



# Virginia Department of Corrections

## Human Resources

### Operating Procedure 150.5

#### *Employee Health and Wellness*

#### **Authority:**

Directive 150, *Employee Benefits*

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**Access:**  Restricted  Public  Inmate

#### **ACA/PREA Standards:**

5-ACI-1C-24; 4-APPFS-3E-14; 2-CO-1C-25;

1-CTA-1C-13; §115.67[b], §115.267[b]

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### **REVIEW**

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

### **COMPLIANCE**

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, American Correctional Association (ACA) standards, Prison Rape Elimination Act (PREA) standards, and DOC directives and operating procedures.

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## DEFINITIONS

**Agency CISM Coordinator** - The Senior Employee Health and Wellness Coordinator will serve as the Agency CISM Coordinator. Responsibilities includes but are not limited to policy review, establishing minimum training guidelines, scheduling training and meetings, and maintaining CISM records and documentation.

**Critical Incident Stress Management (CISM)** - CISM is a comprehensive, integrative, multicomponent crisis intervention system; a method of helping Virginia Department of Corrections (DOC) employees who have been involved in critical incidents that leave them emotionally and/or physically affected by those incidents. CISM is a process that enables peers to help their peers understand problems that might occur after an event to help prepare them to continue to perform their assigned duties.

**CISM Committee** - Comprised of the following DOC positions (Agency CISM Coordinator, Regional CISM Coordinators (3), this committee is responsible for the development, implementation, and training of the CISM program and its members. Committee must complete and maintain ICISF (International Critical Incident Stress Foundation) training and certification in basic group crisis intervention and assisting individuals in crisis.

**CISM Team Member** - CISM certified DOC employees who respond to critical incidents as assigned by the Regional CISM Coordinator.

**Critical Incident** - Any incident, action, or event outside the range of usual work experience that may cause a significant emotional reaction in staff.

**International Critical Incident Stress Foundation (ICISF)** - ICISF provides training for individuals interested in becoming a part of a crisis management team, or for an organization that is dedicated to helping individuals or groups recover from incidents.

**Dependents** - Certain family members (includes spouses) who meet eligibility and rule requirements under an employee's health care coverage.

**Employee Assistance Program (EAP)** - A confidential employee benefit program offered through all health plans offered to state employees that assists eligible employees and their dependents with challenges that may be affecting personal and work life, such as:

- Conflicts within the family and workplace
- Child and elder care needs
- Emotional wellbeing
- Resources to support work/life balance
- Alcohol and substance abuse
- Financial and legal concerns
- Career concerns and other challenges

**Fit for Duty** - A state in which an employee is physically, mentally, and emotionally able to perform assigned job duties competently and safely within their work facility.

**Health Care Provider (HCP)** - An individual whose primary duty is to provide health services in keeping with their respective levels of licensure, health care training, or experience.

**Independent Medical Examiner (IME)** - A licensed treating health care provider not involved in the employee's routine health care, who is chosen by the Department of Corrections to perform a fitness for duty examination.

**Objective Evidence** - Information based on facts that can be proven through analysis, measurement, observation, and other means of research.

**Organizational Unit** - A DOC unit, such as a correctional facility, Regional Office, Probation and Parole Office, Virginia Correctional Enterprises, Academy for Staff Development, Infrastructure and Environmental Management Unit, Agribusiness Unit, and individual headquarters units, e.g., Human Resources, Offender Management, Internal Audit.

**Organizational Unit Head** - The person occupying the highest position in a DOC organizational unit, such as a correctional facility, Regional Office, Probation and Parole Office, Virginia Correctional Enterprises, Academy



for Staff Development, Infrastructure and Environmental Management Unit, Agribusiness Unit, and individual Headquarters units, e.g., Human Resources, Offender Management, Internal Audit.

**Peer Support Services** - Refers to providing an empathetic ear, identifying colleagues who may be at risk to themselves or others, and facilitating pathways to professional help, i.e., EAP assistance.

**Post Critical Incident Seminar (PCIS)** - A multi-day seminar offering DOC employees a confidential (within the PCIS group) and effective method for post-incident training in critical incident stress. The event is led by CISM trained peers and supported by licensed clinicians trained to work with law enforcement and correctional staff.

**Regional CISM Coordinators** - Regional Administrators in each region will designate a staff member to serve as Regional CISM Coordinators (3). The Regional CISM Coordinators will be responsible for designating CISM team members to respond to a critical incident within their assigned region.

