

# GUAM FIRE DEPARTMENT

ORGANIZATION	
Chapter:	IV -Personnel Policies and Procedures
Subject:	Employee Assistance Program (EAP)
Code:	1-IV-38
Revised:	

## 38.01 Purpose

To promote employee health, safety, well-being, and job performance by providing confidential short-term assessment, counseling, referral and support services to Guam Fire Department (GFD) employees and covered family members. The EAP aids employees whose personal problems (including job stress, family issues, substance misuse, or mental health concerns) may affect their well-being or job performance, while ensuring compliance with Government of Guam drug-free workplace laws and Department of Administration Personnel Rules & Regulations (DOA PR&R).

## 38.02 Policy

GFD is committed to supporting employees' health, safety, and well-being. The EAP provides confidential problem-identification and referral services. Use of EAP services will not automatically shield an employee from administrative or disciplinary action where required by law, DOA PR&R, or where safety is at risk (See **38.04 Disclosure**).

## 38.03 Scope

All sworn Guam Fire Department personnel, civilian employees assigned to GFD, and the immediate household members of covered employees are eligible for use of the EAP. The EAP scope of services is limited to consultation, information, and referral to professionals or entities outside of GFD.

## 38.04 Disclosure

As per 10 GCA Chapter 75, sworn members of the Guam Fire Department are included in the statutory definition of "law enforcement personnel," and therefore the Safe Harbor exemption in Chapter 75 does not apply to them. This means self-referral to EAP does not guarantee immunity from discipline for violations requiring testing or discipline under Guam law or DOA PR&R.

### **38.05 Services Provided**

- a) Short-term counseling: assessment, brief problem-focused counseling, and referral to community providers for longer-term treatment as needed.
- b) Substance abuse assessment and referral to services provided by government and non-governmental organizations.
- c) Critical incident stress support, debriefing, and peer support coordination for fire personnel.
- d) Work-life resources (legal/financial referrals), where available through the EAP provider.
- e) Manager/supervisor consultation and training on recognizing signs of distress and referral procedures (pending DOA or GFD available training).

### **38.06 Confidentiality & Limits**

- f) EAP sessions and records are confidential and kept separate from personnel files.
- g) Limits to confidentiality: information may be disclosed when:
  - i. there is an imminent threat to life or safety (duty to warn).
  - ii. the employee provides written authorization.
  - iii. disclosure is required by law (court order/subpoena).
  - iv. disclosure is required as part of a mandated DOA process (e.g., statutory drug testing/discipline where law requires reporting).
- h) Important statutory note: For sworn firefighters the Government of Guam's Safe-Harbor protections do not apply by statute (10 GCA Chapter 75 §75107). Therefore, voluntary EAP admission does not by itself guarantee protection from administrative action under the Drug-Free Workplace Program or DOA PR&R. This policy does not alter that legal restriction.

### **38.07 Referral Procedures**

- i) *Self-Referral*: An employee or an immediate family member experiencing a personal problem or job-related problem may initiate contact with the EAP office on his or her own. In addition, another individual may encourage an individual to utilize EAP services and may first consult with the EAP staff to discuss how best to make this suggestion and to initiate contact with the EAP.
- j) *Supervisor-Performance Referral*: A performance referral is an immediate supervisor's formal, documented referral of an employee to the EAP based on identified job performance or conduct problems only, e.g., a job-related incident or a decline in an employee's work performance or interpersonal relationships. This is another proactive option available to supervisors in which the employee is strongly encouraged to consult with the EAP.
- k) *Supervisor-Suggested Referral*: A supervisor may casually and informally suggest or remind an employee about the availability of EAP services and may facilitate this by providing the department EAP representative contact information. The emphasis here is that the supervisor proactively suggests that the employee consider utilizing the EAP before his or her job performance or behavior deteriorates as a result of some possible personal or job-related problem.

### **38.08 Critical Incident Response**

- l) When a critical incident occurs the EAP (and the Department's Peer Support Team, if available) will be activated to provide defusing, debriefing, and follow-up counseling.
- m) Supervisors shall release employees for critical incident debriefings when safety and staffing permit.

