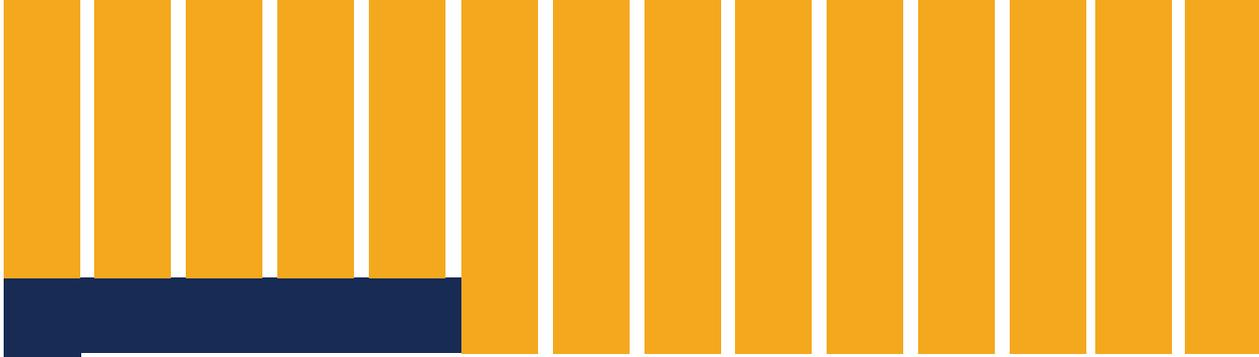




MASS VIOLENCE INCIDENT QUICK REFERENCE GUIDE



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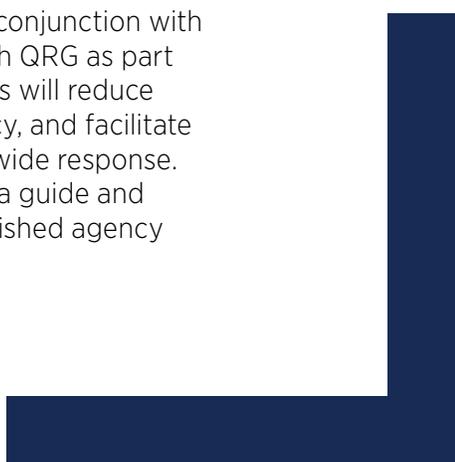
Additional Resources





Introduction

The Mass Violence Advisory Initiative (MVAI) Quick Reference Guides (QRGs) are a series of role-specific documents to aid public safety organizations in streamlining their response to mass violence events. These documents are designed to be used as concise and easily accessible templates for personnel during a response to mass violence. Each document is tailored to either a specific role or general responsibility related to mass violence response, such as a Public Information Officer or a liaison for public officials. Each QRG outlines priority tasks, recommended actions, and essential protocols. While each QRG can and should be used by the relevant individual(s) associated with the role or responsibility outlined therein, please note that they are most effective when used in their entirety and in conjunction with one another. By utilizing each QRG as part of a larger resource, agencies will reduce confusion, ensure consistency, and facilitate a coordinated, department-wide response. This resource is intended as a guide and should not supersede established agency policies and protocols.



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Things the Chief Can and Cannot Delegate

This document may be used to assist police leaders in distinguishing between tasks that must remain under the Chief's direct leadership and those that *can* or *should* be delegated, allowing the Chief to focus on strategic priorities, critical decision-making, and agency-wide leadership. Allowing the Chief to dedicate their energy to these priorities ensures unity of command, preserves public trust, and promotes an effective, coordinated response in the critical hours and days following a mass violence event. While this resource specifically addresses chiefs, the guidance herein may also apply to other police leaders, such as sheriffs, colonels, superintendents, and commissioners. This resource is intended as a guide and should not supersede established agency policies and protocols.

I. Non-Delegable Responsibilities: What a Chief *Must Do*

- Certain responsibilities must remain under the Chief's direct leadership, particularly those that shape the strategic direction, tone, and public presence of the department. These core tasks ensure credibility, build trust, and provide the steady leadership necessary in the aftermath of mass violence.

Ownership of Strategic Decision-Making and Accountability

Declare the Incident: Formally designate the situation as a mass casualty or mass violence event.