**Wellness Programs** - A reasonably designed program implemented to improve and promote the health and wellbeing of employees.

**Work/Life Balance** - An employee's perception that work and non-work activities are compatible with their current priorities and responsibilities in both domains (i.e., work, and non-work/personal).



## PURPOSE

The operating procedure provides guidance for promoting the health and wellness of employees. Further, this operating procedure defines the structure and utilization of the Department of Corrections (DOC) Critical Incident Stress Management Program (CISM) which is established to minimize the effects caused by critical incidents on staff and to assist staff members to cope effectively with their reactions to these incidents to maintain a healthy and effective workforce.

## PROCEDURE

- I. Scope
  - A. The Virginia Department of Corrections (DOC) Strategic Plan reflects the agency's commitment for the safety, health, and wellbeing of its employees.
  - B. Employees are responsible for managing their health in a manner that allows them to perform their job functions safely and should immediately notify their supervisor, Unit Head, and/or Human Resources if they cannot perform the expected job duties of their assigned position.
- II. Work/Life Balance
  - A. The DOC is committed to helping employees establish a healthy work/life balance.
  - B. During employee onboarding/orientation Human Resource Officers will:
    1. Ensure employees are aware of available resources, programs, and benefits for helping them balance work and life demands more effectively; and
    2. Be flexible, to the extent possible under established policy and procedure and in consideration of employees' positions and nature of their work, to identify and implement workable solutions that meet both the needs of the agency and employees.
  - C. Work/Life Balances programs and benefits include:
    1. Workplace Coaching
    2. Parents in the Workplace
    3. Financial Wellness Program
    4. CommonHealth
    5. Weightwatchers
    6. Smartshoppers Program
    7. Public Service Student Loan Forgiveness
    8. Tuition Assistance. See Operating Procedure 165.3, *Tuition Assistance and Educational Leave*.
    9. Paid and unpaid leave. See Operating Procedure 110.1, *Hours of Work and Leaves of Absence*.
    10. Telework for eligible employees. See Operating Procedure 110.5, *Telework*.
    11. Alternative work -schedules for eligible employees.
- III. Employee Health and Wellness Programs
  - A. DOC encourages and supports employee participating in health and wellness programs/activities.
  - B. Employee Health and Wellness Coordinators are assigned to each region and are responsible for overseeing the DOC's employee health and wellness programs, services, and resources.
  - C. Employees may voluntarily participate in DOC sponsored health and wellness programs during work hours as business operations allows.



- D. Participation in DOC sponsored health and wellness programs are open to all employees regardless of whether enrolled in the group state health plans. Evidence demonstrates that participation in health and wellness programs promotes the health and wellbeing of employees; however, all participation is completely voluntary on the part of the employee and is not considered as part of an employees required job duties. Non-participation is not a contributing factor in determining an employee's eligibility for state benefits.
- E. Health and wellness programs will focus on employees' holistic wellbeing by implementing programs on the dimensions of wellness, i.e., emotional, financial, intellectual, physical, occupational, social, spiritual, and environmental.

#### IV. Employee Assistance Program (EAP)

- A. Administrators and managers recognize that a variety of personal problems can disrupt employees' personal and work lives. Sometimes employees need professional assistance and advice such as that provided through the Department of Human Resource Management (DHRM) *Employee Assistance Program*. (5-ACI-1C-24; 4-APPFS-3E-14; 2-CO-1C-25; 1-CTA-1C-13)
- B. All DOC employees enrolled in health plans have access to confidential and voluntary assistance through the EAP.
- C. EAP counselors are available to assist employees with problems related to the following:
 

1. Alcohol	9. Mental Health
2. Drugs	10. Childcare
3. Family	11. Elder Care
4. Gambling	12. Grief
5. Health	13. Spouse/Child/Parent Abuse
6. Legal	14. Workplace
7. Financial	15. Career Planning
8. Housing	16. Retirement
- D. Participation in the EAP does not jeopardize an employee's job security or promotional opportunities.
- E. Participation in the EAP does not excuse the employee from following DOC procedures or meeting required standards for satisfactory job performance.
- F. Accessing the Employee Assistance Program
  - 1. All state employees enrolled in state health plans, including their eligible family members, have access to the EAP.
  - 2. Eligible participants are granted up to four sessions at no charge.
  - 3. In general, care through the EAP must be authorized in advance.
  - 4. The employee or eligible employee's dependents will speak to an EAP specialist who will assess the problem and coordinate assistance.
  - 5. If the problem requires mental health or substance abuse care, the employee or eligible dependents will be referred to a provider, under the participant's mental health and substance abuse benefit.
  - 6. The Employee Assistance Program may be reached 24 hours a day.
  - 7. The EAP specialist or care manager will arrange a referral according to the specific needs.
  - 8. Employees who have enrolled in healthcare benefits through the Commonwealth of Virginia should contact their health plan's Member Services department for more information. Reference the following table.

