

**CITY OF MADISON POLICE DEPARTMENT
STANDARD OPERATING PROCEDURE**

Critical Incident Stress Management (CISM)

Eff. Date 01/31/2023

Purpose

The Madison Police Department (MPD) recognizes that even though stress is inherent in policing, occasionally employees will become involved in incidents that place them under such great emotional strain, that characteristic symptoms of psychological distress may develop.

The policies outlined in this SOP are intended to apply to critical incidents experienced by both commissioned and civilian employees while on duty with the Madison Police Department.

While members of the MPD may react differently to the same situation, all members play an important role in recognizing such events and ensuring that the procedures outlined herein are followed for the welfare of their fellow employees.

Procedure

DEFINITIONS

Assessment: A review of the circumstances of a critical incident, officer involvement, and subsequent support needs to determine appropriate response and follow-up.

Defusing: An initial small group response to a critical incident that is often conducted within 12 hours of the critical incident by the Employee Assistance Program (EAP)/Critical Incident Stress Management (CISM) Provider and a Peer Support Officer when available. Defusing is designed to provide an initial forum for ventilation, support, and information exchange. A defusing provides an opportunity for assessment and is sometimes followed by a Critical Incident Stress Debriefing.

Debriefing (CISD): A structured, group crisis intervention facilitated by a mental health professional (EAP/CISM Provider) to facilitate psychological closure and reconstruction. A debriefing is a group discussion where participants are encouraged, but not required, to discuss the critical incident and their reactions to the incident. Suggestions are provided for coping and stress management. Peer support is welcomed and encouraged, when appropriate.

Employee Assistance Program (EAP): The EAP is a voluntary, work-based program that offers free and confidential mental health services to employees and their eligible family members who are experiencing personal and/or work related problems.

EAP/CISM Provider: A select group of EAP and other mental health professionals that provide Critical Incident Stress Management services in response to critical incidents. These services may include, but not be limited to, assessment, defusing, debriefing, follow up and outreach to affected family members/significant others.

Peer Support Officer (PSO): Selected and trained commissioned personnel who confidentially support all MPD employees (civilian and commissioned), MPD retirees, and their families, who are confronting challenging stressors of everyday life. Peer Support Officers will also ensure that MPD's Critical Incident Stress Management (CISM) process is activated in the aftermath of a critical incident and will work with Critical Incident Partners (CIP) to provide aftercare to involved officers in a critical incident.

GUIDELINES FOR DETERMINING A CRITICAL INCIDENT

A critical incident is a situation faced by personnel that causes them to experience unusually strong emotional and/or physical reactions that have the potential to interfere with their ability to function either at the scene or later. A situation does not have to be a major disaster to be classified as a critical incident.

The following are examples of critical incidents:

- The serious injury or death of any MPD personnel in the line of duty.
- The serious injury or death of a member(s) of the public while an employee(s) is performing regular duties or functions. Special attention should be given to incidents that involve children, a family member, friend, neighbor, or where an association to these can occur.
- A suicide or homicide of an employee.
- Any incident in which there is unusual media coverage.
- Any incident that can be considered a serious physical or psychological threat to an employee in the line of duty.
- Loss of life that follows extraordinary and prolonged expenditures of physical and emotional energy in a rescue attempt.
- A series of incidents that may have cumulative effects.
- An incident in which the circumstances are so unusual or so distressing as to produce immediate or delayed emotional reactions that surpasses normal coping mechanisms.

CHARACTERISTIC SYMPTOMS FOLLOWING A CRITICAL INCIDENT MAY INCLUDE

- Being unable to talk about the event and the feelings associated with it.
- Feeling detached and withdrawn, keeping emotional distance from family and friends.
- Avoiding recreational or work activities that are reminders of the incident.
- Experiencing recurring and intruding memories and feelings about the incident; this may occur during sleep.
- Feeling preoccupied, experiencing impaired memory and concentration, and having difficulty completing tasks.
- Feeling hyper-alert, startling easily, having difficulty sleeping, eating, coping, parenting, etc.

While these symptoms are characteristic of several emotional disorders, their development after a psychologically traumatic event represents a fairly common and normal response.

Involvement in a critical incident requires some adjustment by all persons and the development of the symptoms in no way indicates weakness or mental illness in an employee. If, however, an employee suppresses, denies, or in any other way fails to work through the normal psychological pain associated with a stress reaction, the potential for development of a serious emotional disorder exists.

PROCEDURAL GUIDELINES

To assist personnel in adjusting to a critical incident, the MPD has developed the following procedure:

1. Any MPD member recognizing an employee's involvement in a potential critical incident shall immediately inform the Officer-in-Charge (OIC) if the event has occurred during the shift, a Peer Support Officer, or the Peer Support Program (PSP) Coordinator (in any instance when the PSP Coordinator (or Co-Coordinator) is unavailable, the PSP Administrator should be contacted). The OIC shall review the facts surrounding the event and make a determination as to whether it falls within the guidelines of a critical incident. In addition, the OIC should evaluate if there are known aspects about the involved employee's life experience that could adversely compound the employee's reaction such as:
 - a. Recent exposure to a similar situation.
 - b. Recent death of a family member.
 - c. Family member who sustained serious injury as a result of similar incident.

- d. The victim of the critical incident is personally known to the employee.
 - e. Other circumstances not described above but are determined to have a significant impact.
2. If the OIC determines that the incident falls within the definition of a critical incident, the OIC shall immediately notify an on-duty Peer Support Officer, and/or the Peer Support Program Coordinators and the Command Staff of the involved employee(s) or the District where the incident occurred in the case of multiple District employees.

The OIC or primary on-scene supervisor shall give the PSO or Program Coordinator pertinent information to include case number, time the event occurred, employees involved and each of their roles in the incident, and the nature of the incident.

When the critical incident has occurred during the shift and a PSO or Program Coordinator (or Co-Coordinator) is not immediately available, the OIC or Commander may contact the EAP/Critical Incident Stress Management (CISM) Provider directly. In some cases, the PSP Coordinator may contact a Peer Support Officer to respond in order to coordinate contact between the involved employees and the responding EAP/CISM Provider. If a Peer Support Officer is not available, the OIC, Commander, and/or PSP Coordinator will designate a supervisor or other officer outside the Peer Support Program to coordinate this contact. Coordination of contact shall include determining the location for the defusing, ensuring involved officers respond to the defusing, and assisting the EAP/CISM Provider as needed.

3. The PSO/PSP Coordinators, upon notification of a critical incident, shall review the circumstances and contact the EAP/CISM Provider. The PSO shall respond to coordinate the contact between the involved employees and the responding EAP/CISM Provider.

The PSO/PSP Coordinator shall coordinate, as needed, with the EAP/CISM Provider to provide additional debriefings or follow up for involved employees or their families.

4. Employees with significant involvement in a critical incident are mandated to take part in one defusing or assessment. A defusing may take place in the same shift as the incident or an assessment may be scheduled at a later time.
5. Subsequent to a critical incident, the Peer Support Coordinator or the OIC may authorize administrative leave for involved employees for the remainder of that work shift. Assistant Chiefs and Captains have the authority to grant up to three (3) days of administrative leave with pay for their impacted employees. More than three (3) days would need to be approved by the Chief.
6. Employees may experience a reaction due to involvement in a critical incident that does not come to the attention of a Commander or OIC. In cases such as this, it shall be the responsibility of the involved employee to contact the Employee Assistance Program or a Peer Support Officer to discuss a confidential referral.
7. All individual referrals and the content of a defusing or debriefing session shall remain strictly confidential. The only exception is when, under extraordinary circumstances, an employee is believed to be an imminent threat to the safety of him/herself or others.

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