Set Priorities: Establish clear incident objectives (e.g., safety, threat neutralization, victim care)

- **Model Ethical Leadership:** Demonstrate calmness, integrity, and accountability throughout the response.

- **First Public Statements and Media Presence**
 - Serve as the face of the department:** The Chief must be the primary spokesperson of the department from the outset of the response.
 - Approve the initial press release and deliver the first on-camera statement to express empathy, provide basic verified facts, and convey that swift action is underway.**
 - Represent the department in meetings with elected officials, community leaders, and victims' families.**
- **Command Oversight and Leadership**
 - Oversee the Incident Command structure, ensuring the appropriate personnel are assigned to key roles; prevent overcrowding or overburdening the Emergency Operations Center (EOC) and Command Post.**
 - Evaluate the performance of senior staff and adjust assignments as needed.**
- **Major Resource Requests**
 - Approve engagement with federal and state partners for any external assistance (FBI, ATF, National Guard).**
 - Greenlight Critical Activations:** Make decisions regarding the activation of the EOC or regional task forces.

- **Officer Wellness Leadership**
Acknowledge the psychological toll on personnel and ensure mental health support is promptly mobilized. This sets the tone that personnel well-being is a leadership priority.
- **Transition Decisions**
Approve the shift from emergency response to the investigative and recovery phases.

Guide Healing Efforts: Champion the department's role in long-term community support and healing.

II. Delegable Responsibilities: What a Chief Can and Should Assign

Tactical Operations to the Incident Commander;

Media Management to the PIO after the initial statement(s) are made;

Family Support and Reunification to a trained Family Liaison;

Logistics and Resource Tracking to administrative staff;

Legal and Policy Review to department legal advisors; and

Critical incident or after-action review to the critical incident team.

III. Common Pitfalls and Solutions

- **Over-Delegating Core Leadership**
Coordinate and communicate regularly with lead points of contact (POC) of the ICT to ensure proper delegation of responsibilities. Maintaining primary overall oversight reinforces leadership engagement and commitment.
- **Micromanaging Tactical Operations**
Chiefs must focus on strategy and trust their command team.

Ensure that ICT command staff regularly receive ICT training.
- **Delaying Communication**
Timely communication to the public exemplifies command of a situation and may assist in calming imminent public safety concerns.
- **Neglecting Officer Wellness**
Chiefs must lead by example in caring for responders.

Provide an assortment of resources for sworn and professional staff and ensure consistent and regular messaging is shared about these available resources.
- **Failing to Anticipate Long-Term Impact**
Chiefs must look beyond the first 24 hours, anticipating investigations, litigation, political fallout, and community healing.

Create a Long-Term Impact and Response plan before a critical incident occurs, which will guide the agency through needed steps at key milestones for weeks, months, and years after an event.

Logistics

This document provides a structured approach and operational framework for chiefs or other specifically designated personnel to manage logistics and guide decision-making during a mass violence event. It ensures a coordinated response that includes critical elements such as unified command, resource coordination, scene control, and post-incident recovery, thereby sustaining operational clarity and effectiveness. This resource is intended as a guide and should not supersede established agency policies and protocols.

I. Initial Response and Command Structure

Identify and designate the Incident Commander (IC)

Establish Unified Command that Incorporates the Following:

- Police
- Fire/Emergency Medical Services (EMS)
- Local Government Agencies
- Additional Relevant Stakeholders

Assign Key Roles and Responsibilities in each of the following areas*

- Assuming Command at the Scene
- Delegation of tasks by the Chief of the primary responding agency
- Public Information Officers
- Law Enforcement and Elected Official Liaison
- Technology
- Trauma Responders
- Investigation and Case Management
- Victim Services
- Wellness and Psychological Services

**Note that the “Key Roles and Responsibilities” mentioned above are each addressed in subsequent Quick Reference Guides*

II. Initiating Briefing and Stabilization

• Life Safety Priorities

Identify and prioritize individuals at greatest risk of serious bodily harm or death.