Commonwealth of Virginia - Health Care Plans	
<p><b>COVA Care and COVA HDHP</b>  <b>Anthem Blue Cross and Blue Shield</b>                      Member Services: 1-855-223-9277                      www.anthemep.com</p>	<p><b>COVA HealthAware</b>  <b>Aetna</b>                      1-888-238-6232                      www.mylifevalues.com</p>
<p><b>Carelon Behavioral Health</b>                      (866) 517-7042 (toll free)                      www.achievesolutions.net/kaiser</p>	<p><b>Sentara Health Plans Vantage HMO</b>                      800-899-8147  <a href="https://www.sentarahealthplans.com/group-pages/cova/eap">https://www.sentarahealthplans.com/group-pages/cova/eap</a>                      username = COVA</p>

9. Employees who have waived healthcare benefits through the Commonwealth of Virginia should contact their Human Resource Officer (HRO) or the Employee Health and Wellness Team for available resources.
10. Under certain circumstances, employees may choose or be required to contact the EAP Services before leaving the work site. If this occurs, the HRO or other Human Resources staff member will provide the employee with a confidential space, ensuring privacy, to call EAP.
11. Civil and Work-Related Leave will be granted for the employee’s first meeting with the EAP health care provider.
  - a. After the first visit, absence from work for treatment or assistance to which an employee has been referred by the Employee Assistance Program will be charged to an employee's accrued leave, as appropriate, or to leave without pay if the employee does not have adequate accrued leave.
  - b. If it is determined by the treating health care provider that the employee should be absent from work, the employee must comply with the requirements for requesting leave outlined in Operating Procedure 110.1, *Hours of Work and Leaves of Absence*.

**G. Referral to the Employee Assistance Program**

1. Full-time, classified employees and eligible dependents may refer themselves to the Employee Assistance Program.
2. When an employee’s job performance or attendance is unsatisfactory or there appears to be signs of other challenges during the workday that impact the employee’s ability to conduct themselves in a safe and satisfactory manner, the supervisor may refer the employee to the Employee Assistance Program to assist in resolution of the challenge. This referral by the supervisor should be made in consultation with Human Resources.
  - a. The supervisor should counsel the employee in consultation with the HRO to resolve the situation.
  - b. If the employee appears to be unable or unwilling to correct the situation, or if the employee communicates, they are having difficulty dealing with personal challenges affecting their work or personal life, they may be referred to the EAP if the issue is job-related and consistent with business necessity. A formal referral is not mandatory and does not result in disciplinary action for noncompliance.
  - c. Referral to the Employee Assistance Program or comparable program will always occur with the employee’s consent.
3. Self-Disclosure
  - a. Employees, who have an alcohol or drug abuse problem, may voluntarily inform their supervisor, Organizational Unit Head, or HRO prior to being ordered to report for alcohol or other drug testing; see Operating Procedure 135.4, *Alcohol and Drug Testing*.
  - b. If an employee self-discloses to their supervisor, the supervisor must then notify the Organizational Unit Head and HRO.



- c. Upon making this information known, the Human Resource Officer will contact the Benefits Manager in the Office of Human Resources at DOC Headquarters to refer the employee to EAP.
- d. Probationary employees who disclose that they have an alcohol or illegal drug usage problem may have their probationary period extended for an additional six months.

