

Stress and Violence in fire-based EMS Responders (SAVER) Systems-level Checklist

FEMA AFG (EMW-2016-FP-00277)

To download the checklist manuscript, please visit:

https://drexel.edu/~media/Files/dornsife/FIRST/Publications/Taylor_et_al-2019-Occupational_Health_Science.ashx?la=en

Why We Built It

For more than 40 years, industry journals have described workplace violence in EMS. The SAVER Systems-level Checklist took what these industry journals have been saying for decades - that violent events to first responders can be mitigated - and created a checklist for the system, instead of a checklist which would put more burden on already overstretched EMS responders.

The SAVER Systems-level Checklist is an innovative application of traditional checklists designed to shift the onus of safety and health from the individual first responder to the organization. The checklist contains items organized by six phases of EMS response: pre-event, traveling to the scene, scene arrival, patient care, assessing readiness to return to service, and post-event. These items are focused on actions that leadership can institute through training, policy, and environmental modifications.

The checklist also contains six built-in “pause points” which act as feedback loops for the individual responder. The pause points help to distribute the power throughout the hierarchy of the organization and gives the individual responder the autonomy and authority to pause mid-response at multiple time points, should they determine there are risks or threats to their personal safety. The individual-level pause points help the organization create a supportive environment that can further positively impact organizational outcomes such as burnout, job engagement, and job satisfaction, as well as decreasing the number of assaults and injuries experienced by EMS personnel.

This is a FEMA funded grant that is implementing the checklist in 3 large metropolitan fire-based EMS systems (Dallas, Philadelphia, San Diego) and determining its impact on workplace violence and mental health. The SAVER Checklist is already inspiring the development of policies and programs on violence against EMS responders.

FAQs

Can my department participate in the SAVER project?

At this time, the SAVER project is closed to enrollment. If you are interested in participating or learning more about future grant opportunities to prevent stress and violence in EMS, please contact us. Below, read more on how the SAVER Systems Checklist can be used in your department now!

Is the SAVER Systems Checklist available to my department?

Yes, the SAVER Systems Checklist is freely available to the fire and rescue service and is ready to be implemented in your department at any time. Please refer to the FIRST Center's website for the manuscript containing the SAVER Systems Checklist.

How does my department implement the SAVER Systems Checklist?

There are a few options for your department to consider when deciding to implement the SAVER Systems Checklist:

- 1. You can implement the Checklist right away and incorporate the items deemed beneficial by your department.*
- 2. Currently, the FIRST Team is working with the SAVER study sites to draft the Checklist into formal policies that will then be implemented and evaluated. Your department can wait and implement these resultant policies that emanate from the Checklist. Please contact us if you would like to receive a copy of the policies once they are developed.*
- 3. Your department can wait to receive the full evaluative results of the Checklist prior to deciding to implement. While we do not yet have these results, the Checklist is expected to improve organizational and safety outcomes.*

The SAVER Systems Checklist is research-in-progress, so keep in mind that we do not have all the answers for you yet. If your department implements the Checklist, we are very interested in learning about your experience. Your feedback will help us understand how the checklist is being utilized by fire departments across the country and also allows us to ensure that the checklist is adopted and adhered to with the highest fidelity.

The attached pages contain the SAVER Systems Checklist – Please share your thoughts with us!

Questions, comments, or feedback can be directed to:

