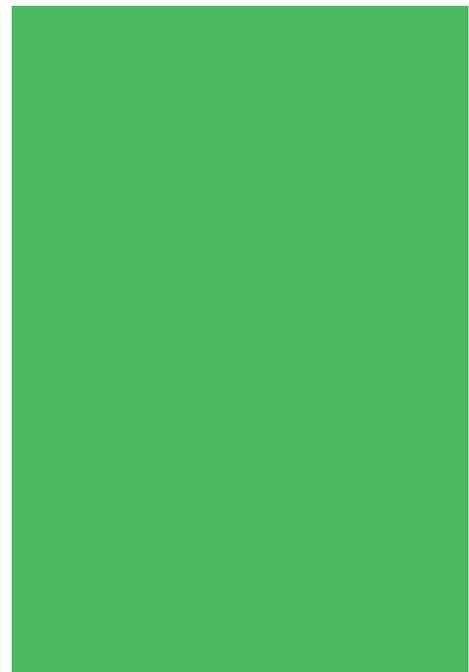




GUIDE TO BUILDING AN Effective EMS Wellness and Resilience Program





The guide is a project of NAEMT's EMS Workforce Committee. NAEMT extends a sincere thank you to its members for contributing their insights and expertise.

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Introduction

The greatest asset of any EMS agency is its people – the EMS practitioners and other personnel who are there for members of the community during their worst moments, and who ensure their patients receive high-quality, compassionate and life-saving care.

However, “being there” for patients and their family members and friends during medical emergencies is inherently stressful. EMS practitioners often work under difficult, unpredictable and rapidly changing circumstances. They may work in harsh environments, with limited information, assistance and resources. In the course of their work, they may be exposed to risks such as infectious disease, physical violence, occupational injury, vehicle crashes and death. They may be called on to help the victims of traumatic events, such as those who have experienced a natural disaster, serious motor vehicle collision, abuse or violence. EMS practitioners also run the risk of becoming victims of violence at the hands of patients who are inebriated or having a mental health crisis.

To be able to effectively handle the stress associated with working in EMS, EMS personnel benefit from having good physical, mental and emotional health.

The State of EMS Health and Well-Being

In recent years, there’s been growing concern within the EMS profession about the physical, mental and emotional health of our nation’s EMS workforce – and whether EMS agencies are doing enough to protect it.

- A 2015 [survey](#) of EMTs and paramedics published in the *Journal of Emergency Medical Services (JEMS)* found a high rate of suicidal thoughts among EMS practitioners. The survey found that 37% reported having contemplated suicide, nearly 10 times the rate of American adults, while 6.6% reported having attempted suicide. That’s compared to just 0.5% of all adults.
- In 2016, NAEMT’s [National Survey on EMS Mental Health Services](#) found that 37% of EMS agencies provided no mental health support for EMS practitioners, and 42% provided no health and wellness services. Even among those whose agencies provided counseling or resources such as employee assistance programs (EAPs), many EMS practitioners were reluctant to share their struggles for fear of being seen as weak.
- A 2017 [survey](#) by University of Phoenix of 2,000 U.S. adults employed as first responders, including firefighters, police officers, EMTs, paramedics and nurses, found 84% of first responders had experienced a traumatic event on the job, and 34% had received a formal diagnosis of a mental health disorder, such as depression or post-traumatic stress disorder (PTSD). For those diagnosed with depression, nearly half cited incidents at work as a contributing cause.
- A study published online in [Prehospital Emergency Care](#) in November 2018 found high rates of suicide among EMTs. The study looked at all adult deaths in Arizona between 2009 and 2015, and found that those whose occupation was EMT had more than double the rate of suicides (5.2%) compared to non-EMTs (2.2%).



Helping EMS agencies help the EMS workforce

To assist EMS agencies in developing programs that help EMS personnel maintain their physical, mental and emotional well-being, NAEMT developed this *Guide to Building an Effective EMS Wellness and Resilience Program*. The guide presents:

- Steps agencies can take to develop a culture of resilience and wellness.
- Strategies for building resilience among EMS professionals.
- Suggestions for specific programs and initiatives to support a healthy EMS workforce.
- Tips from EMS agencies on what resilience and wellness initiatives worked for them.
- Ideas for engaging community partners and stakeholders with supporting the wellness and resilience of EMS practitioners.



The Connection Between Physical, Mental and Emotional Health

Depression, anxiety and stress-related disorders are among the most common and disabling health problems. Impacting quality of life, relationships and workplace productivity, these conditions take a massive toll on the lives of millions of Americans – those in EMS included.

According to statistics published in [JAMA Psychiatry](#), over 10% of adults aged 18 and older experienced depression in the past year, while 20% experienced depression during their lifetimes. Of adults with a history of depression, 39% had frequent suicidal thoughts and 13% had attempted suicide.

[Research](#) in workers in the “helping professions” such as nursing and social

work have found higher levels of work-related stress and burnout than in other professions. Contributors include managing situations of complexity and uncertainty, lack of control and support, and interactions with patients that evoke strong emotional reactions – all of which factor into the job of EMS.

Chronic physical illnesses, such as diabetes, high blood pressure and heart disease, are also a burden for workers and their employers, leading to decreased quality of life, disability and increased healthcare costs. A [study](#) by the RAND Corporation found 60% of American adults have one chronic condition, 42% have more than one and 12% have five or more.

Physical, mental and emotional health are deeply intertwined. Poor mental and emotional health are significant risk factors for chronic physical conditions, while people with chronic physical conditions are at [higher risk of developing poor mental health](#). Chronic stress can exacerbate physical and mental health conditions.

The good news is that the converse is also true – mental and emotional well-being lowers the risk of developing chronic physical conditions, while keeping healthy physically can help ward off conditions such as depression, anxiety and stress-related disorders.

Defining Wellness and Resilience

What is wellness?

Wellness is an active process of becoming aware of and learning to make healthy choices, according to the [National Wellness Institute](#). Wellness means more than simply not being ill; it focuses on keeping your body in good condition to prevent certain chronic diseases. True wellness is proactive and recognizes that each individual has mental, physical and social needs that must be fulfilled to maintain optimal health.

