

University of Pennsylvania Police Department 4040 Chestnut Street, Philadelphia, Pa 19104		 
Directive: 30	Subject: Critical Incident Management Procedures	Effective Date: 01/27/2000
Order of: Gary Williams, Chief of Police		Amended Date: 08/01/2023

I. Purpose

The purpose of this directive is to provide guidelines that shall be uniformly applied following any critical incident (i.e., officer involved shooting, accidents, loss of fellow officer, etc.) in order to minimize the chances that involved personnel will develop or suffer from post-traumatic stress disorder. It is recognized that individual emotional reactions to potentially traumatic events can have adverse effects on employee job performance. It is also recognized that most individualized responses to the potentially detrimental effects of stress induced by trauma can be dealt with successfully when identified early and referred to appropriate care.

II. Policy

Law enforcement duties can often expose officers and support personnel to mentally painful and highly stressful situations that cannot be resolved through normal stress coping mechanisms. Unless adequately treated, these situations can cause disabling emotional and physical problems. It has been found that officer-involved traumatic incidents resulting in death or serious bodily injury to a citizen or fellow officer may precipitate such stress disorders. It is the responsibility of the University of Pennsylvania Police Department (UPPD) to provide personnel with information on stress disorders and guide and assist in their reduction and deterrence. Therefore, the UPPD will take immediate action after such incidents to safeguard the continued good mental and physical health of all involved personnel.

III. Scope

This directive shall affect all UPPD employees.

IV. Definitions

- A. Critical Incident: A critical incident is any situation that is likely to evoke unusually strong, negative emotional reactions. Any traumatic event is also considered to be a critical incident, while a critical incident is more often defined by any individual's response to a given incident. Extremely violent, and or catastrophic events are generally considered to be "Critical Incidents."

Such events interfere with an employee's ability to function, either at the scene or later, within other occupational incidences. Such events also affect one's ability to function within certain areas of one's private life.

- B. **Critical Incident Debriefing:** A Critical Incident Debriefing (CID) is an educational and psychological process designed to mitigate the impact of a critical incident. A CID intervention accelerates the recovery by UPPD personnel who may be experiencing normal reactions to a most abnormal or high pressure situation.
- C. **Post-Traumatic Stress Disorder: (PTSD)** A condition which may result from experiencing of psychological trauma. The development of characteristic symptoms following a psychologically traumatic event that is generally outside the range of normal human experiences. Anxiety symptoms or unusually strong emotional responses that persist or intensify after one month are likely indicators that PTSD has developed.
- D. **Stress:** A mentally or emotionally disruptive or upsetting condition occurring in response to adverse external influences and capable of affecting physical health. Stress reaction is often characterized by, but not limited to the following classic symptoms:
 - 1. an increased heart rate;
 - 2. a rise in blood pressure;
 - 3. muscular tension;
 - 4. irritability;
 - 5. anxiety and panic; or
 - 6. depression.

Defined further: Any stimulus or circumstance causing such a condition is a stressor. A stress reaction is a state of emotional difficulty on a continuum from mild to extreme. If the distressful condition is in relation to a traumatic event, the condition should be regarded as extreme.

- E. **Trauma: (Psychological)** An emotional wound or shock that creates substantial or potentially lasting damage to the psychological well-being or development of a person. Any environmental stimulus which poses a realistic threat to life or limb, impacting on one of the senses, or more likely a combination of the five sensory pathways to the brain, if perceived as a serious threat to one's life or physical integrity (whether it produces injury or not) can be regarded a traumatic event. While trauma is the cumulative response to harmful or overwhelming stressors, not all stress results in psychological trauma.

V. Procedures

- A. **Criteria For A Debriefing**

1. A number of criteria or circumstances on which a Critical Incident Debriefing (CID) intervention is to be scheduled are as follows, but not limited to:
 - a. Line of duty death of any UPPD employee.
 - b. Severe duty related injuries of any UPPD employee.
 - c. Suicide of any UPPD employee.
 - d. Shooting situations.
 - e. Serious multiple casualty incidents.
 - f. Traumatic deaths of children.
 - g. Traumatic injuries of children.
 - h. Events with excessive media interest.
 - i. Incidents when victims are known by, or related to, employees of the UPPD.
 - j. A prolonged rescue, especially with a negative outcome.
 - k. Any event that has an unusually powerful impact on personnel.
 - l. Circumstances when personnel demonstrate numerous behavioral changes.
 - m. Circumstances when personnel begin making significant errors on calls occurring after the critical incident.
 - n. When a UPPD employee or employees request help. Upon receipt of such a request the UPPD will:
 - 1) Initiate a process of review or discovery to determine if conditions or symptoms of PTSD exist.
 - 2) Provide appropriate care and counseling if a competent clinical diagnostician recognized by the UPPD diagnoses PTSD.
 - o. When various agencies are showing the same reactions.
 - p. When there are signs and symptoms of distress being manifested by personnel, which continue beyond two weeks after the incident.
2. Based on the above, and/or other considerations, the on-duty supervisor will make a determination as to whether conditions indicate the need for a debriefing.

