NORFOLK Department of Police	**Administrative General Order - 345: CISM/Peer Team**
	Office of Preparation: Office of Support Services (cjs/mar)
	CALEA: 22.1.4, 22.1.5, 22.1.7

LEGAL REVIEW DATE:	5/25/2017	PRESCRIBED DATE:	6/1/17
City Attorney:		City Manager/Director of Public Safety:	
APPROVED BY THE AUTHORITY OF THE CHIEF OF POLICE:			

Purpose

The purpose of this general order is to establish the Critical Incident and Stress Management Program (CISM), identify its objectives, and provide general guidelines for its operations, selection of personnel, training and confidentiality requirements.

Policy (CALEA 22.1.4, 22.1.7)

In keeping with the City of Norfolk's Employee Assistance Program (EAP) and similar supplemental programs established state-wide and nationally, the Norfolk Police Department actively encourages employees to obtain assistance that is responsive to unique law enforcement needs. It is the policy of the Norfolk Police Department to maintain a Critical Incident and Stress Management Program and Peer Support Unit. The program consists of specially trained peers, chaplains, and mental health providers who give department members the opportunity to receive emotional and tangible peer support through times of professional and personal crises and who help anticipate and address potential difficulties. The CISM/Peer Support Unit augments the City of Norfolk Employee Assistance Program (EAP); it is not intended to replace psychological evaluation and/or treatment.

Supersedes:

1. Any previously issued directive conflicting with this order.

Order Contents:

I. CISM/Peer Support Unit
II. Confidentiality
III. Team Entry Requirements
IV. Administration
V. Police Chaplains
VI. Line of Duty Deaths
VII. Activating CISM/Peer Team
VIII. Mobilizing Debriefings

I. CISM/Peer Support Unit

A. Critical Incident Stress Management (CISM) is a comprehensive approach to managing critical incident stress after traumatic events. CISM is a coordinated program of tactics that are linked and blended together to alleviate reactions to traumatic experiences.

B. The CISM and Peer Support Unit was established to address trauma specific to Norfolk's first responders and employ evidence-based techniques with proven results.

II. Confidentiality

A. It shall be the duty and obligation of all CISM Team members to maintain strict confidentiality as outlined in Virginia State Code 19.2-271.4.

1. Any statement or discussion with a CISM Team member while fulfilling his/her role on the CISM Team will remain confidential. CISM Team members are prohibited from taking any notes or keeping records while providing support.

2. Communications between a CISM Team member and an employee is considered privileged. It is the policy of the Norfolk Police Department not to question or seek out information from CISM Team members for the facts regarding a critical incident debriefing, or any other peer contact.

3. CISM Team members who violate confidentiality shall be immediately dismissed from the CISM Team and will be subject to additional disciplinary action.

B. Exceptions to Confidentiality – The provision of privileged communications shall not apply when:

1. A person whose communications are privileged has waived the privilege;

2. Criminal activity is revealed;

3. A member of the CISM Team reveals the content of privileged information to prevent a crime against any other person or a threat to public safety.

4. The privileged information reveals intent to defraud or deceive the investigation into the critical incident; or

5. A member of a CISM Team reveals the content of privileged information to the employer of the public safety personnel regarding criminal acts committed or information that would indicate the person poses a threat to himself/herself or others.

III. Team Entry Requirements

A. The Chief of Police will appoint all CISM members based on the demonstrated skills and experience of those applicants who successfully meet the following criteria:

1. Endorsement of application by the individual's Commanding Officer.

2. For police officer applicants, a minimum of three years of experience as a police officer.

3. For dispatcher applicants, a minimum of two years of experience as a full-time dispatcher.

4. For firefighter applicants, a minimum of three years of experience as a full-time firefighter.

5. No formal discipline during the 12-month period preceding the date of application.

6. Minimum of "Highly Competent" on the annual performance evaluation.

7. Demonstration of excellent communication skills.

8. Appearance before a CISM Applicant Review Board comprised of the CISM Team Coordinator and the Clinical Director.

9. Successful completion of minimum training standards set forth by the International Critical Incident Stress Foundation.