Triage those in imminent danger, including:

- Civilians and innocent bystanders
- Police Personnel
- Suspect(s)

• Intelligence

Gather, verify, and disseminate real-time actionable intelligence

Assign dedicated intelligence officers

Maintain continuous updates as new information emerges or as the situation evolves

• Environment

Assess the physical environment, including terrain, structures, weather, and surrounding conditions

Use environmental factors to guide tactical decisions

Avoid introducing unnecessary complexity into the response

III. Scene Management and Operations

Set incident objectives

Resource Identification and Delegation

- Personnel
- Equipment
- Mutual aid

Activate Staging Areas

- Secure ingress and egress routes for:

Law Enforcement

Fire/EMS

Media

- Control Points

Secure with officers to monitor perimeters and maintain command integrity (consider support from external agencies)

IV. Tactical Considerations

Evacuations

- Implement and coordinate orderly evacuations as needed

Explosives

- Maintain standoff distance
- Establish blast radius

Hospital Coordination

- Ensure security for victims and injured officers

Create Contingency Plans

Establish Relief Cycles

- Rotate workforce to minimize fatigue

V. Sustaining Operations

Restroom Access

- Identify and communicate locations
- Utilize portable units if needed

Food and Water

- Provide hydration and meals/snacks for all personnel
- Coordinate with any volunteers or outside vendors

Shelter/Climate Control

- Provide shaded or heated areas depending on weather conditions
- Ensure rest areas are available to personnel

VI. Communication and Documentation

Set Update Intervals for the Following Groups:

- Field leadership
- Tactical teams
- Investigations
- Negotiators

Public Information

- PIO sets tone early
- Stay ahead of the media narrative

Documentation

- Capture detailed records for legal proceedings
- Ensure robust materials for After Action Review (AAR)

VII. Post-Incident Support for Agency Personnel

- **Mental Health Protocols**

Immediate support

Ongoing care

Reintegration programs

Acknowledgment

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Initial Response and Scene Management

This document outlines the critical actions and responsibilities for police and emergency personnel upon arrival at an incident scene. It provides a structured framework for establishing command, ensuring safety at the location, coordinating resources, managing communications, and handling media relations to effectively stabilize and manage a complex or critical incident. This resource is intended as a guide and should not supersede established agency policies and protocols.

I. Arrival at the Incident Scene

Assume command and immediately notify the Public Safety Answering Point (PSAP) or dispatch center of your identity and the incident designation.

Obtain available essential information about the incident, including:

- Who, what, when, where, why, how.
- Identification of any ongoing threat, including the nature and characteristics of the threat and its precise location.
- Responder force protection hazards (e.g., un-apprehended perpetrators, explosive devices, snipers, etc.) and responder safety hazards (e.g., exposed electrical wires, hazardous materials, unstable structures, vehicle traffic, etc.).
- Additional incident-related locations may extend beyond the immediate crime scene. These can include:
 - Hospitals treating victims and managing communication with loved ones
 - Police facilities serving as command posts or coordination centers
 - Investigative sites where evidence is processed
 - Secondary crime scenes connected to the incident

- Information from dispatch on resources currently present or en route to the incident scene, including Emergency Medical Services (EMS).

Use dispatch to deploy resources and implement the following:

Establishing a Perimeter: Dispatch can notify responding units, direct them to designated access points, and track their assignments to assist with establishing and maintaining inner and outer perimeters.

Detention and Identification of Persons: Dispatch can record and relay information provided by field personnel, track custody or witness locations, and coordinate requests for additional units or specialized resources.

Access Routes: Dispatch can monitor and broadcast which roads or approaches should remain open, reroute incoming responders as needed, and coordinate with local traffic or transportation authorities to maintain travel to and from staging area(s), the incident scene, casualty collection point(s), witness collection point(s), and other central locations.

II. Incident Command Post

Establish the Incident Command Post (ICP) at a central and secure location.

Ensure a representative from EMS and fire/rescue is physically present at the ICP and communicates with command personnel.

When necessary, utilize an off-site facility to support incident operations (e.g., police facilities to conduct investigative activities, designated sites for family assistance and victim support functions, a school to provide shelter services, etc.).

Use (1) incident scene depictions (maps, building floor plans, sketches, photos, etc.), (2) situation boards, (3) charts, (4) personnel accountability systems, and (5) other electronic and non-electronic methods and systems to assist in managing the incident.

Designate a person to document a chronological description of significant information and a list of tasks assigned to incident personnel.

Enforce a no-photo/video policy among all incident personnel.

III. Communications

If a staff channel has been previously established, direct dispatch to activate and utilize it at the appropriate time.

