



TIVERTON POLICE DEPARTMENT GENERAL ORDERS

Subject: Officer Involved Shooting		General Order Number: 390.13
Section: 300- Law Enforcement Operations		Subsection: 90- Use of Force/Weapons
Amends/Supersedes:		
Effective Date: 01/03/2020	Revised Date: 01/03/2020	Review Date: As Needed
Per Order Of: Patrick W. Jones, Chief of Police		
RIPAC: 2.16		
Distribution: Sworn Department Members		

NOTE: This written directive is for the internal governance of the Tiverton Police Department, and is not intended and should not be interpreted to establish a higher standard of care in any civil or criminal action than would otherwise be applicable under existing law.

I. PURPOSE

The purpose of this policy is to provide guidelines that shall be uniformly applied following any officer-involved shooting incident, in order to minimize the chance that officers will suffer from the negative emotional and psychological reactions that can occur after the use of deadly force in an on-duty or off-duty confrontation. This policy is designed to address the needs of the officer who discharged his or her firearm.

Law enforcement duties can expose officers 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. Officer-involved shootings resulting in the death of or serious bodily injury to a citizen or a fellow officer may cause adverse reactions and behaviors in the officer. It is the responsibility of the Tiverton Police Department to provide officers with information on potential post-shooting trauma reactions and to guide and assist in their prevention.

II. POLICY

It is the policy of the Tiverton Police Department to take action after officer-involved shooting incidents to safeguard the mental health of all officers.

III. DEFINITIONS

Post-Traumatic Stress Disorder: An anxiety disorder that can result from exposure to a traumatic event and is diagnosed as such if symptoms persist after thirty (30) days.

Acute Stress Disorder: An anxiety disorder that can result from exposure to a traumatic event and occurs within thirty (30) days of exposure.

Officer-Involved Shooting Incident: An incident where a law enforcement officer fires his or her weapon in the course of his or her duties. This is not limited to causing serious

bodily injury to an officer or other person. It can include firing the weapon accidentally, or missing the intended target during the shooting.

Debriefing: In the context of this policy, a formal process that is conducted by a qualified mental health professional to address the psychological and emotional effects of the officer-involved shooting.

Department Briefing: An informational administrative report on what happened during the officer-involved shooting.

Qualified Mental Health Professional (QMHP): Any individual who is licensed as a mental health professional and has an in-depth understanding of the law enforcement culture.

Peer Support Team: A formal group of individuals consisting of approved members who have undergone training in peer support methods.

Companion Officer: An officer assigned to provide emotional support and assistance to another officer following an officer-involved shooting. The assigned officer is normally a member of the department's peer support team, but may also be an officer who has had a similar experience, is a close friend, or both.

Officer: In the context of this policy, an officer who discharged his or her firearm.

IV. PROCEDURES

A. Handling of Officers at Scene of Shooting Incident

1. A supervisor or officer in charge (OIC) shall be dispatched to the scene of the incident, and shall assume primary responsibility for the officer. Communicating emotional support and reassurance is paramount.
2. The supervisor/OIC shall make appropriate arrangements for all necessary medical treatment.
3. The officer should be offered food and water to satisfy his or her basic needs as soon as possible.
4. During any period where the officer is required to remain on the scene, but has no immediate duties to fulfill, he or she should be removed from the immediate vicinity to a quiet area. A department-approved peer support officer, companion officer, other supportive friend or officer, or chaplain should remain with the officer, but should be advised not to discuss details of the incident. If the officer has an immediate need to talk about the shooting incident, he or she should be encouraged to do so with those that have legal, privileged confidentiality.
5. Where possible, the supervisor/OIC shall briefly meet with the officer.
 - a. Only minimal, preliminary questions should be asked about the incident at this time. The officer should be advised that a more detailed interview will be conducted at a later time.
 - b. Any standard criminal or administrative investigations that will occur concerning the incident should be explained to and discussed with the officer.
 - c. The officer should be advised that he or she may seek legal counsel or union representation.
 - d. The officer should be advised not to discuss the incident with anyone except a personal or department attorney, union representative, department investigator or an investigator from an outside law enforcement agency that has been tasked with

investigating the incident, or QMHP until the conclusion of the preliminary investigation.

