

MINNEAPOLIS POLICE DEPARTMENT

SPECIAL ORDER



BY ORDER OF THE CHIEF OF POLICE

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TO: Distribution "A"			RETENTION DATE: Until Rescinded
SUBJECT: Manual Revision – 3-500 Injury and Illness <u>Health, Wellness, and Safety</u> 3-501 Employee Member <u>Health and Wellness</u> 3-502 Health Screening and Fitness Assessment – Sworn Employees Member <u>Medical Information, Injury, and Incident Response</u> <u>3-503 Workouts on Duty</u> <u>3-504 Peer Support</u>			APPROVED BY:

MP-8806

Introduction: Effective with the issuance of this Special Order, Section 3-500 of the MPD Policy and Procedure Manual shall be amended as follows:

3-501 Member Health and Wellness

(xx/xx/25)

I. Purpose

In fulfilling their duties, members of the Minneapolis Police Department (MPD) may expose themselves to significant danger, high stress, and a wide spectrum of human tragedy. Psychological and emotional wellness are critical to members' health, relationships, job performance, and safety.

The health and wellness associated policies define the services available to members to promote physical and mental health in day-to-day life, and during critical incidents and stressful and traumatic events.

II. The MPD Health and Wellness Philosophy

The MPD is dedicated to supporting and encouraging the improvement of the minds and bodies of its members through evidence-based practices to:

- Develop and support a workforce that is resilient, engaged, and resourceful.
- Provide comprehensive physical and emotional care to all MPD members.
- Promote psychological, emotional, and physical wellness.

- Promote serving and engaging with the community in an ethical, compassionate, and just way, free of discrimination and bias.
- Assist members who are experiencing mental health, alcohol or other drug misuse, or other behavioral health challenges.

III. Policy

- A. *[Definitions moved to end]* The Health and Wellness Unit (HWU) establishes and manages a holistic wellness framework focused on providing comprehensive resources to all members. The HWU shall provide direction, coordination, and advocacy to MPD members.
- B. The HWU shall staff an interdisciplinary team that provides comprehensive wellness and safety care to all MPD members and designated services to their dependents.

IV. Providing Member Support

The HWU maintains an Employee Support Plan dedicated to promoting the overall health, wellness, and support of MPD members and their families by focusing on five key areas:

- Physical.
- Emotional.
- Financial.
- Social.
- Spiritual.

The HWU shall seek out existing resources, create new opportunities, and respond to the evolving needs of members to provide opportunities that enable wellness in the key areas.

A. Communicating the Employee Support Plan

1. The HWU shall maintain a communication plan, which includes training supervisory staff, that defines the types of services available and encourages utilization.
2. The plan shall provide information on how the HWU informs members of the support services available, addresses stigmas, misinformation, or other potential barriers to utilizing services, and emphasizes that supporting members is integral to the City's public safety operations.

B. Types of Support

The MPD provides members and their dependents with a range of support services that seek to minimize the risk of harm from stress, trauma, alcohol and substance misuse, and mental health challenges. Types of support include:

- Readily accessible confidential mental health evaluations and counseling services.
- Peer support.
- Traumatic incident debriefings.
- Crisis counseling.
- Stress management.
- Family support services.
- Member wellness training.
- Critical and Traumatic Incident response per P&P 5-302.
- Wellness facility & services.

1. Confidential Member Counseling and Support Services

- a. All MPD members and their dependents shall have access to the following counseling services through the HWU clinical vendor(s):
 - i. Non-emergency, generalized counseling sessions with a clinician within two weeks of the request.
 - ii. Emergency counseling by a clinician within 24 hours of the request.
- b. Clinicians with specialized training in one or more of the following areas are available to all MPD members.
 - Posttraumatic stress.
 - Domestic violence.
 - Alcohol and substance use/misuse.
 - Anger management .
 - Depression.
 - Anxiety.
- c. Services provided by the MPD are culturally appropriate and attuned to all MPD member's diverse experiences and perspectives, including, but not limited to, gender identity, people of color, religious minorities, and LGBTQ+ individuals.
 - i. Members receiving services are able to provide feedback on whether the services are culturally appropriate and adapted to diverse experiences and perspectives.
 - ii. MPD shall take reasonable action to improve or change services offered, to the extent necessary, based on member feedback received.

- d. Services provided shall be consistent with the results of the annual employee health and wellness needs assessment and Employee Support Plan. The MPD will adjust service levels of clinicians where appropriate based on the annual needs assessment.
- e. Clinicians providing mental health services to MPD members shall not participate in the fit for duty evaluations.