A broad range of benefits can be categorized under the label “workplace wellness,” from multi-component programs to single

interventions. Benefits can be offered by employers directly, or through a vendor, group health plan, or a combination.

What is resilience?

Resilience is the ability to cope with stress and adversity without suffering lasting physical or psychological harm. Resilient people bounce back from setbacks. Resilience also provides protection from PTSD. When faced with a traumatic or stressful situation, resilient people are able to move past what occurred and resume their lives.



Some people are naturally more resilient than others. But research shows that resilience isn't a fixed trait. Resilience is a set of skills that can be [taught and learned](#).

Resilience is built by attitudes, behaviors and social supports that can be adopted and cultivated. Factors that lead to resilience include optimism; the ability to stay balanced and manage strong or difficult emotions; a sense of safety and a strong social support system. Because there are a concrete set of behaviors and skills associated with resilience, individuals can learn to be more resilient – and EMS agencies can help them.

Sources of Stress and the Impact on Employers and Employees

Stress is a normal part of life – everyone experiences it. Sources of stress include relationship difficulties such as a breakup or divorce, serious health issues, caregiving for a loved one, and financial problems, such as not being able to pay the bills or worrying about paying the bills.

Workplaces can also be a source of stress – being unhappy in your job, long hours, having too heavy a workload, or having no say in the decision-making process, can all contribute to a sense of disengagement and unhappiness. Shift work, particularly working the night shift, is also associated with lower job satisfaction and poorer physical and psychological health due to a [disruption in sleep and circadian rhythms](#).

EMS personnel are subjected to the same sorts of occupational and everyday stress that many people face. But EMS also exposes its workforce to an added set of stressors.

In 2009, researchers surveyed 34,340 EMTs and paramedics who renewed their National Registry certification. The [study](#), published in 2013 in *Prehospital Emergency Care*, classified 7% as depressed, 6% as anxious and 6% as stressed. (The study authors noted that actual rates of depression, anxiety and stress among the EMS workforce may be higher. Depressed and anxious people may be unlikely to respond to surveys, or may have already dropped out of the EMS workforce, and therefore would not have been part of the sample.)



Impact of Stress on Employees

High levels of stress are associated with a host of ill health effects. Stressed employees feel overwhelmed, tired, and disengaged. Stress lowers employee performance, productivity, morale, and strains workplace relationships. People experiencing excessive stress have difficulty managing emotions, focusing attention, making decisions, and thinking clearly. Stress is associated with chronic diseases such as heart disease, cancer and pain disorders.

Impact of Stress on Employers

According to a 2013 [report](#) on the state of the U.S. workplace by Gallup, unhappy, disengaged workers result in \$450 to \$550 billion in lost productivity due to:

- High absenteeism
- Lower productivity/poorer job performance
- Higher staff turnover
- More safety incidents/accidents

A 2017 [survey](#) by Mental Health America of over 17,000 workers in a range of industries found that one-third reported that they stayed away from work for two or more days each month because the environment was so stressful. Of those who missed work due to stress, 35% said they missed three to five days a month; 38% said they missed six days or more; and 14% said they stayed away between 21 and 30-plus days.



Building a Culture of Wellness and Resilience

A culture of wellness and resilience begins with an awareness of healthy lifestyles in the workplace. EMS agencies achieve this by providing educational opportunities, programs and hands-on experiences to address a large array of health and wellness-related topics for employees.

Attributes of a workplace that supports wellness and resilience:

1.

Offers opportunities for connection among employees

Social skills are associated with resilience, and the workplace is often a source of social support. Co-workers may also serve as an extended family. This may be particularly true in EMS, where teamwork is essential and EMS practitioners form strong bonds as a result of shared experiences – such as saving a life or dealing with death. The opportunity to build friendships at work can contribute to a sense of belonging and a shared mission, and may offer support in helping to face life's challenges.

What can employers do?

Employers can offer opportunities for employees to socialize with one another, in a variety of settings, to strengthen friendships and create bonds.

2.

Supports good physical health

Physical health is associated with mental health and resilience. Getting sufficient sleep, nutrition and exercise can ward off chronic illness, boost the mood and provide protection from depression. People who are healthy physically are better able to face the emotional and psychological challenges of working in EMS.

What can employers do to help? Employers should establish policies and initiatives that promote a healthy lifestyle. Smoking cessation, weight loss programs, opportunities to exercise and fatigue mitigation are a few examples.

3.

Fosters positivity

Positivity and optimism have been shown to bolster resilience. The work environment should be one in which employees receive recognition and appreciation for their work.

What can employers do to help? Employers should pay attention to the morale of their workforce. Employers can show employees that they are valued by providing positive feedback and recognition for a job well done. Initiatives should also provide opportunities for peer-to-peer recognition – the chance to offer recognition and praise benefits both the giver and the recipient.

4.

Helps employees adapt to change

Change can be very stressful, whether it's a new company owner or a new way of performing a procedure. Resilient people adapt well to change. As an employer, transparency and a commitment to keeping your employees informed will create an environment in which individuals are better able to accept change.

What can employers do to help? Provide support for employees in adapting to change by getting feedback prior to implementing a change, leading by example, clearly communicating the benefits of the change, and by providing adequate training on implementing the change.

5.

Empowers employees to identify solutions

Research suggests that individuals with strong problem-solving skills tend to be more resilient. Having a sense of control over one's circumstances also boosts resilience.

What can employers do? Help employees develop their problem-solving skills. Challenge your employees to make meaningful contributions, set goals and support those goals. Ask for their input and ideas for solving issues or improving conditions in the workplace, and then make sure employees know how their feedback is incorporated into new policies or procedures.