Direct incident personnel to limit transmissions and ensure all transmissions are brief, essential updates.

If needed, assign a dispatcher specifically to manage incident-related communications.

Ensure all relevant channels are monitored throughout the response process.

IV. Resource Management

Identify and activate a safe staging area, designate a staging area manager to oversee operations, and notify dispatch of the staging area's location and status.

Request essential resources for:

Police, including specialized units:

- Patrol units, detectives, on and off-duty members of SWAT, armored vehicles, K-9 Team, Field Command Post Vehicle, etc.

EMS

- If necessary, establish a landing zone and request a medivac aircraft.

Fire/rescue

District Attorney's Office (DAO) detectives and forensic services personnel

Coroner's Office (CO)

Specialized non-sworn personnel, including:

- Drone/Unmanned Aerial System (UAS) Team, Crime Scene Technician, Digital Evidence Technician, etc.

- **All responding personnel must:**

- Check in and be identified
- Be reassigned or confirmed in their current roles
- Be categorized by (1) essential skill, (2) specialized training, (3) authority/jurisdiction, (4) certification, and (5) other subject matter expertise
- The incident commander and other designated responders should be provided with an initial briefing, with subsequent updates as appropriate

V. Press and Social Media

Establish a safe, designated location for the press, including aviation resources, and coordinate to ensure they do not interfere with incident operations.

The incident commander is responsible for ensuring strict compliance with operational security procedures (such as controlling access to tactical plans, responder locations, and response strategies) and information security procedures, which include safeguarding sensitive investigative details, victim identities, medical information, and any data that could compromise the integrity of the response.

Designate a Public Information Officer (PIO) or other qualified individual to monitor press and social media activity related to the incident to identify misinformation, track emerging narratives, and provide timely updates to incident command.

Coordinate public information activities with appropriate stakeholders, including police, DAO, fire/rescue, EMS, CO, etc.

Disseminate appropriate information to the public promptly through a press release, press conference, social media, and community emergency alert systems.

Public Information Officer (PIO)

This document may be used to assist Public Information Officers (PIOs) and communication teams with general PIO responsibilities during a critical incident, including the basics of crisis communication and key considerations, the importance of preparedness, and what to prioritize after a critical incident. This resource is intended as a guide and should not supersede established agency policies and protocols.

I. Public Information Officer (PIO) Responsibilities

- **Strategic Planning and Coordination**
 - Confirm roles and responsibilities with agency leadership
 - Develop and implement a policy for information approval and release
 - Align public messaging with leadership goals and the strategic communication plan
 - Obtain authorization from the Incident Commander (IC) or designee before any media release
 - Coordinate the dissemination of emergency alerts and public safety warnings
 - Complete necessary documentation, including any forms or reports, before demobilization
 - Hold a briefing session with the IC before demobilization
- **Media and Public Engagement**
 - Conduct media briefings and prepare agency leaders or spokespeople for public remarks
 - Arrange media tours, interviews, and town hall meetings

Manage all media requests and public inquiries

Monitor media coverage and social media for accuracy

Ensure only authorized representatives use the agency's social media accounts

Tag only approved or verified social media accounts

- **Incident Communication**

Maintain up-to-date summaries and visual displays of the incident as it develops

Share updates on incident status with assigned personnel

Keep a comprehensive communications activity log

Establish approved channels of communication

II. Crisis Communications Development

- **Content Planning**
 - Gather key information: Who, What, When, Where, Why, and How
 - Tailor content by audience and platform
 - Clearly communicate what actions the public should take
 - Ensure Section 508 compliance for all written products
- **Crisis Communication Principles**
 - Express empathy

Be helpful

Use plain language

Use thoughtful word choices

Avoid clichés

Show respect

Promote action and collaboration

- Avoid speculative commentary or unverified information

Channels of Communication

- Press releases
- Social media posts
- Press conferences

IV. Pre-Crisis Preparedness

Maintain an updated contact list with work and personal numbers for key points of contact:

- Regional police, fire, and EMS agencies
- Area hospitals, airports, school districts, and universities
- Major local industries and businesses
- Diverse community and faith leaders

- **Be ready to:**

Establish a media staging area

Coordinate with other PIOs

Monitor and correct misinformation in real-time

Capture and share approved photos and videos from the scene

V. Key Priorities After a Critical Incident

Share timely, verified information that the public can easily redistribute.