2. Peer Support

The Peer Support Team provides confidential, one-on-one support to MPD members navigating personal or professional challenges.

- a. The MPD Peer Support Team consists of volunteer members selected based on their personal and professional experiences, their ability to maintain confidentiality, provide empathy, and build and maintain trust. The team represents a diverse range of ranks, units, and experiences within the department, both sworn and civilian. Additionally, participation requires a commitment to ongoing education and maintaining good standing within the department.
- b. By fostering mental wellness, the importance of peer-to-peer relationships, and resilience, the Peer Support Team contributes to a healthier and more supportive workplace.

3. Family Support Services

Recognizing the vital role families play in the well-being of MPD members, the HWU shall provide or connect members and their families to essential resources to help spouses, partners, children, and other family members adapt to law enforcement life.

- a. Services include:
 - Regular support group meetings.
 - Academy orientation nights.
 - Referrals to legal consultation/mediation, career resources, and childcare.
- b. These programs offer education, peer connections, and access to additional support as needed.

V. Annual Re-Assessment of Member Support Services

- A. The HWU shall annually assess its health and wellness services to ensure access to adequate support.
- B. The assessment shall identify deficiencies and opportunities for improvements, implement appropriate improvement measures, and evaluate the effectiveness of measures taken.

- C. The HWU will also seek input from MPD members on current services provided and those that are not currently provided but should be considered.
- D. As part of the annual re-assessment, the HWU shall provide a written report to the Chief, Mayor, and City Council, through their chain of command, that includes, to the extent legally permissible:
1. Anonymized data regarding health and wellness services provided to MPD members.
 2. How long it takes members requesting counseling services to receive them.
 3. Other metrics related to the quality and availability of health and wellness services.
 4. Resource, training, and policy recommendations necessary to provide services to members that reasonably address their identified needs and comply with the Employee Support Plan
- E. The report shall not contain any personally identifiable information.

VI. Definitions

Clinician: Licensed mental health professionals employed, directly or by contract, by the City or MPD to provide mental or behavioral health services to members.

Dependents: Someone who relies on the MPD member for care or support. This can include a spouse, domestic partner, child, legally adopted or foster child, and an adult child with a disability, or situations where the MPD member is the legal guardian.

Identifying Information: Includes the person's name, address, date of birth, gender, parent's or guardian's name regardless of the age of the person, and other nonclinical data which can be used to uniquely identify a person. (MN State statute 144.291)

Posttraumatic Stress: A behavioral and psychological condition or injury that develops after experiencing an event that a person identifies as a threat to their life and/or their safety. This includes either experiencing or witnessing the event.

Trauma: An emotional response that results from exposure to an incident or series of events that are frightening, distressing, or life threatening with lasting effects on a person's or community's functioning and mental, physical, social, emotional and/or spiritual well-being.

Traumatic Incident: A single event, or series of events that may have a significant psychological and emotional impact on the mental health and well-being of a person, potentially leading to conditions such as posttraumatic stress (PTS), depression, anxiety, and/or substance misuse. Examples of traumatic incidents related to police work include, but are not limited to:

- A member being assaulted or seriously injured in the line-of-duty.
- Unsuccessful attempts at lifesaving efforts (CPR, suicides, fires, etc.).

- Observing violent acts of assault on a person.
- Exposure to victims with serious, life-threatening injuries or death.
- Exposure to a child, elderly, or vulnerable adult victim(s) of abuse, neglect, or violence.
- Members negatively impacted by a First Amendment event or civil disturbance.

3-502 Member Medical Information, Injury and Incident Response (11/01/11) (xx/xx/xx)

I. Purpose

This policy sets forth procedures to define how the MPD ensures privacy of medical information and member health and safety while navigating the physical and emotional impacts of the job.

II. Policy

It is the policy of the MPD to build trust with members by handling sensitive information appropriately and complying with all applicable state and federal laws and City of Minneapolis policies regarding member injury, illness, and leaves of absence.

III. Medical Information

A. Privacy and Disclosure of Member Information

Each member's health and wellness information, including medical, clinical, wellness, and other reasonably assumed confidential information is categorized as private data on individuals, is not public data, and is protected from unauthorized disclosure under the Minnesota Government Data Practices Act, Mn Statutes section 13.02.