Program Start-Up Checklist

- ✓ **Create a Wellness and Resilience Steering Committee.** The committee will take the lead on brainstorming, planning, achieving buy-in and implementing wellness and resilience initiatives. The steering committee should be made up of agency leadership as well as field personnel. If your EMS or fire department has a union, union leadership must be involved from the beginning, advises Lauren Kurth, Wellness Coordinator for Palm Beach County Fire Rescue. Others you may consider inviting to participate: registered dietitians, exercise physiologists, psychologists, and health educators.
- ✓ **Define your agency's culture of wellness and resilience.** This is an opportunity to affirm your agency's commitment to your employees' mental, emotional and physical health. Your wellness and resilience steering committee can take the lead on creating this vision for wellness and resilience. You can use [NAEMT's EMS Culture of Personal Resilience and Well-Being position statement](#) as a starting point.
- ✓ **Identify and prioritize innovative practices for your agency.** Surveying your EMS personnel about what issues they are most concerned about, what activities or initiatives they would be most likely to participate in, and what they would value the most can help you decide where to begin. This may involve trial and error. You may also review company health data to determine priorities: for example, smoking cessation, back health or weight loss programs.
- ✓ **Create a culture of wellness and resilience policy.** Your policy (or policies) should define what the agency will offer to employees, and what employees are expected to do in return. If you have a collective bargaining agreement, the policy may need to become part of it.
- ✓ **Budget for implementation of new practices.** Wellness and resilience is a broad concept that can encompass many levels of benefits and programming. By having agency leadership involved, you can determine how much money you have to work with.
- ✓ **Develop relationships to offset costs for implementing your new practices.** EMS provides an essential service to the public. Ask local businesses, healthcare providers, philanthropies and service organizations to help you in taking care of the people who take care of them. Discounts, special offers, donations and grants can offset costs for your wellness and resilience program.
- ✓ **Ask your EMS practitioners for feedback.** Survey your employees about newly implemented practices to see what works, what employees value the most, and what programs interest them the most.
- ✓ **Document progress.** There are many ways to potentially measure the impact of wellness and resilience programs. Job satisfaction surveys, sick day use, attrition rates, drug tests, worker's comp payments, and health insurance costs are a few of them.

NAEMT EMS Culture of Personal Resilience and Well-Being Position Statement

NAEMT believes that all EMS practitioners should practice within a culture of personal resilience and well-being that allows them to become aware of and learn to adapt to their work and personal life, and cope with significant stressors. Developing and sustaining this culture must be the shared responsibility of agencies, practitioners and the greater community. A culture of personal resilience and well-being should include, at a minimum, these responsibilities:

Practitioner responsibility:

- Strengthen personal resilience –the ability to cope and adapt in the face of adversity, trauma, tragedy, threats or significant sources of stress.
- Engage in self-assessment and participate in mental health training.
- Elect to practice a healthy lifestyle.

Employer responsibility:

- Offer an Employee Assistance Program (EAP) with counselors who understand the unique challenges of the EMS industry.
- Develop a comprehensive wellness program, inclusive of mental health, that addresses the overall health and well-being of EMS practitioners.
- Promote a work-life balance within the agency.
- Ensure confidentiality and utilize a just culture framework.

[Read the full statement at naemt.org.](http://naemt.org)



Mental and Emotional Health

Good mental health is an essential aspect of wellness and resilience. Workplace stress or trauma can contribute to poor mental health, including depression and post-traumatic stress disorder (PTSD).

The causes of mental health problems are very complex. Social, economic, genetic and other factors all have the potential to influence an individual's mental health, positively or negatively. Family dynamics, level of social support and work conditions are other factors known to be associated with a person's mental health status.

An EMS wellness and resilience program ideally includes a variety of mental health services focused on both prevention and

assistance to help individuals when they are suffering from mental health or emotional problems, either due to experiences on the job or other aspects of their lives.

Prevention-focused programs help EMS personnel build resilience so that they can better cope with stress and other challenges and avoid developing depression or anxiety disorders. A health and wellness program should include initiatives to increase social connections, which research has shown positively impacts mental health.

People who have positive relationships in the workplace are more likely to enjoy coming to work and being productive when they get there. Team days, work

social events and employee recognition programs can all help.

A wellness and resilience program should also identify sources of support to help individuals cope with traumatic situations, and make sure that employees know where to get help if they are struggling with depression, anxiety or other issues.

Find a variety of mental health resources, including research, articles and education programs, in the [NAEMT Mental Health Resource Library](#).

To address mental and emotional health of their employees, EMS agencies offer a variety of programs. Here are some examples.

Counseling & Life Coaching

What Works: Ideas from EMS Agencies

Life coaches – JanCare Ambulance Service in Beckley, West Virginia, offers three sessions of life coaching through [Life Strategies](#). Agency leaders reasoned that some responders may be more open to seeing a “coach” than a psychologist, noted Micheal Thomas, with JanCare.

Grief counselors – Sunstar Paramedics in Pinellas County, Florida, brings in grief counselors as a resource for crews as needed. Sunstar has had grief counselors available after traumatic calls and in response to the death of fellow responders, either on-duty or due to an illness or accident. Sunstar also has a memorial tree and garden. After a

member of the staff dies, their colleagues come together at the tree to share memories and honor the individual.

First responder PTSD support group – The Mental Health Association of Indian River County in Florida offers a free PTSD Support Group for First Responders that's open to police, fire, corrections, dispatch and EMS personnel, active and retired. Focused on providing support in understanding and reducing the negative effects of routine exposure to traumatic events, the support group is a unique opportunity to process experiences and connect with peers in a comfortable, confidential setting. The support group is led by a retired Boston firefighter and



therapist at the Mental Health Association.

Peer-to-Peer Support – As part of the stress management program at Indian River County Fire Rescue in Vero Beach, Florida, trained peer supporters are available to confidentially discuss personal and/or professional problems and current challenges, and provide support and education about critical incident stress.

Therapy animals – After recent hurricanes that hit their region, Sunstar Paramedics partnered with a local therapy animal group to bring in dogs trained as support animals. Interacting with animals has been shown to lower blood pressure and reduce stress.

Social Connections



What Works: Ideas from EMS Agencies

Events and outings – There are so many ways to show employees they're appreciated and to provide opportunities for social engagement. JanCare hosts employee appreciation cook-outs three times a year for each of their five divisions.

Sunstar Paramedics plans monthly outings for employees. Events have included discount tickets to sporting events, 'dinner around the world' at a restaurant featuring cuisine from different regions of the world, and family events such as breakfast with Santa and an Easter picnic. Every month their agency achieves compliance with the county contract, directors and managers put on their grill aprons and celebrate with a company barbecue. To build camaraderie, Sunstar employees also participate in walks for cancer charities and other causes, often in honor of a colleague.

