which will address current gaps in our health and wellness programs. All our officers are issued smart phones so the app would be made accessible on their work phones through this grant for one year. The department is awaiting a decision from BJA to provide this new request for training.

### **Walking Treadmill in Communications Center**

The Herndon Police Department has a Communications/Dispatch Center within its building. Our dispatchers work long 12-hour shifts, are required to sit, or be tethered to their consoles for much of that time, and do not have the ability to be outside and mobile like our officers. Despite having access to the fitness facility, a walking treadmill was purchased to allow dispatchers to stand and walk at low speeds while carrying out their dispatch duties. New command consoles were purchased a few years ago to allow dispatchers to raise the desktops so they can use this treadmill or simply stand to increase their alertness and blood flow while taking calls for service. A small number of dumbbells were also acquired for the dispatchers to use so they could remain in the Center and still remain active and alert.



Treadmill in Communications

### **Annual Medical Physicals**

Medical physicals are mandated every 1, 2, or 3 years through the Public Safety Occupational Health Center (OHC), depending on the age of the officer. The physical examination for sworn personnel is conducted only to determine the employee's continued fitness to perform the tasks of a police officer and to inform them of their general physical condition. Information is confidential and is reported to the Personnel and Training Section Supervisor. Officers must receive a Class B or greater rating to remain on active duty. Officers that receive lesser ratings will be evaluated on a case-by-case basis and may be placed on restricted duty pending resolution of the issue.

In addition to regular medical tests, exams, and blood work provided by the OHC, officers are also given stress tests, vaccines, and chest x-rays at various stages in their career. Officers are encouraged to drop in at the OHC to have blood drawn a week before their scheduled physical so the doctor can go over the results with them at the time of their medical exam.

Officers are also instructed to bring their issued gas mask/air purifying respirator (APR) with them when they come in for their medical physical. The OHC conducts fit testing on gas masks and on N95 masks as part of their exam. The department also has two officers trained to conduct fit testing at the department to ensure fit testing can be done on site when necessary.

COVID vaccines were offered at the OHC at the beginning of the pandemic. Flu shots are made available annually through advertised locations in the County or are provided free of charge through Town insurance at local pharmacies within our jurisdiction.

### **Casualty Assistance Plan**

The department has a Casualty Assistance Plan which establishes guidelines and an operational framework for the department's response to a serious injury or death in the line of duty. This plan is in the process of being updated due to the changes in agency structure and resources that have been added to the department over the past few years.

### **Financial Planning Resources**

The Town offers access to financial planning resources to all personnel for their Town 457 plans. Employees can work with the Town's Investment Advisor or use the online Web Education Portal to get assistance. A Financial Wellness section on the portal covers areas such as budgeting, home buying and mortgages, saving for retirement or kids college, and social security strategies. Employees can also sign up online to schedule one-on-one sessions with an advisor.

The Florian Foundation was brought into roll calls on several occasions to conduct training for officers on the need to create personal wills and medical directives. This non-profit organization provides this service at no cost to all first responders. Emails were also distributed to all sworn staff about this resource to connect them with this valuable service.

## **Wellness Resources for Spouses and Retirees**

One of the current gaps identified in our comprehensive wellness program is our inability to successfully reach and communicate with our spouses and retirees. Ways to address this have been discussed with members from other local agencies who have made creative but unsuccessful attempts to get spouses to attend informational and educational training sessions. Having officers distribute information to their spouses has also proven to be unreliable.

To try and effectively address this need within the Herndon Police Department, plans are underway to use our annual awards dinner and banquet scheduled for March 12, 2022, to provide outreach to these groups. This event is a semi-formal, enjoyable function for all personnel, retirees, and their significant others. This is one of the only times each year that the chief and her executive staff have direct, in-person access to the families.

The goal is to distribute a flyer to each of the spouses and retirees in attendance describing available resources, an email contact to our police psychologist, and an email link to ascertain their interest in attending a virtual training session with our psychologist and executive staff. This ensures the information is getting directly into the hands of the spouses, without relying on our officers to provide it to them. Based on input from other agencies, a virtual meeting may be more desirable as it eliminates discomfort and is easier to schedule around family activities and work commitments. Spouses and significant others will be asked to voluntarily provide us with an email contact so we can send them updates on department events and information that may be beneficial to them.

## **Conclusion**

The Herndon Police Department understands the importance of placing a focused effort on supporting our officer's overall health and wellness, for personal wellness and job performance. We also understand the importance of extending these same resources to all our professional staff, who support our daily mission to provide effective public safety services to our community. Our efforts have resulted in a holistic health, safety, and wellness program that has increased the opportunities for personnel to maintain positive mental and physical health in an increasingly difficult and stressful profession, as well as enhance our ability to remain safe on the job. Our program has also contributed to better working conditions and a healthy work culture within the agency, which has been a highly valuable selling point for our recruiting team, demonstrating our department's sincere care and concern for our employees. Our overall goal is to not only keep our officers physically safe and mentally well on the job, but to ensure they leave the profession whole, with the ability to enjoy their lives in retirement after years of dedicated public service.

**Presentation conducted for First Line  
Supervisors on Building Organizational  
Safety**

***(Taught internally and for the Virginia Association of  
Chiefs of Police VACP)***

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## Building Organizational Safety

### RESPONSIBILITIES FOR FIRST LINE SUPERVISORS

1



2

### Second Lt. Frank Stecco

- ▶ 42 years old
- ▶ 19-year veteran of the Fairfax County Police Department
- ▶ Left behind a wife and 3 kids
- ▶ Served as a US Marine



3

### Objectives

- ▶ Discussion on Injury and accident data
- ▶ Examination on why accidents happen
- ▶ Problem identification
- ▶ Understanding the role of culture in the law enforcement profession
- ▶ Identifying risk behaviors within your organization

4

### Tactical Errors Are Made...

- ▶ On a daily and weekly basis
- ▶ By officers, supervisors, and commanders
- ▶ "All of us have been there"
- ▶ Some rise to the spotlight due to injury/death
- ▶ Most incidents go unnoticed/unaddressed

**How we handle them is Important!**

5

### Common Errors that Lead to "Ineffective Resolutions"

- ▶ Lack of preparation/training
- ▶ Uncertainty under stress, both by supervisors and officers
- ▶ Failure to anticipate potential actions by the suspect/subject
- ▶ Lack of command, control, communication and/or coordination

6

### Common Errors that Lead to "Ineffective Resolutions"

- ▶ Failure to be tactically prepared with flexible resolution plans/contingency plans
- ▶ Failure to delegate
- ▶ Failure to make critical decisions

7

### Role of the Supervisor

- ▶ Supervisors SUPERVISE
- ▶ Know the resources available
- ▶ Ensure equipment is used as intended
  - ▶ Become familiar with equipment used by your officers (familiarity vs. proficiency)
  - ▶ Attend training
  - ▶ Always use equipment in training before using in operations
- ▶ Know the skills/abilities of your officers

8

### Role of the Supervisor

- ▶ Know when to remove officers from situations
- ▶ See the "Bigger Picture"
- ▶ Delegate responsibility for tasks
  - ▶ Don't become an operator unless necessary
- ▶ **Question, Question, Question!**

9

### Initial Response

Determine the type of incident

- ▶ Barricade
- ▶ Hostage
- ▶ Active Shooter
- ▶ Terrorist
- ▶ Warrant Service

How does the type of incident effect the response?

10

### Determine Legal Authority

- ▶ Warrant
- ▶ Mental Detention Order
- ▶ Emergency Custody
- ▶ Felony or Misdemeanor committed in presence of officer

11

### Establish Use of Force Guidelines

- ▶ Rules of engagement – applies to both lethal and less lethal force
  - ▶ General Orders – consistent application to all types of incidents
  - ▶ Target of Opportunity ("Green light")
  - ▶ "Line in the sand" considerations

Is a "no shoot" order ever appropriate?

What are the problems associated with giving this order?

12

## Planning and Contingencies

- ▶ From the moment the **first unit** arrives on the scene, they must be prepared for any scenario
- ▶ As time passes, scenarios should continue to be discussed

13

## Planning and Contingencies

### ▶ The nature of "What if"

- ▶ What if the subject comes outside?
- ▶ What if the subject creates a situation where immediate entry is needed?
- ▶ What if the subject allows patrol to contain the situation without escalating the ongoing violence?
- ▶ What if the subject becomes mobile (vehicle or on foot)?

14

## Communications

- ▶ Establish Incident Command
  - ▶ Remain the focus of communications
- ▶ Ensure communications are specific, received, and understood by all
- ▶ Ensure officers on the scene do not relinquish their positions or take independent action (unless necessary) until relieved or told so by you
- ▶ Communication with:
  - ▶ Officers on the scene
  - ▶ Dispatch
  - ▶ On scene commander

15

## Risk-based Incident Management

- ▶ Does everyone understand the difference between an acceptable risk and an unacceptable risk?
- ▶ Do you have a system to pre-identify unacceptable risks?
- ▶ Set expectations for making **SMART RISKS**

16

## Bureau of Labor Statistics

- ▶ Police officers have one of the highest rates of injury and illness of any occupation
- ▶ Over 100 fatalities each year
- ▶ Approximately 100,000 experience work-related occupational injuries or illnesses each year

17

## L.E. Injury and Accident Data

- ▶ Focus has been largely on line-of-duty deaths and assaults
- ▶ No national database or depository exists for officer injuries = no accurate data
- ▶ Failure and willingness of many agencies to share information due to fear of legal or professional reprisal and embarrassment

18

## Problem Identified

- ▶ A large number of our injuries and fatalities are **identifiable, preventable, and manageable**
- ▶ Culture in law enforcement leads to repeated injuries and accidents
- ▶ Lack of accurate data on injuries and accidents to share across the profession and learn from

19

## Why Most Accidents Happen

- ▶ **Active failures** - conscious, unsafe acts officers commit while working
  - ▶ Ex. - Officers not wearing seat belts, failing to wait for backup
- ▶ **Latent Conditions** - exist within an organization and arise through decisions, policies, and procedures created by management
  - ▶ Example - agency policy on vehicle operation that provides no repercussions for unacceptable driving behavior
  - ▶ These conditions can lie dormant for many years (Graham - "problems lying in wait")

20

## Culture

- ▶ Culture is what people do, the behaviors they exhibit in an organization, despite policy that may be in place
  - ▶ How we **REALLY** operate, not what we say we do
- ▶ It takes **1-5 years to change a culture** so that safe behavior becomes second nature (Dille and Kleiner)
  - ▶ Culture continues through leadership changes

21

## Cultural Barriers to Safety in L.E.

- ▶ Strong sub-culture operating in law enforcement that contributes to a pattern of acceptable risk-taking, leading to repeated injuries and accidents
  - ▶ Injuries are often accepted as part of the job
  - ▶ Service over sacrifice
- ▶ Feeling of invincibility - "It won't happen to me"
- ▶ Lack of analysis to learn from mistakes (AARs and Debriefs)

22

## Cultural Barriers to Safety in L.E.

- ▶ Expectation to arrive quickly to emergency incidents
- ▶ Need to demonstrate toughness in realistic, scenario-based training - impress peers
- ▶ Failure to seek mental health care due to stigma of being labeled weak or unfit for duty
- ▶ High-risk behaviors often rewarded and publicized, touting them as heroic

23

## Improving Safety Culture

- ▶ Understanding that accidents, injuries and fatalities may happen, but most can be prevented and mitigated
- ▶ Develop a thorough understanding of the precursors to accidents/incidents
- ▶ Developing policies and programs that identify and minimize risks
- ▶ Learning from mistakes and close calls