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Phase 1. Pre-Event

Mission

- 1.1 Does your department have as part of its mission statement (i.e., core values, vision, organizational philosophy, etc.) that the safety and health of its members is paramount in order to provide quality community service?
 - 1.1.a Does the department have as a part of its mission statement the expressed recognition and commitment to emergency medical services?
- 1.2 Does your department implement policies, practices, and procedures that support EMS responder safety?
 - 1.2.a Does your department utilize clear definitions of violence, both physical and verbal? Does this include exposures related to violence (e.g., bites, bodily fluids)? Does your department provide training on all definitions?
 - 1.2.b Does your department have a policy for if and when EMS responders can use self-defense or other means for protecting themselves?
- 1.3 Does your department train EMS responders for potential verbal and physical violence (e.g., prevention, patient abandonment, felonious assault laws, cultural competency, simulation, self-defense, law enforcement cross-training, fit-for-duty, etc.)?
 - 1.3.a Does the training include hands-on self-defense instruction?
 - 1.3.b Does the training include the development of situational awareness?
 - 1.3.c Does the training include how to use department approved protective and defensive equipment?
- 1.4 Does your department encourage a level playing field (i.e., flattened hierarchy) among ranks when expressing safety concerns?
 - 1.4.a Does your department encourage a speak-up culture surrounding verbal and physical violence, without fear of harassment, embarrassment, or punishment?
 - 1.4.b Does your department cultivate a team-centric approach to patient care (i.e., EMS responders, firefighters, dispatchers, and leadership as equal participants of the team)?
 - 1.4.c Is there a standing EMS or labor management committee that regularly meets to discuss responder safety issues?

Zero-Tolerance for Violence

- 1.5 Does your department express through policy that verbal and physical violence against members is not tolerated?
- 1.6 Does your department utilize a placard on the vehicle to educate the public that it is a crime to assault an EMS responder (if the law exists in your state)?
 - 1.6.a Does your department display placard in patient native languages (e.g., Spanish)?

Department Practices

- 1.7 Does your department have a psychological evaluation as part of the hiring process?
- 1.8 Does your department select uniforms that clearly designate and separate EMS responders from other first responders (e.g., police)?
- 1.9 Does your department have a policy that dictates who may ride with the EMS responder?
 - 1.9.a Does your department have a policy concerning who may ride in the patient care compartment of the ambulance?

- 1.9.b Does your department have a policy concerning who may ride in the cab of the ambulance?
- 1.10 Does your department have a policy or procedure that outlines when police should escort an ambulance with a violent or arrested patient?
- 1.11 Does your department have policies for securing patients for their safety and the safety of the responder?
- 1.12 Does leadership in your department ride with EMS responders to have a thorough understanding of their work environment?
- 1.13 Does your department provide ride-alongs and fire/EMS 101 for local politicians, media, researchers, clinicians, etc.?
- 1.14 Does your department have a policy to cross-train with other agencies regarding violence (e.g., Police, Dispatch, Social Work, Community Health, etc.)?
- 1.15 Does your department provide training for dispatchers on recognizing when to flag calls as specific types?

Professional Behavior

- 1.16 Does your department have policies regarding professional behavior and communicating with patients, patient families, and bystanders as a de-escalation technique for EMS responders and dispatchers?
- 1.16.a Does your department have trainings and simulations for EMS responders and dispatchers on professional behavior?
- 1.17 Does your department have de-escalation training for mediating violent acts?

Communication

- 1.18 Does your department have a universal code (e.g., mayday) for distress or emergency for EMS responders?
- 1.18.a Does your police department use the same universal code?
- 1.18.b Does the municipality use the same universal code?
- 1.18.c Does the state use the same universal code?
- 1.18.d Does the entire national EMS services system use the same universal code?
- 1.19 Does your department have the ability to monitor and record violent events in the field (e.g., black box, body cameras, physiological monitoring, etc.)?
- 1.20 Does your department have a means of communicating between the cab and patient care compartment of the ambulance (e.g., window, headset, radio in windowless, video camera display, etc.)?
- 1.21 Does your city use billboards to display EMS personnel working to care for the public and remind the public to be kind when help arrives (e.g., care for those who care for you)?
- 1.22 Does your department have interagency protocols or agreements for communication and data sharing? (e.g., Law enforcement, mutual aid, etc.)
- 1.22.a Have EMS responders been trained how to use interagency communication protocols?
- 1.22.b Has dispatch been trained on how to communicate with police dispatch to coordinate police assistance on EMS runs?

Phase 2. Traveling to the Scene

Dispatch

- 2.1 Does your department have dispatch protocols for when to launch additional resources to support scene safety?
 - 2.1.a Are dispatchers trained on when to launch additional resources?
 - 2.1.b Does your department have a policy requiring dispatchers to keep the caller on the line until EMS arrives to ensure the sharing of information?
- 2.2 Has your department operationalized a 'flag' in your dispatch system to alert EMS responders to previously known violent locations or individuals?
 - 2.2.a Are dispatchers trained in communicating that a 'flag' exists for previously violent locations or individuals?
 - 2.2.b Are EMS responders trained in confirming with dispatch if the location is a previously violent location or individual?