#### V. Fit for Duty

- A. An employee is expected to perform essential job functions in a safe and effective manner, and to discuss with their supervisor any circumstances that may impact their ability to do so.
- B. In extreme cases when there is objective evidence that the employee may not be able to perform their job without endangering the health and safety of themselves or others, the DOC may remove the employee from the workplace pending confirmation from a licensed health care provider (HCP) that the employee is fit for duty. In these circumstances, the Organizational Unit Head in consultation with the HRO must contact the DOC Benefits Manager or designee to refer the employee for a fitness for duty evaluation.
- C. Upon receiving a referral for a fitness for duty evaluation, the DOC Benefits Manager will:
  1. Review any objective evidence that led to the referral for evaluation.
  2. Determine whether a fitness for duty evaluation is warranted.
  3. Work with the employee to select the appropriate HCP to perform the evaluation.
  4. Notify the employee in writing if an evaluation is necessary.
  5. Review results of the evaluation and determine what, if any, action is appropriate.
- D. Before the employee returns to work, the HCP must:
  1. Evaluate an employee's physical, emotional, or mental capacities to determine their ability to perform the essential job functions of their job.
  2. Provide documentation specifying the employee can return to work and effectively perform their job duties in a safe manner without posing a safety risk to themselves or others.
- E. If the HCP determines the employee may not return to work or may return to work with limitations, the documentation must indicate the duration of the disability and the employee's limitations in need of accommodation. In these circumstances, the Organizational Unit Head or HRO, with the assistance of the DOC Benefits Manager, must engage in the interactive process with the employee to determine what, if any, accommodation should be provided; see Operating Procedure 150.3, *Reasonable Accommodations*, for further guidance.
  1. An employee must be allowed to return to work if the HCP provides sufficient documentation, as outlined above, indicating the employee is fit for duty.
  2. If documentation from the HCP is insufficient, the DOC Benefits Manager, with appropriate consent from the employee, should contact the HCP to explain any insufficiencies and allow the HCP a reasonable opportunity to provide missing or additional information.
- F. Second Opinion
  1. An Organizational Unit Head, in consultation with the HRO, may request a second opinion when there is reason to doubt the validity of the initial evaluations results certifying an employee's fitness to return to work, or when the DOC continues to receive insufficient documentation after reasonable attempts by the DOC Benefits Manager to get clarification as identified above.
    - a. The request for a second opinion must be made to the DOC Benefits Manager.
    - b. If there is reasonable belief the employee is unable to perform the essential functions of the job or poses a direct threat to their own safety or the safety of others, the DOC Benefits Manager will select an independent medical examiner (IME) to provide the second opinion.
    - c. The employee must be restored to work pending the second opinion on the fitness for duty



certification.

- G. The employee's organizational unit is responsible for the cost of an evaluation/assessment.
- H. Employee absences from work pending evaluation results are considered paid civil/work-related leave through receipt of the completed assessment report from HCP. Afterwards, the employee must use their personal leave to be compensated while receiving further treatment requiring an absence from work.
- I. The employee must undergo the fit for duty evaluation within two weeks of the referral date, unless there are extenuating circumstances outside the control of the employee that are approved by the DOC Benefits Manager or designee.
- J. Non-compliance with a request for a fit for duty evaluation, including a referral for second opinion, may result in disciplinary action.
- K. The fit for duty evaluation process is not intended to be a substitute for sick leave requests, workers' compensation claims, performance management, or disciplinary action. Supervisors should continue to address performance problems through the performance management process and implement corrective or disciplinary action as appropriate, see Operating Procedure 145.2, *Employee Performance Management*.

## VI. Critical Incident Stress Management (CISM) Program

### A. Purpose

1. In accordance with COV 32.1-111.3 - *Statewide Emergency Medical Services Plan; Trauma Triage Plan; Stroke Triage Plan* the DOC establishes and maintains the Critical Incident Stress Management (CISM) Program a process for crisis intervention and peer support services for public safety personnel, that ensures statewide availability and accreditation of critical incident stress management or peer support teams and personnel.
2. The CISM Program will operate as part of the DOC Employee Health and Wellness Team; whose goal is to promote health and wellness programs for agency employees.
  - a. The effort to establish the CISM Program as a nationally recognized critical incident response process that provides support directly and indirectly to DOC employees involved in critical incidents to help those individuals cope as effectively as possible, by providing on-scene and follow-up peer support services will be overseen by the CISM Agency Coordinator.
  - b. A goal of the CISM team is to help staff either directly or indirectly involved in a critical incident cope as effectively as possible with their reactions to the incident in a healthy and positive manner by providing on-scene peer support services and follow-up support services during the staff member's readjustment period.
  - c. Staff issues, such as lay-offs, facility closing, death of a family member, unless the family member is also staff, etc. should be referred to the Employee Assistance Program (EAP) or to other state or DOC resources.
  - d. Staff who fear retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment and need or request emotional support services should be referred to the EAP. (§115.67[b], §115.267[b])

### B. Organizational Structure

1. The Agency CISM Coordinator - The DOC Senior Employee Health & Wellness Coordinator will serve as the Agency CISM Coordinator. Responsibilities include but are not limited to; the appointment, removal, and deployment of CISM Team Members. In addition, will establish and maintain minimum training requirements, schedule required trainings, meetings, and will maintain training records and documents.
2. Regional CISM Coordinators - The ROC of each region will designate a staff member to serve as the



Regional CISM Coordinator. The Regional CISM Coordinator will be responsible for assisting with the coordination of CISM training and operational activities in response to a critical incident within their assigned region.