**38.09 Records and Data Management**

- n) EAP records are maintained by the Department EAP representative and are not placed in employee personnel files. Aggregate use reports (no personal identifiers) may be provided to the Department for program monitoring.
- o) Requests for access to EAP records must be referred to the Department EAP representative and, where required, to legal counsel; disclosure only in accordance with applicable law (including DOA rules and any subpoenas).

**38.10 Supervisor & Manager Responsibilities**

- p) Supervisors shall:
  - i. be trained to recognize signs of impairment or distress, and the procedures to make referrals (pending DOA available training).
  - ii. document and keep records of objective observed behaviors.
  - iii. maintain confidentiality to the extent permitted by law.

**38.11 Non-Retaliation**

- q) Employees who use the EAP in good faith, or who refer others in good faith, will be protected from retaliation consistent with Guam law and DOA PR&R.
- r) Voluntary participation in the EAP does not jeopardize job security or promotional opportunities unless it is in conflict with Section **38.04 Disclosure**.

## APPENDIX A

### Supervisor's Referral Form – Employee Assistance Program (EAP)

#### CONFIDENTIAL DOCUMENT

This form is to be used by a supervisor to refer an employee to the Employee Assistance Program (EAP) for support regarding personal, behavioral, or performance-related issues. Completion of this form does not constitute disciplinary action.

#### SECTION 1: EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_

Position/Rank: \_\_\_\_\_

Division/Station: \_\_\_\_\_

Employee ID (if applicable): \_\_\_\_\_

Date of Referral: \_\_\_\_\_

#### SECTION 2: SUPERVISOR INFORMATION

Supervisor Name: \_\_\_\_\_

Position/Rank: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### SECTION 3: REASON FOR REFERRAL

- Job Performance (e.g., absenteeism, tardiness, decline in work quality)
- Behavioral Concerns (e.g., conflict with peers, mood changes, irritability)
- Substance Use Concerns (e.g., odor of alcohol, erratic behavior, reports from peers)
- Critical Incident Response (e.g., exposure to traumatic events, grief, stress)
- Other (please specify): \_\_\_\_\_

Description of Observed Behavior or Performance Issues:

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**SECTION 4: SUPERVISOR ACTIONS TAKEN**

- Verbal counseling provided – Date: \_\_\_\_\_
- Written counseling or documentation issued – Date: \_\_\_\_\_
- Employee advised of EAP services
- Employee agrees to voluntary participation
- Mandatory referral (if related to workplace safety or policy violation)

**SECTION 5: EMPLOYEE ACKNOWLEDGMENT**

I acknowledge that my supervisor has discussed this referral with me and that I understand the purpose of the Employee Assistance Program. I understand that participation is confidential and voluntary unless otherwise directed under department policy.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 6: EAP COORDINATOR USE ONLY**

Date Referral Received: \_\_\_\_\_

Assigned Counselor/Provider/Peer: \_\_\_\_\_

Initial Appointment Date: \_\_\_\_\_

Referred Services: \_\_\_\_\_

Follow-up Status:  Completed  In Progress  Declined by Employee

EAP Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIALITY NOTICE:**

All information provided in this form will be maintained in strict confidence by the EAP in accordance with Government of Guam Personnel Rules and Regulations, Department of Administration confidentiality policies, and applicable federal laws (e.g., ADA, HIPAA, and 42 CFR Part 2).

## APPENDIX B

### Employee Self-Referral Form – Employee Assistance Program (EAP)

#### CONFIDENTIAL DOCUMENT

This form is to be used by employees who wish to seek confidential assistance through the Employee Assistance Program (EAP) for personal, behavioral, or work-related issues that may be affecting their well-being or job performance. Participation in the EAP is voluntary and confidential in accordance with Government of Guam and Department of Administration personnel policies.