6. The supervisor/OIC shall take the officer's duty weapon for laboratory analysis in a discreet manner and replace it with a similar weapon that the officer is qualified to use immediately, unless there is an objective basis for questioning the officer's fitness for duty. The duty weapon shall be placed into evidence in accordance with department policy.
7. The officer shall be provided with the opportunity to notify his or her family by telephone that the incident has occurred as soon as reasonably possible, but should refrain from discussing details. Use of social media for notifications is discouraged.
8. Where an officer is injured or deceased, a department official and another member of the department, preferably an individual with personal knowledge of the officer and his or her family, such as a partner or close friend, shall personally notify the officer's family and arrange for their transportation to the hospital or other location as required.
9. If an officer is transported to the hospital, ensure that a companion officer accompanies or meets him or her there. The companion officer should provide all reasonable support to the officer and act as a liaison between the officer and the hospital.
10. The department shall offer to assign a member of the department to the officer's family for security, support, and management of media inquiries and visitors.
11. At all times, when at the scene of the incident, the supervisor/OIC should handle the officer in a manner that acknowledges the stress caused by the incident and refrain from passing judgment regarding the shooting.

B. Post-Incident Procedures

1. The officer will be placed on mandatory leave with pay, but shall remain available for any necessary administrative investigations. It is important that the officer and the public understand the leave period is not a disciplinary suspension.
2. The officer shall be required to attend a one-on-one or group debriefing provided by a QMHP as soon as reasonably possible. After the QMHP meets with the officer, and with the officer's understanding, the department shall be advised of:
 - a. Whether it would be in the officer's best interest to have additional leave; and
 - b. The best continued course of counseling and intervention.
3. Follow-up counseling services should be made available to the officer. The initial follow-up should be face to face.
4. The department strongly encourages the family of the officer to take advantage of available department mental health/counseling services. It is recommended family/relationship joint counseling services be offered to the officer and his or her family or significant other whenever possible.
5. In order to promote trust and encourage the use of mental health and counseling services, all one-on-one debriefings and other individual counseling sessions shall be kept confidential and shall not have any bearing on the officer's fitness-for-duty evaluation. Any information

provided to the QMHP will be used solely for return-to-work status recommendations. Whenever possible, the QMHP involved with the post-shooting counseling should not conduct the department's fitness-for-duty examinations.

6. Any department investigation of the incident shall be conducted as soon as practical. The department shall make every effort to expedite the completion of any administrative or criminal investigations with the understanding that it can decrease the negative distress reactions that the officer may experience. The officer should be informed of the progress and any outcomes of the investigation on a regular basis.
7. As soon as reasonably possible, a department briefing concerning the incident should occur so that rumors are kept to a minimum. Department members are encouraged to demonstrate their concern for the officer.
8. The officer should be advised that he or she is not permitted to speak with the media about the incident. The officer shall refer inquiries from the media to a designated department spokesperson, unless otherwise authorized by the Chief of Police to release a statement pertaining to the incident.

C. Daily Stress Recognition

1. Physical, cognitive, emotional, and behavioral reactions or problems may not arise immediately, or the officer may attempt to hide his or her problems. Supervisors are responsible for monitoring the behaviors of shift/division members for any adverse reactions or symptoms.
2. The Chief of Police or his/her designee may order an officer to seek assistance or counseling from a QMHP upon a reasonable belief, that stress may be disrupting the officer's job performance.

D. Training

1. This department shall provide employees with training pertaining to post-shooting reactions and behaviors and the uniform procedures contained in this policy on a regular basis.
2. Supervisors shall be trained to identify post-shooting trauma reactions and behaviors.
3. Supervisors are responsible for making available to their unit members information about the department's mental health services.