**Peer Support Services Resolution**

**Resolution No. \_\_\_\_\_\_\_**

**Author: Commissioner Alioto-Veronese**

**WHEREAS**, Members of the San Francisco Fire Department frequently respond to traumatic incidents and dangerous circumstances, including, but not limited to, fires, stabbings, shootings, domestic violence, terrorist acts, riots, automobile accidents, airplane crashes, and earthquakes. They are exposed to harmful substances, such as blood, urine, and vomit. They witness grave injuries, death, and grief. They are frequently placed in harms way, with significant risk of bodily harm or physical assault while performing the duties of their jobs.

**WHEREAS,** the traumatic and unpredictable nature of emergency services results in a high-stress working environment that can take an overwhelming mental, emotional, and physical toll on personnel. Chronic exposure to traumatic events and critical incidents increases the risk for post-traumatic stress and other stress-induced symptoms.

**WHEREAS,** while most emergency service personnel survive the traumas of their jobs, sadly, many experience the impacts of occupational stressors when off duty. The psychological and emotional stress of their professions can have a detrimental impact long after their shift is over.

**WHEREAS,** such trauma-related injuries can become overwhelming, manifesting in post-traumatic stress, substance abuse, and even, tragically, suicide. The fire service, as an example, is four times more likely to experience a suicide than a “traditional” death in the line of duty in any year.

**WHEREAS,** similar to military personnel, first responders face unique and uniquely dangerous risks in their mission to keep the public safe. These professionals rely on each other for survival while placing their lives on the line every day to protect the communities they serve.

**WHEREAS,** the culture of emergency services has often inhibited its personnel from asking for assistance in battling their psychological stress for fear it will cause ridicule, shame, or adverse job action.

**WHEREAS,** the San Francisco Fire Department has a responsibility to ensure that its members are equipped with the tools necessary for assisting members in mitigating the occupational stress that they incur as a result of performing their job duties. **WHEREAS,** the intent of the San Francisco Fire Commission in enacting this resolution to create a best practices Peer Support Program and support and improve confidential peer support for the members of the San Francisco Fire Department.

**RESOLVED**, it shall be the policy of the San Francisco Fire Department to enhance critical incident stress debriefing to mitigate the impact of these events on members of our Department.

**RESOLVED FURTHER, by a majority vote, the San Francisco Fire Commission finds as follows:**

**Section 1. Peer Support Unit**

1.1) The name of the “Stress Unit” of the San Francisco Fire Department is hereby changed to the “Peer Support Unit.”

1.2) Each member of the San Francisco Fire Department assigned to the “Peer Support Unit (formerly “Stress Unit”) by the Chief of the Department and tasked with the management of the Peer Support Unit, the Peer Support Network (as defined herein and as it relates to membership, training, and response activities) is hereby designated for purposes of this Resolution as a “Peer Support Manager.”

1.3) Each member of the San Francisco Fire Department assigned to any station designated by the Chief of the Department as a “Peer Support Member” is hereby designated for purposes of this Resolution as a “Peer Support **Member**.”

1.4) The clinical psychologist employed by the Department or contracted by the Department assigned to the Peer Support Unit by the Chief of the Department is hereby designated for purposes of this Resolution as a “Peer Support Clinical Director.” The Peer Support Clinical Director shall be approved by the Commission and be a M.D. (Medical Doctor) specializing in the diagnosis and treatment of mental illness.

1.5.) The Chaplain(s) of the Department shall be assigned as a member of the Peer Support Unit as needed.

1.6) “Peer Support ***Managers***”, the “Peer Support ***Members***” and the “Peer Support Clinical Director” shall be collectively referenced as the “Peer Support Network.”

1.7) Within 180 days of the adoption of this resolution the Chief of the Department shall deliver to the Commission for consideration, a new general order consolidating General Orders 11.04 (Peer Support Program), 8.04 (Critical Incident Response Team), 11.09 (Employee Assistance Program Stress Unit), and 11.11 (Evaluation and Rehabilitation Program), and *amending* the same consistent with this resolution and setting forth minimum standards of the Peer Support Unit, specifically including the following:

A.     The minimum projected number of Peer Support Managers for the fiscal years 2018, 2019, 2020, and 2021, defined as a ratio of Peer Support Managers to active member of the Department. By way of example only, 1 Peer Support Manager for every 500 active members of the Department.

B.     The minimum projected number of Peer Support Members for the fiscal years 2018, 2019, 2020, and 2021, defined as a ratio of Peer Support Members to active member of the Department. By way of example only, 1/50, or one Peer Support Member for every 50 active members of the Department.

C.     The minimum beginning training or certifications for each Peer Support Manager and any minimum annual training requirements/certifications, as specified in Section 2 herein.

D.     The minimum beginning training or certifications for each Peer Support Member and any minimum annual training requirements/certifications, as specified in Section 2 herein.

E.     The elements of a state-of-the-art Peer Support Program, including, but not limited to, the protocols for response (available 24/7), debriefing process, attendance, locations of debriefings, follow-up, the identification of external and internal resources, the identification of on-scene resources, the organizational chart of the Peer Support Network (including reporting responsibilities and protocols, not inconsistent with this Resolution), any protocols to minimize the exposure of traumatic events to only those members reasonably required to be exposed and any other requirements as deemed appropriate by the Peer Support Clinical Director, through the Chief of the Department.

F.    The protocol for when (1) an off-duty peer support member is needed to assist an employee in an extended crisis, or (2) when a Peer Support Manager is recommending to the Peer Support Clinical Director that a on duty member requires off-duty clinical resources.