1. Medical Information

- a. Medical information shall be shared only with MPD supervisors who have a need to know.
- b. Health records and medical information shall be kept private and will be shared only within the necessary chain of command, and the Health and Safety Coordinator (HSC), when pertinent to job performance.
- c. Documented permission must be obtained from the affected member, or their designee, prior to disclosure, outside those with a need to know.
 - i. Members shall not share confidential or private information about another member's medical event or treatment, including status or condition, via e-mail, squad computer, radio, or in-person.

- aa. General information about an injury or illness that is directly related to a member's official job duties may be shared on a need to know basis, but no additional, unnecessary details about the specific condition.
- d. All member medical documentation shall be held only in the member's medical file and maintained by the HSC.
- e. Medical-related documentation provided to supervisory personnel shall immediately be forwarded to the HSC.
 - i. No member medical documentation shall remain in station/unit files.
 - ii. If medical documentation is digitally forwarded, source documentation must be sent to the HSC, returned to the member, or destroyed.

2. Clinical Information

- a. All clinicians must adhere to mandated reporting requirements and shall advise those seeking services of any limitations to confidentiality and clinical information prior to the start of counseling. Limitations include:
 - Reasonable suspicion of child abuse.
 - Reasonable suspicion of elder abuse.
 - A clear and substantial risk of imminent, serious physical injury or death to self or others.
 - When a member requests that their information be released.
- b. No identifying information shall be shared with MPD related to accessing counseling services. All members who seek counseling shall receive a confidentiality form with their rights to privacy.
 - i. This does not prohibit the MPD from receiving aggregate data about counseling, such as total number of visits, that does not identify individual members.
- c. To best assist members seeking health and wellness services, the HWU may need to consult with other MPD members to facilitate the most appropriate support. When consultation outside of the HWU is necessary, the HWU shall ensure a minimal amount of personally identifiable information is shared. Written consent shall be obtained prior to sharing identifiable information outside the HWU.
- d. Clinical documentation, including counseling notes, shall be managed by the clinician, their agency's policies, and applicable regulations.
 - i. To maintain and build trust with MPD members seeking counseling, no clinical documentation shall be shared with the HWU unless written consent is gained directly from the member, or pursuant to the limitations to confidentiality.

3. Leaves

- a. Any request for leave shall be treated as private and in accordance with the MPD and City policy and labor agreements. All members who are aware of a leave request shall not share related information unless required to facilitate the leave's approval or use.
- b. A member may be required to submit multiple copies of the same paperwork to facilitate a leave.
- c. Any other health or medical related notification/documentation not described in this policy, (such as those for Family Medical Leave or Worker's Compensation) are independent processes and will not necessarily fulfill the notification requirements listed below.

4. Member Protections

- a. Retaliation of any kind, across all ranks, is prohibited against members who seek any support services or resources.
- b. Anyone who obtains knowledge of, or access to, member information listed in this policy shall adhere to privacy requirements in perpetuity. Violations may result in discipline.
- c. A member has the right to a Federation representative being present in all meetings.

B. Medical Notifications

The HSC and the affected member's Inspector or Commander shall be notified in the following circumstances:

1. Member hospitalizations.

- a. Includes any inpatient admission to a hospital, chemical dependency, or mental health facility, voluntary or otherwise.
- b. The affected member or the member's designee shall notify the member's supervisor as soon as possible.
- c. The supervisor shall immediately notify the MPD HSC, the Chief, and the affected member's Inspector or Commander and provide the following information:
 - i. Affected member's name, badge number, and assignment.
 - ii. Affected member or the member designee's contact information to discuss any applicable or necessary forms, work status, retrieval of city-owned equipment and firearm collection, etc.

- iii. Anticipated length of incapacitation from normal job duties.
2. If a member is unable to perform their essential job functions due to a medical condition:
 - a. The affected member shall notify their immediate supervisor prior to returning to work.
 - b. The affected member's supervisor shall notify the MPD HSC and, if necessary, other supervisors in the affected member's chain of command.
 - c. Via the Report of Work Ability form, the member's condition shall be provided to the HSC and made available to the member's supervisor, as necessary.
3. A supervisor has reason to believe a member has a medical condition that may adversely affect the member's work performance or prevent the member from performing their essential job functions.

IV. Incident and Event Responses

The City shall offer to all MPD members clinically appropriate and readily accessible mental health services before returning to full duty following a traumatic event or critical incident

MPD shall Require that these services be mandatory for an officer when:

- Directed by the Chief.
- Required by the Federation labor agreement.
- and/or Pursuant to P&P 7-810.

A. Critical Incident Wellness Response

In order to support MPD members through critical incidents, the HWU will activate the comprehensive response plan for each critical incident. The plan focuses on providing care for the member's wellbeing, primarily through mental health support.

