

# Georgia Department of Public Safety

## Policy Manual

<b>SUBJECT</b> <b>CRITICAL INCIDENT SUPPORT PROGRAM</b>	<b>POLICY NUMBER</b> <b>5.04</b>
<b>DISTRIBUTION</b> <b>ALL EMPLOYEES</b>	<b>REVISED DATE</b> <b>9/28/2023</b>
	<b>POLICY REVIEWED</b> <b>9/28/2023</b>

### 5.04.1 Purpose

Trained and experienced employees of the Department of Public Safety (DPS) constitute one of its most valuable resources. DPS recognizes that, due to the nature of law enforcement work, its members will encounter situations that give rise to varying, and sometimes severe, degrees of emotional and psychological stress. The Department's Critical Incident Support Program utilizes Critical Incident Stress Management (CISM) intervention protocols designed to effectively assist and minimize the impact of Critical Incidents for DPS members and others coping with reactions to these incidents.

The purpose of this policy is to establish departmental responsibilities and practices for the Critical Incident Support Program.

### 5.04.2 Policy

It is DPS policy to provide DPS members and others with assistance following involvement in any Critical Incident.

### 5.04.3 Definitions

- A. Critical Incident – any incident, action, or event, which has the potential for producing significant emotional trauma that may adversely affect the psychological well-being of members. Examples include, but are not limited to:
  - 1. Line of duty death;
  - 2. Serious line of duty injury or assault;
  - 3. Suicide;
  - 4. Officer involved shootings;
  - 5. Multi-casualty incidents or disasters;
  - 6. Significant events involving children; and
  - 7. Incidents involving a known victim;
- B. Critical Incident Stress Management (CISM) – a collection of recognized psychological techniques used by both trained Peer Support and mental health professionals (MHP) to provide care for public safety members exposed to potential

or actual traumatic incidents. These techniques include both individual and facilitated small group discussions among impacted persons and caregivers.

- C. Critical Incident Support – an adjunct to professional medical, psychological, spiritual and other referral services for persons exposed to traumatic situations. This support compliments but does not replace the counseling and mental health benefits provided by EAP resources or by employees' health plans. Critical Incident Support provides first-responder support to those who have experienced a Critical Incident. It does not provide substance abuse or psychological counseling.
- D. Critical Incident Support Team (CIST) – A group of DPS members selected to participate in the Critical Incident Support Program, including Peer Support Counselors trained and certified in CISM. The team may be detached to assist members of DPS or other public safety organizations-in the aftermath of Critical Incidents. Program success is predicated on the fact that, in the wake of a Critical Incident, public safety members may be more inclined to seek the counsel of their public safety colleagues.
- E. Confidentiality - The basis for which the concept of Peer Support is centered. The trust and confidence of the public safety member in need of Critical Incident Support must be obtained and maintained in order for the interaction with the participant to be successful.

#### **5.04.4 Procedures**

##### **A. Staffing**

CIST shall be comprised of the following members:

1. CIST Coordinator – the supervisor and manager of the Critical Incident Support Program and CIST operations.
2. Assist Coordinator(s) – experienced CIST members who have been selected by the CIST Coordinator to assist with CIST operations.
3. Peer Support Counselors – DPS Officers, Investigators, and Dispatchers who have successfully completed the Office of Public Safety Support's (OPSS) Peer Certification Course or an equivalent training course approved by OPSS.
4. Mental Health Professionals (MHPs) – Employed, contract, and volunteer clinicians of DPS specializing in the field of mental health who have demonstrated experience in public safety counseling, and who are licensed to practice in the State of Georgia or by a similar licensing authority.
5. The Committee for CIST consists of the OPSS Director and/or Deputy Director, CIST Coordinator, CIST Assistant Coordinator(s) and a representative from Human Resources.

##### **B. Program Procedures**

1. It is the duty and responsibility of every member to be alert to the needs of a fellow DPS members or other public safety colleagues for referrals to CIST so that timely Peer Support and/or professional assistance may be offered.

2. CIST will make every effort to respond to all Critical Incidents involving impacted DPS members when requested. Based on the best available, situational information, the CIST Coordinator or an Assistant Coordinator will determine the nature of the initial response, the nature of any additional or ongoing response, and should coordinate through the impacted member's chain of command. Face-to-face contact between a CIST member and the candidate for Critical Incident Support is the preferred means of first response.
3. Supervisors who are notified of or become aware of a Critical Incident should arrange for a CIST response by promptly contacting any one of the CIST Coordinators either during or ideally within 24-hours of the incident. (Note: An impacted person generally receives maximum benefit when the initial CIST meeting occurs within 24 hours and not later than 72 hours following the Critical Incident.
4. Any DPS member who identifies a Critical Incident may initiate a response by contacting their supervisor. The supervisor should contact a CIST Coordinator to assist in evaluating the need for Critical Incident Support and/or professional support.
5. CIST members involved in a Critical Incident shall not be utilized to provide Peer Support for that incident.
6. Supervisors shall request a Critical Incident Support response to the following Critical Incidents:
  - a. Officer involved shooting that results in a death or serious injury.
  - b. Officer involved vehicular pursuit/crash that results in a death or serious injury.
  - c. Any officer involved incident that results in a death or serious injury.
  - d. Traumatic death of a DPS member or other public safety employee.
  - e. Critical incidents involving children.
  - f. Accidental discharge of a firearm with injury.
  - g. Any incident in which a DPS member or other public safety employee witnesses or is involved in a traumatic event.
  - h. Incidents involving:
    - 1) Multiple victims.
    - 2) Victims who are familiar to or have a special relationship with member(s).
    - 3) Prolonged, stressful events for a member.
    - 4) Special or unusual media attention.
7. Critical Incidents can have a cumulative effect over time. Therefore, the on-scene commander responsible for supervising an incident such as those described above shall advise the Critical Incident Support Coordinator, or Assistant Coordinator of the potentially stressful incident(s).

8. CIST members shall not interfere with the underlying investigation or incident management. CIST members shall confer with the on-scene commander or primary investigator prior to meeting with the impacted parties.
9. The purpose of Critical Incident Support is to provide emotional support for the impact that the Critical Incident has had on the public safety member and explore ways to lessen that harmful impact, while remaining uninvolved in any investigative fact-gathering. Should a CIST member have reason to believe that an impacted person is attempting to relay facts or provide a statement to him/her pertaining to a criminal or administrative investigation, the CIST member shall promptly caution against it and take immediate steps to cease rendering assistance, as necessary.
10. When Mental Health Professional (MHPs) are asked to meet with a group of impacted DPS members as a result of a Critical Incident, CIST members may be present to facilitate or gain additional training and experience. If a MHP is working with a DPS member subsequent to a Critical Incident and the MHP requests assistance from CIST, that assistance will be provided. If a Peer Support Counselor is working with an impacted member who has been referred to a MHP, the Peer Counselor should continue to conduct check-ins with the member to monitor their progress. MHPs and Peer Support Counselors shall work together to determine the best plan to provide effective assistance on a case-by-case basis.
11. A DPS member shall contact a CIST member if he/she seeks personal assistance or believes another member should be referred for Critical Incident Support. If practicable, a response should be authorized by a CIST Coordinator in advance of offered Peer Support.
12. If Critical Incident Support is requested of a CIST member by anyone other than a Coordinator, the CIST member should contact a CIST Coordinator to determine who should respond. A response which is neither directed nor approved by a CIST Coordinator should only occur under extenuating circumstances. A CIST member shall be selected for an assignment based on ability, training, experience, and suitability for the specific assignment. Commanders/Directors are encouraged to make available a CIST member who has been requested, where possible.
13. The CIST member or lead in a group response shall give a detailed briefing to the CIST Coordinator after all CIST responses.
14. CISM techniques can be anticipated and utilized prior to, during and after an emergency response to major disaster scenes. Commanders who are aware of potentially traumatic major scenes should incorporate pre- and post- exposure care in their Critical Incident response planning.

