

Wellness Program

1031.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidance on establishing and maintaining a proactive wellness program for office members.

The wellness program is intended to be a holistic approach to a member's well-being and encompasses aspects such as physical fitness, mental health, and overall wellness.

Additional information on member wellness is provided in the:

- Chaplains Policy.
- Line-of-Duty Deaths Policy.
- Drug- and Alcohol-Free Workplace Policy.

For procedures related to the Wellness Program, see the St. Mary's County Sheriff's Office LE Procedures Manual: [Peer Support Program](#)

1031.2 POLICY

It is the policy of the St. Mary's County Sheriff's Office to prioritize member wellness to foster fitness for duty and support a healthy quality of life for office members. The Office will maintain a wellness program that supports its members with proactive wellness resources, critical incident response, and follow-up support.

1031.3 PEER SUPPORT PROGRAM COORDINATOR

The Sheriff should appoint a trained wellness coordinator. The coordinator should report directly to the Sheriff or the authorized designee and should collaborate with advisers (e.g., Human Resources Department, legal counsel, licensed psychotherapist, qualified health professionals), as appropriate, to fulfill the responsibilities of the position, including but not limited to:

- (a) Identifying wellness support providers (e.g., licensed psychotherapists, external peer support providers, physical therapists, dietitians, physical fitness trainers holding accredited certifications).
 1. As appropriate, selected providers should be trained and experienced in providing mental wellness support and counseling to public safety personnel.
 2. When practicable, the Office should not use the same licensed psychotherapist for both member wellness support and fitness for duty evaluations.
- (b) Developing management and operational procedures for office peer support members, such as:
 1. Peer support member selection and retention.
 2. Training and applicable certification requirements.
 3. Deployment.

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4. Managing potential conflicts between peer support members and those seeking service.
 5. Monitoring and mitigating peer support member emotional fatigue (i.e., compassion fatigue) associated with providing peer support.
 6. Using qualified peer support personnel from other public safety agencies or outside organizations for office peer support, as appropriate.
- (c) Verifying members have reasonable access to peer support or licensed psychotherapist support.
- (d) Establishing procedures for Critical Incident Stress Debriefings (CISDs), including:
1. Defining the types of incidents that may initiate debriefings.
 2. Steps for organizing debriefings.
- (e) Facilitating the delivery of wellness information, training, and support through various methods appropriate for the situation (e.g., phone hotlines, electronic applications).
- (f) Verifying a confidential, appropriate, and timely Employee Assistance Program (EAP) is available for members. This also includes:
1. Obtaining a written description of the program services.
 2. Providing for the methods to obtain program services.
 3. Providing referrals to the EAP for appropriate diagnosis, treatment, and follow-up resources.
 4. Obtaining written procedures and guidelines for referrals to, or mandatory participation in, the program.
 5. Obtaining training for supervisors in their role and responsibilities, and identification of member behaviors that would indicate the existence of member concerns, problems, or issues that could impact member job performance.
 6. Meeting the requirements of Md. Code PS § 3-523 for no-cost mental health assistance for deputies to address their personal and work-related concerns, including stress, financial issues, legal issues, family problems, office conflicts, and alcohol and substance abuse disorders.

1031.4 OFFICE PEER SUPPORT

1031.4.1 PEER SUPPORT MEMBER SELECTION CRITERIA

The peer support coordinator will make recommendations to the Sheriff for selection of office peer support members.

1031.4.2 PEER SUPPORT MEMBER RESPONSIBILITIES

The responsibilities of office peer support members include:

- (a) Providing pre- and post-critical incident support.

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- (b) Presenting office members with periodic training on wellness topics, including but not limited to:
 - 1. Stress management.
 - 2. Suicide prevention.
 - 3. How to access support resources.
- (c) Providing referrals to licensed psychotherapists and other resources, where appropriate. Referrals should be made to office-designated resources in situations that are beyond the scope of the peer support member's training.

1031.4.3 PEER SUPPORT MEMBER TRAINING

A office peer support member should complete office-approved training prior to being assigned.

1031.5 CRITICAL INCIDENT STRESS DEBRIEFINGS

A Critical Incident Stress Debriefing should occur as soon as practicable following a critical incident. The coordinator is responsible for organizing the debriefing. Notes and recorded statements shall not be taken because the sole purpose of the debriefing is to help mitigate the stress-related effects of a critical incident.

The debriefing is not part of any investigative process. Care should be taken not to release or repeat any communication made during a debriefing unless otherwise authorized by policy, law, or a valid court order.