Position the agency as the authoritative source of official information.

Equip the chief executive with concise messaging to deliver calmly and confidently to the public and media.

Create or follow an established Long-Term Impact/Response plan, noting key milestone moments (weeks, months, years).

Debrief with all appropriate staff for action items and lessons learned.

Do	Don't
<ul style="list-style-type: none">• Use a conversational tone on social media (“we” for agency, “you” for the audience)• Make social media information available on agency websites	<ul style="list-style-type: none">• Survey the public without necessary agency leadership approval• Copy and paste media headlines into social posts• Post unofficial information or personal social media links

III. Public Information Considerations

- **Gathering Information**

Use Reliable Sources

- On-scene command
- EOC personnel and Joint Information Center (JIC) staff
- Public inquiries and official channels
- Media monitoring and online trend analysis

Verifying and Coordinating

- Verify information with IC or their designee
- Establish key messages
- Obtain approval before public release

Disseminating Information

- Issue initial public statement with:
 - a. Basic facts
 - b. Safety assurances
 - c. Confirmation of response efforts

Law Enforcement and Elected Official Liaison

This document serves as a practical resource for individuals (sworn or nonsworn) designated to act as liaisons to city and local officials and to co-responding jurisdictions during responses to mass violence events. It outlines key responsibilities, resources, and communication strategies to ensure effective responses. The liaison plays a vital role in bridging the command staff, public safety personnel, government and community leaders, and the affected community, reinforcing interagency collaboration and ensuring clear, compassionate communication. This role is distinct, though similar to a Public Information Officer, and proper coordination between the two is vital to avoid overlap. This resource is intended as a guide and should not supersede established agency policies and protocols.

I. Roles and Responsibilities

- Pre-Planning and Agreements

Establish Memoranda of Understanding (MOU) with relevant local entities in advance to support coordinated response efforts.

Create a checklist specific to your agency with:

Contact details and communication preferences for policing partners, regional mental health and first aid teams, and key government personnel.

Location of critical resources and supplies that will be needed at the scene.

Maintain up-to-date contact lists and pertinent interagency agreements in an easily accessible format and share them with designated personnel.

Integrate liaison roles into regular training exercises, simulations, and emergency preparedness drills.

Conduct scenario-based training to familiarize staff and command personnel with communications procedures and liaison responsibilities.

- On-Scene

Clearly identify a central location for command staff to support coordination and decision-making.

- Information Sharing

- Share only confirmed and verified information with key partners, following agency protocols and in coordination with the designated Public Information Officer (PIO) or Incident Commander (IC).

II. Considerations

- Clarify roles, responsibilities, and protocols through pre-incident planning and ongoing training and exercises.
- Delegate tasks and coordinate efforts — do not attempt to manage everything independently.
- Refrain from speaking to the media without prior authorization.
- Work closely with PIOs and Victim Service providers to ensure cohesive messaging.

Victim Services

This document serves as a practical, easy-to-reference guide for victim service providers and other personnel working directly with victims in response to mass violence events. It outlines key strategies for supporting victims, coordinating resources, and promoting safety and stability. Information in this document is pertinent to both victim service coordinators and other victim service providers who report to them. Both system-based (e.g., advocates in police agencies) and community-based (e.g., advocates in community crisis centers; counselors/therapists) should be incorporated into mass violence responses. This resource is intended as a guide and should not supersede established agency policies and protocols.

I. Critical Information

- **Expect varied trauma responses and crisis reactions: fight, flight, freeze, or fawn (appease).**
- **Repetition is necessary: as appropriate, be prepared to reassure victims multiple times (e.g., that the scene is safe, that they are being relocated to a family assistance center, or that the suspect is in custody).**
- **Memory may evolve: stories can change as victims' nervous systems settle. Reassure victims that this is normal.**
- **Safety is the foundation for trust-building: victims may exhibit responses such as withdrawal, heightened fear or anxiety, or a strong focus on contacting support persons as they attempt to regain a sense of security.**

II. Communication and Humanization

Use clear, concise, calm, and compassionate language.

Co-regulate: Being calm yourself may encourage others to remain calm.

Normalize crisis reactions and reassure individuals that intense emotional responses such as shock, confusion, grief, and anger are expected and valid.