24



## Safety Culture

"Everyone acts a Safety Officer"

25

## Leadership's Role in Safety Culture

- ▶ Model and promote safety in tasks, projects, plans and operations
- ▶ Establish process to identify hazards and risks
- ▶ Institute effective controls, practices and policies
- ▶ Ensure officers have proper safety equipment and training

26

## Leadership's Role in Safety Culture

- ▶ Conduct audits to ensure officers are following proper protocols
- ▶ Hold officers accountable by addressing unsafe behaviors – **STOP UNSAFE PRACTICES!**
- ▶ Understand why things go wrong and don't let them happen again

27

## Risk Behaviors

- ▶ Strong sub-culture that supports a higher level of risk taking
- ▶ Vehicle Operations
  - ▶ Seat Belt Usage
  - ▶ Speed (pursuits and response driving)
  - ▶ Pedestrian accidents
- ▶ Training

28

## Risk Behaviors

- ▶ Physical and Emotional Health
- ▶ Situational Awareness/Complacency
- ▶ Decision-making
- ▶ Fatigue

29

## Vehicle and Traffic Operations

- ▶ Make up approximately half of all line of duty deaths annually
- ▶ Nearly half of all officers killed in traffic accidents over the past 3 decades were not wearing their seatbelts
- ▶ Culture that supports aggressive driving outside of legal and individual limits to get to call quickly, failure to use both lights and siren, feeling of invincibility
- ▶ Number of officers killed in vehicle accidents in response driving mode has steadily increased for several decades

30

## Recent Vehicle-Related Deaths



Officer Ernest Edwards  
Washington Police Dept,  
Virginia



Deputy Antonio Hernandez  
Stanislaus County Sheriff's Dept,  
California

31

## Training

- ▶ Most training accidents are **preventable**
- ▶ Most occur in defensive tactics, physical control classes, and scenario-based training
- ▶ Contributing factors include:
  - ▶ Inadequate safety equipment
  - ▶ Poor safety protocols
  - ▶ Unclear objectives
  - ▶ Lack of dedicated safety officers to oversee exercise
  - ▶ Lack of experienced instructors

32

## Training

### How NOT to run a Training Exercise

33

## Where to Start? - Programs

- ▶ Below 100
- ▶ VALOR
- ▶ Destination Zero
- ▶ Training Safety Officer (ISO) Program
- ▶ LEO Near Miss
- ▶ LEOKA
- ▶ Event Deconfliction Systems
- ▶ Officer Health and Wellness (Physical and Emotional)
- ▶ Suicide Prevention



34

## Incident Safety Officer (ISO)

- ▶ ISO is a member of the Command Staff under the Incident Management System (ICS)
- ▶ Purpose of ISO is to assure the safety of all personnel through a **proactive** and **ongoing risk analysis** which **identifies** and **mitigates hazards** to personnel at any incident scene, planned event, or training exercise where there is an operational deployment.



35

## Safety Officers

- ▶ Serve as ISOs on high-risk operations
- ▶ Implement safety protocols across the agency
- ▶ Work in coordination with technical experts and training safety officers
- ▶ Develop valuable relationships with outside health care professionals
- ▶ Manage communications when safety-related issues arise



36

### National Safety Culture Change Initiative

- ▶ Partnership of the US Fire Administration and the International Assoc. of Fire Chiefs
- ▶ Identified both positive and negative culture and climate in the fire service
- ▶ Focused on negative culture that have contributed to firefighter injuries and fatalities
- ▶ Recommended strategies to address behavioral changes to improve safety

#### National Safety Culture Change Initiative



37

### Safety Management System (SMS)

The policies, objectives, organization, management controls and resources that are in place to manage safety, health and environment in all parts of the organization.

38

### Safety Management Framework

1. Thorough identification of hazards
2. Comprehensive risk assessment
3. Implementation of risk control measures
4. Performance metrics and reporting mechanisms
5. System audits and evaluation

39

### Hazard Identification

- ▶ Can originate from both internal and external sources
- ▶ Process should involve representatives from each area of the organization to ensure a comprehensive review of agency operations and functions
- ▶ Model presented can be expanded or changed based on agency priorities, needs, and threats

40

### Risk Assessment

- ▶ Prioritize risks in terms of **frequency** (how often it may occur) and **severity** (how damaging would it be to officer and agency)
- ▶ How much risk is acceptable for each hazard identified?
  - ▶ Emphasize **SMART** risk taking
- ▶ Standards for acceptable risk for each hazard identified should be established and clearly communicated by agency leadership

41

### Risk Assessment

#### Once hazards are identified, ask the following:

1. What might go wrong?
2. How can it happen?
3. How likely will it happen?
4. What are the possible consequences if it goes wrong?
5. How can this hazard be controlled or mitigated?

42

### Audit and Evaluation

- ▶ Help to determine whether the **expected** ways of safely performing tasks are the **actual** ways they are being carried out
- ▶ Act as safeguards to ensure that safety goals are understood and given priority

43

### Safety is a Leadership Issue

If you condone it,  
you own it!

44



**Presentation conducted on Herndon's  
Wellness Programs to other regional and  
state groups to share best practices and  
encourage the development of health and  
wellness resources in the profession.**



# Health and Wellness Programs

Herndon Police Department

1

## Peer Support Program



- State certified Peer Support Team
- Trained in Peer, CISM, and Stress First Aid
- Works in partnership with other regional teams for training and mutual aid
- Careful selection of team members is critical – must be credible; ensure diverse backgrounds
- Training for entire department on role of team and policy governing peer interactions, especially regarding confidentiality
  - *Know the different role peer members and psychologists play*

2

## Police Psychologists



### Experience Working With Law Enforcement

- Mandatory annual education wellness sessions
- Call out for traumatic incidents
- Training and education – Managing stress, coping skills, suicide awareness, etc.

### In-House or on Contract

- Referrals to other clinicians – inpatient and outpatient
- Trauma treatment and therapy
- Personnel have access to psychologists without going through the chain of command

3


## Transcendental Meditation™

- Donation by the David Lynch Foundation to teach TM to personnel
- Executive leadership first group trained at HPD
- Voluntary training
- Significant benefit noted by those continuing to practice
- Nap room used by personnel for quiet place to meditate at work

# MEDITATE AMERICA

DAVID LYNCH FOUNDATION

4

 **Herndon Police Department**  
**Critical Incident Exposure Report**

**OFFICER INFORMATION**

First Name:	Last Name:	DOB:
Assignment:	SMIC:	Time On Scene:
Unit #	Supervisor:	Time Cleared:
Call Number:	Emergency Contact:	
Alternate Number:	Phone Number:	

Manager/Supervisor's Name:

**CRITICAL INCIDENT DETAILS**

Date of Incident:

Type of Call:

Event #

Describe Nature of Incident:

Describe Officer/Employee Involvement:

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

## Critical Incident Exposure Report

- Used to document traumatic exposures over career
- Assist in workman's compensation claims
- Assists clinicians in treatment
- NOT retained in personnel files

5



## Facility Support Dog

- Donated by Mutts With a Mission
- Assigned to a captain trained in Peer Support
- Spends time in various locations throughout the station (dispatch, investigations, etc.)
- Not a community outreach dog

6



## Restoration & Recovery (Nap Room)



- 30 minutes each shift
- Power naps, meditation, quiet time to decompress
- Sleep before or after court or late shift
- Not used for meal breaks
- Policy in place for use

7

### NATIONAL WELLNESS SURVEY FOR PUBLIC SAFETY PERSONNEL

DATA SUMMARY

COMMONWEALTH OF VIRGINIA

JANUARY 2022

PREPARED BY THE U.S. MARSHALS SERVICE BEHAVIORAL ANALYSIS UNIT

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Do not disseminate further without permission from the Behavioral Analysis Unit of the U.S. Marshals Service.

## National Wellness Survey for Public Safety

Virginia Summary Report

8

## Key Statistics From Virginia Survey Summary

Survey sent to 13,261 –  
2,635 completed it

**19%** received scores  
indicating clinical levels of  
**depression**

**20%** received scores  
indicating clinical levels of  
**anxiety**

**12%** received scores  
representing clinical  
significance on **PTSD**  
assessment

**21%** indicated problems  
with **alcohol**

**8%** reported experiencing  
thoughts of **passive  
suicide ideation** (thoughts  
of suicide/self harm but  
no plan to carry it out)

**4%** reported experiencing  
thoughts of **active suicide  
ideation** (thoughts of  
suicide/self harm and a  
plan to carry it out)

**70%** of the LEOs  
responding indicating  
clinical significance in all  
areas have **not been  
formally diagnosed**

9

Chief Maggie A. DeBoard  
[Maggie.deboard@herndon-va.gov](mailto:Maggie.deboard@herndon-va.gov)  
Cell 571-262-1712

Lt. Jay Carson  
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Cell 571-641-7687

10

# **National Wellness Survey for Public Safety**

## **Personnel: Summary Report for the**

### **Commonwealth of Virginia**

***(This attachment does not contain the many detailed  
pages of tables listing all of the response options)***

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# **NATIONAL WELLNESS SURVEY**

## **FOR PUBLIC SAFETY PERSONNEL**

### **DATA SUMMARY**

### **COMMONWEALTH OF VIRGINIA**

**JANUARY 2022**

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**PREPARED BY THE U.S. MARSHALS SERVICE BEHAVIORAL ANALYSIS UNIT**



## SURVEY OVERVIEW

The U.S. Marshals Service and Nova Southeastern University are conducting a national survey to assess the impact of public safety work on individual well-being. Given their repeated exposure to potentially traumatic events, there is an overwhelming need to address the wellness of public safety professionals.

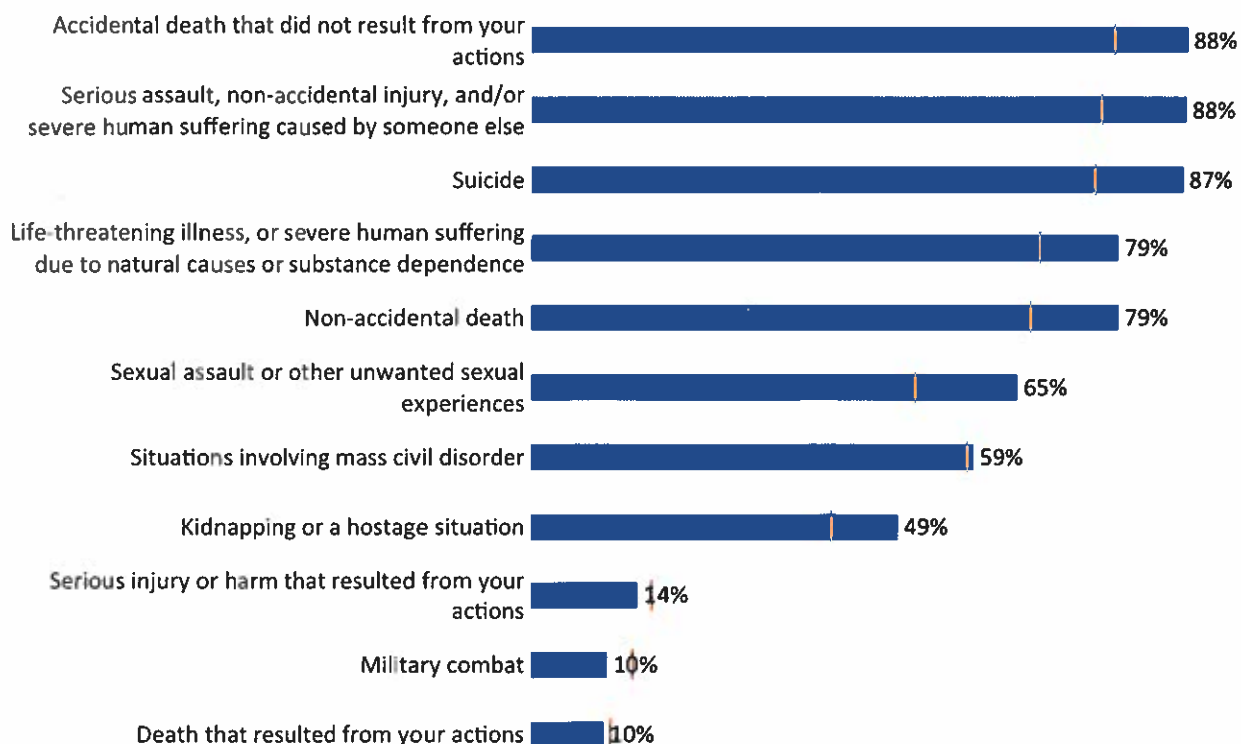
**The following data are from the Commonwealth of Virginia, where 2,635 out of 13,261 individuals (20%) completed the survey.**



## EXPOSURE TO TRAUMA

Respondents were asked to report on **exposure to various types of trauma** and whether they experienced that trauma within their professional life (i.e., public safety role), personal life, or not at all. If positively endorsed, they were also asked to report the frequency and recency of the trauma.