Alumni mentoring – As a primarily BLS interfacility ambulance service in San Jose, Calif., Royal Ambulance has many EMTs who are just getting started in their careers and have aspirations to become firefighters, paramedics, nurses or physicians. Royal Ambulance hosts mixers and panel discussions with alumni who have gone on to become firefighters, physician assistants or other careers, providing opportunities for current EMTs to learn more about potential career paths and how to get there.

TIP: Using social media to boost employee engagement

Private agency Facebook pages can help get the word out about your wellness and resilience programs. JanCare Ambulance uses Facebook to post information about topics in health, safety and fitness, sleep tips and to spread the word about

employee appreciation and engagement events. Supervisors also post shout-outs to employees who are spotted going the extra mile in the station or out in the community, following safety best practices, or to recognize outstanding performance on challenging calls. EMS practitioners can also post peer-to-peer shout outs.

Royal Ambulance uses Workplace, an app by Facebook designed to build "meaningful communities in the work environment." For \$3 a month per employee, Workplace enables Royal Ambulance to collaborate as teams, discuss common interests, and get answers quickly. For example, Royal has created groups on the app where employees can swap shifts, share praise and recognition, and participate in contests to win gift cards. Royal also uses Workplace in lieu of email to share company news and other information.



Resiliency Skills Training

First Responder Resilience Program – Run by Centura Health and the Colorado Department of Health, the [one-day course](#) teaches responders the skills to bounce back from adversity. Topics include goal setting, nutrition, exercise, sleep hygiene, relaxation techniques, and overcoming self-defeating thoughts, among others. Upper Pine River Fire Protection District is among the agencies that offer this program.

Man Therapy – Created by the Colorado Department of Public Health & Environment, [mantherapy.org](#) is designed to help men with depression, anxiety, anger and suicidal thoughts. Some of their slogans: "You can't fix your mental health with duct tape," and "Man Therapy is for men who think sirens are driving music." On the website, find e-cards you can send to people to let them know about the Man Therapy resources



and a brief survey to assess your own mental health and health habits.

The Role of Employee Assistance Programs (EAP)

The most common form of mental health support for EMS practitioners provided by EMS agencies is an Employee Assistance Program, according to NAEMT's 2016 [National Survey on EMS Mental Health Services](#). EAPs are typically part of the benefits package – paid for by employers and provided at little to no cost to employees through the health benefits/insurance provider.

Services that may be included in an EAP:

- Health Risk Assessment (HRA), which may include a self-administered questionnaire about health behaviors and clinical screenings (height, weight, blood pressure, glucose and cholesterol)
- Mental health or family counseling
- Education assistance
- Legal help or financial counseling
- Substance use and alcoholism treatment referrals
- Weight loss or nutrition coaching
- Stress management programs
- Smoking cessation assistance

EAPs may provide involuntary, or mandated, counseling and assessment for employees with behavioral problems or poor job performance. Often, the EAP counselor will conduct the assessment, then refer the employee out for treatment. In this case, the EAP may serve as an intermediary between the outside provider and the employer, monitoring the employee's compliance and progress in treatment and informing the employer of the outcomes.

Benefits and Limitations of EAPs

[Research](#) supports the use of EAPs as generally cost-effective ways to reduce absenteeism, depression symptoms and substance use, and improve job performance.

EMS agencies should consult with their insurance providers and offer the services of EAPs to the extent budgets permit.

However, EAPs can have limitations. Accessibility, confidentiality, belief in efficacy and awareness of what EAPs have to offer can all pose barriers to employees using EAP services.

Confidential counseling, either by phone or in person, is often a benefit of an EAP. But counseling is usually short-term; three or six free sessions is a common benefit. Some agencies offer more, and may include family members among those eligible for counseling. But offering more than six is the exception rather than the rule. For example, Palm Beach County Fire Rescue, which has

a comprehensive health and wellness program for its personnel, offers 50 counseling sessions. More typically, employees who need more than a handful of sessions may be referred elsewhere for treatment, which could be covered by insurance.

EMS practitioners often mistrust promises of confidentiality, and are fearful that revealing their struggles to any counselor associated with their workplace could jeopardize their job. NAEMT's survey also found that some EMS practitioners feel that counselors without experience in EMS could not truly understand the source of their stress. When faced with psychological problems or substance use, individuals may often continue to deny that there's a problem instead of willingly seeking EAP help.

And not all EMS practitioners have access to an EAP. Large companies are far more likely to have an EAP than smaller companies (and certainly more than volunteers). Public sector workers are [more likely to have an EAP](#) than private sector workers.

Reasons Employees Don't Use EAPs

- Don't trust that it's truly confidential
- Stigma associated with reaching out for help
- Think they need permission from boss or HR
- Are unaware that it exists
- Skeptical that counselors with no EMS knowledge can help

TIP: Employers need to continually educate employees about EAP services, starting with the fact that counseling is confidential. Remind employees that no reports come back to the organization from the EAP.

EMS supervisors need to recognize the stigma around seeking help, and take steps to ensure that employees feel comfortable seeking help when they need it. This is more than putting a flyer up on the wall. EMS supervisors should have training in recognizing signs of mental distress, depression and substance abuse. When speaking with employees about a performance-related issue that you suspect may have something to do with problems outside of work or a mental health issue, ask them how they're doing or if there is anything they want to talk about, advises Bruce Evans, fire chief at Upper Pine Valley Fire Protection District in Colorado. Sometimes the individual is just waiting for someone to ask them.

Extreme Reaction to Stress: PTSD



It's both normal and common after a traumatic event for people to have difficulties coming to terms with what happened. They might have nightmares, trouble sleeping, flashbacks of the event when they least expect it, or memories that make it difficult to go about their daily lives. Fear of seeing or experiencing a similar trauma may cause them to alter their daily routines – for example, the person in the bad car wreck who refuses to drive.

In time, many people gradually begin to feel better. Disturbing memories begin to fade, and intrusive thoughts about what occurred become less frequent. Individuals might even be able to face their fears and go back into a similar situation; for instance, a person who has seen combat might choose to sign up for another tour of duty.

But research has shown that the ability to recover from traumatic experiences varies from person to person. Some people find that time doesn't heal all wounds. Instead, the traumatic event has a lingering impact on their thoughts, emotions and behavior. When people don't fully recover from what they have experienced or witnessed, they may have PTSD.