En Route

- 2.3 Does your department have a policy regarding the use of lights and sirens (e.g., responder discretion, tiered response)?
 - 2.3.a Have EMS responders been trained on scenarios which require different uses of lights and sirens?

Police Assist

- 2.4 Does your department have a policy for calls that require police assistance (e.g., dispatch to notify that police are en route, EMS responders have been trained to check for police en route)?
 - 2.4.a Have dispatch, police, and EMS responders been trained on police assist?
- 2.5 Does EMS receive police dispatch data on neighborhoods and locations that have known risks for violence?
 - 2.5.a Are dispatchers trained to know how to use these data to inform EMS responders about risk?
- 2.6 Does your department have the capability to share radio frequency with police?
 - 2.6.a Have EMS responders been trained on how and when to share radio frequency?
 - 2.6.b Have EMS responders been trained to understand police department terminology?
- 2.7 Are there adequate resources to have joint police and EMS response?

Phase 3. Scene Arrival

Body Armor

- 3.1 Does your department have a policy regarding body armor for EMS responders (e.g., ballistic vests, helmets, stab protection)?
 - 3.1.a Are EMS responders trained on how and when to don body armor properly and what weapons the armor protects against?
 - 3.1.b At a minimum, is the department's policy compliant with national standards, such as the NFPA?

Dispatch

- 3.2 Does your department have a policy in place for EMS responders to communicate scene conditions upon arrival?
 - 3.2.a Have EMS responders been trained on how and when to communicate scene conditions?
 - 3.2.b Has dispatch been trained on how to respond depending upon the update from EMS responders?

Staging

- 3.3 Does your department have policies for staging ambulances during events with a strong potential for violence (e.g., underlying medical condition, drug and alcohol influence, domestic violence, suicide attempts, behavioral/mental health emergencies, civil unrest, active shooters, terrorism, etc.)
 - 3.3.a Have EMS responders been trained on staging and exiting protocols?

Interagency Incident Command

- 3.4 Does your department have protocols on communicating field updates to dispatch and vice versa?
 - 3.4.a Has dispatch been trained on receiving and responding to field updates while fielding other calls?
 - 3.4.b Has dispatch been trained to communicate with necessary agencies if an update necessitates more EMS responders or police?
 - 3.4.c Does your department have a feedback mechanism for communication failures and breakdowns?

Scene Assessment and Safety

- 3.5 Does your department have protocols and tools for scene assessment?
 - 3.5.a Have EMS responders been trained on protocols for scene assessment?

Phase 4. Patient Care

De-escalation

- 4.1 Does your department have Standard Operating Procedures [SOPs] for specific call types as it pertains to becoming a potential threat to EMS responders (e.g., underlying medical conditions, drug and alcohol influence, domestic violence, suicide attempts, behavioral/mental health emergencies, civil unrest, active shooters, terrorism etc.)?
 - 4.1.a Have EMS responders been trained on these SOPs and how to care for patients in these specific call types?
 - 4.1.b Have EMS responders been trained on how to protect themselves in these situations?
- 4.2 Does your department have training on assessing patients and bystanders, and their environment and immediate vicinity for threats (i.e., physical, mental, or metabolic conditions, egress routes, physical barriers for bystanders, cover and concealment, potential weapons, etc.)?
- 4.3 Does your department have policies on de-escalation techniques for various patient conditions (i.e., physical, mental, or metabolic conditions)?
 - 4.3.a Have EMS responders been trained on these de-escalation techniques?
- 4.4 Does your department have policies on when to call for backup at the earliest recognition of a threat?
 - 4.4.a Does your department have a graduated response to various levels of threat recognition, both from patient and bystanders?
 - 4.4.b Have EMS responders been trained on when to call for backup?