G.    The minimum mental health benefits approved by the Department, including, but not limited to the following: the use of any earned or gifted sick, exceptions to the Department Trade Policy (General Order 18 A-26), Vacation or other time off for any member of the Department that is designated by the Peer Support Clinical Director or the Peer Support Manager as benefiting from programs relating to PTSD, addiction. The Peer Support Clinical Director shall be tasked with finding staff with skills related to the evaluation and treatment of alcohol and/or drug abuse. This staff will provide the Department with technical assistance and advice related to protocol and services of the Peer Support Unit.

H.    The elements of an internal campaign to de-stigmatize post-traumatic stress injuries and publicize resources available to the Members (both internally and externally, i.e. each Station to post the resources and the available members of the Peer Support Network) related to post-traumatic stress and chemical dependency and the establishment of one month every year known as “Peer Support Month” where members are reminded of available resources.

I.     The Chief of the Department shall report to the Commission on the state of the Peer Support Unit, including, but not limited to the milestones noted herein, at every first Fire Commission meeting of the calendar year quarter until the minimum standards of the Peer Support Unit are ratified by resolution of this commission, then at the first Fire Commission meeting of every calendar year.

**Section 2.  Peer Support Training**

2.1)The Peer Support Clinical director through the Chief of the Department shall develop a Peer Support training program that each Peer Support Network member shall complete. The Chief shall consult with peer support experts in the designation of minimum training standards for each member of the Peer Support Network. The Clinical Director of the Peer Support Unit shall determine the appropriate level and areas of training which may include the prevention of suicide, drug/alcohol addictions, PTSD, workplace violence, and other symptoms. The Training courses shall consider topics on peer support and stress management, including, but not limited to, all of the following:

(A) Precrisis education.

(B) Critical incident stress defusings.

(C) Critical incident stress debriefings.

(D) On-scene support services.

(E) One-on-one support services.

(F) Consultation.

(G) Referral services.

(H) Confidentiality obligations.

(I) The impact of toxic stress on health and well-being.

(J) Grief support.

(K) Substance abuse/addiction identification and treatment.

(L) Active listening skills.

(M) Suicide prevention

(N) PTSD treatment

2.2) The Peer Support Clinical Director through the Chief of the Department shall develop a Peer Support training module that shall be included in the minimum training standard that must be completed by each fire academy recruit as a condition of graduation.

**Section 3. Peer Support Privilege**

3.1) A communication made by a member of the San Francisco Fire Department to a member of the Peer Support network acting in his/her capacity as a Peer Support Team member is confidential and shall not be disclosed in any administrative or disciplinary Department proceeding or investigation. A record kept by any member of the Peer Support Network relating to the provision of peer support services to any member by the Peer Support Team or a Peer Support Team member is confidential and is not subject to discovery or introduction into evidence in any Department administrative or disciplinary proceeding or investigation.

1. A communication or record described herein is not confidential if any of the following circumstances exist:
   1. The Peer Support Team member reasonably must make an appropriate referral of the emergency service personnel to, or consult about the emergency service personnel with, another member of the Peer Support Team or an appropriate professional associated with the Peer Support Team.
   2. Revealing the communication by the emergency service personnel may prevent reasonably certain death, substantial bodily harm, or commission of a crime.
   3. The Member or the legal representative of the emergency service personnel expressly agrees in writing that the emergency service personnel communication is not confidential.
   4. The member is deceased.
   5. If the confidentiality of a communication is removed under paragraph (a) or (b) of this subdivision, the Peer Support Team member shall notify the emergency service personnel of the removal in writing.
   6. A. When the information must be revealed by law, such as a case of child abuse or felony criminal conduct.
   7. When there is reason to believe that the employee intends to seriously injure himself or another person. In the case of threatened serious injury, reasonable efforts shall be made to warn the intended victim(s).
   8. When due to substance abuse the employee is a clear and immediate danger to self, citizens or fellow employees.
   9. In all the cases above, an appropriate supervisor shall be notified.

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**Reference Resources Not to be included in Resolution:**

Available Peer Support Courses list:  <https://icisf.org/sections/education-training/course-descriptions/>

Example of one of the courses:

<https://icisf.org/advanced-individual-crisis-intervention-and-peer-support/>

Regional Training Courses:

<https://icisf.org/sections/education-training/regional-trainings/>

Chicago regional training website:

<http://www.cvent.com/events/chicago-il-regional-training/custom-21-e565f036d30244b18d6c0d10ac67f87a.aspx>

Chicago regional training course schedule:

<http://www.cvent.com/events/chicago-il-regional-training/custom-20-e565f036d30244b18d6c0d10ac67f87a.aspx>

Stanford Medical Article on Peer Support for Veterans with PTSD:

<https://med.stanford.edu/news/all-news/2014/11/peer-support-program-helps-veterans-combat-ptsd.html>

Additional Articles about Peer Support:

<http://www.peersupportcentral.com/ptsd-support/>

SFPD Stress Unit: General Order

<https://sanfranciscopolice.org/sites/default/files/FileCenter/Documents/14823-DGO11.09.pdf>

<https://sanfranciscopolice.org/sites/default/files/FileCenter/Documents/24729-DGO%2011.04%20-%2012-09-09.pdf>

<https://sanfranciscopolice.org/sites/default/files/FileCenter/Documents/14746-DGO8.04.pdf>

Evaluation & Rehabilitation Program General Order:

<https://sanfranciscopolice.org/sites/default/files/FileCenter/Documents/14821-DGO11.11.pdf>

Alcohol Abuse General Order:

<https://sanfranciscopolice.org/sites/default/files/FileCenter/Documents/24732-DGO%202.02%20as%20of%2012-03-2008.pdf>

Drug Use General Order:

<https://sanfranciscopolice.org/sites/default/files/FileCenter/Documents/14817-DGO2.03.pdf>