1. Involved Members
 - a. Pursuant to P&P 7-810, immediately following notification of a critical incident, staff from HWU shall coordinate the wellness response to provide support to involved members.
 - b. Within 24 hours, an HWU member shall contact all members involved in the critical incident to do a general check-in, offer personal mental health resources, and to share the return to duty process.
 - c. Within 48-72 hours, an HWU member shall contact each involved member to assist with the equipment and/or uniform replacement process.

- d. Within 72 hours, if practicable, but not to exceed 7 days, a Critical Incident Stress Management (CISM) facilitator shall provide a critical incident stress debriefing to involved members who would like to participate.
2. Affected members may receive separate debriefing sessions after a critical incident, coordinated by the HWU.

B. Traumatic Incident Wellness Response

MPD understands that in the line of duty, members are exposed to extreme circumstances, including trauma. The events on this spectrum may affect each member differently. In some cases, it may be profound and pose a risk to the member or community for the affected member(s) to stay on duty.

1. In cases where a traumatic incident causes significant disruption to the affected member's wellbeing, the HWU shall activate the Traumatic Incident Response Plan.
2. It shall be the responsibility of an affected member, all supervisors, and peers who become aware of a member affected by a traumatic incident to notify the HWU.
 - a. A traumatic incident or event may be determined by the affected member or a supervisor and documented with the HSC.
 - b. A supervisor shall grant an administrative leave of up to one workday.
 - c. The Chief, or the Chief's designee, may grant an administrative leave greater than one workday if requested, upon consultation with the HWU and affected member.

V. Injuries and Illnesses

A. Work-Related Injuries

Members injured while at work may be eligible for Worker's Compensation benefits. Sworn members may also be eligible for Injured on Duty (IOD) benefits.

1. Members may be responsible for medical expenses incurred if Worker's Compensation procedures are not followed and/or Workers Compensation does not accept the claim.
2. An MPD member injured while at work shall:
 - a. Seek a medical examination, if appropriate.
 - i. The member may be seen by the MPD's healthcare provider or their own healthcare provider.
 - ii. In an emergency, the member should seek medical treatment at the nearest medical facility.

- b. Complete an injury report through the online Event Reporting System.
 - c. Comply with the Checklist for Work-Related Injury.
 - d. Provide a Report of Work Ability form, completed by a physician/healthcare provider, to their supervisor, Inspector or Commander, and the HSC.
 - e. As work restrictions change or expire, members shall provide updated Report of Work Ability forms, completed by a physician/healthcare provider, to their supervisor, Inspector or Commander, and HSC until the member is cleared to return to work with no restrictions.
3. Supervisor responsibility:
- a. Ensure an injury report has been filed and reviewed, once received.
 - i. If the injured member is unable to complete the injury report, the supervisor shall complete it.
 - b. Comply with the Checklist for Work-Related Injury.
 - c. Immediately forward all medical documentation received to the HSC.
4. HSC Responsibility:
- a. Make any IOD determinations. Supervisors cannot make an IOD determination.
 - b. Document the injured member's election of IOD benefits at the time of injury.
 - c. Enter the member's hours as IOD in the time keeping system.
 - d. Ensure compliance with all checklists, reports, and physician orders.

VI. Requirements for Returning to Work

A. Return to Duty Program

- 1. When a member is on limited duty for longer than 60 days, they shall work with the Training Unit to determine what training or evaluation shall occur, prior to returning to full duty.
- 2. Members shall meet with an HWU staff member to receive general wellness support. The HWU member will provide support services, referrals, and resources as requested by the member.

B. After Injury/Illness

1. Prior to returning to work on full or limited duty, members may be referred to the MPD's healthcare provider by the HSC.
2. A referral may be made to MPD's healthcare provider in the following circumstances
 - a. The member has had any major illness or injury or major surgery.
 - a. The member has been off-duty due to illness or injury for thirty calendar days or more.
 - b. The member has been away from work, even for one day, for any diagnosed cardiac condition.
 - c. The member has been away from work for any bone fracture, joint injury, back injury, or concussion related symptoms.
 - d. The member has been placed on restrictions for more than seven calendar days by their personal healthcare provider.
 - i.
3. *[Section consolidated to above]* The HSC may direct members returning to work after an absence caused by one or more of the circumstances outlined above, to have a Report of Work Ability completed by their physician in addition to, or in lieu of, a referral to the MPD's healthcare provider.
4. The affected member shall not be allowed to return to work unless approved by their Inspector or Commander, and the HSC, after a review of any necessary medical documentation has been completed.