Restraints and Self-defense

- 4.5 Does your department have policies on when to use restraints (i.e., chemical restraints, physical restraints), and what interagency involvement is needed (e.g., Police, Medical Control, etc.)?
 - 4.5.a Are EMS responders trained on when and how to use restraints when not in contact or without approval from medical control?
- 4.6 Does your department have a policy on self-defense?
 - 4.6.a Are EMS responders trained on self-defense techniques (e.g., breakaways, disarming, evasive actions, and less lethal tactics such as taser and mace)?
 - 4.6.b Have EMS responders been trained on city and state laws related to self-defense and what is an appropriate response per department policy?
- 4.7 Does your department have a policy regarding leaving the scene - with or without the patient - when EMS responders' safety is at risk?
 - 4.7.a Have EMS responders been trained on this policy?

Weapons-related Safe Actions and Practices

- 4.8 Does your department have policies regarding safe practices while administering care (e.g., if weapons are found on patient or bystander, etc.)?
 - 4.8.a Does your department train EMS responders on these safe practices?
 - 4.8.b Is dispatch trained to inform EMS responders if weapons are on scene?
 - 4.8.c Have EMS responders been trained on safe practices while in the ambulance and administering patient care?
- 4.9 Does your department have a policy on weapon discovery and securement when in transit?
 - 4.9.a Have EMS responders been trained on this policy?
- 4.10 Does your department use a standardized coded language to convey danger on scene with all relevant agencies (i.e., EMS, Police, Fire, Hospital, etc.)?
 - 4.10.a Are EMS responders trained in the coded language to notify dispatch of any concerns (e.g., crowd forming) and to call dispatch for backup (e.g., police assist, extra fire truck)?
 - 4.10.b Is dispatch trained in this coded language to safely communicate with EMS responders in the field?
 - 4.10.c Does your department have a 'panic button' mechanism in place when coded language or verbal communication is not an option?

Transport and Transfer to the Hospital

- 4.11 Does your department have a policy regarding receipt of dangerous or violent patients in emergency department?
 - 4.11.a Have EMS responders been trained on this policy?
- 4.12 Is there a system in place to let the hospital know that an EMS responder has been injured?
- 4.13 Is there notification during handoff at the hospital to alert staff of patient or bystander violence?

Phase 5. Assessing Readiness to Return to Service

Readiness to Return to Service

- 5.1 Does your department have a policy that gives EMS responders and supervisors the autonomy to decide what they need physically and emotionally after a call, prior to returning to service (e.g., return to quarters, peer support, Critical Incident Stress Management (CISM), Employee Assistance Program (EAP), time off before return to service, seek religious counsel, etc.)?
 - 5.1.a Are you tracking what options are used?
 - 5.1.b Do all EMS responders (from top-down: chief, supervisors, field personnel) receive recurrent training on how to recognize acute, cumulative, and chronic stress exposures from on-duty sources and their personal lives in themselves and others?
 - 5.1.c Do all EMS responders (from top-down: chief, supervisors, field personnel) receive recurrent training on how to reflect on stress of the job and the importance of reflection as professional practice (e.g., post-incident emotional assessment)?
 - 5.1.d Are there certain calls or circumstances that result in a mandatory wellness check-in?
 - 5.1.e Do EMS personnel receive training and resources to build personal resiliency to deal with stressors outside of work?
- 5.2 Does your department have a policy that allows for recovery from work to reflect at the end of a call (e.g., post-incident emotional assessment), have breaks for food, time to use the bathroom, or rest during their shift?
 - 5.2.a Does your department have a policy regarding under what circumstances a unit can be forcibly/automatically returned to service, and who has the authority to override such an action (i.e., dispatcher, EMS responder, supervisor)?
 - 5.2.b Have dispatchers been trained on when they can and cannot call an ambulance back in service from a break?
 - 5.2.c Have dispatchers been trained on when EMS responders can override a return to service decision?
 - 5.2.d Have EMS responders been trained on how to communicate breaks to dispatch?

Physical and Psychological Injury Assessment

- 5.3 Does your department have a policy that outlines how to support an EMS responder (physically and emotionally) who has experienced verbal or physical violence?
 - 5.3.a Do supervisors have training in stress recognition and management?
 - 5.3.b Have supervisors received training on how to identify and respond to EMS personnel expressing a need for breaks, or those suffering from stress exposure?
 - 5.3.c Does your department have a policy that allows supervisors to encourage responders to seek help?