3. Once the supervisor has determined a need, the debriefing will be requested immediately, through the chain of command.
 - a. Authority to initiate a debriefing is received by notifying the Chief of Police, or designee, of the attendant circumstances.
 - b. Where possible, debriefings should take place 48 to 72 hours' post-incident.
 - c. Where appropriate, debriefings may still occur weeks after the incident.
4. As post-traumatic stress disorders may not arise immediately, or the employee may attempt to hide the problem, each supervisor is responsible for monitoring the behavior of employees for symptoms of the disorder and for bringing any perceived disorder to the attention of the Chief of Police.
5. The Chief of Police, or designee, may order an employee to seek assistance or counseling upon a reasonable belief that stress may be disrupting the employee's job performance.
6. When a determination is made by the Chief of Police, or designee, that a CID intervention is necessary, the involved employee(s) shall be required to meet with the designated CID Team for counseling and evaluation. Involved support personnel should also be encouraged to contact such specialists after a critical incident.

B. Critical Incident Debriefing

1. When appropriate, the Health Advocate Critical Incident Debriefing Team (CID Team) will be requested as the preferred method for conducting a debriefing.
 - a. the CID Team is a group consisting of mental health professionals trained in the CID process who will conduct a debriefing appropriate to the specific group being debriefed (e.g., police officers, dispatchers, etc.).
 - b. The CID should be conducted in a secure location that is conducive to the debriefing to team needs and requirements.
 - c. The Health Advocate Team can be activated by calling the following phone number:
 - 1) 24 hours / 7 days a week call 1-866-799-2329.
2. In the interim, between the occurrence of the critical incident and the arrival of the CID Team, the involved personnel will, when practical, be assigned an advocate.
 - a. The role of the advocate is to reassure, comfort, and otherwise attend to the needs of the involved employee(s).

- b. employee's direct supervisor or commander shall not serve as the advocate. Generally, an advocate should be a peer employee.

C. Initiating A Debriefing

1. To initiate a CID intervention, the Chief of Police, or designee, shall call the appropriate phone number as identified in Section V., B., above, with the following information:
 - a. Name and title of person making request (contact person).
 - b. Agency name and department.
 - c. Type of incident. (nature of the incident)
 - d. Telephone number.
 - e. Location where incident occurred or is occurring.
 - f. Date and time of incident.
 - g. Duration of incident.
 - h. Number of personnel involved and their affiliation.
 - i. Number of victims/patients.
 - j. Outcome of incident.
 - k. Call back number(s).
 - l. Convenient times for the debriefing(s).
 - m. Location of the debriefing.
 - n. Directions to the debriefing location.

D. Debriefing Set Up

1. The location for the debriefing(s) should be at a place that provides available space, privacy, and freedom from distractions. The chairs for the debriefing should be arranged in a circular design.
2. The following is a list of considerations for the Chief of Police, or designee, to follow for an effective debriefing to be conducted:
 - a. All participants are excused from duty until the debriefing is concluded.
 - b. No media or observers are allowed to participate.

- c. Take measures to ensure the confidentiality of the debriefing process.
- d. All participants must be present for the entire debriefing process.

E. Confidentiality

1. To the extent legally possible, employees participating in a CID are assured complete confidentiality. CID's are separate from, and not an arm of, other administrative processes such as disciplinary review, internal affairs, incident investigation, or fact-finding committees. Any records or documentation necessary to the debriefing process will be maintained off-site by the professional(s) conducting the debriefing sessions. These records shall not be used in disciplinary actions. The department recognizes, as should its personnel, that there may be times when documents or testimony could be subpoenaed or legally required. Generally speaking, communications with mental health professionals are privileged and will remain confidential. This legal privilege does not, however, extend to advocates who are there to reassure, comfort, and otherwise attend to the needs of the involved employee(s). To minimize the possibility that an advocate could be required to breach the confidence of an involved employee, advocates should:
 2. Discuss only the involved employee's feelings, emotions or reactions to the event, not specifics of the incident itself or their actions at the scene.
 3. Avoid asking questions that could provide information relevant to the investigation of the incident or the employee's actions at the scene.
 4. Remember that your role is to temporarily assist the involved employee(s) in dealing with the emotional trauma experienced at the scene, not to shield or protect the employee from the investigative process or to determine if their actions or responses during the incident were correct and according to policy. Others will investigate the incident and draw conclusions about the appropriateness of their actions.