IV. Administration

A. Peer Team Coordinator

The coordinator, a Sergeant or Lieutenant of the Norfolk Police Department, establishes the general direction of the Peer Team program consistent with sound administrative practices and is responsible for:

1. Collecting and evaluating statistical data on the use of the program and reporting the findings quarterly to the Clinical Director and annually to the Chief of Police.

2. Keeping the Clinical Director informed of any disturbing trends and making recommendations regarding those trends.

3. Assessing the need to breach confidentiality requirements.

4. Overseeing the selection and appointment of Peer Team members.

5. Coordinating the training of Peer Team members and establishing training standards in conjunction with the Clinical Director.

6. Serving as an advisor to members and acting as a liaison between members and their department supervisors.

7. Serving as liaison to other agencies and department employees in all matters pertaining to peer services.

8. Investigating allegations against members and recommending to the Peer Team Committee the retention or removal of a member from the program if cause is sustained.

9. The peer team coordinator will provide an up-to-date list of all peer team members to the Department of Emergency Preparedness and Response, Emergency Communications (911).

10. Maintaining a liaison between the Clinical Director who advises and oversees the Peer Team program.

B. Peer Team Support Committee

This is a committee comprised of six members (three officers, two from Fire-Rescue/EMS, and one telecommunicator) who assist the Coordinator and Clinical Director in member selection, member review as needed, and other activities related to program development, as circumstances require. Responsibilities include:

1. Reviewing allegations of Peer Support members and removal of a member upon the recommendation of the program coordinator.

2. Assisting the program coordinator with the application and selection process for members.

3. Assisting the program coordinator with program activities, which may include training, trends analysis or other activities as circumstances require.

C. Peer Team Membership

The goal is to include diverse segments of the department on the Peer Team.

1. Officers interested in becoming a peer team member will submit a request via the chain of command to the peer team coordinator. Interviews with the peer team coordinator and two team members will be required prior to appointment.

2. Serving on the Peer Team is a purely voluntary assignment. Officers may resign at any time, for any reason. Officers may be removed from the team if their duties, assignments or any other reason prevents appropriate functioning on the Peer Team. Being a voluntary position, resignation or removal from the Peer Team will not be viewed negatively by the administration.

3. Obligations and Compensation

    a. Peer Team members are not on-call and not required to respond to any situation. The decision of whether to respond is made at the time of the request and rests solely with the individual.

    b. Peer Team members who do respond to an off-duty call will be eligible for overtime compensation in accordance with department policy.

4. Member Selection

    Members are police officer volunteers who have undergone required training and adhere to established policies and procedures.

    a. Applicants must submit a memo expressing interest and willingness to serve as a volunteer. The memo should be forwarded to the program coordinator through their chain of command.

    b. The program coordinator will provide a Peer Support member application form to the applicant.

    c. Applicants must attest they are not currently the object of a disciplinary investigation that could result in their suspension, demotion, or termination.

    d. Applicants must sign their application agreeing to abide by program guidelines.

    e. Applicants must obtain their supervisor and commander/manager's endorsement on the completed application prior to forwarding the completed application to the program coordinator.

f. The program coordinator and Peer Team Support Committee will review the applicant's qualifications and work history. The quality of the applicant's job performance, as well as any previous disciplinary actions will be considered in the selection process. The program coordinator may interview the applicant's chain of command.

g. Peer Team members will be notified of their selection status through the chain of command and program coordinator.

5. Training

Officers are required to complete a basic CISM training program prior to becoming active as a Peer Team member. Thereafter, members will be required to complete a minimum of eight hours of training annually. Any Peer Team member failing to attend annual training may be removed from the program.

V. Police Chaplains

Police chaplains will be considered a part of the Peer Team Support group to provide spiritual counseling, if desired. The Peer Team Coordinator will act as liaison between team members and the Police chaplains.