An estimated 7% to 8% of the U.S. population will have PTSD at some point in their lives, according to the [U.S. Department of Veterans Affairs](#). Women are somewhat more likely to develop PTSD. About 10% of women develop PTSD, compared to 4% of men. One reason women may be more likely to develop PTSD is that they are more likely than men to be victims of childhood sex abuse and rape or sexual assault.

PTSD can vary from person to person, but there are four categories of PTSD symptoms: reliving or re-experiencing the event; avoiding situations or people that trigger memories of the event; negative changes in feelings and personality; and feeling keyed up (also known as hyper-arousal or hyper-vigilance). PTSD raises the risk of substance use disorders, such as alcoholism and drug abuse.

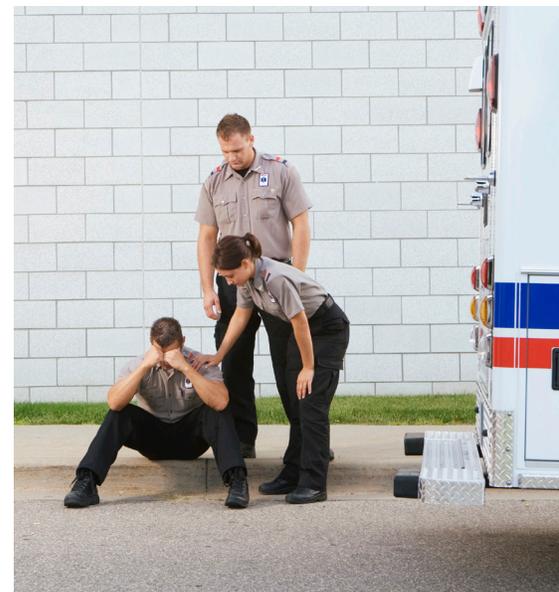
Symptoms of PTSD include:

- Nightmares
- Severe anxiety or fear
- Flashbacks, caused by specific triggers. Triggers can involve the sights, sounds, or smells that remind the individual of the trauma and cause them to feel as if they are experiencing it again.
- Agitation and irritability
- Insomnia
- Self-destructive behavior
- Feeling emotionally detached from others
- Intrusive negative thoughts and emotions
- Guilt
- Loneliness, social withdrawal and isolation
- Loss of interest in activities you used to enjoy
- Difficulty concentrating
- Distrust and wariness, even in situations that seem safe to others
- Sudden reactions that don't fit a given situation
- Hostility toward others for no apparent reason
- Depression

EMS practitioners – along with firefighters, law enforcement officers and hospital emergency department workers – experience a high degree of occupational stress, which can put them at risk for PTSD, or symptoms of PTSD.

Most [studies](#) on PTSD in first responders focus on the impact of exposure to specific, large-scale events, such as the 9/11 terrorist attacks. There are relatively few published studies documenting overall rates of PTSD among EMS professionals. One [study](#) among EMS personnel in Hawaii found 4% met the clinical diagnostic criteria for PTSD; 1% met subclinical criteria; 89% exhibited some symptoms of PTSD; while 12% had no symptoms. Serious injury or death of a co-worker, along with incidents involving children, were considered the most stressful events, but general work conditions contributed to overall stress levels, according to researchers.

Find more about preventing PTSD at the [International Critical Incident Stress Foundation](#).





Critical Incident Stress Management

From school shootings to bus wrecks, EMS practitioners may be called on to respond to horrifying scenes. Some responders may find certain events particularly triggering. For example, a responder who is the parent of young children may find a tragic incident involving a child of a similar age extremely difficult to accept.

In the recent past, responders were expected to keep their anguish to themselves and get back to work. In reality, responders weren't just shaking it off. Many suffered in silence.

Today, it's well accepted that psychological turmoil after tragic events is a normal response, and that psychological injuries can be just as severe as physical injuries.

In the 80s, the go-to strategy for many fire and EMS agencies was the [critical incident stress debriefing](#), in which specially trained teams including a mental health professional and peer support personnel (such as a fellow EMT, paramedic or firefighter) were dispatched immediately after unusually difficult calls to meet with the responders involved. During the debriefing, which was often mandatory, responders were encouraged to recount what they saw and how it made them feel.

But in the 1990s, mandatory debriefings fell out of favor after a series of [research papers](#) questioned the effectiveness and noted

that for some people having to recount what happened made them intensely uncomfortable, and had the potential to do more harm than good. The approach and qualifications of the team handling the debriefing also had an effect on participants' experience, and whether they felt it was a useful or a negative experience.

Today, critical incident stress management has evolved. Many agencies still use debriefings, but they are handled differently. Managers are not involved, allowing responders to feel free to express difficult emotions without worrying that it will impact their job. Also, there is a recognition that rehashing the events may not be helpful for everyone, so participants aren't pushed into doing so.

Other agencies have moved toward what's known as [psychological first-aid](#), a method of assisting responders and civilians in the immediate aftermath of disasters. PFA is broadly endorsed by expert consensus and integrated into guidelines for mental health and psychosocial support in disasters and extreme events. Yet challenges remain. While there is broad agreement that responders need and deserve support after extreme incidents, there is a lack of strong evidence showing what's most effective, who it's most effective for and in what circumstances.

Memphis Fire Department Critical Incident Stress Debriefing SOP



When do the debriefings occur/after what sorts of situations?

- Firefighter or paramedic line-of-duty death, critical injury or close call
- Death or critical injury of a child
- Any extended rescue where death or recovery is involved
- Severe child abuse cases responded to
- Multiple or mass-casualty incident
- Personal identification with a victim, such as a relative or friend

Potential CIS debriefings are indicated for the following incidents:

- Firefighter or paramedic off-duty death or serious injury of a co-worker
- Long-term involvement with the following:
 - Injuries
 - Confined space or unusual circumstances
 - Drowning
 - Body removal
 - Acts of violence in the workplace

Memphis Fire Department Critical Incident Stress Debriefing SOP CONTINUED...

Although there are specific times when a debriefing is indicated, any firefighter or paramedic can contact the safety chief when a critical incident occurs to discuss the need for a debriefing.

