

New Jersey Emergency Medical Services Psychological Support Guidelines:

Applicability:

All New Jersey Emergency Medical Services (EMS) Agencies, including but not limited to, licensed, non-licensed, non-affiliated, volunteer, municipal, fire, first aid, first responder, rescue, dispatch, hospital, corporate and private agencies and/or their agents.

Background:

EMS personnel are confronted on a daily basis with a diverse, difficult, and dynamic work environment, which demands dedication, regular education and a focus on providing accurate and critical lifesaving emergency medical services. EMS is a stressful occupation and may lead to emotional turmoil and psychological issues. Current research has demonstrated that depression and alcohol/substance abuse and lack of physical fitness are not uncommon.

The Department of Health has recognized that EMS personnel are subjected to suicidal thoughts up to ten times more often than the general population and up to twelve times more likely to make a suicidal attempt. These rates are similar to, and sometimes greater than, law enforcement and fire personnel.

Statement:

The term Psychological Support refers to a system which addresses improving mental health through resiliency and coping strategies, thereby supporting a culture of safety and well-being in New Jersey EMS.

The Department has determined that a focused effort, which includes the establishment of a psychologically supportive environment is necessary to reduce and combat the risks to EMS providers, their families, agencies, patients, and the public at large.

Discussion:

EMS providers, which include paid and volunteer responders and their dispatchers, are frequently exposed to stressful situations. They often have little to no education on how to identify and manage emotional stress and are at high risk for emotional unrest and exhaustion. Without intervention, mental and emotional fatigue can lead to burnout and deterioration of personal life.

Cumulative stress is a common experience for individuals who work in chronically stressful situations. It results from an accumulation of various stress factors such as heavy workload, poor communications, multiple frustrations, difficult patients and coping with situations in which the individual feels powerless accompanied with the inability to rest or relax.

Cumulative stress in EMS can be associated with but not limited to:

- Nature of the work
- A competitive environment.
- Conflict with supervisors.
- Lack of support.
- Low pay

Cumulative stress is exacerbated by long work hours and lack of sleep. Studies demonstrated many providers work in excess of 50 hours per week and the overwhelming majority of EMS providers are poor sleepers.

In addition to cumulative stress, critical incident stress is “any situation faced by emergency services personnel that causes them to experience unusually strong emotional reactions, which have the potential to interfere with their ability to function either at the scene or later.”

EMS providers are also prone to exposure to disturbing incidents that overwhelm and threaten an individual’s normal coping methods and are known to trigger Post Traumatic Stress Disorder (PTSD). Research shows 29% of surveyed EMS providers had symptoms of traumatic stress disorders. Research has also shown EMS providers underreport symptoms of distress, suggesting PTSD may be more prevalent than indicated in other studies.

The rates of suicide, substance abuse, and addiction are significantly higher in EMS than in the general population.

Identifiable Causes May Include:

- Critical Incidents such as:
 - Mass Casualty Incidents
 - Injury/Death of a coworker
 - Pediatric injury/death
 - Prolonged scene involvement
 - High media attention
 - Personal injury or assault
- Non-work related incidents:
 - Familial/personal
 - Off duty interaction with a co-worker
- Abuse of the 9-1-1 system
- High call volume
- Sleep deprivation
- Workplace issues
 - Equipment
 - Partners
 - Co-workers

- Environmental
- Shifts/Duty Hours
- Lack of administrative support
- Repetitive exposure to violence
- Repetitive exposure to psychological stressors
- Disrespect or violence directed at EMS provider
- Economy and pay issues

Possible Consequences:

- Suicide
- Psychological issues
- Substance abuse or addiction
- Behavioral issues
 - Risky behaviors
 - Disruptive behaviors
 - Conflict with supervisors
- Workplace violence
- Provider to patient violence
- Domestic Violence
- Breakdown of interpersonal relationships among family and friends

Goals:

Develop Strategies which address:

- Early recognition of stress
- Improving individual coping mechanisms
- Improving mental and physical health
- Substance abuse prevention and remediation
- Provider retention
- Prevention of violence/threats of violence
- Provider education

Policy:

All EMS agencies should develop and implement policies and procedures, in consultation with subject matter experts, which address at a minimum:

- Pre-employment and pre-volunteer screening with a baseline psychological and physical exam
- Ongoing stress and wellness assessment programs
- Intervention: Peer and Professional Including Employee Assistance Programs, Critical Incident Stress Management (CISM)
- Health/Safety officer

- Non-punitive method for self-reporting
- Provider and Supervisory education including:
 - Identification of events
 - Messages for supervisory staff to communicate to affected providers following potentially disturbing/trigger events
- Operational safe practices
- Work with dispatch agencies to notify supervisory staff
- Wellness education programs including:
 - Stress Management
 - Nutrition
 - Exercise
 - Sleep/fatigue management
 - Hygiene
 - Smoking cessation
 - Substance/alcohol abuse


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Appendix: EMS Mental Health Resources