Offer calm, nonjudgmental support to reduce feelings of shame or isolation.

Ensure culturally responsive communication and language access:

Be considerate of cultural practices, beliefs, and norms during interactions;

Provide qualified interpreters when needed to ensure accurate communication, and avoid relying on family members, friends, or other victims for interpretation.

Use trauma-informed communication techniques:

- Open-ended questions encourage victims to share at their own pace;
- Affirmations recognize their strength and the difficulty of their experience;
- Reflective listening repeats back what you hear to demonstrate understanding;
- Summarizing helps clarify and organize overwhelming information; and;
- Utilizing non-verbal cues, maintaining appropriate eye contact, using a calm tone, and respecting personal space creates psychological safety for victims during interactions.

III. Resource Reminders

- Prepare and tailor referrals to trusted resources at the local, state, regional, and national levels (customize as needed):
 - Victim advocacy groups and support organizations;
 - Suicide and crisis hotlines;
 - Mental health providers;
 - Faith-based organizations;
 - Community resources: United Way, American Red Cross, Federal Emergency Management Agency (FEMA), etc.; and
 - Logistical support for surviving victims and their families
- Identify the agency point of contact (POC) you should coordinate with on scene and receive a briefing before speaking with victims.

Be prepared to answer questions:

- Family assistance: where to find the status of their loved ones, which hospital someone was taken to, how to receive updates, etc.
- Lost items: how to retrieve personal belongings (IDs, car keys, etc.)

Establish a survivor staging area for those who must remain on scene for witness statements or evidence collection and designate a family assistance and support area.

- Include water, snacks, and shelter from elements;
- Provide access to hygiene items (wet wipes, clean clothes, etc.);
- Designate private spaces for interviews and notifications; and
- Include on-site medical staff and mental health professionals when possible.

- Immediate response roles:
 - Coordinate inter-agency efforts to ensure unified leadership.
 - Participate in JIC to manage consistent messaging.
 - Use pre-prepared “go kits” with necessary forms, information sheets, and supplies for immediate victim assistance.
- Deceased Victim Identification:
 - Collaborate with police and hospitals to create accurate victim rosters.
 - Establish private areas for interviews and identification.
- Property:
 - Help return lost or damaged property.
- Privacy
 - Prioritize privacy and confidentiality in all victim communications.
 - Inform victims in advance about any limits to confidentiality, especially when sharing information with police or system-based advocates, as much of this information may become part of the case record.
 - When possible, offer victims options to speak with community-based providers who can maintain confidentiality to a greater extent than police or system-based advocates.

IV. Assessing Trauma Risk

These considerations are not intended for formal clinical assessment or detailed data collection at the scene. Instead, they serve as early indicators to help identify individuals who may need closer monitoring, additional support, or referral to behavioral health services once immediate safety and stabilization have been addressed. The purpose of identifying these indicators is to help providers prioritize support and guide appropriate referrals.

- **Risk factors:**
 - Proximity to the event (emotional or physical);
 - Pre-existing vulnerabilities (mental health conditions, intellectual and developmental disabilities, or past trauma);
 - Unmet basic needs (e.g., housing instability, food insecurity, lack of support system);
 - Elevated perception of threat; and
 - Intense, overwhelming crisis reactions.
- **Protective Factors**
 - Strong self-regulation and coping skills;
 - Access to support systems;
 - Sense of faith/spirituality or purpose;
 - Hopefulness and an orientation toward the future; and
 - Availability of support health resources/ services.

V. Behavioral Health Supports: Tiered Framework

This tiered approach outlines levels of behavioral health support based on victims' needs. It provides a simple way for providers to understand what types of assistance may be appropriate as individuals move through recovery.

- **Universal (support for everyone affected)**
 - Restore natural support systems (family, peers, community).
 - Provide psychoeducation on trauma and healing.