Who participates?

Only those directly involved in an incident along with a trained psychologist and at least one trained peer counselor. No one from management or supervisors (unless also on the scene) participates in the CISD.

Who leads the debriefings?

The Memphis Fire Department maintains a contract with the University of Memphis Department of Psychology to provide a psychologist who has been specifically oriented and has spent ride time with the department to lead each CISD. The University of Memphis works with the safety chief to manage the program. Training for peer counselors is provided through this program.

Do you follow a particular model for holding a debriefing?

The CISD process calls for set-up of a facility (usually a fire station) by the psychologist and the peer counselor(s) to facilitate a confidential and relaxed setting. On-duty individuals or teams are placed in an "out-of-service" status with fire communications during the debriefing. During the CISD, the psychologist facilitator asks questions, but those affected can also ask questions or bring up topics. The peer counselors also participate and are available for individual needs, especially if emotional responses indicate a need for one-on-one discussion or support. At the end of the debriefing, participants remain in the out-of-service status for an additional hour at a minimum, to facilitate the transition back to an on-duty role.

Memphis Fire Department SOPs

FORMAL RULES

1. Confidentiality is essential.
 - a) TN state law requires psychologists to keep strict confidentiality with a few important exceptions:
 - Disclosure of suicidal or homicidal ideation or intent.
 - Threats of violence in the workplace.
 - Reports of child or elder abuse.
 - b) University of Memphis and MFD agreement to maintain the confidentiality of debriefings also includes:
 - No disclosure to uninvolved peers, administrators, or media.
 - No report is made about details of the debriefing other than a required written statement by the psychologist confirming that no one present was suicidal, homicidal, or otherwise seriously dangerous to self or others.
 - Limits to presence of administrators present during debriefing, as it is not an evaluation or determination of fitness for duty.
2. Pagers, cell phones, radios, and other distractions should be turned off or to "silent mode" to minimize unnecessary disturbances during the debriefing process.
3. Management of the door is the responsibility of a CIS team member:
 - Uninvolved or unwanted persons are not permitted to enter the debriefing room or area.
 - Those outside should be notified that the meeting should not be disturbed with the exception of a late arrival who is supposed to participate in the debriefing. CIS sign may be used.
 - When anyone leaves the room during the debriefing, a CIS team member must follow that person out to assure their safety and intentions, listen, give support, and encourage them to return to the group if leaving. The peer offers reassurance and waits to walk back in together.
 - Participants should stay for the entire process.
4. Talking is not required of those present in the debriefing. However, it is helpful to the self as well as to others to talk. Participants should speak for themselves.
 - It is best not to have food, drink, or smoking during debriefings.
5. Participants will remain out of service for approximately one (1) hour following the session.



Indian River County Fire Rescue Critical Incident Stress Debriefing SOP

When do the debriefings occur/after what sorts of situations?

The CISM team will be activated by the battalion chief and deemed mandatory or discretionary as follows:

- Mandatory activation when any of the following incidents occur:
 - Death or serious injury to any employee of Indian River County Fire Rescue, occurring on or off duty.
 - Any mass casualty incidents.
 - Long duration incidents.

Discretionary activation may be called for any of the following:

- Incidents involving the death or serious injury of a child.
- Accident cases involving death or serious injuries.
- Other law enforcement or emergency service agencies requesting CISM team assistance.
- At the discretion of the station officer and with the approval of the on-duty battalion chief or at the discretion of the Emergency Services Director or his designee.

Who participates?

All personnel directly involved in the incident are required to attend and they will be out of service with radios off so there are no distractions.

Once CISM is activated, the following procedures shall be followed:

1. Battalion chief will contact the current CISM team leader and provide a summary of the incident. In case the team leader cannot be contacted, the assistant chief will be called.
2. The team leader, using a call-out list, will contact CISM team members and the mental health professional.
3. The CISM team members will first report to the CISM team leader for their assignment and information on the incident.

Do you follow a particular model for holding a debriefing?

Research on fire rescue personnel at the federal, state, and municipal levels has indicated that peer support is one of the most beneficial types of help traumatized people can receive.

Unless previously completed, all employees appointed to a CISM team or peer support position should be scheduled to attend a basic CISM or peer support course. All employees for the CISM team or peer support group must successfully complete

the applicable course to retain appointment. The district will make the training available to all CISM team and peer support members. The CISM training will be from appropriate resources. Additional training beyond the basic is strongly encouraged. All stress management team members will follow guidelines set forth in the standard operating procedure.

Indian River County Fire Rescue SOP

1. On-Scene Support

Team members shall maintain a low profile, acting as observers, and are restricted to the outer perimeter unless otherwise directed. CISM team members who observe adverse stress reactions shall report these findings to the team leader. If the team leader believes the affected person is incapable of performing his/her assigned duties, the battalion chief shall be notified with recommendations.

During major incidents in which the CISM team is activated, the team leader shall be allowed in or near the command post as an observer and act as a liaison to the incident commander. The team leader shall not become involved in the operations of the incident nor have any command authority.

Under some circumstances, it may be necessary for CISM team members to conduct one-on-one interventions at the scene. The interventions will be brief and supportive in nature. Under no circumstances shall group interventions be done at the scene.

2. Off-Scene Defusing

Off-scene defusing can be an individual or group process, but will be accomplished using the approved International Critical Incident Stress Foundation (ICISF) protocol. If possible, a defusing shall be conducted within one to three hours after the incident, and in a comfortable, quiet location away from the scene.

The primary purpose for the off-scene defusing is to educate employees of the possible stress reactions, and to educate employees of proper care for themselves (i.e. food, rest, things to avoid, etc.).

Employees are encouraged to unwind during this session and ventilate their feelings and emotions, if they are comfortable in so doing. CISM team members shall make themselves available for individuals who would like to talk one-on-one after the defusing.

CISM team members shall ensure the defusing does not turn into a critique of the incident.

Indian River County Fire Rescue Critical Incident Stress Debriefing SOP CONTINUED...

After all employees involved in the incident have been released, the CISM team leader will consult with the battalion chief to decide if it is in the best interest of those involved to attend a mandatory CISM debriefing, which would then be held within 72 hours.