Attendance at the debriefing should only include peer support members and those directly involved in the incident.

1031.6 PEER SUPPORT COMMUNICATIONS

Although the Office will honor the sensitivity of communications with peer support members, there is no legal privilege to such communications except as provided in Md. Code PS § 3-523.

1031.7 WELLNESS PROGRAM AUDIT

By February 1 of every year, the coordinator or the authorized designee should audit the effectiveness of the office's wellness program and prepare a report summarizing the findings.

1031.8 EAP REQUIRED ASSISTANCE

Before returning to full duty, the following should be offered or provided to a deputy as part of the EAP (Md. Code PS § 3-523):

- (a) A voluntary mental health consultation and voluntary counseling services if the deputy was involved in an incident that contained an accident resulting in a fatality.
- (b) A mandatory mental health consultation and voluntary counseling services for a deputy seriously injured, involved in a shooting, or involved in a use of force that resulted in a death or a serious injury.

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1031.9 ELECTRONIC HEALTH RECORDS

The purpose of the Access to Electronic Health Records Policy ("EHR Policy") is to establish processes and procedures for permitting selected staff members to access the St. Mary's County Sheriff's Office's (SMCSO) Electronic Health Records to enhance the continuum of care to employees.

The SMCSO's Wellness Center includes an Agency Health Nurse and a Community Mental Health Liaison. It is the policy of the SMCSO Wellness Center to provide access to each participating practitioner from the center as well as clinicians who participate in an Organized Health Arrangement with the Sheriff's Office. Accessing electronic health records without proper authorization or outside of one's job responsibilities is considered a violation of this policy and will result in discipline action in compliance with established SMCSO policy. Protected health information is to be maintained with appropriate security to prevent unauthorized access.

1031.9.1 DEFINITIONS

- (a) **Clinic** means a nurse, wellness administrator, mental health liaison, practitioner, health care provider, group per partnership and its employees.
- (b) **Disclose** and **Disclosure** mean, with respect to Protected Health Information, the release, transfer, provision of, access to, or divulging in any other manner of Protected Health Information outside the SMCSO wellness center internal operations.
- (c) **Electronic Health Record** ("EHR") means a repository of consumer health status information in computer processable form used for clinical diagnosis and treatment for a broad array of clinical conditions. EHRs contain Protected Health Information.
- (d) **Organized Health Arrangement means** patient information may be shared between these organizations, including their medical staff, for purposes related to operating together as a health system, including the provision of treatment.
- (e) **Protected Health Information** ("PHI") means information, including demographic information, that
 1. relates to the past, present, or future physical or mental health or condition of an individual;
 2. identifies the individual (or for which there is a reasonable basis for believing that the information can be used to identify the individual); and
 3. is received by Clinic from or on behalf of Clinic, or is created by Clinic, or is made accessible to relevant party by Clinic. PHI may be contained in other mediums including without limitation, electronic PHI, EHR, paper records, audio, and video recording.
- (f) **Use** or **Uses** means with respect to PHI, the sharing, employment, application, utilization, examination, or analysis of such PHI within Hospital's internal operations.
- (g) **User** means individual who will be accessing the electronic systems requested through a unique login and password.

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1031.9.2 PROCEDURES

- (a) Individuals/Entities Allowed Access to the Electronic Health Record
 - (a) Authorization to access EHR will be obtained through the EHR Administrator and will be granted based on employment responsibilities. Level of access will also be granted based on job duties.
 - (b) Requests for access are sent from supervisors with the rank of Captain or above.
 - (c) Clinical staff and administrative staff will be given the level of access needed to execute their responsibilities during patient encounters.
 - (d) SMCSO Wellness staff will be granted access as needed to execute their duties related to the daily operations of the center.
- (b) Access Limitations
 - (a) The EHR system will only be accessed by an authorized user via a device or computer owned and maintained by St. Mary's County's Department of Information and Technology. Access to the EHR system via personally owned devices or personal computer is prohibited.
 - (b) Access is permitted for scope of work only. Access is never allowed for personal purposes such as reviewing records for self, family, friends, etc.
 - (c) Upon change of duties or termination of employment access to the EHR will be terminated and no attempts should be made to further access the EHR system.
 - (d) Staff will be permitted access to information only to the extent needed to complete their job responsibilities.
- (c) Possible Consequences of Unauthorized Disclosures
 - (a) Unauthorized, willful disclosure of PHI or willful disclosure of PHI for personal gain could subject the individual to disciplinary actions up to and including termination and potential legal liability.
 - (b) The HIPAA Privacy Rule 45 C.F.R. 164.530 and the Confidentiality of Medical Information Act (Civil Code Section 56 et. Seq.) govern the release of patient identifiable information by hospitals and other providers. The Lanterman Petris Short Act protects the information of individuals admitted to a psychiatric unit and psychiatric outpatient practices. These laws establish protections to preserve the confidentiality of health information and specify that healthcare providers may not disclose health information or records unless the disclosures are authorized by law or by the patient. This includes any information which identifies an individual by any one of the 18 HIPAA defined identifiers.
 - (c) The health record is a confidential and privileged document and can only be released in accordance with the Confidentiality of Medical Information Act (CMIA) and the HIPAA Privacy Rule. It is therefore the responsibility of the SMCSO to safeguard the information in the health record against loss, defacement, tampering or use by unauthorized persons.