3. CISM Team Member - CISM certified DOC employees who respond to critical incidents as assigned by the Agency CISM Coordinator and Regional CISM Coordinators.
4. CISM Committee - Will be comprised of the following DOC positions, Agency CISM Coordinator, and the three Regional CISM Coordinators.
  - a. This committee is responsible for the development, implementation, and training of the CISM program and its members.
  - b. Committee members must complete and maintain ICISF training and certification in basic group crisis intervention and assisting individuals in crisis.

#### C. Selection

1. DOC Staff who wish to apply must submit their application, Attachment 1, *CISM Application*, requesting to serve as a voluntary member of the CISM Program in writing to their Unit Head.
  - a. The Unit Head will review the request and, if approved, will submit the staff member's application to the CISM mailbox at [CISM@vadoc.virginia.gov](mailto:CISM@vadoc.virginia.gov).
  - b. A panel consisting of the Agency CISM Coordinator, and at least two of the three Regional CISM Coordinators or an existing CISM team member designated by the Agency CISM Coordinator will approve the selection new CISM Team members.
2. CISM Team Members will be determined by Agency and Regional CISM Coordinators based upon a voluntary application process consisting of qualifications/skillsets that align with other accredited CISM programs (to be established by the committee). Team Members Qualifications, will include, but are not limited to:
  - a. Must complete application for Critical Incident Stress Management Team.
  - b. Must have a minimum of three years correctional experience with no disciplinary infractions for at least one year.
  - c. Must complete and maintain ICISF training and certification in basic group crisis intervention and assisting individuals in crisis.
  - d. Applicants should possess a clear understanding of the program purpose, objectives, and guidelines.
  - e. Applicants must have a positive reputation among their peers and supervisors.
  - f. Applicants should have a sincere desire to assist their fellow staff and be willing to respect and maintain confidentiality.
  - g. Applicants must be willing to respond to:
    - i. Emergency callouts.
    - ii. Scheduled training.
    - iii. Scheduled meetings.
    - iv. Requests for unforeseen services as directed by the Regional CISM Coordinator.

#### D. Training and Meetings

1. The CISM Team Members must attend the International Critical Incident Stress Foundation (ICISF) Individual and Group Training prior to providing services. NOTE: The use of ICISF techniques is to be utilized only in the role of a CISM Peer Team Member.
2. Each CISM Team member is required to complete the following basic intervention training:
  - a. Assisting Individuals in Crisis
  - b. Group Crisis Intervention
3. All members must meet at least quarterly to discuss mutual issues and concerns, review team activities



and update any training as needed. To remain in good standing, all CISM team members must participate in two of the four quarterly meetings annually, or otherwise meet required training as accepted by the CISM Committee.

#### E. Activation

1. Any staff member who becomes aware of a critical incident is encouraged to notify a supervisor, or the Human Resource Office (HRO).
2. Upon learning a staff member has been involved in a critical incident, the supervisor and/or HRO will notify the Organizational Unit Head or designee. The Organizational Unit Head or designee will immediately inform the ROC.
  - a. When requesting CISM activation, the Organizational Unit Head or designee must provide the ROC with the following information:
    - i. Time and location of the incident
    - ii. Nature of the incident
    - iii. Services requested, i.e., On-scene Support which may include RITS (Rest, Information, Transition Services), Defusing, Debriefing, Individual Consultation, etc.
    - iv. The number of staff members directly or indirectly involved.
    - v. Contact information for staff physically injured.
3. CISM Team activation will be prompted by ROC request.
4. ROC will notify the Agency CISM Coordinator and Regional CISM Coordinator of a critical incident.
5. The Regional CISM Coordinator will activate a response of CISM Team Member(s) to the incident location for the following situations:
  - a. Employee Line of Duty death.
  - b. Employee suicide.
  - c. Employees responding to inmate deaths, as determined appropriate by the ROC.
  - d. Serious work-related injury.
  - e. Multi-casualty/Disaster/Terrorism incident(s).
  - f. Events with a high degree of threat to personnel.
  - g. Any significantly powerful, overwhelming distressing event.
  - h. Events that are prolonged and end with a negative outcome.
  - i. Any other situation that the Unit Head, or ROC deems appropriate.