- 5.3.d Are the necessary support services available to EMS responders (e.g., counseling, Stress First Aid, Critical Incident Stress Management (CISM), Employee Assistance Programs (EAP), peer support programs, Crisis Response Teams (CRTs), Chaplains, etc.)?
- 5.4 Does your department have a non-punitive policy that specifies that coworkers should notify their field officer/supervisor when their partner is showing signs of stress exposure, or has experienced violence/injury?
 - 5.4.a If yes, are coworkers able to report concerns anonymously?
- 5.5 Does your department have a policy that specifies that EMS responders should notify their supervisor when they have experienced verbal or physical violence with or without injury?

Staffing Policy

- 5.6 Does your department have policies to increase EMS responder staffing to cover overworked EMS responders as needed (e.g., having two additional EMS responders per shift to provide relief/coverage)?
 - 5.6.a Does your department have adequate staffing to support overworked or vacant positions?
 - 5.6.b Does your department have an agile overtime policy that can be implemented when someone needs to be taken out of service for emotional/physical recovery?
- 5.7 Does your department have stress pay/mental health days (i.e., day/days off) available for EMS responders?
 - 5.7.a Does your department differentiate work-related stress as an injury or a personal illness?
 - 5.7.b Can personnel use sick leave for mental health days?
 - 5.7.c Does your department clearly communicate if sick days can be utilized as mental health days?
- 5.8 Does your department have a policy/procedure to rotate EMS responders from busy stations to less busy stations for recovery time?
 - 5.8.a If yes, is it voluntary or mandatory?
- 5.9 Does your department routinely rotate responders between EMS and fire duties to provide relief from EMS overwork?
- 5.10 Are EMS responders trained on how, when, and who to ask for support and specialized resources when in need of recovery from work?

Phase 6. Post- Event

Reporting

- 6.1 Does your department train on the importance of and methods associated with reporting violent events?
- 6.1.a Does your department perpetuate a safe culture for reporting so that members will not be disrespected or dismissed for reporting a violent event (i.e., will all reports be treated with seriousness and respect)?
- 6.1.b Does your department encourage the reporting of all incidents of violence (verbal or physical) to reporting systems like EMERG, Occupational Safety and Health Administration (OSHA) 300, National Firefighter Near Miss Reporting System (NFFNMRS), National Fire Incident Reporting System (NFIRS), state requirements, etc.?
- 6.1.c Does your department investigate ways to administratively simplify multiple reporting systems to encourage reporting of violent events?
- 6.1.d Does your department encourage reporting violence that leads to physical injury and a clear process that leads the EMS responder to report to Workers' Compensation?
- 6.1.e Does your department have a way to disseminate immediate and brief information describing the violence experienced by your members?
- 6.1.f Does your department have a policy that protects an EMS responder's time – either by going out of service or using overtime – so that they can easily report any acts of violence or exposure they experienced on a call, before they return to service and go on their next call?
- 6.1.g Does your department training include guidelines and best practices for documentation (including appropriate terminology) that can help to support the EMS responder, should the EMS responder narrative be used in court proceedings (i.e., inclusive of appropriate documentation for use of force, self-defense, and restraints, etc.)?
- 6.1.h Does your department train EMS responders with a checklist that describes what should be included in a patient care report narrative regarding on scene violence targeting responders?
- 6.1.i Does your department train EMS responders on how to communicate with police or investigators regarding a violent incident, when appropriate?
- 6.1.j Does your department have a policy for collecting data for when dispatch does not advise crews of appropriate staging? Is there a mechanism for reviewing this policy?
- 6.2 Does your department have a policy that dictates that dispatch will flag previously known violent locations as reported by EMS responders, and this information will be conveyed on future calls without inadvertently identifying individuals?
- 6.2.a Does your department have a policy that the violence dispatch flag is included in the Quality Assurance and Quality Improvement (QA/QI) process?
- 6.2.b Does your department have policies to regularly update the list of violent locations?

