

I. PURPOSE

To provide information, education, and support to agency personnel affected by traumatic incidents both on and off duty.

II. POLICY

It is the policy of the Fairfax County Sheriff's Office that the Peer Support Program be used to mitigate the impact of major events or emergencies and to help accelerate the normal recovery process. Specially trained agency personnel will be used to provide support to staff involved in stressful incidents that may affect job performance and/or quality of personal life. Assistance and support shall also be provided as appropriate to all employees on a routine basis to promote overall emotional and psychological wellness.

III. DEFINITIONS

Peer Support Team - A team comprised of sworn and non-sworn agency personnel with training in Critical Incident Stress Management.

Stress Response - The physical and emotional symptoms which develop as a part of a stress response are considered normal in every way. The symptoms develop in people facing stress, threat or loss. They are primitive responses of the mind and body designed to help the individual survive. The Stress Response Syndrome, although normal, has the potential to become dangerous to the employee's health if symptoms become prolonged.

Critical Incident - A sudden, powerful, and often traumatic event that falls outside the range of ordinary human experiences. This can include, but is not limited to line of duty death or serious injury of an agency employee, deputy involved shooting, life threatening assaults, or other events which may impact employees' psychological and emotional wellness.

Initial Contact - A brief discussion conducted within 6 hours after a critical incident between the Peer Support Coordinator, or his designee, and the individual(s) involved. The discussion will include information regarding normal stress symptoms that might be expected following a critical incident and stress management techniques.

IV. PROCEDURE

A. Peer Support Team Member Selection

1. The Occupational Health and Safety Officer will oversee the implementation of the program and manage the selection process as the Peer Support Team Coordinator.
2. The Peer Support Team selection process will be announced through memorandum by The Personnel Supervisor or the Occupational Health and Safety Officer, Human Resources Branch, as the need to fill positions is determined.
3. Interested agency personnel shall submit a memorandum to the Supervisor of Personnel or the Occupational Health and Safety Officer, Human Resources Branch, outlining their qualifications and intent to participate in the selection process for the Peer Support Team.

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4. The selection process shall consist of the following:
 - a. Oral Interview Process
 - b. Submission of Written Supervisory Recommendation
 5. Minimum Qualifications:
 - a. Agency Sworn or Non-Sworn Employee
- B. Training
1. Once selected, Peer Support Team members must complete an initial 40-hour Peer Support training course prior to providing services to agency personnel. Peer Support Team members will be required to attend periodic in-service training sessions after their initial training to keep their status current.
 2. The Peer Support Coordinator will monitor and evaluate Peer Support Team members on an on-going basis. The Peer Support Coordinator or designee will maintain a confidential record of incidents where the program was utilized and any follow-up action.
- C. Incident Response
1. The Peer Support Coordinator, Peer Support Team Leader, or designee shall be notified when a critical incident occurs involving an employee and they shall direct resources and make additional notifications as appropriate.
 2. The Peer Support Coordinator, Peer Support Team Leader, and the highest ranking on-scene supervisor shall collaborate to ensure that the appropriate number of Peer Support Team members are sent to the involved agency employee's location.
 3. The Peer Support Coordinator, Peer Support Team Leader or their designee, will make initial contact with all employees involved within 6 hours of the critical incident. Services provided will include, but are not limited to:
 - a. Stress reaction education.
 - b. Immediate support services as needed, including contacting family members, arranging transportation, providing food, etc.
 - c. Information concerning agency policies and procedures.
 - d. Liaison with the Employee Assistance Program and other health care resources.
 4. This policy does not preclude any agency employee from informally contacting any Peer Support Team member for personal assistance.
 5. The Peer Support Program Coordinator will follow-up with the supervisor and/or person(s) involved approximately 30 days after the critical incident to assure that any problems are addressed with appropriate persons and/or referrals made.
 6. Although it is intended that this program will be managed by sworn staff, mental health professionals will be available for consultation or to facilitate meetings as

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needed. If such consultation is requested contact the Peer Support Program Coordinator immediately.

D. Peer Support Team Services

1. Immediate support services as needed when responding to the scene of a critical incident, to include providing confidential support to affected employee(s), contacting family members, etc.
2. Critical Incident education, as appropriate.
3. Resource referral (i.e., funeral planning, personal pre-planning, general estate planning, EAP, stress management, physical and mental health guides).

E. Types of Incidents

1. Any incident in which an employee is killed or seriously injured in the line of duty
2. Any incident which results in the death or serious injury of a person by an agency employee
3. Shooting incident
4. Riots, Hostage Situations, and Fire Emergencies
5. Death, serious injury, or medical emergency of an agency employee that occurs off-duty
6. Death of an employee's immediate family member
7. Death of an inmate
8. Any critical incident that the on-scene Supervisor, or Peer Support Coordinator deems appropriate.

F. Confidentiality

1. All Peer Support Team members will be required to sign a confidentiality agreement upon appointment to the team (Attachment 1 to SOP 029a).

**1/01/00
DATE APPROVED**



**STACEY A. KINCAID
SHERIFF**

**5/21/99
EFFECTIVE DATE**

Revised: March 2005, August 2013, September 2014, December 2014