#### F. Provision of Services

1. All information shared during CISM events, conducted by CISM Team members providing services, is confidential except for information that involves danger to the staff member or others and matters of a criminal nature.
  - a. Information concerning violations of operating procedures and possible criminal activity will be shared as appropriate to include notification to the Office of Law Enforcement Services; see Operating Procedure 030.4, *Office of Law Enforcement Services*.
  - b. Each CISM Team member will complete a *CISM Team Member Response Report 150\_F5* to document their notification, the services provided to the staff member, and when necessary, the disclosure of confidential information; the *CISM Team Member Response Report 150\_F5* must be submitted to the CIPS Team Leader or Assistant Team Leader within two working days. The form must also be submitted to the Agency CISM Coordinator or Regional CISM Coordinator and within two working days to the CISM mailbox at [CISM@vadoc.virginia.gov](mailto:CISM@vadoc.virginia.gov).
  - c. CISM Team members will not make or maintain any notes, recordings, or other records of information exposed during CISM activities other than the *CISM Team Member Response Report 150\_F5*.



### G. Operational Considerations

1. CISM Team members will not interfere with any on-going criminal or administrative investigations. Noncompliance with this requirement may result in referral for disciplinary action under Operating Procedure 135.1, *Standards of Conduct*.
2. This operating procedure does not interfere with the voluntary use of or referral to any other related programs or services.
3. Responding CISM Team members will be considered on duty and on special assignment.
  - a. If DOC vehicles are not available, team members may be eligible for travel reimbursement in accordance with Operating Procedure 240.1, *Travel*.
  - b. CISM Team members will be compensated in accordance with Operating Procedure 110.2, *Overtime and Schedule Adjustments*.
4. CISM members may be removed from the program at any time following formal disciplinary action or the engagement in conduct that may be deemed detrimental to the DOC or the credibility of the CISM program.

### H. Follow-Up Services

1. The CISM team will remain available to the employees and/or family members for follow-up services during the readjustment period following a critical incident.
2. Follow-up services will be provided to ensure all personnel who need or want additional support to have it.
3. Follow-up services may include, but are not limited to:
  - a. Site visits
  - b. Phone calls
  - c. Virtual meetings
  - d. Peer to Peer
  - e. Additional group sessions
  - f. Referral
4. Follow-up services may be initiated by contacting the Regional CISM Coordinator or CISM Agency Coordinator.

### I. Confidentiality and Recordkeeping

1. Personal information concerning employee participation in the Employee Assistance Program must be maintained in a confidential manner.
2. The DOC Benefits Manager will maintain records containing medical information received from independent medical examiners or any health care providers in relation to an employee's fitness for duty.
3. Access to these records must be in compliance with applicable State and DOC Procedures.
4. No information related to an employee's participation in the Employee Assistance Program or fitness for duty evaluation is entered in their personnel file.
5. All information shared during CISM Team members providing services is confidential except for information that involves danger to the staff member, others, and matters criminal in nature.
6. The Agency CISM Coordinator will maintain any records containing medical information in response to CISM Teams support. *A copy of the completed CISM Team Member Response Report 150\_F5 will also be maintained.*



## **REFERENCES**

COV 32.1-111.3 - *Statewide Emergency Medical Services Plan; Trauma Triage Plan; Stroke Triage Plan*

Department of Human Resource Management (DHRM), *Employee Assistance Program*

Operating Procedure 030.4, *Office of Law Enforcement Services*

Operating Procedure 110.1, *Hours of Work and Leaves of Absence*

Operating Procedure 110.2, *Overtime and Schedule Adjustments*

Operating Procedure 110.5, *Telework*

Operating Procedure 135.1, *Standards of Conduct*

Operating Procedure 135.4, *Alcohol and Drug Testing*

Operating Procedure 145.2, *Employee Performance Management*

Operating Procedure 150.3, *Reasonable Accommodations*

Operating Procedure 165.3, *Tuition Assistance and Educational Leave*

Operating Procedure 240.1, *Travel*

## **ATTACHMENTS**

Attachment 1, *CISM Application*

## **FORM CITATIONS**

*CIPS Team Member Response Report 150\_F5*

*CISM Team Activation 150\_F6*