C. Limited Duty

A member with work restrictions, verified by a physician, may be reassigned temporarily to a limited duty assignment.

1. Determining Limited Duty Assignments
 - a. In coordination with the HSC, the Precinct Inspectors or Division Commanders, shall be responsible for identifying a limited duty work assignment that meets the affected member's work restriction, respective to their precinct of unit operations.
2. Member responsibility when requesting a limited duty assignment
 - a. Notify their immediate supervisor, inspector, or commander, and the HSC prior to returning to work.

- b. Provide all forms and statements necessary to substantiate work limitations/restrictions to their supervisor, Inspector or Commander, and the HSC.
 - c. Provide Report of Work Ability forms requested by the supervisor and HSC.
 - d. During the period of the temporary reassignment, the affected member is expected to perform the duties of the limited duty assignment; and
 - e. Sworn members working a limited duty assignment shall not work off-duty employment. (See P&P 3-801, Off-Duty Employment.)
- 3. Supervisor responsibility related to limited duty members
 - a. Ensure the affected member does not work outside their limited duty restrictions or engage in any off-duty employment, pursuant to restrictions in P&P 3-801.
 - b. All medical or mental health related limited duty assignments must be reviewed by the HSC and approved by the affected member's Inspector or Commander.
 - c. Forward all medical documentation received to the HSC and the member's Inspector or Commander.
- 4. The HSC will coordinate with the MPD healthcare provider, the appropriate supervisors and worker's compensation to monitor limited duty personnel and ensure work restrictions indicated by the healthcare provider are met.
- 5. Work restrictions as the result of a non-work-related injury may be reassigned temporarily to a limited duty assignment.
 - a. If the affected member is not ready to return to full duty without restrictions within a reasonable timeframe, as determined in coordination with the affected member and command staff, MPD may terminate the limited duty assignment and offer the member a medical layoff.
- 6. A member that is working outside of the scope of the modified work assignment may be subject to discipline.

D. Medications and Supplements

Each member is responsible for reporting to work capable of performing the essential duties of their job.

1. Medications

- a. A member who is taking prescription and/or over-the-counter medication(s), which they have been informed, or are otherwise aware, have side effects with the potential to impair job performance or affect their ability to fully and safely perform all the

requirements of their job duties, shall notify their supervisor, Inspector or Commander, and the HSC, in writing prior to the beginning of their next assigned shift.

- b. The notification shall contain the known side effects and the intended period of use.
 - i. If a question exists regarding a member's ability to safely and effectively perform their essential job functions while using such medications, clearance to work from a qualified physician may be required.
 - ii. The supervisor shall contact the HSC for assistance in determining any duty restrictions and identifying the appropriate alternate duty for the member.
- c. The member may be temporarily reassigned, if needed.

2. Performance Enhancing Substances

- a. MPD officers using any type of performance enhancing steroid, without a legal prescription, shall report such use to the HSC. The officer shall have a fitness for duty evaluation in accordance with the Federation labor agreement.
3. If the MPD determines that a member failed to make the appropriate notifications regarding medication or substance use, disciplinary action may be taken.

VII. Definitions

Affected Member: A member who has experienced or been impacted by a critical incident, traumatic event or other work-related stressor.

Clinician: Licensed mental health professionals employed, directly or by contract, by the City or MPD to provide mental or behavioral health services to members.

Confidential Data on Individuals: Data made not public by statute or federal law applicable to the data and are inaccessible to the individual subject of those data. (Mn. State Statute 13.02 Subd. 3)

Critical Incident: An incident involving any of the following situations occurring in the line of duty:

- The use of Deadly Force by or against a Minneapolis Police Officer.
- Death or Great Bodily Harm to an officer.
- Death or Great Bodily Harm to a person who is in the custody or control of an officer.
- Any action by an officer that causes or is intended to cause Death or Great Bodily Harm.

Dependents: Someone who relies on the MPD member for care or support. This can include a spouse, domestic partner, child, legally adopted or foster child, and an adult child with a disability, or situations where the MPD member is the legal guardian.

Essential Job Functions: The fundamental duties of a position.

Fitness for Duty Evaluation: Department-ordered examination to evaluate whether a member is able to perform the essential job functions.

First Amendment Event: Any gathering at which individuals are engaging in activity protected by the First Amendment of the United States Constitution. These include, but are not limited to, marches, protests, and other assemblies, whether scheduled or spontaneous.