F. Critical Incident Scene Management (Shooting Incident)

1. The Shift Commander/Supervisor shall be dispatched to the scene of the shooting incident, and shall:
 - a. assume primary responsibility in caring for the involved officers;
 - b. make appropriate arrangements for all necessary medical treatment;
 - c. arrange for officers directly involved in the incident to leave the scene as soon as possible, and be taken to a quiet, secure area;
 - d. insure that a peer advocate remains with the involved officer; and

- e. notify the Deputy Chiefs, Captains, the Director of Special Services, and the Chief of Police of the incident as soon as practical.
2. The Deputy Chief of Investigations, or designee, will immediately respond to the scene of the incident and direct the department's investigation in accordance with **Directive 9, "Responsibilities at Crime Scenes."**
3. Recognizing that officers involved in critical incidents may experience varying degrees of physiological sensory impairment known as Tache-Psyche effect, no detailed questioning of involved officers, for the record, will be conducted immediately following the incident. Where possible, a supervisor shall briefly meet with the involved officer(s) and assure that:
 - a. no caffeine or other stimulants or depressants are given to the officers unless administered by medical personnel;
 - b. only minimal, preliminary questions are asked about the incident;
 - c. the officer is advised that a more detailed debriefing will be conducted at a later time;
 - d. any standard investigations that will occur concerning the incident be discussed with the officer;
 - e. the officer is advised that he/she may seek legal counsel; and
 - f. the officer is advised not to discuss the incident with anyone except personal or union attorney, union representative, or UPPD, or pertinent municipal police agency, investigators until the conclusion of the preliminary investigation.
4. When it is necessary to relieve an officer of a weapon or other piece of issued equipment for evidentiary purposes or as part of the general internal investigative process, the supervisor shall:
 - a. take custody of the officer's weapon in a discrete manner; and
 - b. if appropriate, ensure that the weapon is replaced with another weapon as soon as practical.
5. Involved officers shall be given the opportunity to notify their families about the incident as soon as possible. Where an officer is unable to do so, the Chief of Police, or designee, shall personally notify the officer's family, and arrange for their transportation to the hospital or other location.
6. At all times when at the scene of the incident, supervisors should handle involved personnel in a caring manner that acknowledges the stress potentially caused by the incident.

G. Post-Critical Incident Procedures (Shooting Incident)

1. Officers involved in a shooting incident shall be removed from line duties pending evaluation and be placed on paid administrative leave for at least three (3) working days, but shall remain available for any necessary administrative investigations.
2. All officers directly involved in the shooting incident shall be scheduled for a CID intervention in accordance with section V., A., of this directive.
3. Any department investigation of the incident shall be conducted as soon as practical.
4. The Deputy Chief of Investigations, or designee, shall cooperate with the pertinent municipal police agency throughout the investigation.
5. In order to protect against crank or abusive calls, involved officers shall be advised by their supervisor to have their phone calls answered by another person for several days following the incident if their names are released to the public by the media.
6. The Chief of Police, or designee, shall personally meet with the involved officers and their families to show the department's concern during this traumatic time. He/she shall also brief other department employees concerning the incident so that rumors are kept to a minimum. Department employees are also encouraged to show involved officers their concern.

H. Continued Individualized Counseling And Treatment

1. The need for continued treatment or counseling of an individualized nature will be considered based on a request for referral by:
 - a. a mental health professional involved in the debriefing process;
 - b. a supervisor or commanding officer;
 - c. an employee involved in the critical incident; or
 - d. a co-worker or other person recognizing notable changes in an involved employee's behavior or demeanor.
2. The Chief of Police, or designee, will review and consider all such requests. Where appropriate, the Chief of Police will authorize and approve the referral at the department's expense.
 - a. Employees will be referred to a licensed, qualified and competent mental health professional of the department's choosing for diagnosis and treatment recommendations.
 - b. After review and consideration of diagnosis and treatment recommendations, approval may be granted for continued treatment or therapy by either the diagnostic specialist or

other qualified mental health professionals, at the discretion of the Chief of Police, or designee.

- c. A periodic review will be undertaken by the Chief of Police, or designee, to determine if continued or extended treatment is still warranted.
- d. Employees referred by the department for diagnosis or treatments are required to attend all counseling, treatment, or therapy sessions determined necessary by the treating professional.

I. Media Access To Critical Incident Information

Personnel involved in any critical incident are NOT permitted to speak with the media about the incident. Officers shall refer inquiries from the media to the Deputy Chief of Investigations, who is the designated UPPD Public Information Officer. (See **Directive 34, "Public Information"**)

J. Additional Services For Employees Families

Counseling services are available to the families of employees involved in critical incidents through the University's Employee Assistance Program (EAP). The department strongly encourages family members (e.g., spouse, domestic partner and dependent children) to take advantage of these services when department employees are involved in a critical incident. For more information about EAP, the Health Advocate may be called 24/7 at 1-866-799-2329 or visit www.healthadvocate.com/upenn.

K. Training

The department shall provide employees with training and information pertaining to post-traumatic stress disorders and the uniform procedures contained in this directive.

L. Compliance

Violations of this directive, or portions thereof, may result in disciplinary action.

M. Officers Assigned To Other Agencies

Officers of this department assigned to or assisting other law enforcement agencies will be guided by this directive.

N. Application

This directive constitutes departmental policy, and is not intended to enlarge the employer's or employee's civil or criminal liability in any way. It shall not be construed as the creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims insofar as the employer's or employee's legal duty as imposed by law. Violations of policy will

only form the basis for departmental administrative sanctions. Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting.