

	MEDFIELD POLICE DEPARTMENT	POLICY NO 1.04
POST-SHOOTING INCIDENT PROCEDURES		
MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED: 1.3.8		DATE OF ISSUE: 05/14/2023
ISSUING AUTHORITY: Michelle Guerette Chief of Police		EFFECTIVE DATE: 05/14/2023 REVISION DATE: 11/07/2025

I. GENERAL CONSIDERATIONS AND GUIDELINES

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 shootings resulting in death or serious bodily injury to a citizen or a fellow officer may precipitate such stress disorders. It is the responsibility of this department to provide personnel with information on stress disorders and to guide and assist in their deterrence.

The purpose of this policy is to provide guidelines that shall be uniformly applied following any officer-involved shooting incident that has resulted in death or serious bodily injury, in order to minimize the chances that involved personnel will develop or suffer from post-traumatic stress disorder.

II. POLICY

It is the policy of this department to:

- A. Take immediate action after officer-involved shooting incidents to safeguard the continued good mental health of all involved personnel.

III. DEFINITIONS

- A. **Stress Disorder:** An anxiety disorder that can result from exposure to short-term severe stress, or the long-term buildup of repetitive and prolonged milder stress. The person must have experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of one's self or others. The person's response to the event(s) will have involved intense fear, helplessness, or horror.
 - 1. **Acute Stress Disorder:** A category of stress disorder lasting for a minimum of two days and a maximum of four weeks occurring within four weeks of the event(s).
 - 2. **Post-Traumatic Stress Disorder:** A category of stress disorder in which the symptoms last more than one month.
- B. **Officer-Involved Shooting Incident:** A line-of-duty incident where shooting causes death or serious bodily injury to an officer or other person.

IV. PROCEDURES

- A. **Handling of Officers at Scene of Shooting Incident**
 - 1. A supervisor shall be dispatched to the scene of the incident, and shall assume primary responsibility in caring for involved personnel.
 - 2. The supervisor shall make appropriate arrangements for all necessary medical treatment.
 - 3. During any period where the involved officer is required to remain on the scene, but has no immediate duties to fulfill, the officer should be taken to a quiet area away from the scene of the incident. A peer counselor or other supportive friend or officer should remain with the officers, but should be advised not to discuss details of the incident.
 - 4. The supervisor should arrange for the officers directly involved in the incident to leave the scene as soon as possible, and be taken to a quiet, secure setting.

5. Where possible, the supervisor shall briefly meet with the involved officers.
 - a. No caffeine or other stimulants or depressants should be given to the officers unless administered by medical personnel.
 - b. Only minimal, preliminary questions should be asked about the incident. The officers should be advised that a more detailed debriefing will be conducted later (but as soon as possible).
 - c. Any standard investigations that will occur concerning the incident should be discussed with the officers.
 - d. The officers should be advised that they may seek legal counsel.
 - e. The officers should be advised not to discuss the incident with anyone except a personal or agency attorney, union representative, or departmental investigator, until the conclusion of the preliminary investigation.
6. The supervisor shall determine whether the circumstances of the incident require that the officer's duty weapon be taken for laboratory analysis. Where the duty weapon is taken, the supervisor shall:
 - a. Take custody of the officer's weapon in a discrete manner; and
 - b. Replace it with another weapon, or advise the officer that it will be returned or replaced at a later time, as appropriate.
7. Involved officers should notify their families about the incident as soon as possible. Where an officer is unable to do so, an agency official shall personally notify the officer's family (in person whenever feasible and practicable), and arrange for their transportation to the hospital.
8. At all times, when at the scene of the incident, the supervisor should handle the officer and all involved personnel in a manner that acknowledges the stress caused by the incident.

B. Post-Incident Procedures [1.3.8]

1. Debriefings shall be held as soon as possible after the incident. The department shall ensure that there is a debriefer on call or on-duty at all times so that someone is available shortly after an incident. Involved personnel shall be removed from line duties pending evaluation but shall

remain available for any necessary administrative investigations.

2. All officers directly involved in the shooting incident may be required to contact a department designated specialist for counseling and evaluation as soon as practical after the incident. Involved support personnel should also be encouraged to contact such specialists after a shooting incident. After the counseling sessions, the specialist shall advise the agency:
 - a. Whether it would be in the officers' best interest to be placed on administrative leave or light duty, and for how long;
 - b. Where the officers were relieved of their duty weapons after an incident, at what point they should be returned; and
 - c. What will be the best continued course of counseling
 3. The department strongly encourages the families of the involved officers to take advantage of available counseling services.
 4. Any department investigation of the incident shall be conducted as soon and as quickly as practical.
 5. The department should brief other department members concerning the incident so that rumors are kept to a minimum. Department members are encouraged to show the involved officers their concern.
 6. All personnel involved in a shooting incident should be advised that they are not permitted to speak with the media about the incident. See departmental policy on Police Media Relations.
 7. In order to protect against crank or abusive calls, officers should be advised to have phone calls answered by another person for several days if their names are released to the public.
 8. Officers directly involved in the shooting incident shall be required to complete the firearms qualification course as soon as practical.
- C. Daily Stress Recognition
1. Since some post-traumatic stress disorders may not arise immediately, or the officers may attempt to hide the problem, each supervisor is responsible for monitoring the behavior of unit members for symptoms of the disorder.
 2. Some symptoms of post-traumatic stress disorders include:

- a. A feeling of being numb;
 - b. Feeling out of touch with what is going on around them;
 - c. A feeling that this is happening to someone else;
 - d. Withdrawing and avoiding anything to do with the traumatic situation or police work;
 - e. Avoiding other people, including one's family;
 - f. Intrusive and recurring thoughts of the event and feeling that it may be happening again;
 - g. Irritability;
 - h. Sleep problems;
 - i. Difficulty in concentrating; and
 - j. Hypervigilance.
3. The Chief of Police or his/her designee may order an officer to seek assistance or counseling from a mental health specialist upon a reasonable belief that stress may be disrupting the officer's job performance.

D. Training

1. The agency shall provide employees with training pertaining to post-traumatic stress disorders and the uniform procedures contained in this policy on a regular basis.
2. Supervisors are responsible for making available to their unit members information about the agency's peer counseling group and mental health services.