3. Formal Debriefing

The formal debriefing process serves to mitigate the stress impact resulting from exposure to a critical incident, through ventilation of feelings and emotions, along with informational and educational components.

The debriefing has proven to be the most beneficial and accepted method of intervention. It produces a therapeutic effect and hastens the recovery process by allowing participants to understand their own stress responses and to see that others have similar responses.

A formal debriefing shall generally be held between 48 to 72 hours after the incident. The formal debriefing shall be conducted by the CISM team leader with the assistance of team members and attended by the mental health professional.

- Media personnel or uninvolved observers shall not be allowed in the debriefing.
- Note taking, recorders, or video equipment shall not be allowed.
- All employees involved in the formal debriefing shall give their full attention to the session. Therefore, no radios, pagers, telephone calls, or any other interruptions shall be allowed.
- Employees are reminded that the formal debriefing session is not a critique.
- Judgment calls or use of rank authority are not appropriate for a setting of this nature.

Injured Employees

In the event the involved employee is injured and/or hospitalized, the supervisor and team leader will make every effort to follow this procedure within the constraints of emergency medical priorities.

In the event the involved employee is seriously injured and hospitalized, the director of emergency services, or his designee, or such other person as may be requested by the injured employee, shall respond and make contact with the employee's spouse and family.



A CISM team member shall be assigned to contact each involved employee and provide support and assistance until such time as the involved employee is stabilized at home. The involved employee may elect to contact a person of his/her choosing in lieu of a CISM team member or peer support.

When the involved employee's chosen support person arrives:

1. If the person is an employee of Indian River County Fire Rescue, the CISM team member will leave.
2. If the support person is a non-member of the department, the team member will remain available until relieved by the proper authority.

If the CISM team member is an on-duty employee, the employee shall be excused from other duties. If the team member is an off-duty employee, the battalion chief shall authorize reasonable overtime. The CISM team leader, or the involved employee's supervisor, shall make the necessary contact with the CISM team member.



Physical Health

Psychological well-being and physical well-being are closely intertwined. Getting sufficient exercise, proper nutrition and adequate sleep has been shown to prevent injuries, fight the development of chronic disease and boost the mood.

Yet long shifts and stressful work conditions all conspire against the physical health of EMS practitioners. EMS agencies can help EMS practitioners by implementing programs that encourage better physical health.

Fitness

Studies show there is a connection between physical fitness and resilience. Physical activity can improve physical and mental health and can buffer the negative effects of stress. Physical fitness can also help with injury prevention.

Fire Service Joint Labor Management Wellness-Fitness Initiative – The [initiative](#) was created in 1997 by the International Association of Fire Fighters (IAFF) and the International Association of Fire Chiefs (IAFC) to provide a holistic, positive approach to wellness and fitness. A complete physical fitness and wellness program package, including a manual and video, is available free of charge to any IAFF affiliate president. The manual includes information on medical evaluations, fitness evaluations, injury and medical rehabilitation, behavioral health, cost justification, data collection, and implementation.

NAEMT-American Council on Exercise Suggested Physical Fitness Guidelines – NAEMT, in collaboration with the American Council on Exercise,

developed fitness guidelines in 2012 to reflect the physical capabilities EMTs and paramedics need on the job. Designed to reduce injuries, the [Recommended EMS Fitness Guidelines](#) provide physical fitness and agility assessments that can be used to screen job applicants, guidelines for an exercise program that improves the health of employees, and resources for healthy eating and behavior change implementation.

What Works: Ideas from EMS Agencies

EMS agencies can offer a variety of low-cost programs to encourage their crews to get more physical activity.

- Provide an in-house fitness area with weights, exercise equipment, foam rollers and medicine balls. Keep the area well-maintained to encourage usage.
- Partner with a fitness expert to offer your personnel a fitness program.
 - Offer a contracted EMS exercise program, such as [Fit Responder](#).
 - Palm Beach County Fire Rescue partnered with local personal



trainers and physical therapists to produce videos on [proper exercise technique](#) that they shared with employees on their [YouTube channel](#).

- Approach local fitness centers, rec centers or YMCAs about offering free or discounted memberships to EMS practitioners. Remind them of the vital role that EMS provides in the community, the challenges EMS practitioners face in keeping fit due to time spent on the road and working long shifts, and how keeping EMS practitioners fit and healthy means they can continue to be there for patients in need of life-saving medical care.
- Get creative! Sunstar Paramedics invited employees for beach walks. Organize a group to participate in a fun run or 5K for charity. Research shows that anything that gets people moving can offer benefits. So start a bowling team, a walking club or invite your crews to do a push-up challenge.

Nutrition/Weight Loss

What Works: Ideas from EMS Agencies

Good nutrition includes eating a diet that contains the vitamins and minerals that fuel the muscles and the brain, and help maintain a healthy weight.

- Royal Ambulance keeps a bowl of fresh fruit on hand for employees.
- Sunstar Paramedics maintains an employee food pantry, stocked via employee donations. If an employee is having difficulty making ends meet, he or she can confidentially tell a member of the leadership team, who will make the food pantry available.
- JanCare covers half the cost of a Weight Watchers membership and runs a Biggest Loser contest – one member of the staff is in charge of weighing participants and tracking weight loss. The biggest loser gets the vending machine money. Sunstar has run a similar program – participants each put in \$5 and the man and woman who lose the greatest percentage of their body weight after three months splits the pot.



Smoking Cessation

Cigarette smoking kills more than 480,000 Americans annually. In addition to having a tobacco-free policy and a smoke-free property (that includes chewing tobacco and vaping in the list of prohibited items), encourage employees to join a smoking cessation program and consider subsidizing these programs.

Quitting smoking programs can be offered through your benefits package or as a stand-alone program.

Every state also has a quitline with counselors who are trained to help smokers quit. Call 800-QUIT-NOW (800-784-8669) to connect to your state's quitline. Hours of operation and services vary from state to state.

Many states also offer free benefits that cover the cost of smoking cessation programs. For example, Louisiana's Smoking Cessation Trust offers free nicotine replacement therapy, five doctor visits pertaining to quitting smoking, and free quit smoking classes. Contact the Quit Line (866) 212-6635 or visit smokingcessationtrust.org for more information. [California's program](#) offers free telephone counseling, self-help materials and online help.

