

BEST PRACTICES FOR EMERGENCY RESPONSE AGENCIES

Most people are aware of the physical demands that first response activities place on emergency personnel. But it is important to also realize the impact that responding to emergencies has on their mental well-being. **First Responders** face the risk of many behavioral health concerns such as anxiety, depression, burnout, post-traumatic stress disorder, and addiction many times over that of the general population.

These behavioral health concerns, if left unchecked, can lead to problematic issues during an emergency response. Bad decision-making, lack of focus, and difficulty problem-solving are just a few of the potential rippling effects of a poor mental state. Having a holistically healthy and engaged workforce creates successful, high-performing agencies. It is vital to address behavioral health concerns proactively to prevent long-term consequences and provide on-going support to **First Responders**.

Emergency response agencies have the responsibility to ensure their personnel are operationally ready, physically and mentally, in order to best serve their community, their fellow responders, their families, and themselves. For the ~~same~~ ^{same} reason, agencies are encouraged to have a program in place which supports the mental and emotional well-being of all its members.

Suggested Components of an Effective Wellness Program

- Create a wellness culture - Agency leaders have a great influence over the culture of the entire agency. By prioritizing emotional well-being, to the same level of importance as physical health, barriers are broken down and negative stigma surrounding mental health is reduced.
- Include the right people - In order to support the various needs of all **First Responders** within the agency, and to minimize the impact of stress following major incidents, the program should incorporate the services of peer support personnel and trained professionals, such as **Clinicians**, chaplains or EAP.
- Incident support - The program should include pre-incident, on-scene, and post-incident activities such as diffusion of emotional reactions and debriefing. Having this structure in place ensures personnel get the level of help they need, and when they need it.
- Promote confidentiality - **First Responders** must feel confident in seeking the help they need without fear of broken trust or repercussions.
- Encourage access to behavioral health resources - Thankfully due to a greater awareness of **First Responder** mental wellness in recent years, there are many valuable resources for promoting mental health. Agencies should encourage emergency response personnel to access these resources and to find assistance when needed. Download the Behavioral Health app mentioned below, see the Behavioral Health tab on the MFFCIP website or reach out to your Regional Coordinator for additional resources.
- Put it in writing - As with every other practice and procedure within the organization, wellness program policies need to be in written form in order to be effective, consistent, and have manageable guardrails.

Behavioral Health Mobile Application

The Missouri Firefighter Critical Illness **Pool** has partnered with ValorNet to provide **Pool Members** with an interactive behavioral health application at no cost. This application houses valuable resources and management tools applicable to fire, EMS, and Telecommunications. **First Responders** can log exposures, connect with **Clinicians**, or access relevant mental health resources all in the palm of their hands. See the Behavioral Health tab at www.MFFCIP.org or scan the QR code to download the app to your device.

Potentially Traumatic Events

Potentially traumatic events can be defined as any situation faced by emergency personnel which causes them to experience unusually strong emotional reactions which have the ability to interfere with their ability to function or perform duties effectively. Repeated exposure to these types of events places **First Responders** at a higher risk of experiencing **Behavioral Health Issues**.

Examples of Incidents Which may be Traumatic:

1. Major disaster or mass casualty incidents
2. Serious injury, death or suicide of a firefighter, police officer, dispatcher, or another emergency service provider
3. Serious injury or death of a civilian resulting from emergency service operations
4. Death of a child or similar incident involving a profound emotional response
5. Multiple youth fatalities
6. Any incident that attracts unusually high media attention
7. Any unusual incident which produces an extreme, immediate, or delayed emotional response
8. Cumulative trauma from multiple incidents
9. Events when the victim is known
10. Loss of life following an unusual or extremely prolonged expenditure of emotional and physical energy by emergency services personnel

Common Stress Reactions to Potentially Traumatic Events

Agency leaders should be aware of the following examples of signs and symptoms of stress following the emergency response:

1. Physical - fatigue, headache, nausea, chest pain, breathing problems, sweating, shock, increased illnesses
2. Emotional - depression, fear, grief, guilt, panic, anxiety, powerlessness, anger, overly sensitive
3. Cognitive - difficulty making decisions, sleep problems, nightmares, memory, lowered concentration
4. Behavioral - avoidance, alcohol use, irritability, appetite changes, moody, restlessness, blaming
5. Spiritual - anger, questioning faith, disassociation

Debriefings following Potentially Traumatic Events

Post-incident debriefings should be conducted after potentially traumatic events to allow **First Responders** an opportunity to process the event and reflect on its impact alongside their peers. These discussions have been found to provide emotional first-aid to those impacted by the incident response and assist in building resiliency of **First Responders**. Keep the following in mind:

1. Find a space with privacy and freedom from distractions.
2. No one has rank during a debriefing. Everyone is equal.
3. This is not a time to critique response operations.
4. Only those directly involved in the response, along with any agency support members should attend. Consider including all responders from other agencies who were involved in the incident.

Emergency response agencies should be aware that some **First Responders** may need additional assistance following the post-incident debriefing. Agency leaders should encourage all those members needing additional assistance to contact peer support personnel or the appropriate **Regional Coordinator**. Additional Behavioral Health resources for **First Responder** agencies may be found on the Behavioral Health tab at www.MFFCIP.org.