Health Record: Any information, whether oral or recorded in any form or medium, that relates to the past, present, or future physical or mental health or condition of a member (MN Statute Section 144.291 Subd. 2(c)).

Identifying Information: Includes the person's name, address, date of birth, gender, parent's or guardian's name regardless of the age of the person, and other nonclinical data which can be used to uniquely identify a person. (MN State statute 144.291)

Involved Member: A member who appears to have engaged in conduct constituting a critical incident.

Limited Duty: A temporary work assignment as the result of the affected member not being able to perform their essential job functions, according to a health care provider. Also known as "light duty."

Medical Event or Treatment: Any physical care, treatment, or diagnosis, beyond first aid, a member may receive, or any mental health care or treatment.

Medical Information: Medical Data collected because an individual was or is a patient or client of a hospital, nursing home, medical center, clinic, health or nursing agency including business and financial records, data provided by private health care facilities, and data provided by or about relatives of the individual (MN Statutes section 13.384).

Member's Designee: The person acting as a liaison between the MPD and the affected or involved member.

MPD Healthcare Provider: The occupational medicine clinic selected by the MPD (City doctor).

Need to know: When a person's official duties require them to have access to sensitive, private, personal, and/or confidential information.

Not Public Data: Any government data classified by statute, federal law, or temporary classification as confidential, private, nonpublic, or protected nonpublic. (Mn. State Statute 13.02 Subd. 8a.)

Posttraumatic Stress: A behavioral and psychological condition or injury that develops after experiencing an event that a person identifies as a threat to their life and/or their safety. This includes either experiencing or witnessing the event.

Private data on individuals: Data made by statute or federal law applicable to the data: (a) not public; and (b) accessible to the individual subject of those data. (Mn. State Statute 13.02 Subd. 12)

Return to Duty Program: A support-based process managed by the Training Unit, in which a sworn member is required to meet all necessary steps as recommended by multiple MPD entities to return to serving the City in a fully competent, capable, and ethical manner.

Trauma: An emotional response that results from exposure to an incident or series of events that are frightening, distressing, or life threatening with lasting effects on a person's or community's functioning and mental, physical, social, emotional and/or spiritual well-being.

Traumatic Incident: A single event, or series of events that may have a significant psychological and emotional impact on the mental health and well-being of a person, potentially leading to conditions such as posttraumatic stress (PTS), depression, anxiety, and/or substance misuse. Examples of traumatic incidents related to police work include, but are not limited to:

- A member being assaulted or seriously injured in the line-of-duty.
- Unsuccessful attempts at lifesaving efforts (CPR, suicides, fires, etc.).
- Observing violent acts of assault on a person.
- Exposure to victims with serious, life-threatening injuries or death.
- Exposure to a child, elderly, or vulnerable adult victim(s) of abuse, neglect, or violence.
- Members negatively impacted by a First Amendment event or civil disturbance.

Worker's Compensation: Benefits for medical care and lost time prescribed by state law for members who are injured while on the job. Submission of a Supervisor's Report of Injury form is required for work-related injuries as directed by State law and MPD policy. Note: Worker's Compensation is separate from the Injured on Duty (IOD) program (refer to POFM labor agreement).

I. Purpose

This policy establishes clear, department-wide guidelines for permitting the privilege of on-duty workouts for sworn members in alignment with the Federation labor agreement, while also supporting member health and wellness and maintaining operational readiness.

II. Policy

The health and wellness of MPD members is important and helps contribute to high-quality job performance and morale. The MPD aims to find balance between member well-being and proper staffing. Sworn MPD members may obtain the necessary approval for working out on duty.

- A.** Members shall remain available by phone or radio during their workout time and shall respond to any dispatched call or other situations, as required.
- B.** The Chief, at any time, may revoke the ability to authorize workouts, in accordance with the Federation labor agreement.
- C.** Any exceptions to the policy below shall be approved, in writing, by the Chief, Assistant Chief, or a Deputy Chief to the supervisor requesting it.
- D.** Field Training Officers (FTO) may only workout at their assigned precinct, but shall retain supervision of their Office in Training (OIT).

III. Workouts on Duty Considerations

A. Location

1. On-duty workouts may occur at any of the following:
 - One of the five police precincts.
 - Public Service Center.
 - Strategic Operations Center (SOC).
 - Emergency Operations Training Facility (EOTF).
 - Lifetime Fitness at the Target Center.
 - Minneapolis Athletic Club.