Below is a summary of the percentage of respondents who reported each type of traumatic experience **within the scope of their professional duties**. State-level scores are compared to the averages of agencies from other states, which are designated by orange markers.



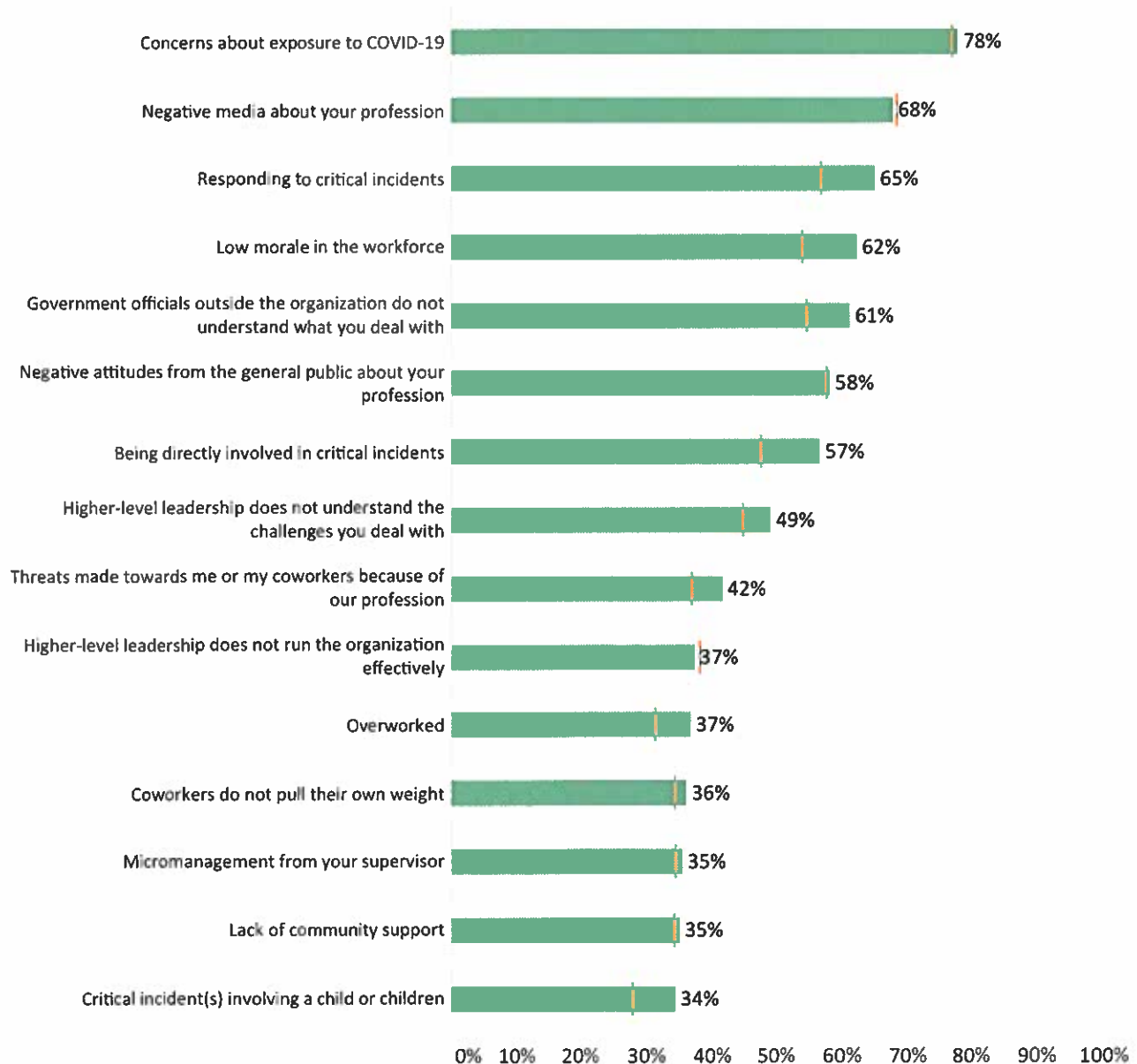
*Figure 1. Percentage of Respondents Reporting Each Type of Traumatic Experience Within the Scope of Their Professional Duties*

## EXPOSURE TO TRAUMA

Later in the survey, respondents are asked to consider the most stressful event or experience they have encountered in their lifetimes and to classify that event into one of the categories listed above. The most commonly endorsed category of their worst life event was **accidental death not from your actions** (27%).

## STRESS & STRESS MANAGEMENT

Respondents were asked to report which **stressors in their professional life** they experienced within the past year. The following are the most commonly endorsed professional stressors.



*Figure 2. Percentage of Respondents Who Endorsed Each of the Experienced Professional Stressors*

## STRESS & STRESS MANAGEMENT

Respondents were asked to report which **stressors in their personal life** they experienced within the past year. The following are the most commonly endorsed personal stressors.

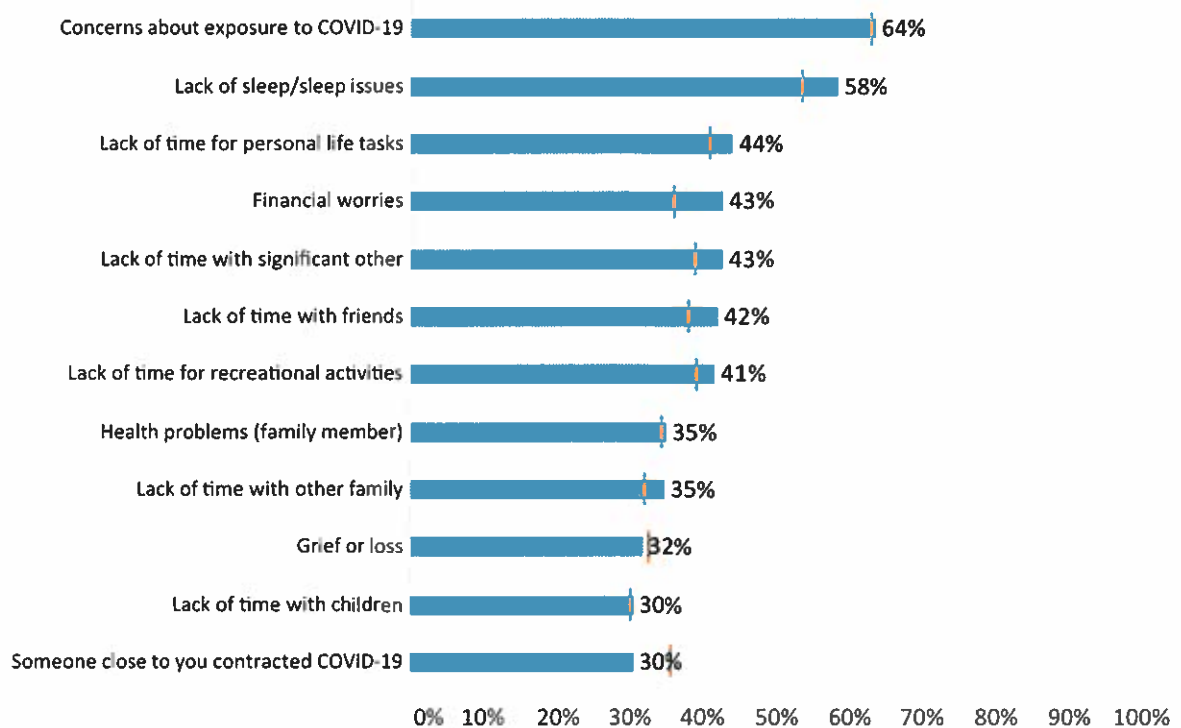


Figure 3. Percentage of Respondents Who Endorsed Each of the Experienced Personal Stressors

When asked which **activities they engage in to counteract the effects of stress**, those listed below were the most commonly reported by respondents.

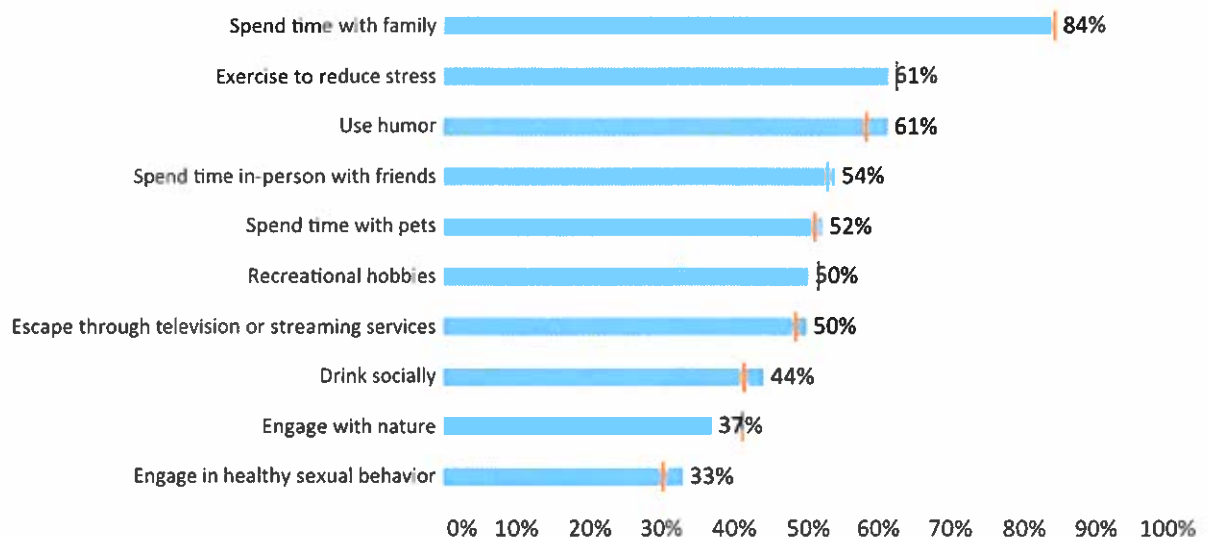


Figure 4. Percentage of Respondents Who Endorsed Each of the Activities to Counteract the Effects of Stress

## HEALTH & WELL-BEING

Respondents were asked to report on their access to and interest in engaging with behavioral health resources. Below is an overview of how many respondents have **utilized behavioral health resources** either offered within the department or found elsewhere due to professional reasons.

