
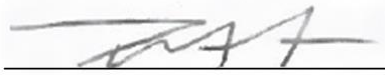


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<b>POLICY NUMBER: 4.7</b>		
<b>CHAPTER 4: TRAINING AND STAFF DEVELOPMENT</b>		
 <b>STATE of MAINE</b> <b>DEPARTMENT of CORRECTIONS</b> Approved by Commissioner: 		<b>PROFESSIONAL STANDARDS:</b>  <b>See Section VIII</b>
<b>EFFECTIVE DATE:</b> May 9, 2000	<b>LATEST REVISION:</b> November 29, 2023	<b>CHECK ONLY IF</b> APA [ ]

## I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

## II. APPLICABILITY

Adult and Juvenile Facilities

## III. POLICY

The Department recognizes the importance for staff to have support for stressful personal, professional, and work situations that impact the work environment. It is the policy of the Department of Corrections to maintain a Peer Support Program using a holistic wellness approach to assist staff in these stressful situations. In addition, critical incident stress management (CISM) is provided to staff affected by a critical incident.

## IV. DEFINITIONS

1. Critical Incident Stress Management (CISM) peer support – services and support provided to staff when that person has been involved in a critical incident that can reasonably have a devastating, long-lasting effect on that person. Critical incident stress management peer support includes assisting staff to appropriately process the trauma and stress and connecting that person to appropriate resources.
2. Holistic wellness - attends to the physical, emotional, intellectual, occupational, as well as mental, wellness of the whole person. This is independent of trauma experienced in a critical incident which may require critical incident stress management (CISM).
3. Peer Support Team - trained staff who provide support to their fellow staff experiencing stress or problems that impact the workplace.
4. Staff - for purposes of this policy, Department employee or a person in a facility providing services to an adult resident or a juvenile resident by agreement with or

under contract with the Department (e.g., facility health care staff), but not including a volunteer, student intern, delivery person, etc.

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## VI. ATTACHMENTS

Attachment A: [Peer Support Team Member Nomination Form](#)

## VII. PROCEDURES

### Procedure A: Peer Support Teams, General

1. The Department's Peer Support Program is offered in addition to and not as a substitute for the State's Living Resources Program, formerly known as the Employee Assistance Program (EAP), or private counseling.
2. Each facility Chief Administrative Officer, or designee, shall establish and maintain a facility Peer Support Team. Depending upon the needs and of the size of the facility, the team shall consist of a minimum of five (5) members and may have as many as twenty-five (25) members.
3. Every reasonable effort shall be made so that the team has at least one member who is frontline staff (e.g., corrections officer, Correctional Acuity Specialist, case manager, Juvenile Program Worker, social worker, etc., as applicable); at least one member who is a first level supervisor (e.g., Sergeant, Juvenile Program Specialist, etc., as applicable); and at least one member who is a mid-level manager (e.g., Unit Manager, Captain, Juvenile Program Manager, Juvenile Facility Operations Supervisor, etc., as applicable).
4. Each Chief Administrative Officer, or designee, shall designate a facility employee to be the Peer Support Team Coordinator and designate another employee to be the acting coordinator in the Peer Support Team Coordinator's absence.
5. The Chief Administrative Officer, or designee, shall provide general direction to the Peer Support Team Coordinator concerning the operation of the Peer Support Team.
6. The facility Peer Support Team Coordinator shall survey facility staff for their recommendations of nominees for the Peer Support Team and then determine if the staff recommended are willing to serve on the Peer Support Team.
7. In addition, staff may nominate other staff for the Peer Support Team by submitting a completed Peer Support Team Member Nomination Form (Attachment A) to the Peer

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Support Team Coordinator. The Peer Support Team Coordinator shall then determine if the recommended staff is willing to serve on the Peer Support Team.