B. Timing and Frequency

1. Members shall only workout on OTL.
2. Member's wishing to workout are required to follow the same protocols as requesting OTL and shall be marked as OTL for the duration of their workout time.
3. Workouts shall be limited to a maximum of one hour per day. This includes travel to and from the workout facility, changing, workout, and showering time.

4. Workouts shall not change the length of OTL.
5. Members may not request a second OTL.

C. Type

1. Workouts shall be limited to:
 - Weightlifting.
 - Organized fitness classes.
 - Traditional cardio workouts such as running, cardio machines, and stationary bicycles.
2. Organized team sports, such as basketball and football, individual sports, such as racquetball and pickleball, and other competitive activities are not allowed.

D. Supervisor Considerations

Supervisors shall ensure each shift is staffed appropriately. Granting workouts are on a case-by-case, shift-per-shift, basis.

1. Each Precinct Inspector/Division commander will be allowed to set other restrictions within the above guidelines, such as limiting workouts to only their assigned precinct station.
2. A supervisor may also limit or prohibit shifts from working out based on the performance of their shift, such as, quality of reports, punctuality, timely call response, and adherence to uniform standards.
3. Supervisors may limit workouts for the shift when there are pending calls, emerging violent crime trends, or other work-related tasks to be completed.
4. Groups or Units (Ex. SWAT, CSO's, Cadets, Recruits) participating in organized Department fitness programs, with Inspector or Commander approval, may be exempt from location and timing, type, and frequency requirements listed in this policy.

3-504 Peer Support

I. Purpose

The MPD Peer Support Team (PST) program is committed to promoting the resiliency of the MPD by educating, influencing, and assisting members, enabling stability and longevity in their personal and professional lives.

II. Policy

- A.** It is the policy of the PST to offer safe, non-judgmental, and private assistance to all MPD members. The PST offers help with occupation-related psychological stress or trauma, illness, and mental health skills and strategies.
- B.** The PST does not replace psychological treatment but can facilitate pathways to professional help utilizing the MPD Health and Wellness Unit (HWU) and the city's Employee Assistance Program (EAP). PST members may provide additional support during traumatic events and offer critical incident stress management with the guidance of MPD-approved mental health professionals.

III. Peer Support Roles

A. Peer Support Team Coordinator

The PST Coordinator is full-time within the Health and Wellness Unit (HWU), and lead of the PST. The PST Coordinator is expected to fill a variety of roles that all support the members of the PST.

1. The Chief of Police shall appoint a trained PST Coordinator as a part of the HWU. The PST Coordinator will report to the Chief of Police or their designee.
2. The responsibilities of the PST Coordinator include but are not limited to:
 - Developing management and operational procedures for PST members.
 - Peer support member selection and retention.
 - Training and applicable certification requirements.
 - Deployment.
 - Managing potential conflicts between peer support members and those seeking service.
 - Using qualified peer support personnel from other public safety agencies or outside organizations for department peer support, as appropriate.
 - Creating and coordinating PST meeting schedules and topics.
 - Providing consultation to current PST members.
 - Continually assessing PST policy and SOP to stay up to date with best practices.

B. Peer Support Team Clinical Lead

The PST Clinical Lead is responsible for providing a professional mental health perspective for the PST.

1. The PST Clinical Lead is required to be a licensed mental health professional whose responsibilities include program oversight, training and team development, and providing direct clinical services to members of the PST, as needed.
2. The PST Clinical Lead will not conduct Fitness For Duty evaluations for the MPD.

C. Peer Support Team Counselor

A PST Counselor is a member who is specially trained in standards that are established by an accredited mental health organization to provide day-to-day emotional support for MPD members.

1. A PST Counselor participates in the department's comprehensive response to critical and traumatic incidents as designated in MN Statutes section 181.9731 and P&P 3-502.
2. PST Counselors shall refer members that require professional intervention or support beyond their scope of training to a licensed mental health professional.
3. PST Counselor responsibilities include:
 - Attend initial and on-going training to maintain certification.
 - Provide one-on-one confidential support to peers, helping them navigate challenging times.
 - Maintain the confidentiality of those seeking peer support.
 - Connect peers to professional resources as needed.
 - Assist the Health and Wellness Unit with critical and traumatic incident support as needed.
 - Communicate and work effectively with other peer support team members as needed.

IV. Privacy

A. Statutory Protections

The information shared to a PST member is considered privileged and legally protected from being compelled to disclose, except for certain circumstances. Similar protected relationships, include attorney and client, doctor and patient, or priest and confessor.