C. CIST– Selection and Training

1. The CIST Coordinator shall request permission to add additional Peer Support members through the appropriate chain of command. If approved, the CIST Coordinator shall then work with the CIST Selection Committee and a Human Resources representative to interview the applicants and make selections. Those selected will be recommended to the Commissioner for final approval.
2. When recommending candidates for CIST the Selection Committee shall review each candidate's history and will consider any supervisory comments, letters of

appreciation or other information that reflects upon the candidate's judgment, maturity, and ability to communicate. Specific criteria for consideration for the candidate will include, but are not limited to, the following:

- a. Basic listening and empathy skills.
  - b. Exposure to Critical Incidents.
  - c. Motivation for becoming a CIST member.
  - d. Department standing.
  - e. Ability to maintain confidentiality.
  - f. Non-judgmental approach to personal behavior, lifestyles and personal problems.
  - g. Ability to recognize common crisis indicators (e.g. depression, suicidality and substance abuse).
  - h. Willingness and availability to attend training sessions and regularly scheduled meetings.
  - i. Patrol or equivalent field experience.
3. Any person who, in the past three years, has received an adverse action, an unfavorable fitness for duty evaluation, or an overall unsatisfactory performance rating shall not be eligible for consideration.
  4. Barring extenuating circumstances, CIST members must be willing to respond to a request when called by a CIST Coordinator, a Commissioned Officer, or other appropriate authority.
  5. CIST members shall complete a course of formal training as described in O.C.G.A. 35-2-163 (a) and (b) provided by OPSS and shall attend regular training sessions organized or recommended by the CIST Coordinator.
  6. Complaints about a CIST member will be investigated in accordance with the requirements of DPS Policy #8.02 - Complaints.
  7. A CIST member may be removed from the program by the Commissioner/Deputy Commissioner/Lieutenant Colonel-Administrative Services upon the recommendation of the CIST Coordinator or Troop Commander. Examples of conduct warranting removal include:
    - a. Breach of confidentiality.
    - b. Unsatisfactory participation.
    - c. Inability to participate.
    - d. Poor performance at regular duty assignment.
    - e. Poor CIST performance.

D. Critical Incident Support Team Conduct

1. The privacy of those who receive Critical Incident Support must be protected. As provided by O.C.G.A. 24-5-510, communications between a public safety member and a Peer Counselor shall be privileged.
2. A CIST member shall not divulge the identity of, or any support provided to a public safety member other than to a public safety member other than to participating CIST members and/or MHPs, unless required by law.
3. Disclosure of information shall be required by law, as set forth in O.C.G.A. 24-5-510:

E. Record Keeping

1. Notes, records, or recordings detailing the information shared during any Critical Incident Support activity shall not be retained.
2. Statistical reporting information will be maintained as part of the CIST program. However, all information shall be kept in a manner that will not identify the impacted member so that privacy may be protected to the extent possible.

F. Timekeeping and Scheduling

1. The Critical Incident Support activities of CIST members are work activities and will be reported and compensated the same as any other time worked.
2. If call out of a CIST member causes him/her to work overtime, the member will receive compensatory time as outlined in DPS Policy #5.13 - Work Hours and Overtime.
3. If a CIST member is needed to respond to an active emergency, he/she will make every reasonable effort to respond. The CIST member and Coordinators will keep impacted supervisors informed.
4. CIST member participation in all preplanned activities must be preapproved. CIST members are responsible for making appropriate and timely requests for authorization from their immediate supervisor and for completing any required travel requests. CIST Coordinators are responsible for gaining all required approvals from the Troop/Region Commanders and Command Staff. The Coordinators are responsible for activity planning, budget, management authorizations, and confirming that appropriate orders are generated.