The American Lung Association's Freedom From Smoking Corporate Telephonic Program also offers telephone counseling and reduced-cost nicotine replacement such as patches, gum and lozenges. [Find out more about the corporate program, as well as online and community-based programs.](#)

TIP: Incentives, Rewards Boost Participation and Morale

[Research](#) shows that incentives, such as gift cards, a gym membership or an extra paid day off, increase participation in wellness activities. JanCare uses [Bonusly](#), an employee recognition and rewards platform. Employees "caught" following safety best practices or going the extra mile for a patient by either supervisors or their colleagues are awarded points. The employee gets pinged via email that they were awarded the points. Accrued points can be redeemed for gift cards to various retailers.



Sleep and Fatigue

Sleep hygiene practices are rituals and behaviors that help people fall asleep and stay asleep. Avoiding caffeine close to bedtime, ensuring adequate exposure to natural light, limiting screen time/turning off your cell phone, exercising during the day, and sleeping in a quiet, dark room are all examples of good sleep hygiene practices. But these can be difficult for EMS practitioners, especially those who work 24-hour shifts.

The *Fatigue in EMS* project aimed to address these issues by developing evidence-based guidelines for fatigue risk management. The *Fatigue in EMS* project was funded by the National Highway Traffic Safety Administration (NHTSA) and led by the National Association of State EMS Officials (NASEMSO) and academic partners at the University of Pittsburgh Department of Emergency Medicine. P. Daniel Patterson, Ph.D., a paramedic and assistant professor of emergency medicine at University of Pittsburgh, was the principal investigator. The team published five recommendations for fighting fatigue in EMS.

View the [Implementation Guidebook for the 2018 Fatigue Risk Management Guidelines for EMS](#).

What Works: Ideas from EMS Agencies

Sleep warning devices – JanCare uses a driver sleep-warning device that fits over the ear and emits an alarm if the head flexes past a certain angle, indicating the driver has nodded off. Policy states that vehicle operators must use the device for any trip with a one-way distance of 60 miles or more, between the hours of 11 pm and 7 am.

Stand-by driver – JanCare has a driver on stand-by at a centrally located station between 9 pm and 6 am who is available to step in to relieve exhausted crews as needed.

Engaging the Community

To develop a wellness and resilience program, build on existing relationships (such as with your insurance company) and create new ones, such as with wellness vendors, local healthcare providers and community groups, to provide resources to employees at little to no cost. Local businesses and professionals may be more willing to participate if they know they will receive referrals as a result.

College and universities – Ask a local college or university if they want to partner with you to design, collect data and measure the results of a wellness initiative.

Health insurer – See what your health insurance provider has to offer as far as smoking cessation, weight loss or other health and wellness services.

Fitness centers – Reach out to local fitness centers, YMCAs or rec centers for discounted memberships for employees.

Trainers and instructors – Personal trainers and yoga instructors may be willing to offer free or discounted sessions to EMS practitioners.

Healthcare providers – Contact chiropractors and physical therapists to ask if they would offer discounted sessions for your personnel.

Mental health professionals – Identify counselors, therapists, psychologists or psychiatrists you can refer personnel to. Some in EMS believe it's beneficial if mental health professionals have experience in EMS, fire or law enforcement. EMS practitioners may be more willing to open up to those who understand the nature of their job, and may get more out of their sessions if they don't need to explain the unique challenges of working in EMS.

Others feel that EMS or public safety experience in a mental health professional isn't necessary. Experienced, credentialed counselors and therapists should be able to look at the whole person, taking into account past traumas experienced outside of work, mental health disorders that may have predated the EMS career, relationship dynamics, financial stressors and other factors, and help the individual work through issues and develop tools to cope.

EMS agencies can help by vetting mental health professionals prior to recommending them to your personnel so you feel confident in making the referral. Word-of-mouth recommendations, online reviews and calling therapists in advance to get a sense of their approach and interest in treating EMS professionals can help you in making these determinations. Mental health professionals may be willing to discount fees if you let them know that you're developing a list of select providers to refer your personnel to.

Financial advisors – Financial advisors may also be willing to provide a consultation free of charge, or serve as a resource for people with financial questions and concerns.





Additional Resources

NAEMT Mental Health Resource Library

To assist EMS practitioners in recognizing, managing and seeking assistance for mental health issues, NAEMT has compiled a resource library of articles, tips and other information about suicide prevention, mental health first aid, and building emotional resilience.

- [Visit the resource library at naemt.org.](https://naemt.org/resources/mental-health-resource-library)

Starting a Workplace Wellness Program

Refer to the [U.S. Centers for Disease Control and Prevention's Workplace Health Model](https://www.cdc.gov/workplacehealthpromotion/) for additional information on conducting a workplace health assessment and more on starting a workplace wellness program.

International Association of Fire Fighters Recovery Center

The IAFF Center of Excellence for Behavioral Health Treatment and Recovery offers help with substance use, PTSD and co-occurring disorders for IAFF members.

- [iaffrecoverycenter.com.](https://iaffrecoverycenter.com)

Code Green Campaign

Providing awareness, education and advocacy about mental health, PTSD and suicide among first responders.

- [Codegreencampaign.org.](https://codegreencampaign.org)

Research on Wellness Programs

- "The Impact of the Highmark Employee Wellness Programs on 4-year Healthcare Costs." [*Journal of Occupational and Environmental Medicine*](#).
- "Working Wellness Programs Study." [RAND Health](#), for the U.S. Department of Labor/U.S. Department of Health and Human Services.
- "Do Workplace Health Promotion (Wellness) Programs Work?" [*Journal of Occupational and Environment Medicine*](#).



About NAEMT

Formed in 1975 and more than 65,000 members strong, the National Association of Emergency Medical Technicians (NAEMT) is the only national association representing the professional interests of all emergency and mobile healthcare practitioners, including emergency medical technicians, advanced emergency medical technicians, emergency medical responders, paramedics, advanced practice paramedics, critical care paramedics, flight paramedics, community paramedics, and mobile integrated healthcare practitioners. NAEMT members work in all sectors of EMS, including government agencies, fire departments, hospital-based ambulance services, private companies, industrial and special operations settings, and in the military.