VI. Line-of-Duty Deaths (CALEA 22.1.5)

A. In the event of a line-of-duty death, Peer Team members who were not involved in the incident will be mobilized to liaise with family members, the treating medical facility, and commands.

1. Members will support general services already designated by the department, such as assistance for funeral arrangements and any additional needs of bereaved family members.

2. The Clinical Director (lead clinician) and Peer Team Coordinator will decide whether Peer Team members will be used in the debriefing to augment non-profit support services (e.g., VALEAP…etc.)

3. The Peer Team Coordinator will coordinate with the contracted EAP to help facilitate the appropriate services.

VII. Activating CISM/Peer Team

A. CISM/Peer Team Support Activation for Critical Incident Defusing

It shall be the responsibility of the field commander to contact the Emergency Management Manager to request CISM/Peer Team support activation. The Emergency Management Manager will contact the CISM Team Coordinator and team leaders for the following types of incidents:

1. Serious injury or death of an employee or other emergency personnel working at an incident or while en route.

2. Multiple casualties.

3. Suicide of an employee.

4. Serious injury or death resulting from operations (e.g., vehicle accidents, deadly force).

5. Death of and/or violence to a child.

6. Incidents in which circumstances trigger profound emotional reactions.

7. Other incidents at the discretion of the field commander.

B. Once activated, CISM Team member(s) will respond to the scene or other pre-determined location and report to the on-scene supervisor. Regardless of rank, the CISM member exercises no command authority when performing duties as a team member.

1. The CISM member will avoid direct involvement in the incident. The role of the CISM member is to provide support and determine who will need formal stress debriefing. CISM members do not provide legal counsel.

2. It is recommended that CISM Team members be of the same rank structure as the officer/dispatcher being assisted, (i.e., officer to officer, supervisor to supervisor, dispatcher to dispatcher), unless otherwise requested by the affected employee.

C. Critical Incident Stress Debriefings

1. If it is determined that a formal stress debriefing is warranted, the CISM Team Coordinator will be contacted and briefed on the situation. The CISM Team Coordinator will determine what resources are required and coordinate a timely response. Every effort will be made to ensure the debriefing is conducted within 24 to 72 hours of the incident.

2. Debriefings will be made available for all personnel involved in the incident. Although each individual's need for review may vary, the participation of ALL is an important aspect and makes a valuable contribution to the recovery process. Personnel who attend the debriefing may leave at any time during the debriefing.

D. One-on-One Contacts

1. Any member of the department may approach any CISM Team member at any time and request a one-on-one meeting. Every attempt should be made to conduct these meetings during working hours; however, if the situation warrants, meetings can occur during off duty hours.

2. It is of paramount importance that involvement with a CISM member be voluntary on the part of the team member and the requesting individual. Both parties must mutually agree upon these meetings.

E. Employee Assistance Program Referral

1. When a CISM Team member receives any information that leads him/her to believe the person poses a risk to himself/herself or others, the team member will immediately notify the CISM Team Coordinator and/or the Clinical Director.

2. The CISM Coordinator or Clinical Director will determine the appropriate action, including but not limited, to a formal EAP referral:
   a. A formal EAP referral requires notification of the individual's immediate supervisor.
   b. All formal referrals are to be completed by the appropriate supervisor and/or CISM/Peer Unit Coordinator.

VIII. Mobilizing Debriefings

A. Any member of the department can initiate a one-on-one debriefing and/or discussion of support options by contacting any Peer Team member.

B. Supervisors and Peer Team members are responsible for identifying the need for a group or individual debriefing following critical incidents, and for contacting the Peer Team Coordinator. Requests for debriefings should be made within 24 to 72 hours of a critical incident.

C. A debriefing will be made available for all personnel involved in a critical incident, with participation considered important but voluntary, and will be mandatory only when so stated by the Chief of Police. Individual needs may vary. Unless otherwise notified, those who attend may leave at any time during the debriefing.

D. Commanding officers of each division will be responsible for notifying personnel of scheduled debriefings. Peer Team members will provide details to commanding officers in a timely fashion to ensure prompt notification for all concerned.

E. Immediate wellness services (e.g., fitness, nutrition, etc.) can be facilitated by the Wellness Coordinator.

Definitions:

CISM/Peer Unit Coordinator: The CISM/Peer Unit Coordinator is the department member who performs the administrative duties of the Peer Team such as managing Peer Team use, funding, and training. The Chief of Police selects the Coordinator who, for duties as Peer Team Coordinator, reports directly to the Chief of Police or designee.

Critical Incident: Any situation faced by personnel that causes them to experience unusually strong emotional reactions that have the potential to interfere with their ability to function, either at the scene or later.

Critical Incident Defusing: Formal critical incident stress defusings are to occur as soon as practical, preferably within eight hours of an incident. The process explores the responders' reaction to the event and provides information as to possible emotional, cognitive, physical and spiritual reactions to the event that responders may experience in the following 24 to 72 hours. Peers without the assistance of a mental health provider may conduct the defusing.

Critical Incident Stress Debriefing (CISD): Formal critical incident stress debriefings are preferably conducted within 24 to 72 hours of the incident but may be done at a later time if circumstances necessitate. These meetings are confidential to the participants and include discussions of involvement, thoughts, and reactions resulting from the incident. Also, a discussion of typical stress-related problems will be included. This is not a critique of the incident. The purpose of the debriefing is to facilitate normal recovery from the incident. A CISD must include a mental health professional as a member of the team.

Critical Incident and Stress Management Personnel: A member of the department who is trained to identify the normal stress reactions associated with critical incidents and in techniques that are helpful to resolve these situations. Support personnel are also trained in department, city, state, and federal benefits available to surviving spouses and/or family. These personnel also provide a source of informal support to members.

Emergency Management Manager: The Emergency Management Manager reports to the department head at the Department of Emergency Preparedness and Response. This individual serves as "911 Manager," supervising the dispatchers, chief training officer, and quality assurance personnel.

Individual Peer Support: Individual peer support is available at any time, as needed. One-on-one support is available for any area of concern to the initiating employee.

Clinical Director: A licensed mental health professional responsible for monitoring and overseeing health services. This mental health clinician will have postgraduate education in the behavioral sciences, will be trained in the critical incident stress review process, and will lead all clinical activities. Part of the responsibilities of the Clinical Director is to serve as consultant to the CISM/Peer Support team. Upon notification of a critical incident the Clinical Director should be consulted as to the appropriate CISM intervention. The Clinical Director will participate as a team member (or will designate a trained mental health provider to serve in his/her place) for all Critical Incident Stress Debriefings. The Clinical Director will provide and coordinate Team training as available.

Peer Team Members: These are sworn officers and dispatchers of the Norfolk Police Department trained to identify normal stress reactions associated with critical incidents, and to apply techniques helpful to resolve those situations. Members also act as a source of informal support and must be well versed in available departmental, city, state, and federal benefits.

Peer Team Support Committee: Six individuals representing Police, Fire-Rescue/EMS and the Department of Emergency Preparedness and Response appointed by the Coordinator and serving on the committee at the discretion of the Chief of Police, comprise the Peer Team Support Committee. It assists the coordinator in member selection, member review, and other activities related to program development, as circumstances require.

Related Documents:

1. G.O. ADM-325: Wellness and Physical Fitness
2. G.O. ADM-468: Chaplain Program
3. G.O. OPR-410: Deadly Force Incidents
4. G.O. OPR-610: Incident Command System (ICS)
5. G.O. OPR-620: Line of Duty Deaths
6. G.O. OPR-630: Hostage and Barricade Resolution
7. G.O. OPR-650: Bomb Threats
8. City of Norfolk Personnel Administrative Policies Manual, Section 4.24, Employee Assistance Policy Statement, Issued 1 January 2004.