Organizational Support

- 6.3 Does your department have accessible and timely medical oversight to clear responders to return to work without docking pay or missing shifts?
- 6.4 Does your department have a return to work policy that addresses long-term clearance by mental health professionals?
- 6.5 Does your department issue guidance (SOP/SOG) for dispatchers and supervisors on how to interact with an injured EMS responder (e.g., acknowledging the violent encounter and its impact, not blaming the EMS responder, asking if they need treatment or psychological assistance, informing EMS responders of all reporting options such as Workers' Compensation (if necessary), and assisting them with pressing charges (if desired), asking for their perspective on how this could have been prevented and what departmental resources are needed, contacting or visiting injured EMS responders at their home or medical facility by the department or IAFF local, disseminating information back to the department, providing support to injured responder)
- 6.5.a Do your department's supervisors receive recurrent training on this checklist?
- 6.5.b Does your department have a policy that dictates immediate supervisor actions as they relate to filing reports of violent incidents?
- 6.6 Does your department utilize informal After Action Reviews (AAR) following violent events (e.g., What was your mission? What went well? What might we have done differently? What could have gone better? Who needs to know? How could this have been prevented and what resources from the department are needed?)
 - 6.6.a Are lessons learned from the informal AAR shared in a way that protects the responder's privacy
 - 6.6.b Does your department have a protocol in place for an AAR of calls that required notifications, updates, or emergency communications?
 - 6.6.c Is information that is gained after an AAR shared with the rest of the department?
 - 6.6.d Does your department change policy/SOPs from items learned in the AAR process?
- 6.7 Does your department measure organizational outcomes that are important to EMS responders (e.g., burnout, job satisfaction, engagement, intention to leave the profession, turnover)?
- 6.8 Does your department offer recurrent training to field supervisors and leadership on the importance of safety culture, safety outcomes, and organizational outcomes?

Immediate Mental Health Support

- 6.9 Does your department have one or more post-incident support programs instituted for EMS responders who need them? (e.g., Stress First Aid, Critical Incident Stress Management (CISM), Employee Assistance Programs (EAP), peer support programs, Crisis Response Teams (CRTs), Chaplains, etc.)
- 6.9.a Has your department identified a best practice for implementation of confidential mental health support (e.g., before returning to service, after returning to quarters, informally - when convenient and asked for by EMS responders)?
- 6.9.b Has your department considered external resources to provide the appropriate level of support for post-incident needs (e.g., peer support group for high risk occupations, EMS responder-trained psychologists, etc.)?
- 6.9.c Has your department considered using an outside agency to handle EAP (should not be in the same building as department administration)?
- 6.9.d Has your department trained members on how to access these resources and/or best practices for implementation, should they need them?

Long-Term Physical and Mental Health Support

- 6.10 Does your department have a policy that an Employee Assistance Program (EAP) representative, mental health counselor, city insurance case manager, etc., can perform mental health checks on injured EMS responders?
- 6.11 Are diverse modalities offered within the department for mental health support programs (e.g., Psychological First Aid, Critical Incident Stress Management (CISM), Complementary Alternative Medicine modalities (CAM), HeartMath, Mindfulness-based Stress Reduction programs (MSBR), etc.)?
- 6.12 Have EMS personnel, regardless of rank, been trained on recognizing signs of cumulative stress, paying particular attention to the long-term impact of this work?
- 6.13 Do those contracted to provide mental health services have demonstrated experience working with EMS responders?
- 6.13.a Are these mental health services accepted by EMS responders?
- 6.14 Does your department provide recurrent training on adaptive skills, such as coping and resiliency?
- 6.15 Does your department's training curriculum recognize and train on stress as a chronic occupational exposure, including the relationship between the EMS responder workload and its cumulative stress impact?

6.15.a Are EMS personnel, regardless of rank, trained on stress as a chronic occupational exposure (i.e., trained on the physiological effects of stress, recognizing cumulative stress exposure in one's self and others)?

Support for Court

6.16 Does your department train EMS responders to know that your state has criminal statutes, should they be assaulted?

6.17 Does your department provide support and information about available resources for court to the assaulted EMS responder as they maneuver the court/legal system?

6.17.a Does a member of your department, IAFF Local, or other advocate attend court with the assaulted responder?

6.17.b Does your department have a policy that specifies that preparation for the judicial process and court appearances are compensable activities?