1. Information discussed in PST interactions is private and protected by MN Statutes section 181.9731, 181.9732, and MN Statutes section 13.43 Subd. 9, and not subject to disclosure

by PST members, even at the request of police department administration, supervisors, or fellow PST members. Privacy is a cornerstone of the PST program.

B. Limitations to Privacy

PST members are state mandated reporters, and as such, required to report safety-related information that may be shared during PST interactions.

1. Prior to providing support, the PST member shall inform the member receiving support of the limitations to privacy, which includes:
 - Threats to self or others.
 - Maltreatment of minors or vulnerable adults.
 - Domestic violence.

C. Disclosure Requirements and Limitations

PST Counselors shall keep member's information confidential, unless for a reason stated in Limitations to Privacy above.

1. Exceptions shall be reported directly to the assigned PST Clinical Lead.
2. In cases where a question regarding privacy arises, the PST Counselor shall immediately contact the PST Coordinator, or designated clinical lead, who shall advise the PST Counselor and take the appropriate action.
3. The PST Coordinator shall educate supervisors on the confidentiality and privileged guidelines established by the Department.

D. Records and Agreements

1. PST Counselors shall not keep written, formal or private, records of supportive contacts other than non-identifying numerical records to document the utilization of the program (such as number of contacts).
2. A PST counselor shall sign a confidentiality agreement, indicating their agreement to maintain privacy as defined above. If a PST Counselor is found to have breached privacy, they shall be immediately dismissed from the team and be subject to disciplinary action.

V. Accessing Peer Support Team Services

It is the intent that all members have timely access to a trained and trusted member of the PST.

- A. PST members are available to all members of the MPD at any time without having to request permission.

- B. PST members shall receive initial state mandated peer support training and yearly continued education to provide support to fellow members.
- C. A current list of all active PST members and their contact information will be maintained by the PST Coordinator and made available to all MPD members through the MPD Wellness Page and the MPD Wellness App.
- D. PST members shall be allowed to offer support to peers while on duty, when appropriate.

VI. PST Member Selection and Active Membership Requirements

Interest in becoming part of the PST as a contributing team member is given by applying for the secondary assignment and interview. If the member is selected, after completing preliminary training, further evaluation by the PST leads, and final interview, an offer to join may be given to the applicant.

A. Qualifications

Members must possess the following minimum requirements to be eligible to serve on the PST:

- Be an active MPD sworn or civilian employee with a minimum of two years of employment.
- Completed probation and be in good standing with the agency.
- No major disciplinary actions within the past two years.
- Demonstrated the ability as a positive role model
- Ability to practice full privacy of services provided.
- Ability to be responsive to services when requested and available.
- Ability to communicate effectively with others.
- Demonstrate the ability to be an advocate for mental wellness and defuse situations.

B. Application Steps

All participants in these processes shall be actively engaged, honest, objective, and fair.

1. PST applicants shall provide:

- Letter of Recommendation from one coworker and one supervisor.
 - Letter of interest detailing their qualifications and attributes.
 - Participate in a preliminary interview with the PST
 - After preliminary selection, successfully complete the state mandated peer support training
- a. PST applicants will be disqualified due to:
- Evidence of past unqualified disclosure.

- Past rejection of application to similar or related member position.
 - Inadequate results of the applicant's discipline record and open complaints review.
 - Any other disqualification decisions are the responsibility of the PST.
- b. Acceptance to the PST shall be dependent upon a passing review of:
- The applicant's discipline record and open complaints.
 - An impartial and objective interview.
 - Adequate training.
 - Final interview to assess the applicant's capabilities.
- c. Each applicant shall be provided with an acceptance or rejection letter to the PST.

C. PST Membership Revocation

Any PST member that violates any portion of this policy or applicable state statute, is subject to removal from the PST and disciplinary processes.

1. Criteria for removal include, but are not limited to:
- Non-compliance with any portion of this policy.
 - Disclosure of details of member interactions not covered as a limitation on confidentiality.
 - Any inappropriate behavior as defined and decided by a ranking PST member.
 - Results of disciplinary action that deem the member unfit for providing peer support.

VII. Definitions

Critical Incident Stress Debriefing (CISD): A standardized approach using a discussion format to provide education, support, and emotional release opportunities for members potentially affected by work- related critical incidents.

Peer Support: Mental and emotional wellness support provided by peers trained to help members cope with critical incidents and certain personal or professional problems.

Trauma: An emotional response that results from exposure to an incident or series of events that are frightening, distressing, or life threatening with lasting effects on a person's or community's functioning and mental, physical, social, emotional and/or spiritual well-being.