8. The names of recommended staff who agree to serve on the Peer Support Team shall be submitted to the facility Chief Administrative Officer, or designee, for final selection. In addition, the Chief Administrative Officer, or designee, may invite staff who provide services under contract to or by agreement with the Department to be members.
9. Each facility Peer Support Team Coordinator shall ask team members annually if they wish to remain on the team.
10. Staff accepting appointment may remain a team member as long as the employee is willing to serve unless removed at the discretion of the Chief Administrative Officer, or designee.
11. A list of Peer Support Team members, including their home and/or cell telephone numbers and email addresses, shall be posted in locations readily accessible to staff but not others.
12. Staff may contact any Peer Support Team member for support, provided the Peer Support Team Member is at their same staff level, even if they do not hold the same position. In other words, any frontline staff (e.g., corrections officer, Correctional Acuity Specialist, case manager, Juvenile Program Worker, social worker, etc., as applicable) may contact any other frontline staff who is a Peer Support Team Member; any first level supervisor (e.g., Sergeant, Juvenile Program Specialist, etc., as applicable) may contact any other first level supervisor who is a Peer Support Team Member; and any mid-level manager (e.g., Unit Manager, Captain, Juvenile Program Manager, Juvenile Facility Operations Supervisor, etc., as applicable) may contact any other mid-level manager who is a Peer Support Team Member.
13. Staff may make this contact without the need to inform any supervisor.
14. A Peer Support Team member shall not be involved in the investigation of any incident if acting in a peer support role with anyone else involved in the same incident.
15. The Peer Support Team may conduct meetings either in person or electronically as needed or requested by staff during regular work hours. The meetings can occur for non-supervisory staff with separate meetings available for supervisors. Participation is not mandatory for staff.
16. Work time for employees attending a peer support meeting or critical incident stress debriefing and employees facilitating as Peer Support Team members shall count as work time for Fair Labor Standards Act purposes.
17. Meetings are confidential and are not to be recorded. Discussions may not be disclosed in any manner except as set out below.
18. The Department's Director of Victim Services, or designee, may assist the Peer Support Team as a resource.

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19. Referrals to the Peer Support Team may come from the self-referral of an affected staff, a referral from a supervisor of the affected staff, a co-worker of an affected staff, or another source from within the Department, and participation is completely voluntary.

**Procedure B: Critical Incident Stress Management (CISM)**

1. Staff involved in a critical incident shall be given the opportunity to participate in Critical Incident Stress Management (CISM). This may take the form of an abbreviated debriefing (“defusing”) or a full debriefing.
2. Any staff may suggest the need for CISM to the facility Chief Administrative Officer, or designee, or to a Peer Support Team member. This suggestion may come in the form of an anonymous request.
3. The facility Chief Administrative Officer, or designee, shall contact the Peer Support Team Coordinator as soon as possible regarding a critical incident that the Chief Administrative Officer, or designee, determines requires CISM.
4. The Peer Support Team, under the direction of the Peer Support Team Coordinator, shall contact all staff involved in the incident to inform them of the debriefing, as well as to check on their wellbeing.
5. The debriefing shall take place within seventy-two (72) hours after the incident, but not before forty-eight (48) hours after the incident. The debriefing shall be conducted off-site if possible.
6. If more than one staff was involved in the incident, the debriefing shall be a group process.
7. Other than Peer Support Team members and a Living Resources Program mental health professional, or other approved mental health professional, only staff involved in the critical incident shall be allowed to be present at the debriefing.
8. Supervisory staff shall not attend the debriefing unless they are part of the Peer Support Team or are directly involved in the incident, and, if attending, their role is as an equal participant.
9. If involved in the incident, employees shall be required to attend, and staff providing services under contract to or by agreement with the Department shall be invited to attend, a debriefing concerning any of the following:
  - a. line of duty death;
  - b. serious line of duty injury;
  - c. line of duty shooting;
  - d. resident death (other than natural death);
  - e. resident self-injury when loss of life would have occurred without immediate intervention;
  - f. death or serious injury to another person where staff is involved;

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- g. hostage taking; or
- h. mass resident disturbance.

Active participation is voluntary and shall not be mandated.

10. The Chief Administrative Officer, or designee, may mandate a debriefing for any other significant incident at their discretion.
11. Attendance at debriefings shall take priority over routine work assignments if possible. The Peer Support Team Coordinator shall make arrangements for coverage, if necessary.
12. The debriefing shall have at least two Peer Support Team members present to facilitate, as well as a mental health professional, if appropriate.
13. Debriefings are confidential and are not to be recorded. Discussions may not be disclosed in any manner except as set out below.