Adopted by the New Jersey EMS Council on June 14, 2017



Scott Kasper, Chair

EMS Mental Health Resources and Information

<u>Category</u>	<u>Title</u>	<u>Description</u>	<u>Date Published</u>
Website information	DrugRehab.com	Information on drug addiction of many varieties and options for help, including treatment and support.	6/21/2016
Website information	National Alliance on Mental Illness	NAMI offers a hotline (800-950-6264), information on mental illness, and options for help.	6/21/2016
Website information	Suicide Prevention Resources	Suicide Prevention Resource Center	4/4/2016
Research	Supporting Responders to Effectively Deal with Atypically Stressful Events	TIM Network report on effects of traumatic event on first responders	4/1/2016
Research	Mental Health and Stress in Emergency Medical Services	NEMSMA report cites survey that found 37% had considered suicide, much higher than the general population Date published: February 2016	3/22/2016
Article	Who Takes Care of the Caregivers	NAEMT News feature article on resources to help EMS practitioners struggling with mental illness	1/19/2016
Article	Hospital Workers Find Solace in Pausing After a Death	Kaiser Health News article describes how taking a moment to acknowledge a patient's death helps healthcare workers cope	10/15/2015
Article	Survey Reveals Alarming Rates of EMS Provider Stress and Thoughts of Suicide	Fitch & Associates' Ambulance Service Manager Program developed a survey distributed nationwide.	10/7/2015
Treatment and prevention programs	International Critical Incident and Stress Foundation (ICISF)	provides leadership, education, training, consultation, and support services in comprehensive crisis intervention and disaster behavioral health services to the emergency response professions.	7/20/2015
Assistance by phone	National Suicide Prevention Hotline	1-800-273-8255 - 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress.	7/16/2015
Assistance by phone	24-Hour Crisis Line	1-319-351-3140 - 24-hour crisis line serves as the first point of contact for individuals who are seeking help, support, and information.	7/16/2015
Website information	American Foundation for Suicide Prevention	organization that funds research, creates educational programs, advocates for public policy, and supports survivors of suicide loss	7/16/2015
Website information	American Association of Suicidology	advances science and programs in suicide prevention through research, education and training, the development of standards and resources, and survivor support services.	7/16/2015
Website information	International Association of Suicide Prevention	largest international organization dedicated to suicide prevention and to the alleviation of the effects of suicide.	7/16/2015
Treatment and prevention programs	Stress First Aid	Flexible multi-step process for timely assessment and preclinical response to psychological injuries in individuals to provide support and save lives.	7/15/2015
Website information	National Center for PTSD	dedicated to research and education on trauma and PTSD.	7/15/2015
Assistance by phone	SAMHSA Disaster Distress Hotline	provides 24/7, year-round crisis counseling and support. Call 1-800-985-5990. TTY for deaf/hearing impaired: 1-800-846-8517. Text TalkWithUs to 66746.	7/15/2015
Website information	CDC Emergency Preparedness and Response	resources for first responders for coping with disaster and traumatic events	7/15/2015

Treatment and prevention programs	<u>Mental Health First Aid</u>	An 8-hour course that teaches you how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps you identify, understand, and respond to signs of mental illnesses and substance use disorders.	7/15/2015
Assistance by phone	<u>Safe Call Now</u>	206-459-3020 - comprehensive, 24-hour crisis referral service for all public safety employees, all emergency services personnel and their family members nationwide. All counselors taking calls are first responders. Also provide resources on their web site	7/15/2015
Treatment and prevention programs	<u>Code Green Campaign</u>	non-profit organization that provides resources and education on EMS mental health.	7/15/2015
Article	<u>Earlier Than Too Late: Stopping Stress and Suicide Among Emergency Personnel</u>	Explores suicide and mental health issues within EMS.	11/1/2014
Research	<u>National Council on Behavioral Health</u>	Summarizes the study results assessing the Mental Health First Aid program.	7/1/2014
Article	<u>Responder Resilience</u>	Discusses evidence-based resiliency program that improves and sustains responder behavioral health	3/1/2014
Article	<u>Preventing Provider Suicide</u>	Discusses issue of suicide within the first responder community and prevention efforts.	2/28/2014
Research	<u>Physical and psychosocial work environment factors and their association with health outcomes in Danish ambulance personnel</u>	cross section study that compares EMS personnel to general population.	7/23/2012
Sample Agency Policy	<u>Critical Incident Stress Debriefing</u>	Provides guidance to agencies for holding a debriefing	7/20/2012
Research	<u>Suicide Surveillance, Prevention and Intervention Measures for the U.S. Fire Service</u>	Study undertaken by the National Fallen Firefighters Foundation to explore causes and prevention strategies.	7/11/2011
Sample Agency Policy	<u>Employee Assistance Program</u>	Outlines the purpose and policies of an agency program	2/1/2009
Treatment and prevention programs	<u>WHO Preventing Suicide Guide for First Responders</u>	Suicide prevention guide designed specifically for first responders.	1/1/2009
Treatment and prevention programs	<u>SAMHSA Treatment Improvement Protocol</u>	Book produced by Substance Abuse and Mental Health Services Administration (US) - Includes 7-step process for non-mental health professionals and ideas for preventing re-attempts	1/1/2009
Research	<u>Health problems and help-seeking in a nationwide sample of operational Norwegian ambulance personnel</u>	studies prevalence of anxiety and depression symptoms, and their association with professional help-seeking, among operational ambulance personnel and a general working population.	1/4/2008
Research	<u>Health status in the ambulance services: a systematic review</u>	systematically explores the literature on health problems and work-related and individual health predictors in the ambulance services.	7/3/2006
Research	<u>Acute and chronic job stressors among ambulance personnel: predictors of health symptoms</u>	studies symptoms of post-traumatic distress, fatigue, and burnout due to acute and chronic work related stressors among ambulance personnel. Date of publication: June, 2003.	6/1/2003
Research	<u>Post traumatic stress among Swedish ambulance personnel</u>	investigates the prevalence of post-traumatic stress disorder among Swedish ambulance personnel.	1/1/2003
Research	<u>Ambulance personnel and critical incidents</u>	impact of emergency work on mental health. British Journal of Psychiatry	1/1/2001

Source: <http://www.naemt.org/emshealthsafety/ems-mental-health>