- **Selected (support for individuals or groups exhibiting elevated levels of distress)**
 - Small group support or psychoeducation.
 - Group crisis counseling.
 - Individual crisis intervention / psychological first aid.
- **Indicated (clinical treatment for individuals with significant or persistent symptoms)**
 - Psychotherapeutic interventions
 - Skills for psychological recovery and other long-term clinical interventions

VI. Self- and Team-Care

- **Know your limits and be cognizant of signs you may need to take a break.**
- **Support your team:**
 - Participate in agency-facilitated debriefs.
 - Encourage a culture of peer support where vulnerability is accepted.
 - For larger teams, ensure that victim services directors provide support to their own staff, rather than relying on informal support roles.
 - For more information on best practices for supporting responding personnel, see the Trauma Responders Quick Reference Guide.
- **Resilience**
 - Practice and promote healthy coping strategies:
 - Engage in hobbies, set boundaries to prevent burnout, take breaks when appropriate, etc.
 - Recognize that recovery and resilience may be a long-term process that takes days, weeks, or even months.

Wellness and Psychological Services

This document is intended for Wellness and Psychological Services professionals who support police during and after a mass violence incident. It is critical to recognize the acute stressors these responders face and to implement structured, trauma-informed care that addresses both immediate and long-term needs. This resource is intended as a guide and should not supersede established agency policies and protocols.

I. Key Stressors During a Mass Violence Incident

- Rapid escalation and mass casualties
- High volumes of conflicting information
- Media and public scrutiny, which are amplified by social media
- Physical danger and associated psychological trauma
- Confusing operational environments
- Minimal downtime and little to no decompression opportunities

II. Structured Wellness Support

- **Implementing services for trauma-informed psychological support**
 - Facilitating active dialogue between leadership and agency personnel to identify their specific needs and ensure they have continued support
 - Creating a separate space on-site for police where they can decompress and focus on their mental wellbeing
 - Ensuring that public safety telecommunications, dispatchers, and other non-sworn personnel have access to mental health services
 - Prioritizing wellness by coordinating with command staff to promote available services and accommodate staff requests
 - Developing a plan for long-term wellness for agency personnel

- **Structured wellness support can help to prevent:**

- Burnout and absenteeism
- Long-term trauma and mental health issues
- Impaired performance during and after the incident
- Disconnection from the public or compassion fatigue

Restoration and Recovery Station (R&R Station)

- **Provide a physical location for clinical, emotional, physical, spiritual, and logistical support to police and first responders during critical incidents through:**
 - Peer support and licensed mental health care
 - Chaplaincy and spiritual services
 - Emotional support animals
 - Battlefield acupuncture and massage
 - Private decompression space
 - Access to resilience resources and self-help materials
- **Services, Structure, and Key Elements**
 - Physical space and site guidelines
 - How to identify, secure, and set up a station
 - Importance of a quiet, media-free, safe space for recovery
 - Evidence-based interventions
 - Provide clear recommendations on mental health treatment approaches
 - Implement psychological first aid, trauma-informed care, and crisis counseling
 - Ensure defined roles for wellness providers working on-site

- Extended Recovery Resources for First Responders
 - Digital tools and print materials for continued use
 - Smartphone-accessible resilience applications and self-guided content
 - Guidance for referrals to community-based care
 - Tools for self-assessment, mindfulness, and long-term healing

III. Stepped Care

- **Stepped Care models attempt to align a person's needs with appropriate levels of care. As the severity of symptoms increases, so does the depth of the treatment approach and recommendations.**
- **Two-pronged assessment approach**
 - An initial assessment for sorting from least to most intensive care needs
 - Ongoing assessment for future recommendations

IV. Psychological First Aid

- **Five core elements**
 - Sense of safety: Ensure the physical and emotional safety of the individual
 - Calming: Help the individual to regain control and manage their emotions
 - Self-empowerment: Assist the individual in identifying their strengths
 - Connectedness: Facilitate social support and connections with the individual's family, friends, and support groups
 - Providing hope: Encourage a positive outlook and emphasize the possibility of recovery and growth

V. Considerations

- **First responders are not necessarily therapy patients; they may display vastly different levels of distress and interest in mental health services**
- **This is not a traditional setting, so the effectiveness of interventions will differ**
- **Time will be highly limited during a critical incident, so interventions will need to be brief, flexible, and efficient**
- **Participation must be voluntary and not compulsory**
- **Interventions should focus on intuitive techniques that have demonstrated no disruption to natural recovery processes (e.g., psychological first aid)**
- **Provide an assessment-based model of stepped care and resource referral**

Trauma Responders

This document is intended for Trauma Responders deployed to support first responders in the aftermath of a mass violence event. It is critical to recognize and address the emotional toll and vicarious trauma that may affect those involved in the response effort, including police, fire, and emergency medical services personnel, dispatchers, and other frontline staff. This resource is intended as a guide and should not supersede established agency policies and protocols.