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- (a) Records are to be treated as confidential material and protected for the sake of the individual and the institution.
 - (b) No one is permitted access or use beyond the extent that their job requires.
 - (c) PHI is not to be discussed among co-workers or shared with individuals or other third parties who are not permitted or authorized under law to receive the information.
 - (d) Confidentiality of information also applies to information that is retained in or printed from any computerized system.
- (d) Access to Electronic Health Record (EHR)
 - (a) System access requested for non-patient care purposes will be reviewed by EHR Administrator.
 - (b) System access will be granted in accordance with the Access to Electronic Health Record Policy and Procedure.

[See attachment: 415 Authorization for Electronic Health Record Access \(3-24\).pdf](#)

1031.10 TRAINING

The coordinator or the authorized designee should collaborate with the Training Coordinator to provide all members with regular education and training on topics related to member physical and mental health and wellness, including but not limited to:

- The availability and range of office wellness support systems.
- Suicide prevention.
- Recognizing and managing mental distress, emotional fatigue, post-traumatic stress, and other possible reactions to trauma.
- Alcohol and substance disorder awareness.
- Countering sleep deprivation and physical fatigue.
- Anger management.
- Marriage and family wellness.
- Benefits of exercise and proper nutrition.
- Effective time and personal financial management skills.

Training materials, curriculum, and attendance records should be forwarded to the Training Coordinator as appropriate for inclusion in training records.

Attachments

415 Authorization for Electronic Health Record Access (3-24).pdf

Authorization for Electronic Health Record Access

Please select whether you will require Full or Limited Access

☐ **Full Access** ☐ **Limited Access**

Employee's Name: _____ Title: _____

☐ New Hire ☐ Position Change

Start Date: _____ End Date: _____

Level of Access Required: ☐ Mental Health Liaison ☐ Nurse ☐ Staff ☐ Admin/OPR

Requestor's Name: _____

Date Access Needed: _____ Termination Date: _____

Reason for Request to Access EHR: _____

Scope of Request (Include specific records, scope of review, amount of time needed in the system):

Supervisor's Approval

Signature: _____

Date: _____

EHR Administrator Approval

Signature: _____

Date: _____

(Attachment B)

Confidentiality Agreement for Electronic Health Record (EHR) & Office Information System (OIS)

St. Mary's County Sheriff's Office is committed to protecting the privacy and security of individual identifiable health information of a confidential nature for the organization. Information pertaining to staff and other sensitive information must be held in strict confidence. This agreement must be completed and signed by each individual requesting and who has access to SMCSO EHR and/or OIS.

If I am provided access to the SMCSO's electronic health record system/office information system, I agree to the following terms and conditions:

- I agree to use the EHR/OIS systems solely for job-related purposes.
- I understand that all information available through the SMCSO EHR/OIS is confidential and is to be treated as such; I will access only the minimum necessary amount to complete the duties of my job.
- I acknowledge that I shall not divulge my password to any other individual or entity, nor will I use another individual's password to obtain access to the EHR/OIS.
- I understand that I am not permitted to access the SMCSO EHR/OIS for anything other than my intended job-related purpose relating to employee treatment or operations. Accordingly, I understand that I am not permitted access to my or any other individual's health information because of a personal request, personal reasons or personal curiosity.
- I understand that the SMCSO EHR/OISs are monitored. Routine audits will be performed to assess the appropriateness of access by individuals to patient information.

I acknowledge that I have read, understand, and agree with the conditions above. Further, I agree to immediately notify SMCSO of any conflict with or violation of the above conditions. Violation of any of the above conditions may result in disciplinary action in accordance with Sheriff's Office Policy and Procedure.

Name

Signature

Date