Resource	Within Department		Outside Department	
	State	Average	State	Average
Doctoral-level psychologist or non-doctoral-level counselor	17%	16%	10%	11%
Psychiatrist	6%	5%	7%	6%
Peer Support Team member	16%	16%	N/A	
Chaplain, clergy, or other spiritual services	8%	6%	8%	8%
Primary care physician or practitioner	N/A		12%	11%

Further, respondents were asked why they may have been **reluctant to seek behavioral health resources** in the past. Of individuals who expressed they were interested in seeking help at some point, these were the most common reasons for not doing so:

- 1 I wanted to handle it on my own
- 2 Fears it would impact my career, future employment, or security clearance
- 3 Concerns about confidentiality
- 4 Stigma - concerns I'd appear weak
- 5 It's the way I am - I don't ask for help
- 6 I just keep putting it off

Respondents completed well-recognized and validated mental health instruments, used either in their original or somewhat modified form, to help researchers gain an understanding of **how public safety work may be impacting their current well-being**. It is important to note these are provisional assessments based on self-reported data and should not be interpreted as formal diagnoses.

### TURNOVER

The following data represent responses to the item, *"In the next few years, I intend to leave my public safety job prematurely due to work stressors."* On average, 17% of respondents agreed with this item.





# HEALTH & WELL-BEING

## DEPRESSION & ANXIETY

**42%** of respondents some degree of depression from the Patient Health Questionnaire (PHQ-9). **44%** of respondents indicated some degree of anxiety based on results from the Generalized Anxiety Disorder Assessment (GAD-7).

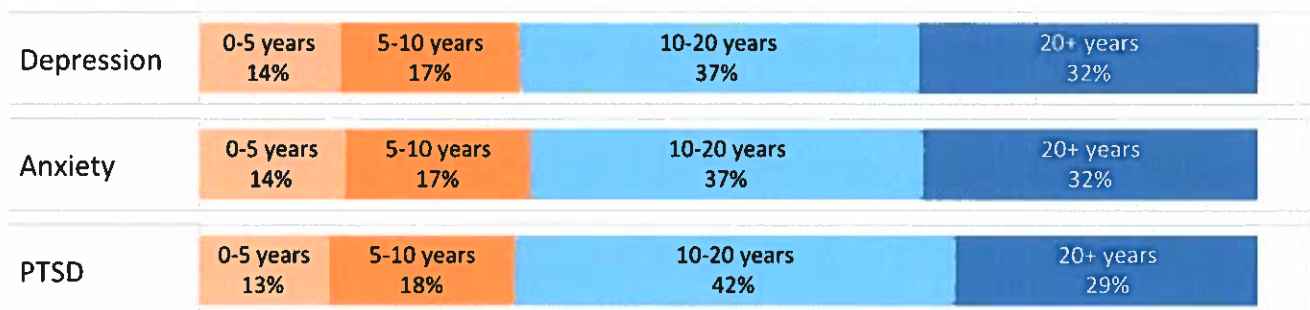
	State	Average		State	Average
Mild Depression	23%	21%	Mild Anxiety	24%	22%
Moderate Depression	10%	9%	Moderate Anxiety	11%	9%
Moderately Severe Depression	6%	5%	Severe Anxiety	9%	7%
Severe Depression	3%	3%			

## POST-TRAUMATIC STRESS DISORDER

- **12%** of respondents received scores representing clinical significance on the PTSD Checklist (PCL-5), indicating the individual may benefit from PTSD treatment. The average score for other states is 12%.
- **56%** of respondents (compared to an average of 53%) reported being bothered by a stressful event or experience within the past month.

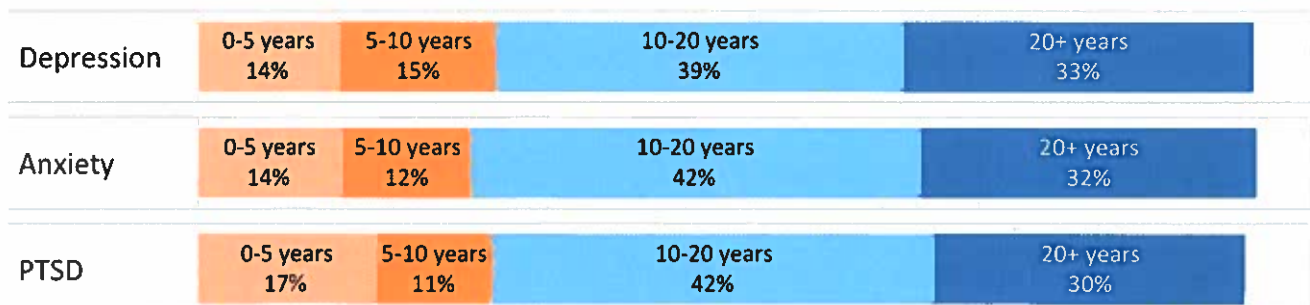
## Sworn Law Enforcement

Of the **Sworn Officers** signifying possible depression, anxiety, and/or PTSD, indicated below is the a..



## Fire & Rescue

Of the **Fire & Rescue** personnel signifying possible depression, anxiety, and/or PTSD, indicated below is the average time spent in the profession.



## HEALTH & WELL-BEING

### Dispatch

Of the **Dispatchers** signifying possible depression, anxiety, and/or PTSD, indicated below is the average time spent in the profession.

Depression	0-5 years 22%	5-10 years 20%	10-20 years 37%	20+ years 20%
Anxiety	0-5 years 23%	5-10 years 24%	10-20 years 37%	20+ years 16%
PTSD	0-5 years 31%	5-10 years 27%	10-20 years 31%	20+ years 11%

### ALCOHOL ABUSE

**21%** of respondents received a score representing potential problems with alcohol abuse based on results from the Substance Abuse Screening Tool (CAGE), compared to 19% on average.

**12%** of respondents selected *"drink to numb the pain/stress"* as a way to counteract the effects of work stress.

### SECONDARY TRAUMATIC STRESS

The most commonly endorsed items from the Secondary Traumatic Stress Scale (STSS) include thinking about work when not intending to (**73%**), being easily annoyed (**62%**), and feeling discouraged about the future (**51%**). Respondents were asked to only endorse items they experienced within the past two weeks.

### SUICIDAL IDEATION

Respondents completed select items from the Columbia-Suicide Severity Rating Scale (C-SSRS) to identify potential risk for suicide by assessing passive and active suicidal ideation, as well as suicidal behavior.

- **8%** of individuals reported experiencing thoughts of **passive suicidal ideation**, which represents thoughts of suicide or self-harm but no plan to carry it out (7% average).
- When passive suicidal ideation was broken out by profession, 7% of sworn law enforcement, 10% of fire & rescue, and 13% of dispatchers endorsed the item.
- **4%** reported experiencing thoughts of **active suicidal ideation**, which represents thoughts of suicide or self-harm and a plan to carry it out (4% average).
- When active suicidal ideation was broken out by profession, 3% of sworn law enforcement, 6% of fire & rescue, and 6% of dispatchers endorsed the item.



## National Wellness Survey for Public Safety Personnel

### Data Summary for the Commonwealth of Virginia

#### MENTAL HEALTH DIAGNOSES

Of respondents who received scores representing clinical significance for depression, anxiety, and PTSD, how many have been formally diagnosed by a professional?

##### SWORN LAW ENFORCEMENT

- For depression, 69% have not been formally diagnosed with a depressive disorder
- For anxiety, 74% have not been formally diagnosed with an anxiety disorder
- For those who may benefit from PTSD treatment, 73% have not been formally diagnosed with PTSD

##### FIRE & RESCUE

- For depression, 44% have not been formally diagnosed with a depressive disorder
- For anxiety, 57% have not been formally diagnosed with an anxiety disorder
- For those who may benefit from PTSD treatment, 52% have not been formally diagnosed with PTSD

##### DISPATCH

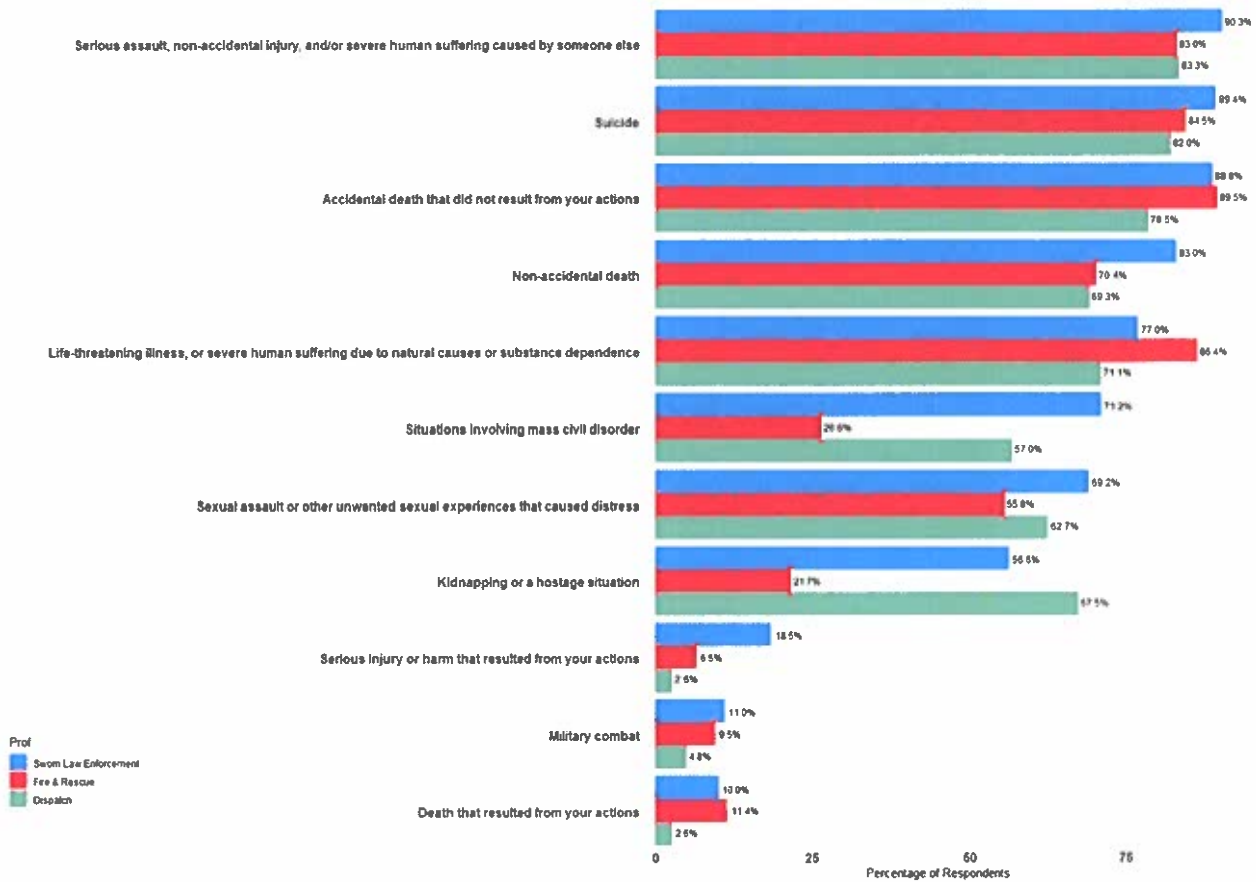
- For depression, 51% have not been formally diagnosed with a depressive disorder
- For anxiety, 48% have not been formally diagnosed with an anxiety disorder
- For those who may benefit from PTSD treatment, 61% have not been formally diagnosed with PTSD



## EXPOSURE TO TRAUMA

### EXPOSURE TO TRAUMATIC EXPERIENCES ACROSS PROFESSIONS

The chart below summarizes the percentage of respondents from each profession with some form of exposure to each of the trauma categories.