I. Primary Roles and Responsibilities:

Support the emotional and psychological well-being of first responders during and after the initial response phase.

Assist first responders in recognizing early signs of stress, trauma exposure, and burnout, while promoting healthy coping mechanisms.

Deliver trauma-informed support that emphasizes emotional stabilization, regulation, and interpersonal connections.

Encourage voluntary engagement with mental health resources, ensuring that participation is not presented or perceived as mandatory.

Serve as a calm, confidential, and trustworthy presence offering reassurance and non-judgmental support in a high-stress environment. Facilitate access to long-term care options and resources (e.g., Employee Assistance Programs (EAPs), peer support teams, etc.).

Collaborate responses in leadership and integrate efforts under a unified command, such as a Trauma Response Branch Manager, to ensure coordinated care and seamless communication.

II. Initial Considerations:

Ensure you are trauma-informed and have undergone appropriate training before deploying in support of a response effort.

Recognize that different responders may require different types of support (e.g., peer support, time off, counseling, one-on-one vs. group sessions, etc.).

Prepare for the possibility of extended deployment, including long shifts or multi-day assignments.

Familiarize yourself with local resources in advance, including crisis lines and service providers.

Meet with the main POC for the agencies and departments responding to the critical incident and request a briefing to gather as much information as possible.

Bring a well-stocked “go kit” with culturally appropriate materials, resource lists, and psychological first aid tools.

III. Engaging with Responders

Plan your introduction ahead of time. Approach individuals with calmness, clarity, and empathy when initiating contact.

- Consider working with agency leadership to facilitate a formal introduction to all staff, where common concerns like confidentiality may be addressed.

Avoid generic or clinical phrases like:

- “How are you doing?” which may feel disconnected or superficial
 - Instead, use practical and present-focused language such as: “What do you need right now?”

IV. Key Principles During Initial Contact

- **Do NOT conduct psychological debriefings or attempt in-depth clinical processing at the scene. This is not the appropriate time or setting. Offer practical support as needed.**
- **Keep in mind that you may experience hesitation from the first responder when trying to engage with them. It is imperative to meet people where they are, but remain a visible presence and offer resources should they later decide to engage.**
- **Share basic psychoeducation on typical trauma reactions and stress responses to normalize experiences.**
- **Be aware that mandated counseling can be counterproductive. Instead, consider a required debriefing 24 to 72 hours post-incident, during which trained professionals discreetly assess responders for signs of distress and make referrals as needed.**

V. Boundaries and Ethics

- **Avoid using this time to promote services or expand your client base. Maintain a focus on immediate needs, not future engagement.**
- **Be proactive in offering follow-up:**
 - Instead of “Call me if you need to talk,” say “I will check in with you tomorrow. Does that sound okay?”
- **Demonstrate cultural humility, professionalism, situational awareness, and emotional intelligence at all times.**
- **Refrain from answering questions outside your role or scope (e.g., victim identification, official updates, etc.).**

Additional Resources

The following resources may provide additional and in-depth information on the concepts discussed in the QRGs. This content is designed for reference purposes only. The IACP does not necessarily endorse, certify, recommend, or promote any particular resource(s) included.

- [*IACPlearn: Commanding a Mass Casualty Incident: Preparation, On-Scene, and in the Aftermath*](#)
- [*Media Relations*](#)
- [*Helping Victims of Mass Violence & Terrorism: Planning, Response, Recovery, and Resources: Tools: Checklists*](#)
- [*OVC Helping Victims of Mass Violence & Terrorism: Planning, Response, Recovery, and Resources Toolkit*](#)
- [*Trauma Notification Training for Law Enforcement*](#)
- [*Helping Victims of Mass Violence & Terrorism: Planning, Response, Recovery, and Resources*](#)
- [*National Mass Violence Center*](#)
- [*Improving Community Preparedness Training and Technical Assistance*](#)
- [*IACP Officer Safety and Wellness*](#)
- [*Enhancing Officer Wellness and Resiliency in Policing*](#)