**Procedure C: Work-Related Personal Trauma**

1. Staff affected by personal trauma that could potentially impact work performance shall be allowed to participate in peer support as set out above, except that attendance is voluntary and shall not be mandated, and family members may be invited to participate. Support can be informal or formal as prescribed in Critical Incident Stress Management (CISM) training, depending on the needs of the staff.
2. Personal trauma that is work-related includes, but is not limited to:
  - a. death of a co-worker while not on duty;
  - b. serious injury to a co-worker while not on duty; or
  - c. significant life event affecting the staff’s ability to work;
  - d. chronic/prolonged stress-inducing events; or
  - e. vicarious/secondary trauma.

**Procedure D: Training**

1. The facility Peer Support Team Coordinator shall work with the facility Staff Development Coordinator to coordinate Peer Support Team trainings, including training on Critical Incident Stress Management (CISM).
2. Each member of a facility Peer Support Team shall have the following training, at a minimum:
  - a. sixteen (16) hours of basic CISM training by a certified CISM trainer or through a nationally recognized organization, such as the International Critical Incident Stress Foundation; and
  - b. an aggregate of twenty (20) hours of annual in-service training in CISM or behavioral health, of which time spent in actual participated in CISM may be credited to this twenty (20) hours of annual in-service training requirement.

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3. Training shall include the following:
  - a. common reactions to traumatic events;
  - b. Critical Incident Stress Management (CISM);
  - c. confidentiality;
  - d. crisis intervention;
  - e. defusing;
  - f. Peer Support Team roles and responsibilities; and
  - g. information about relevant programs and services, such as the State's Living Resources Program.
4. Peer Support training for employees shall take priority over routine work assignments for the Peer Support Team and shall count as work time for Fair Labor Standards Act purposes.
5. All training shall be documented in the staff's training record.

**Procedure E: Confidentiality**

1. Peer Support Team meetings, debriefings, and conversations between staff and a Peer Support Team member are confidential and are not to be recorded. Discussions may not be disclosed in any manner except as set out below.
2. If contacted by staff, a Peer Support Team member may ask the staff permission to consult with another staff to assist in the matter, and if allowed, the Peer Support Team member shall document that permission in writing.
3. Peer Support Team members shall maintain confidentiality of information disclosed by others during the course of providing peer support, except when:
  - a. the staff admits to abuse or neglect of a child or an elderly or incapacitated person;
  - b. the staff admits to violence against a domestic partner;
  - c. the staff threatens physical harm to self or another person;
  - d. the staff admits to having committed or threatens to commit a crime; or
  - e. there is a risk to security of the facility.
4. If, during the course of providing peer support, a Peer Support Team member becomes aware of any of the above situations, they shall immediately notify the Peer Support Team Coordinator and then follow-up with a written report. If there is an imminent threat to safety or security, the Peer Support Team member shall also take any other appropriate action as set out in Department policies and/or facility practices.
5. The Peer Support Team Coordinator shall notify and forward the report to the facility Chief Administrative Officer, the Department's Human Resources Director, and the Department's Director of the Office of Professional Review, or their designees.

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6. The staff receiving the report shall take the appropriate action as set out Department policies.
7. If a Peer Support Team member receives a subpoena or court order to disclose information disclosed by others during the course of providing peer support, they shall contact the Department's representative in the Attorney General's Office.

**Procedure F: Holistic Wellness**

1. The Peer Support Team shall be a resource for the Department's Wellness Committee, collaborate as appropriate with the Department's Wellness Committee, and offer support on any joint initiatives related to the holistic wellness of staff.
2. The Peer Support Team's role in this is to provide stability and promote holistic wellness to the affected staff by providing, empathy, active listening, validation, respect for desired boundaries, triage, and referral.
3. Should the nature of the issue and/or needs of the affected staff go beyond the scope of the supportive assistance listed above, then the involved Peer Support Team member shall suggest that the affected staff seek professional assistance from a qualified source.

**VIII. PROFESSIONAL STANDARDS**

None

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