## EXPOSURE TO TRAUMATIC EXPERIENCES ACROSS PROFESSIONS (CONT.)

The table below breaks down the exposure to trauma by profession by displaying the [form of exposure](#) within each trauma category, providing a more detailed picture of which profession is most exposed.

Form of Exposure	Sworn Law Enforcement	Fire & Rescue (Professional)	Public Safety Communications
<b>Accidental death that did not result from your actions</b>			
Happened to someone close to you	62%	62%	51%
Witnessed as it was taking place	57%	62%	62%
Exposed after it happened	87%	87%	72%
<b>Suicide</b>			
Happened to someone close to you	65%	65%	59%
Witnessed as it was taking place	67%	54%	72%
Exposed after it happened	87%	83%	74%
<b>Non-Accidental Death</b>			
Happened to someone close to you	49%	36%	34%
Witnessed as it was taking place	41%	27%	40%
Exposed after it happened	81%	70%	63%
<b>Serious assault, non-accidental injury, severe human suffering caused by someone else</b>			
Happened to you	46%	33%	28%
Happened to someone close to you	63%	44%	49%
Witnessed as it was taking place	67%	49%	70%
Exposed after it happened	89%	83%	77%
<b>Death that resulted from your actions</b>			
Happened to you	8%	7%	3%
<b>Serious injury or harm that resulted from your actions</b>			
Happened to you	18%	5%	5%
<b>Sexual assault or other unwanted sexual experiences</b>			
Happened to you	11%	13%	14%
Happened to someone close to you	17%	19%	16%
Witnessed as it was taking place	14%	9%	24%
Exposed after it happened	68%	53%	62%
<b>Life-threatening illness, severe human suffering; natural causes or substance dependence</b>			
Happened to you	37%	48%	30%
Happened to someone close to you	53%	68%	50%
Otherwise exposed	74%	84%	70%
<b>Kidnapping or a hostage situation</b>			
Happened to you	6%	4%	6%
Happened to someone close to you	3%	3%	4%
Witnessed as it was taking place	38%	14%	51%
Exposed after it happened	54%	21%	58%
<b>Situations involving mass civil disorder</b>			
Happened to you	59%	16%	28%
Happened to someone close to you	62%	20%	47%
Witnessed as it was taking place	61%	23%	51%
Exposed after it happened	59%	23%	50%
<b>Military combat</b>			
Direct engagement	7%	5%	2%
Direct engagement possible	10%	7%	3%
Saw or heard combat	9%	8%	3%
Exposed after it happened	9%	7%	5%



## ASSOCIATION BETWEEN EXPOSURE TO TRAUMATIC EXPERIENCES & RISK FACTORS

The tables that follow show the statistical association between [form of exposure](#) to traumatic experiences for each profession and the following risk factors:

- Clinically significant scores for [depression, anxiety, PTSD](#)
- Disclosure of either [passive or active suicidal ideation](#)
- Agreement with the statement, *"In the next few years, I intend to leave my public safety job prematurely due to work stressors"*

The values in these tables and similar tables in this report can be interpreted as:

- Those with an absolute value [below 0.100](#) can be considered to have a [negligible association](#)
- Those [between 0.100 and 0.200](#) can be considered to have a [weak association](#)
- Those [between 0.200 and 0.400](#) can be considered to have a [moderate association](#)
- Those [between 0.400 and 0.600](#) can be considered to have a [relatively strong association](#)
- [Gray cells](#) indicate the association was [not statistically significant](#)

Darker red cells represent a stronger association, while lighter ones show a weaker association. A stronger association indicates that respondents selecting the stressor are more likely to have a clinically significant score or are more likely to disclose suicidal ideation, etc. The darkest green cells represent a stronger association with risk factors in a positive way (e.g., associated with respondents with scores below clinical significance). Cells in gray indicate a lack of statistical significance, which can partly result from limited data availability.

Tests of statistical significance show, with some degree of confidence, whether a relationship exists between variables; however, they do not reflect the strength of that relationship. Measures of association (in this case, Cramér's V) are useful as a descriptive tool to indicate the strength of a relationship between two or more variables and as qualifying devices for determining if certain findings merit reporting. The possible values for these measures of association range from 0 to 1, where 0 represents no association and 1 represents a perfect association.<sup>1</sup>

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<sup>1</sup> Rea, L. M., & Parker, R. A. (2005). *Designing and conducting survey research: A comprehensive guide*. San Francisco: Jossey-Bass Publishers.



## ASSOCIATION BETWEEN EXPOSURE TO TRAUMATIC EXPERIENCES & RISK FACTORS (CONT.)

### SWORN LAW ENFORCEMENT

Form of Exposure	Depression	Anxiety	PTSD	Suicide	Leave Job
<b>Accidental death that did not result from your actions</b>					
Happened to someone close to you	0.054	0.093	0.097	0.001	0.083
Witnessed as it was taking place	0.095	0.077	0.110	0.012	0.096
Exposed after it happened	0.065	0.060	0.058	0.019	0.047
<b>Suicide</b>					
Happened to someone close to you	0.105	0.093	0.103	0.092	0.067
Witnessed as it was taking place	0.080	0.106	0.071	0.048	0.052
Exposed after it happened	0.036	0.063	0.011	0.039	0.035
<b>Non-Accidental Death</b>					
Happened to someone close to you	0.036	0.050	0.022	0.002	0.082
Witnessed as it was taking place	0.051	0.065	0.062	0.029	0.075
Exposed after it happened	0.031	0.062	0.002	0.041	0.039
<b>Serious assault, non-accidental injury, severe human suffering caused by someone else</b>					
Happened to you	0.076	0.100	0.117	0.041	0.071
Happened to someone close to you	0.086	0.109	0.085	0.051	0.117
Witnessed as it was taking place	0.086	0.093	0.082	0.026	0.070
Exposed after it happened	0.015	0.062	0.024	0.041	0.018
<b>Death that resulted from your actions</b>					
Happened to you	0.024	0.046	0.053	0.025	0.049
<b>Serious injury or harm that resulted from your actions</b>					
Happened to you	0.029	0.090	0.100	0.044	0.087
<b>Sexual assault or other unwanted sexual experiences</b>					
Happened to you	0.033	0.062	0.107	0.054	0.110
Happened to someone close to you	0.032	0.047	0.005	0.034	0.071
Witnessed as it was taking place	0.035	0.022	0.078	0.024	0.070
Exposed after it happened	0.002	0.038	0.022	0.071	0.016
<b>Life-threatening illness, severe human suffering; natural causes or substance dependence</b>					
Happened to you	0.035	0.037	0.064	0.046	0.076
Happened to someone close to you	0.072	0.092	0.078	0.082	0.105
Otherwise exposed	0.022	0.089	0.029	0.050	0.068
<b>Kidnapping or a hostage situation</b>					
Happened to you	0.006	0.009	0.021	0.020	0.019
Happened to someone close to you	0.009	0.100	0.016	0.023	0.065
Witnessed as it was taking place	0.034	0.063	0.057	0.022	0.064
Exposed after it happened	0.036	0.082	0.050	0.037	0.051
<b>Situations involving mass civil disorder</b>					
Happened to you	0.080	0.071	0.103	0.022	0.071
Happened to someone close to you	0.048	0.083	0.084	0.017	0.084
Witnessed as it was taking place	0.061	0.090	0.103	0.005	0.067
Exposed after it happened	0.065	0.079	0.092	0.018	0.085
<b>Military combat</b>					
Direct engagement	0.011	0.003	0.038	0.002	0.019
Direct engagement possible	0.038	0.003	0.053	0.029	0.023
Saw or heard combat	0.039	0.013	0.062	0.022	0.013
Exposed after it happened	0.053	0.007	0.067	0.021	0.025





## ASSOCIATION BETWEEN EXPOSURE TO TRAUMATIC EXPERIENCES & RISK FACTORS (CONT.)

### FIRE & RESCUE

Form of Exposure	Depression	Anxiety	PTSD	Suicide	Leave Job
<b>Accidental death that did not result from your actions</b>					
Happened to someone close to you	0.015	0.102	0.088	0.064	0.086
Witnessed as it was taking place	0.029	0.092	0.076	0.042	0.076
Exposed after it happened	0.023	0.077	-0.005	0.013	0.050
<b>Suicide</b>					
Happened to someone close to you	0.077	0.087	0.078	0.079	0.153
Witnessed as it was taking place	0.072	0.119	0.009	0.074	0.098
Exposed after it happened	0.032	0.077	0.003	0.014	0.052
<b>Non-Accidental Death</b>					
Happened to someone close to you	0.062	0.117	0.031	0.040	0.073
Witnessed as it was taking place	-0.015	0.072	0.037	0.022	0.078
Exposed after it happened	0.054	0.124	-0.017	0.066	0.062
<b>Serious assault, non-accidental injury, severe human suffering caused by someone else</b>					
Happened to you	0.096	0.145	0.077	0.137	0.152
Happened to someone close to you	0.076	0.092	0.048	0.096	0.143
Witnessed as it was taking place	-0.005	0.031	-0.013	0.027	0.027
Exposed after it happened	0.009	0.016	0.057	0.045	0.024
<b>Death that resulted from your actions</b>					
Happened to you	0.012	0.019	-0.033	0.110	0.010
<b>Serious injury or harm that resulted from your actions</b>					
Happened to you	0.061	0.095	0.011	0.069	0.107
<b>Sexual assault or other unwanted sexual experiences</b>					
Happened to you	0.099	0.083	0.082	0.073	0.152
Happened to someone close to you	0.028	0.064	0.116	0.056	0.079
Witnessed as it was taking place	0.122	0.081	0.163	0.116	0.129
Exposed after it happened	0.060	-0.002	0.024	-0.023	0.019
<b>Life-threatening illness, severe human suffering; natural causes or substance dependence</b>					
Happened to you	0.058	0.094	0.014	0.017	0.147
Happened to someone close to you	0.052	0.091	0.061	0.042	0.081
Otherwise exposed	0.020	0.049	0.019	-0.023	0.005
<b>Kidnapping or a hostage situation</b>					
Happened to you	0.023	0.023	0.003	-0.017	0.007
Happened to someone close to you	0.017	0.039	-0.035	-0.023	0.022
Witnessed as it was taking place	-0.042	0.023	0.021	-0.013	0.038
Exposed after it happened	-0.053	-0.015	-0.061	0.034	0.027
<b>Situations involving mass civil disorder</b>					
Happened to you	-0.016	-0.014	-0.053	-0.076	0.047
Happened to someone close to you	-0.026	-0.013	-0.050	-0.073	0.070
Witnessed as it was taking place	-0.017	-0.007	-0.013	-0.042	0.063
Exposed after it happened	-0.005	0.002	-0.061	-0.065	0.077
<b>Military combat</b>					
Direct engagement	-0.001	0.016	-0.003	-0.012	0.024
Direct engagement possible	-0.039	-0.008	-0.069	-0.013	0.035
Saw or heard combat	-0.017	-0.005	-0.033	-0.011	0.038
Exposed after it happened	-0.015	-0.003	-0.033	-0.028	0.057





## DISPATCH

Form of Exposure	Depression	Anxiety	PTSD	Suicide	Leave Job
<b>Accidental death that did not result from your actions</b>					
Happened to someone close to you	0.057	0.114	0.173	0.028	-0.093
Witnessed as it was taking place	0.134	0.139	0.087	0.075	0.017
Exposed after it happened	0.139	0.145	0.095	0.101	0.005
<b>Suicide</b>					
Happened to someone close to you	0.112	0.132	0.074	0.090	-0.087
Witnessed as it was taking place	0.126	0.208	-0.015	0.155	0.059
Exposed after it happened	0.130	0.163	-0.074	0.160	0.086
<b>Non-Accidental Death</b>					
Happened to someone close to you	-0.018	0.061	-0.012	-0.035	-0.127
Witnessed as it was taking place	0.183	0.140	0.142	0.094	-0.025
Exposed after it happened	0.191	0.271	0.113	0.090	0.031
<b>Serious assault, non-accidental injury, severe human suffering caused by someone else</b>					
Happened to you	0.224	0.236	0.188	0.017	0.026
Happened to someone close to you	0.152	0.197	0.181	0.064	0.040
Witnessed as it was taking place	0.151	0.189	0.091	0.015	0.028
Exposed after it happened	0.088	0.111	0.095	0.069	-0.040
<b>Death that resulted from your actions</b>					
Happened to you	0.077	0.082	-0.021	0.105	0.181
<b>Serious injury or harm that resulted from your actions</b>					
Happened to you	0.056	0.055	0.036	0.085	0.003
<b>Sexual assault or other unwanted sexual experiences</b>					
Happened to you	0.056	0.109	0.103	0.031	-0.017
Happened to someone close to you	0.001	0.087	-0.016	-0.022	0.002
Witnessed as it was taking place	0.124	0.219	0.180	-0.002	0.016
Exposed after it happened	0.161	0.256	0.056	-0.022	0.021
<b>Life-threatening illness, severe human suffering; natural causes or substance dependence</b>					
Happened to you	0.154	0.122	0.107	0.076	0.085
Happened to someone close to you	0.184	0.203	0.038	0.057	0.129
Otherwise exposed	0.136	0.171	0.006	0.095	0.135
<b>Kidnapping or a hostage situation</b>					
Happened to you	-0.069	-0.089	-0.158	0.012	0.113
Happened to someone close to you	0.025	0.064	-0.030	-0.022	-0.089
Witnessed as it was taking place	0.190	0.240	0.148	0.101	0.036
Exposed after it happened	0.157	0.217	0.162	0.025	0.092
<b>Situations involving mass civil disorder</b>					
Happened to you	0.001	0.039	0.064	-0.030	-0.020
Happened to someone close to you	0.120	0.096	0.054	0.100	0.100
Witnessed as it was taking place	0.175	0.139	0.023	0.035	0.154
Exposed after it happened	0.184	0.164	0.069	0.112	0.182
<b>Military combat</b>					
Direct engagement	-0.058	-0.002	-0.054	0.060	-0.050
Direct engagement possible	-0.083	-0.062	-0.054	0.008	-0.072
Saw or heard combat	-0.083	-0.062	-0.054	0.008	-0.072
Exposed after it happened	0.042	-0.019	0.036	0.021	-0.042



## PROFESSIONAL STRESSORS

### PROFESSIONAL STRESSORS ACROSS PROFESSIONS

An examination of the differences among **professional stressors** selected by the three most abundant public safety roles in the survey showed the following observations of interest in order of significance:

#### SWORN LAW ENFORCEMENT

- Selected **significantly more** often than the other professions:
  - 1) Negative media about your profession
  - 2) Negative attitudes from the general public about your profession
  - 3) Threats made towards me or my coworkers because of our profession
  - 4) Lack of community support
  - 5) Government officials outside of the organization do not understand what you deal with
  - 6) Negative media about a specific incident you were involved in
  - 7) Higher-level leadership does not enable you to do your job effectively
  - 8) Inadequate equipment/resources
  - 9) Inadequate or an insufficient amount of training
  - 10) Responding to critical incidents
- Selected **significantly less** often than the other professions:
  - 1) Lack of closure regarding critical incidents in which I had a role
  - 2) Difficulty relating to your coworkers
  - 3) Critical incidents involving a child or children
  - 4) Sleep disruption while on call
  - 5) A coworker's difficult circumstances have worsened the stress of others in the workplace

#### FIRE & RESCUE

- Selected **significantly more** often than the other professions:
  - 1) Sleep disruption while on call
  - 2) Responding to critical incidents
- Selected **significantly less** often than the other professions:
  - 1) Negative media about your profession
  - 2) Negative attitudes from the general public about your profession
  - 3) Threats made towards me or my coworkers because of our profession
  - 4) Lack of community support
  - 5) Government officials outside of the organization do not understand what you deal with
  - 6) Inadequate equipment/resources
  - 7) Negative media about a specific incident you were involved in
  - 8) Inadequate or an insufficient amount of training

#### DISPATCH

- Selected **significantly more** often than the other professions:
  - 1) Lack of closure regarding critical incidents in which I had a role
  - 2) Lack of control or inability to protect someone during a critical incident
  - 3) A coworker's difficult circumstances have worsened the stress of others in the workplace
  - 4) Coworkers do not pull their own weight
  - 5) Lack of promotion potential
  - 6) Critical incidents involving a child or children

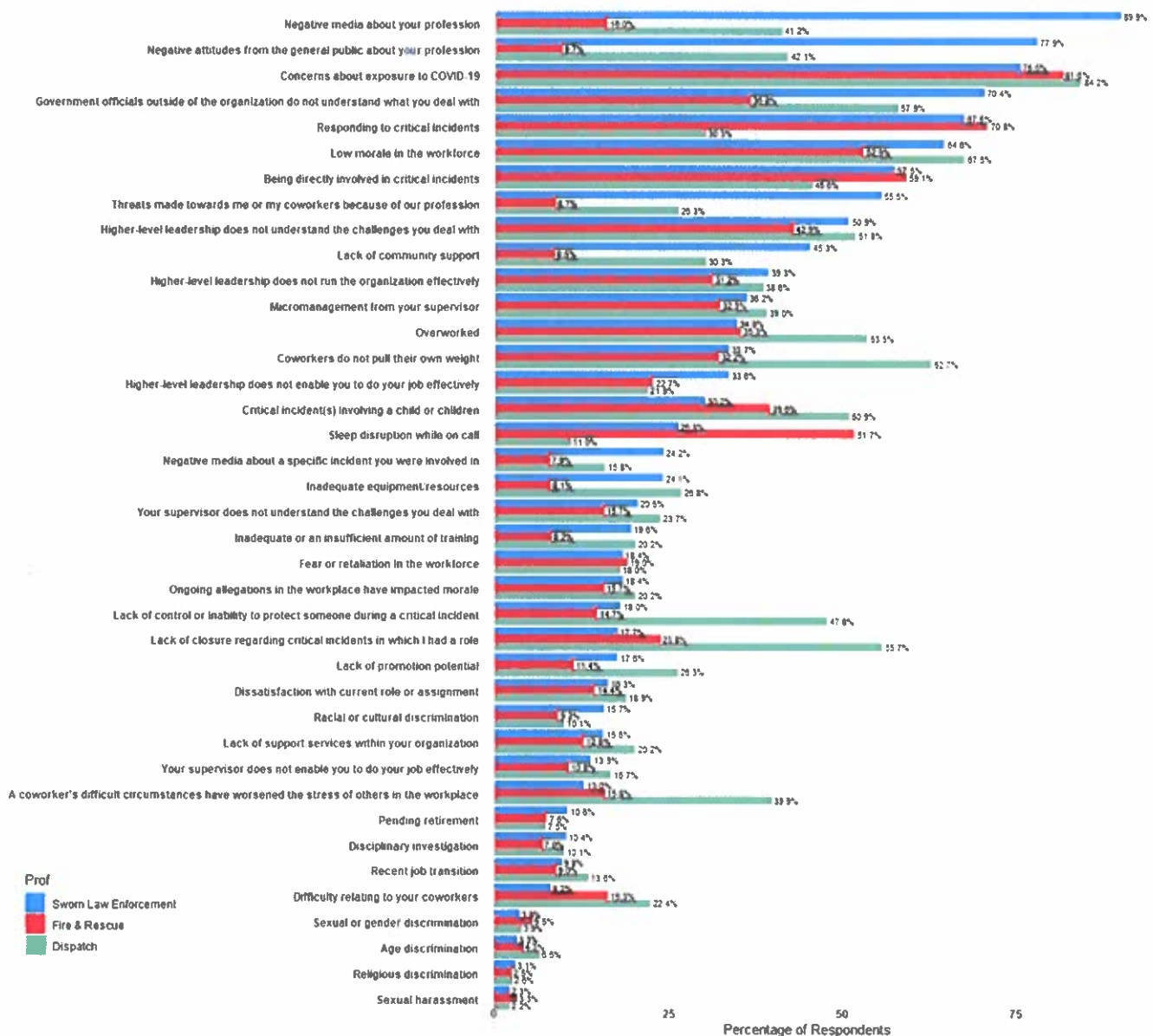


## PROFESSIONAL STRESSORS ACROSS PROFESSIONS (CONT.)

- Selected **significantly less** often than the other professions:
  - 1) Responding to critical incidents
  - 2) Negative media about your profession
  - 3) Sleep disruption while on call
  - 4) Negative attitudes from the general public about your profession

## PROFESSIONAL STRESSORS & RISK FACTORS

The chart below summarizes the percentage of respondents that endorsed each professional stressor as something they had to deal with in the past year.



# **The Police Chief Magazine**

## **Article on Safety Officer Program**

***(Article I wrote on the Fairfax County Safety Officer  
Program that I developed)***

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Fairfax County Police Department

# Safety Officer Program Makes Officer Protection a Priority

By Maggie A. DeBoard, Major, Fairfax County, Virginia, Police Department

In Fairfax County, Virginia, the police department has taken a progressive and unique step in the direction of officer safety. Through the establishment of its full-time Safety Officer Program, the department has made a deep commitment to institutionalize and instill a culture of safety within all levels of the organization. This involves dedicating resources and putting mechanisms in place to manage risk, prevent accidents, and decrease injury.

The cultural shift towards organizational safety has not come easily, despite a recent departmental training accident that ended in tragedy and highlighted the critical need for change. Complacency and officers' feelings that newly established protocols are not always needed have hindered the rapid acceptance of the program, but officers are now beginning to see firsthand the value of its dedicated Safety Officer Program and understand that its purpose is to look out for their health and well-being.

## Program Origins

Initially established in 2004 under the umbrella of the department's Civil Disturbance Unit, the Safety Officer Program was formed to maintain officer safety while law enforcement personnel were wearing personal protective equipment for situations

involving weapons of mass destruction (WMD). The program began as a non-standing unit with officers assigned to the safety program on a part-time basis as a supplement to their regular assignments. In these initial stages, the specific function served by the Safety Officer Program and the lack of a dedicated program and staff forced the department's WMD coordinator to take a central role in the program's development and leadership.

Developing a comprehensive law enforcement Safety Officer Program was uniquely challenging. National research to determine best practices in the field found that few agencies provided model structures to guide development of this new program. Research also revealed that most law enforcement agencies that had an existing safety program performed many of the administrative tasks associated with Fairfax County's program, but did not incorporate response to operational incidents or proactive involvement in training exercises. Furthermore, although fire and rescue departments have long-standing safety programs, the job functions between the two public safety agencies are significantly different. As a result, the Safety Officer Program developed within the Fairfax County Police Department is unique to law enforcement and comprehensive in scope.

Training police safety officers became a difficult challenge. There are few courses specifically designed for safety officers in the law enforcement field outside of established incident command structure (ICS) courses. The department chose to utilize these existing ICS training courses, as well as the traditional safety officer courses intended for fire and rescue personnel, to form the initial foundation of the training curriculum. The department developed a training plan that included mandated courses in a wide variety of areas including WMD response, ICS, personal protective equipment, respiratory protection and fit testing, HAZMAT, and risk management-related topics. Safety officers are not intended to become experts in any one area, but rather should develop a broad range of knowledge in a variety of areas involving safety.

Since its inception, the program has evolved into an all-encompassing risk management-based program, focusing on preventive issues in addition to supporting operational response and training. The Fairfax County Police Department's Safety Officer Program is designed to take a broad look at safety issues affecting all personnel across all areas of responsibility. The program is currently overseen by a full-time supervisor under the department's patrol bureau, supported by a team

*Research also revealed that most law enforcement agencies that had an existing safety program performed many of the administrative tasks associated with Fairfax County's program, but did not incorporate response to operational incidents or proactive involvement in training exercises.*

of eight supplemental safety officers and one supplemental supervisor assigned on a part-time basis. These supplemental officers rotate call-out responsibilities, coverage on operational and training assignments, and administrative tasks as needs dictate. Duties of safety officers include response to operational incidents and training exercises, identification of safety-related hazards within the agency, development of solutions to eliminate or mitigate those hazards, and other administrative and risk management-based duties as defined in the program.

### Integration of IACP's SafeShield Principles

Fairfax County's Safety Officer Program takes guidance from the IACP's SafeShield program by incorporating the IACP program's eight principles for a safe work environment into its design and structure. These principles are applied in unique and innovative ways within the police department, with the goal of enhancing officer safety. The Safety Officer Program is supported by other established programs within the agency, such as the Special Operations Medical Program, Injury Care and Prevention Program, and Exposure Control Program, all working cooperatively with each other to ensure the safest possible work environment for all personnel. The program continues to evolve through continual networking and outreach with partnering agencies.

**Responsible management.** Central to the successful implementation of an effective safety officer program is support from senior leadership in the organization. Without it, the value of a safety program will not be supported and embraced by line-level personnel. Support from the top is critical to affect necessary cultural change within the organization.

Top-level support in the Fairfax County Police Department was demonstrated through the establishment of a dedicated, full-time position to lead the Safety Officer Program. The creation of this new position came during a difficult budget year in which some existing police department positions were being eliminated. Colonel David M. Rohrer, chief of police in Fairfax County, saw tremendous value in the Safety Officer Program and placed a priority on the program and its mission. His leadership and vision in the forma-

tion of the program have set the tone for its acceptance and success.

**Control of operating exposures.** Significant efforts have been made over the past several years to ensure officers are protected against a variety of potential dangers. An ongoing effort has been made

to purchase the most effective personal protective equipment (PPE) available to limit officer exposure to danger and minimize risk during operational response.

The safety officer administers the department's Respiratory Protection Program and works cooperatively with the



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## Safety Officer Program

WMD coordinator to ensure both annual fit testing of all personnel and selection of proper PPE such as Air Purifying Respirators (APRs), Self-Contained Breathing Apparatus (SCBA) for select units, and N-95 masks.

Issuance of PPE is not done without proper training. Officers who are not proficient in issued equipment use pose additional safety problems and negatively impact the agency's ability to provide effective response. The safety officer assists with PPE training and ensures officers are properly outfitted and medically monitored while working in operational or training environments. This responsibility is shared by the safety officer, the WMD coordinator, and the Special Operations medical personnel.

Medical monitoring is performed by departmental EMTs or paramedics to ensure the safety of personnel when wearing specific PPE. This function is overseen by the Special Operations Medical Program (SOMP), which also provides tactical medics and EMTs during operational incidents and training exercises involving high risk. Baseline medical standards have been established to ensure officers wearing PPE are fit to perform the duties assigned. Officers are monitored before donning PPE as well as after performing their assigned duties. In the interest of officer safety, those who do not meet baseline medical standards are withheld from participating in the operation or training exercise.

The Exposure Control Program is operated out of the Administrative Support Bureau and provides personnel who are exposed to a variety of infectious diseases immediate medical treatment, testing, and follow-up. Detectives assigned to work these exposures are available 24 hours and rotate on-call assignments to ensure coverage. Officers who become exposed to infectious diseases such as Hepatitis, Tuberculosis, AIDS, blood-borne pathogens, or a host of other potential contagions take comfort in the fact that someone has been personally assigned to their case to provide immediate care, education, and guidance. The safety officers have begun to work closely with these detectives and act as personal liaisons, when necessary, between affected officers and the Administrative Support Bureau.

More unique issues, such as the H1N1 outbreak, have provided additional opportunities for the safety officer to network and partner with outside agencies. Working with Fairfax County's Pan Flu Committee, the safety officer serves

as the liaison for the department on the dissemination of information from the health department. Best practices were shared with departmental personnel regarding practices to minimize exposure to the flu virus; information and education on flu vaccines was disseminated; and the safety officer worked to ensure a ready supply of disposable gloves and disinfectant wipes was distributed to all patrol stations.

**Safety as a condition of employment.** To ensure that the proper message is sent to new employees regarding the importance of safety, police academy recruits are exposed to strict rules and procedures regarding perpetuating a safe working environment at the firearms range, driving track, or in physical hands-on training such as defensive tactics. A zero-tolerance policy is in place with regard to safety violations to prevent injuries and reinforce the importance of safety in all aspects of the job. Repeated safety violations, or those of a severe nature, often result in discipline or termination. This policy continues throughout an officer's career, beyond initial recruit training.

**Training employees to work safely.** To properly educate employees on workplace safety, the department's safety officers spent months visiting each division's roll calls and provided information on the purpose, mission, and direction of the safety program. Training first was provided to all command staff officers to lay the foundation for support from senior leadership.

Since the establishment of a dedicated safety officer position, information has been gathered and gaps identified on needed safety procedures and protocols, resulting in several improvements to workplace safety. Examples include the creation and standardization of decontamination procedures for police vehicles, the standardization of equipment and training for all employees operating chain saws for emergency response, and the creation and placement of medical response bags and trauma kits in each police cruiser and in select police work locations. In addition, a dedicated safety page has been established on the department's intranet site to allow employees unlimited access to information on safety-related issues and contact information for each safety officer. The Safety Officer Program continues to develop solutions to address many of the deficiencies identified.

To ensure that training is conducted in the safest possible manner while also allowing for participation in realistic



## Safety Officer Program

scenarios to enhance operational readiness, a standard operating procedure (SOP) is in development for departmental training safety guidelines. This SOP requires the use of a training safety officer (TSO) on all training exercises. The role of a TSO is to promote a safe training environment and prevent injury to participating personnel. TSOs are not permitted to participate in the training exercise, to ensure their entire focus remains on the safety of those involved in the exercise. TSOs have the authority to immediately stop an exercise if safety becomes a concern.

**Supervision for safety.** For continued safety in the workplace, supervisors and commanders are expected to provide the necessary oversight during operations and training. Operations are normally highly supervised and structured, but training can be informal and often creates a greater concern for safety and oversight. Complacency can also become a concern when training is done repetitively and without incident over a period of time.

To combat this, training notification forms have recently been developed for specific specialty units and are in development for use department-wide. These notification forms require review and signature from commanders before training is initiated. Commanders are expected to review the type of training being conducted, the mechanics of the training delivered, and the safety measures to be utilized. This form of accountability is intended to engage commanders in all activities and ensure safety requirements are being implemented.

**Prompt correction of deficiencies.** To prevent accidents and injuries and ensure that identified problems do not recur, corrections must be made to known deficiencies. A true learning agency must address issues surrounding safety, as well as traditional issues of education and training. Learning from mistakes is critical to the effective growth of an agency; however, before attention can be given to the correction of deficiencies, mechanisms need to be in place to identify them.

The Fairfax County Police Department uses a variety of mechanisms to identify safety gaps and related problems. After-action reports, debriefing sessions, site safety inspections, equipment inspections, and issues raised through the county's Risk Management Division have all contributed to procedures and protocols in place to cultivate a safe and effective working environment for department personnel.

A recent example of how this process has been implemented in Fairfax County involves workplace deficiencies identified at the county's animal shelter. The safety officer, working in cooperation with the Risk Management Division and Virginia Occupational Safety and Health (VOSH), addressed a number of physical workplace safety issues affecting employees in the building. Through newly established protocols, additional employee training, and improvements to personal protective equipment, positive changes have been made to workplace safety in that unit.

Sometimes recommendations come from disciplinary cases or incident critiques in which issues are identified as contributing to negative performance or outcomes. When this occurs, departments are obligated to make the necessary changes to address safety issues and mitigate risk before future incidents arise. "Departments have an obligation and duty to do everything possible, within reason, to protect their personnel from known hazards" said Lieutenant David Goldberg, lead safety officer for the Fairfax County Police Department. Not all injuries can be prevented, but the risk associated with exposure to injuries during operations and training must be clearly identified, eliminated whenever possible, and minimized at the very least.

Effective solutions to problems or deficiencies cannot always be made immediately. Sometimes the process involved in making those corrections requires time and money. Priorities have to be established when funding is limited, and alternative sources of funding such as grants must be identified for procurement. Last year, Fairfax County identified the need for an electronic personnel-accountability system to be used on operational incidents. This need had been discussed for years but rose to a critical level after a five-day incident involving local, state, and federal agencies that overwhelmed the department's ability to track personnel and resources arriving at the scene of the incident. Logging names by pen and paper has proved inefficient and ineffective, especially during large-scale incidents. The safety officer is currently spearheading a project to purchase a personnel accountability system—one that ties in with existing internal computer programs and ensures compliance with National Incident Management System (NIMS)/ICS protocols.

**The most important element: people.** The concept that "we are all safety officers" has become the Fairfax County Police Department's safety mantra and is core to involving all personnel in the successful implementation of the program. All employees are expected to take an active role in safety during both operations and training. The majority of safety-related issues raised come from officers and commanders working in the field. As a result, safety-officer liaisons have been established at each patrol station to facilitate communication with line-level officers. Liaisons have also been established within specialty bureaus, and suggestions are sought for improvements in safety from all levels of the organization.

The department is also exploring the creation of a safety hotline to alert management to potential safety-related issues. Although employees are expected to report safety violations and concerns, the reality is that personnel are sometimes afraid of being identified as whistle-blowers. An anonymous hotline provides employees with an alternative method of communication to identify problems and allows for preventive measures to be implemented before safety is compromised.

**Safety while off duty.** Understanding that off-duty injuries or illnesses suffered by department employees can have as serious an impact on police department staffing and operations as on-duty injuries, the Fairfax County Police Department has established resources to assist employees more efficiently with health issues and injury rehabilitation and prevention.

The department's Injury Care and Prevention Program was piloted in 2005 and was permanently established in 2006. This program provides a dedicated athletic trainer to the police department, housed in the Fairfax County Criminal Justice Academy. The athletic trainer works closely with the county's Risk Management Division to provide the following: primary injury evaluation and immediate care; referrals to the employee's appropriate workers' compensation physician, private physician, or health-care provider; administration of any medical care plans; monitoring of the progress of the employee; and administration of physical performance tests to advise physicians on duty status.

