POLICY

It is the policy of the Baltimore Police Department (BPD) to lend support and to listen to those members who need guidance to cope with an emotional trauma of the moment.

This policy, which establishes the Critical Incident Stress Management program, is not designed to replace the professional services presently available to agency members.

PURPOSE

The purpose of this policy is to provide guidelines for the BPD’s Critical Incident Stress Management (CISM) program, which is designed to ensure that members who are involved in traumatic events receive stress management education and support. BPD recognizes that law enforcement work often exposes members to emotionally painful and highly stressful situations. Such encounters can adversely affect a member’s quality of life and job performance.

Through the CISM program, BPD will help members and their families maintain their professional and personal wellness following a critical incident. The program is designed to provide members with prevention and early intervention strategies to help mitigate the painful effects of a critical incident, as well as to provide on-going support to members in a safe and confidential environment.

DEFINITIONS

Acute Stress Disorder (ASD) — Also called acute stress reaction, psychological shock, mental shock, or simply shock, is a psychological condition arising in response to a terrifying or traumatic event. The onset is due to the person either being ensnared-in or witnessing an event that causes the individual to experience extreme, disturbing or unexpected fear, stress or pain, and that involves or threatens serious injury, perceived serious injury or death to themselves or someone else.

Baltimore Police Department’s Approved Mental Health Provider — Consists of a staff of psychologists, social workers, clinicians, and licensed mental health practitioners skilled in treating a wide range of patients for PTSD and other disorders.

Critical Incident — An incident that is unusual, violent, and involves a perceived threat to or actual loss of human life that may overwhelm an individual’s normal coping mechanisms and cause psychological distress.

Critical Incident Stress Debriefings — A formal one-on-one discussion conducted by a licensed qualified mental health professional that is designed to help participants understand their emotional response to a critical incident and strengthen their coping mechanisms following the incident.
Critical Incident Stress Management — A formal process used to assist an individual who has been involved in a traumatic event to return to or maintain an effective level of functioning.

Critical Incident Stress Team — Is a team of individuals consisting of BPD members who have undergone training in peer support methods.

Involved Personnel — Any employee who is directly affected by a critical incident; this may include officers who are on the scene at the time of the incident, those who respond to the scene immediately following the incident, and support personnel participating in the response to the incident, such as emergency dispatchers and crime laboratory technicians.

Post-Traumatic Stress Disorder (PTSD) — A group of symptoms, such as disturbing recurring flashbacks, avoidance or numbing of memories of the event and hyper arousal, continuing for more than a month after the occurrence of a traumatic event.

1. Referral to BPD’s mental health provider for a critical incident stress debriefing shall be mandatory in the following circumstances:
   1.1. The member is involved in a police-involved shooting,
   1.2. The actions of the member, whether accidental or deliberate, result in the death or serious injury of a person,
   1.3. The member is present at the death or serious injury of a BPD employee, or
   1.4. Negotiating team members directly responsible for management of negotiations are involved in an incident that results in serious injury or death.

NOTE: Where referral is mandated, the member shall not be returned to full-duty until after the debriefing has taken place, but may be permitted to work modified-duty which shall not involve enforcement or contact with the community until after being debriefed by the BPD’s mental health provider. The post-incident stress debriefing will not ask members to recount any details of the incident. This action is not a suspension. The decision to suspend a member’s police powers rests solely with the member’s Commanding Officer. See Policy 304, Suspension Procedures.

PROCEDURES

Immediate Response Following a Critical Incident

1. Whenever there is reason to believe a member may experience physical, cognitive, emotional and/or behavioral reactions to a critical incident, supervisors at the scene shall provide appropriate emotional support and resources.

2. Whenever possible, supervisors should briefly meet with the involved member(s) to:
   2.1. Ask supportive questions concerning the critical incident, and
   2.2. Provide information about, and encourage the use of the BPD’s Critical Incident Stress Team, Chaplaincy program and/or confidential mental health services.
Post-Incident Stress Debriefing Procedures

1. Any member directly involved in a critical incident must be placed on administrative leave for 10 days.

2. Any directly involved member must see the BPD’s mental health provider for a post-incident stress debriefing before returning from administrative leave.

3. If the critical incident is a police-involved shooting, the member must also attend training at the firearms range before returning from administrative leave.

4. The Human Resources Section (HR) will make an appointment with the BPD’s mental health provider within 48 hours of a critical incident for anyone directly involved.

5. Commanders who identify members within their command, who are exhibiting signs of distress or difficulty coping with a critical incident, may recommend a post incident debriefing through HR’s Medical Unit.

   5.1. Commanders may also recommend administrative leave.

   5.2. Commanders may additionally recommend support to their subordinates’ family members in need to the Medical Unit for authorization.

NOTE: Attendance at a critical incident stress debriefing will in no way jeopardize the member’s job security, promotional opportunities and/or reputation within BPD. The debriefing process is not a critique of any actions taken by the member and shall not serve as the basis for disciplinary action.

6. Because a critical incident debriefing is most effective when it takes place within the first 24 to 48 hours following the incident, the supervisor shall make every effort to schedule the session within this timeframe. If the debriefing(s) cannot be scheduled within 24 to 48 hours, the supervisor shall explain the reasons for any delay in writing to the Commanding Officer of the involved member.

7. With approval from the Commanding Officer, supervisors may request a critical incident debriefing in response to other stressful incidents that may not rise to the level of a mandatory referral. The decision to refer members in these cases should be made by the Commanding Officer in consultation with the Medical Unit and BPD’s mental health provider and should be based on the nature of the traumatic event.

8. In some instances, a member might consider an event traumatic, even though the member’s Command has not required a debriefing. In such cases, the member may request referral to BPD’s mental health provider for a critical incident stress debriefing. Members may contact BPD’s mental health provider directly, without consulting their Command, to request a critical incident debriefing or other confidential support services.

9. After meeting with the involved member, shall notify the Commanding Officer that the member has attended the debriefing. In appropriate cases, BPD’s mental health provider will, with the member’s understanding and release, advise the member’s Commanding Officer of the following:
9.1. Whether it would be in the best interest of the member to return to work, or continue working in a temporary/modified-duty assignment, or

9.2. Whether the member would benefit from administrative leave from work.

9.3. Whether the member should maintain the possession of firearms.

10. The Commanding Officer shall be guided by recommendations from the BPD’s mental health provider and the Medical Unit to determine the amount of time the member should either take leave or work a modified-duty assignment.

11. Apart from verifying the member’s attendance at the debriefing, and providing recommendation(s) concerning leave or duty assignment (if applicable), no information related to the debriefing shall be conveyed to other BPD members. Mental health professionals are required to follow all applicable laws and ethical guidelines related to confidentiality, which may in certain extenuating circumstances require the disclosure of confidential information, such as when there is a risk of serious harm to self or others or where there is a suspicion of child or elder abuse. Confidential information may also be disclosed at the request of the employee or in response to a court order.

12. Voluntary follow-up counseling services will be made available to every member who participates in a critical incident stress debriefing. In order to promote trust and encourage a member’s full use of these services, all additional follow-up counseling shall remain confidential, as described above, and free-of-charge. BPD strongly encourages members to take advantage of all support services offered.

13. Life-threatening use-of-force and other critical incidents have the potential to emotionally impact a member’s family who often provide valuable support following these incidents. These services are available to family members on a confidential basis and at no cost to the members or their families.

ASSOCIATED POLICIES

Policy 304, Suspension Procedures
Policy 1713, Medical Policy
Policy 1718, Police Chaplin Program
Policy 1733, Fitness For Duty

RESCISSION

Remove from files and destroy/recycle Policy 1731, Critical Incident Stress Management, dated 3 March 2015.

COMMUNICATION OF POLICY

This policy is effective on the date listed herein. Commanders are responsible for informing their subordinates of this policy and ensuring compliance.