#### SECTION 1: EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_

Position/Rank: \_\_\_\_\_

Division/Station: \_\_\_\_\_

Employee ID (if applicable): \_\_\_\_\_

Date of Self-Referral: \_\_\_\_\_

#### SECTION 2: CONTACT INFORMATION

Preferred Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_

#### SECTION 3: REASON FOR SELF-REFERRAL

- Personal Stress or Mental Health Concerns
- Family or Relationship Issues
- Substance Use or Dependency
- Workplace Stress or Burnout
- Critical Incident Response (e.g., trauma, grief, exposure to distressing events)
- Financial or Legal Concerns
- Other (please specify): \_\_\_\_\_

Brief Description (optional):

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**SECTION 4: EMPLOYEE CONSENT**

I understand that participation in the Employee Assistance Program (EAP) is voluntary and confidential. I consent to be contacted by an EAP counselor or representative for the purpose of scheduling an appointment. I also understand that no information will be shared with my supervisor or any third party without my written consent, except as required by law or in cases of imminent risk of harm.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 5: EAP COORDINATOR USE ONLY**

Date Received: \_\_\_\_\_

Counselor/Provider/Peer Assigned: \_\_\_\_\_

Initial Appointment Date: \_\_\_\_\_

Referred Services: \_\_\_\_\_

Follow-up Status:  Completed  In Progress  Declined by Employee

EAP Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIALITY NOTICE:**

All information provided in this form will be maintained in strict confidence by the EAP in accordance with the Government of Guam Personnel Rules and Regulations, Department of Administration confidentiality policies, and applicable federal laws (including ADA, HIPAA, and 42 CFR Part 2).

## APPENDIX C

### Critical Incident Stress Debriefing (CISD) Request Form

#### Employee Assistance Program (EAP)

##### CONFIDENTIAL DOCUMENT

This form is used to request a Critical Incident Stress Debriefing (CISD) for employees or units involved in a traumatic or high-stress incident. CISD sessions are confidential and designed to provide emotional support, reduce stress reactions, and promote recovery.

##### SECTION 1: REQUESTOR INFORMATION

Requestor Name:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Position/Rank:

\_\_\_\_\_

Date of Request:

\_\_\_\_\_

Division/Station:

\_\_\_\_\_

Supervisor / Officer in Charge

Employee / Peer

Contact Number:

\_\_\_\_\_

Other (specify):

\_\_\_\_\_

##### SECTION 2: INCIDENT INFORMATION

Date of Incident: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Incident Type:  Fire  EMS  Rescue  Disaster  Line-of-Duty Injury/Fatality  Other:

\_\_\_\_\_

Brief Description of the Incident:

\_\_\_\_\_

\_\_\_\_\_

##### SECTION 3: PERSONNEL INVOLVED

Individual Employee

Multiple Agencies Involved

Entire Shift / Crew

Approximate Number of Personnel Affected:

Specific Unit or Division:

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4: REQUEST DETAILS**

- Immediate (within 24 hours) – High-impact or traumatic event
- Standard (within 72 hours) – Post-incident support
- Follow-up Session – Additional support requested

Preferred Date/Time for Debriefing: \_\_\_\_\_

Preferred Location: \_\_\_\_\_

**SECTION 5: CONFIDENTIALITY STATEMENT**

CISD services are confidential and are not part of any disciplinary, administrative, or medical record. Information disclosed during debriefing sessions will not be shared without consent, except as required by law or in cases of imminent risk of harm to self or others.

**SECTION 6: AUTHORIZATION**

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Officer Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 7: EAP / PEER SUPPORT USE ONLY**

Date Received: \_\_\_\_\_

Assigned CISD Facilitator(s): \_\_\_\_\_

Date/Time Scheduled: \_\_\_\_\_

Location of Debriefing: \_\_\_\_\_

Follow-up Recommended:  Yes  No

Notes/Comments: \_\_\_\_\_

EAP Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIALITY NOTICE:**

All information contained in this document will be treated with the highest level of confidentiality in accordance with Government of Guam Personnel Rules and Regulations, Department of Administration confidentiality policies, and applicable federal laws (e.g., HIPAA, ADA, and 42 CFR Part 2).

**Key Guam legal & DOA references (for administrators / legal review)**

- 10 GCA Chapter 75 — Drug Testing (Drug-Free Workplace) — definitions, testing authority, "Safe Harbor" exemption and restriction (law enforcement exclusion). See §75100 and §75107.
- DOA — Drug-Free Workplace Program (DFWP) — Program page, general notice, SOP and forms (Safe Harbor Admission, referral forms, SOP). These contain the procedural forms referenced in this policy.
- Department of Administration — EAP Policy & forms — existing DOA EAP policy & referral forms
- Personnel Rules & Regulations (Government of Guam) — Adverse Action / Discipline and personnel rule cross-references applicable to referrals, testing, and discipline. (See DOA PR&R).