Services provided by the department's athletic trainer are available to employees whether injuries occur on duty or off duty. Providing access to a health-care professional for minor off-duty injuries that may have gone untreated in the past has prevented problems from escalating into health issues affecting an officer's ability to remain in an active duty status. Rehabilitation sessions held at work have improved attendance and facilitated

speedy recovery. Additionally, the Injury Care and Prevention Program, working closely with the Safety Officer Program and county's Risk Management Division, serves as an available educational resource to address all Fairfax County law enforcement employees' health and wellness concerns.

Effecting cultural change does not occur quickly. Education and training, along with support and clear expectations from senior leadership, must be in place to cause lasting and positive change. As with any new program, skepticism is often present during the implementation phase. This is especially true for a program that is relatively new to the law enforcement profession. With continued exposure and proactive response to the needs of departmental personnel, however, the value and the need for a safety program become evident.

Whether responding to support officers on a major flood, hostage barricade incident, tactical team-training exercise, or a request to decontaminate a station locker room because of a MRSA exposure, safety officers have become a critical resource in the Fairfax County Police Department's crusade to make safety a number 1 priority. ♦

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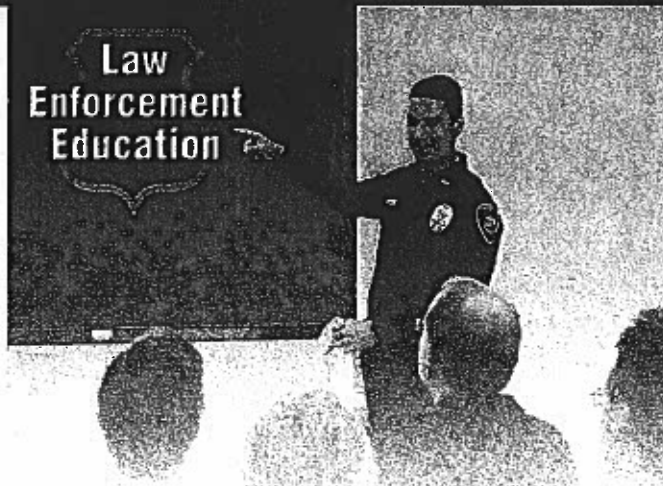
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**Naval Postgraduate School**

**Thesis on Law Enforcement Safety**

***(Table of Contents and Executive Summary)***



# **NAVAL POSTGRADUATE SCHOOL**

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## **THESIS**

**APPLYING SYSTEMS THINKING TO LAW  
ENFORCEMENT SAFETY: RECOMMENDATION FOR  
A COMPREHENSIVE SAFETY MANAGEMENT  
FRAMEWORK**

by

Maggie A. DeBoard

December 2015

Thesis Advisor:

Co-Advisor:

Lauren Fernandez

Patrick Miller

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**APPLYING SYSTEMS THINKING TO LAW ENFORCEMENT SAFETY:  
RECOMMENDATION FOR A COMPREHENSIVE SAFETY MANAGEMENT  
FRAMEWORK**

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Submitted in partial fulfillment of the  
requirements for the degree of

**MASTER OF ARTS IN SECURITY STUDIES  
(HOMELAND SECURITY AND DEFENSE)**

from the

**NAVAL POSTGRADUATE SCHOOL  
December 2015**

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## **ABSTRACT**

Each year, approximately 100,000 police officers experience work-related occupational injuries, and more than 100 are killed on the job, in training accidents, routine operations, and emergency response. Many of these injuries and deaths are considered preventable. Although the law enforcement profession has recently begun to place an emphasis on safety with the goal of reducing injuries and fatalities, no systematic or comprehensive approach to safety management exists to oversee and coordinate safety throughout organizations.

This thesis uses best practice research to examine the safety protocols, practices, and safety management systems implemented in other high-risk professions, such as the fire service, military, and private industry, to determine common components and effective strategies that may be applied to the law enforcement profession. Numerous issues were identified to include the lack of a systemic approach to safety management, lack of a national reporting system for accidents and injuries, the lack of safety management training for officers and leadership, a lack of safety regulations and standards in the profession, and a failure to dedicate personnel to managing safety in organizations. A recommendation is then offered for a model law-enforcement safety management framework that can be applied to agencies of any size, with the goal of reducing accidents, injuries, and fatalities in the profession.

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## EXECUTIVE SUMMARY

Each year, more than 100 law enforcement officers are killed on the job in training accidents, operations, and emergency response.<sup>1</sup> Fatalities, however, tell only part of the story. Although accurate statistics for police officer injuries do not exist, estimates indicate that “approximately 100,000 police officers experience occupational injuries or illnesses each year.”<sup>2</sup> It is also believed that many of these injuries and deaths are preventable.<sup>3</sup>

While the law enforcement profession has begun to place an emphasis on safety with the goal of reducing injuries and fatalities, the approach has focused narrowly on the development of programs in targeted high-risk areas, such as driving and health and wellness. These safety programs often operate independently and without coordination with other safety initiatives, and fail to incorporate dedicated and trained safety personnel to provide oversight on safety programs and practices. Unfortunately, this approach allows for gaps in safety management that lead to injuries and fatalities that could be prevented.

With the goal of developing a framework for a comprehensive law-enforcement safety management system, analysis was conducted to identify the best safety programs, policies, and practices in private industry and government organizations. These programs and practices were evaluated for effectiveness, comprehensiveness, and applicability to the law enforcement profession.

One of the complicating factors for this task is the absence of accurate data on law enforcement accidents and injuries, due largely to the lack of a reporting mandate within

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<sup>1</sup> Steven G. Brandl and Meghan S. Stroshine, “The Physical Hazards of Police Work Revisited,” *Police Quarterly* 15 (2012): 262–282.

<sup>2</sup> Tom La Tourrette, “Safety and Health Protection Efforts in the Police Service,” *Police Chief* June 2011, [http://www.policiechiefmagazine.org/magazine/index.cfm?fuseaction=display\\_arch&article\\_id=2403&issue\\_id=62011](http://www.policiechiefmagazine.org/magazine/index.cfm?fuseaction=display_arch&article_id=2403&issue_id=62011).

<sup>3</sup> Yousry A. Zakhary, “A Zero Tolerance Approach to Officer Injuries,” *Police Chief*, June 2008, [http://www.policiechiefmagazine.org/magazine/index.cfm?fuseaction=display\\_arch&article\\_id=1510&issue\\_id=62008](http://www.policiechiefmagazine.org/magazine/index.cfm?fuseaction=display_arch&article_id=1510&issue_id=62008).

the profession and the reluctance of many agencies to share information.<sup>4</sup> Although national databases capture statistics on officers assaulted and killed in the line of duty, no such database exists for officer injuries.<sup>5</sup> Accurate data on law enforcement accidents and injuries is needed to properly assess and understand the range, nature, and cause of officer-related injuries and fatalities across the policing profession, so that effective prevention strategies can be implemented.

During the course of research, the author identified areas of high-risk in law enforcement that contribute to a large number of preventable injuries and fatalities in the profession. These areas include a strong sub-culture that supports a higher level of risk taking in operations; training exercises, especially scenario-based training involving use of force and defensive tactics; driving and traffic-related incidents, with the failure to wear seatbelts identified as a significant contributor; fatigue and complacency; and physical and emotional health and wellness.<sup>6</sup>

Then, the safety programs, practices, and initiatives of law enforcement and other high-risk organizations were examined. Current law enforcement efforts include specific safety-related programs in targeted high-risk areas, such as traffic and vehicle operation programs, as well as myriad health and wellness initiatives, but indicate the lack of a systematic or comprehensive approach that is coordinated or supported through national efforts. In contrast to law enforcement efforts, an examination of the fire service and the military indicates a strong focus on safety with standards, regulations, and programs implemented and coordinated across the profession and through the various branches of the military. These organizations also place an emphasis on the mitigation of operational risk through validated programs such as crew resource management. The fire service further sets itself apart from law enforcement by the detailed collection of injury and

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<sup>4</sup> International Association of Chiefs of Police (IACP), *Reducing Officer Injuries: Final Report*. (Alexandria, VA: IACP, 2014).

<sup>5</sup> Ibid.

<sup>6</sup> Julia Hill et al., *Making Officer Safety and Wellness Priority One: A Guide to Educational Campaigns* (Washington, DC: Office of Community Oriented Policing Services, 2014); La Tourrette, "Safety and Health Protection Efforts in the Police Service"; David Griffith, "Training Accidents," *Police* 37, no. 4 (2013), 47–51; Darrel Stephens, Mora L. Fiedler and Steven M. Edwards, *OSW Group Annual Summary: Issues and Recommendations Discussed for Improving the Well-being of Police Officers* (Washington, DC: Office of Community Oriented Policing Services, 2012).



fatality data from various professional organizations. Safety programs in private industry reveal an emphasis on behavioral-based programs that focus attention on the unsafe behaviors of employees and place responsibility for workplace safety directly on the worker rather than on workplace conditions.<sup>7</sup> Safety programs in private industry are also heavily influenced by federal regulations and standards imposed by the Occupational Safety and Health Administration.

Research findings indicate that numerous issues contribute to the number of preventable injuries and fatalities in the law enforcement profession. These include the following:

- a failure to take a systems approach to safety management;
- a lack of dedicated safety personnel to oversee high-risk operations and training environments;
- a lack of education programs for senior management and rank and file officers on Occupational Health and Safety (OHS) management;
- a lack of a national mandate and reporting depository for injuries and accidents;
- a lack of regulations and standards for safety across the profession;
- a lack of a mandated and standardized after-action review format and process to capture and share lessons learned;
- a failure to incorporate OHS as a discipline within law enforcement.

To address the deficiencies found in managing law enforcement safety, a framework for a law-enforcement safety management system was developed and is offered as a flexible model that can be adapted to agencies of any size and implemented without significant cost or extra resources. Other recommendations to improve safety within the profession include the following:

- the development of standardized OHS and risk management training for both senior leadership and rank and dedicated safety personnel;

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<sup>7</sup> James Frederick and Nancy Lessin, "Blame the Worker: The Rise of Behavioral-Based Safety Programs." *Multinational Monitor* (2000): 10–17.

- the development of a comprehensive, national survey regarding safety management practices across the profession;
- the development of a national mandate and reporting depository for injuries and accidents;
- and the development of a standardized format for after-action review reports (AARs) and training to conduct AAR processes.

The vast number of independent law enforcement agencies across the country—more than 18,000—poses a significant challenge to the development of a standardized approach to law enforcement safety. Police organizations operate independently, and priorities differ vastly for each agency amid political and budgetary concerns. Resources to develop and implement safety, health, and wellness programs is also a significant challenge in today's economic climate of shrinking budgets, and the culture within law enforcement organizations contributes to a pattern of acceptable risk-taking that leads to repeated injuries and accidents. Although risks vary and not all injuries and fatalities can be prevented, law enforcement continues to experience problems in similar areas, suggesting that organizational culture plays a key role in failing to address safety-related deficiencies.

Despite the challenges, agency leadership can immediately begin to institute cultural changes by placing a priority on safety in their organizations. The proposed law-enforcement safety management framework offers a viable option for agencies to manage safety without adding significant resources, presenting a systematic approach to identifying hazards, and developing measures to control and mitigate risk.

The high-risk environment and nature of work conducted by law enforcement officers demands a holistic and dedicated approach to safety in order to reduce injuries and fatalities throughout the profession. Meaningful improvements in safety will require significant change and collaboration across the profession, input from a broad spectrum of disciplines, and leadership and support from national law enforcement organizations. The cost of the current approach toward safety within the profession is too great to ignore.