Course Learning Outcomes for Unit VII

Upon completion of this unit, students should be able to:

1. Formulate an awareness of how adopting standardized policies for responding to emergency scenes can minimize near-misses, injuries and deaths.
2. Explain how the increase in violent incidents impacts safety for emergency services personnel when responding to emergency scenes.
3. Recognize the need for counseling and psychological support for emergency services personnel and their families.

Reading Assignment

Chapter 11: Emergency Response

Chapter 12: Occupational Behavioral Health in the Emergency Services

Unit Lesson

The investigation of risk to firefighters working on the emergency scene dates back to 1973 with the America Burning and the America Burning Revisited Reports. Line of duty deaths (LODD) during emergency responses were quite common in the past. Over 20% of the LODD are due to emergency vehicle crashes. In 1998, the University of Michigan Transportation Research Institute performed a three-year study which indicated that over 2300 emergency vehicle response incidents were due to vehicle collisions. Six of those occupants in emergency vehicles were killed. Over 400 injuries were reported to firefighting personnel who were in the vehicle responding or returning from emergency calls. During that same time period, fire and emergency vehicles responding to emergency runs were involved in over 14000 vehicle related crashes. These numbers are based on over 25.3 million responses to automobile accidents.

The National Volunteer Fire Council highlighted safety in the fire and emergency services with a four-step safety engineering approach meant to limit accidents and loss: engineer out the problem, implement loss reduction techniques, implement loss reduction control, and train personnel regarding safety devices. Policies and procedures should be in place regarding the use of emergency vehicles in a reckless manner: running red lights, no use of sirens and emergency vehicle warning systems, failure to don PPE, and placing the lives of passengers in jeopardy. It is up to the department to enforce the policies and procedures for life safety emergency response vehicle issues. Attitude is a large part of performing safe practices and begins with administration. At a minimum, safety policies and standards should cover wearing seatbelts, intersection safety, approaching railroad tracks, coming to a complete stop, school buses, and operating an emergency vehicle during a violent situation. Departments should implement NFPA 1002, Standard for Apparatus Driver/Operator Professional Qualifications and NFPA 1451, Standard for a Fire Service Vehicle Operations Training Program.

Many firefighters are killed or injured because they do not wear seatbelts. State and federal regulations require that seatbelts be used during emergency operations as well as in daily activities. Fire departments must insist upon proper seatbelts associated with donning of PPE while en route to an emergency scene. The importance of wearing a safety belt can be seen at railroad crossings as well. It is important for the driver/operator to approach the rail crossings with great care and minimizing the use of the siren. Actively listening for the train horn and then proceeding are part of the safety culture that needs to be developed when responding to the emergency and also when approaching the rail area. Some of the other safety precautions...
that should be taken into consideration concern back-up procedures, braking and distancing, traffic control awareness, yielding to school buses with the appropriate flashing lights, and the impact speed has on stopping the apparatus. Excessive speed coming around corners, the inability to stop, and loss of control from hitting potholes or overcorrecting are some of the pitfalls and dangers for drive operators moving at excessive speeds.

Responding to violent incidents makes emergency calls different in nature. Pre-incident planning and communication with other agencies is imperative to the success in dealing with violence, such as an active threat, domestic scenes, or medical emergencies surrounding drugs. On the other hand, some departments have instituted a non-emergency response to situations. This would include the development of a policy stating if no lights and sirens are needed for the response, sending initial units with no lights and siren, and having designated training regarding what constitutes non-emergency runs. A safe response to emergencies would include ensuring an orderly scene prior to entering the emergency, communication with dispatch, and asking what human factors are involved and what types of damages could occur with this response, if any.

Traffic preemption devices are a new form of technology assisting driver/operators to pass through the intersection with lights changing to green for the apparatus to pass through; however, there are incidents where the lights might not be obeyed by oncoming traffic. Keep in mind the traffic emitter does not guarantee there will be right-of-way for fire apparatus to pass through immediately. Caution must be exercised at all times. In an effort to minimize the number of traffic deaths and injuries occurring en route and returning from the scene, roadway training and response must be taken into consideration for driver/operators. Collaboration with other agencies and proper vehicle placement are imperative to the success of the operation while working on the emergency scene to minimize the risk of traffic accidents and LODDs.

The occupational health demands that are placed on firefighting personnel and emergency services are great. Not only are physical health issues involved with the profession, but behavioral and mental health issues are associated with some of the long-term and short-term effects of the profession. Four factors demonstrate why firefighters’ work experience cannot be so simply explained: nature of the incident, post-incident intervention, differences in individual response, and interconnected nature of factors. Depending on the type of incident that occurs, resilience may be a factor for firefighting personnel returning to a sense of normalcy. This may be based on the actions and dispositions of those surrounding the firefighter in the occupational environment, the social context and disposition of the firefighter, and the offering of a Critical Incident Stress Debriefing (CISD) program. Another option would be a Critical Incident Stress Management program (CISM) that includes a seven-step process dealing with crisis preparatory areas to assist firefighting personnel in coping with daily and occupational stressors.

Stress is very real. Many firefighting personnel feel better after speaking with someone regarding an incident that may cause negative recollections. The previous generation of firefighters had resistance to behavioral health interventions due to tradition and pride. Today, however, NFPA 1500 requires a form of intervention program be made available to firefighting personnel, and that the option is extended to family members, as well. On the other hand, side effects from this intervention may result and reactions to the incident and intervention may be counterproductive. Any potentially traumatic event (PTE) has a chance of being disruptive in the behavior of a firefighter. Preparing fire departments to fully make a decision on implementing a behavioral health program is a step in the right direction; however the manner in which the program is implemented may have an impact on acceptance or resistance from department members. Working with occupational exposure, evidence-based practices, having a behavioral health system in place, and promoting the program in a positive manner will increase the likelihood of acceptance in the field. Matching the organizational needs and the personal response are critical areas that should be examined while implementing such a program. Working with firefighters in 30-minute intervals either with co-workers or alone is one of the suggested practices with success rates. Those who indicated they were more likely to speak with someone regarding an incident stated they would do so at their own pace. An early and reliable, non-intrusive intervention is suggested for dealing with issues that may arise after an event. The majority of firefighters will not require clinical treatment, but providing a well-documented report concerning the difficult line of duty call would be beneficial for the firefighter and the department.

If the need arises, there are several forms of care that can be offered regarding difficult duty responses. Stepped care, providing progressively more intensive clinical care based on the necessity, evidence based treatment of clinical solutions, a standard care for Post-Traumatic Stress Disorder (PTSD), and other routine therapies are offered to firefighting personnel. Department-wide protocols should be developed regarding PTE in order to further assist the firefighter who has been impacted by an event. One of the main questions to
ask, “Does the firefighter desire further assistance?” If this is the case, further measures can be taken with TSQ screening, a short questionnaire based on the feelings being experienced from the firefighter regarding the event, and possibly followed-up with further interventions with a specialized clinician.

Finally, a comprehensive behavioral health program should provide assistance for both firefighters and their families. Counseling and intervention are important areas to cover in the program, however, wellness, fitness and safety should also be offered as a multi-tiered approach to behavioral health. Effective behavioral health programs will address issues that occur both in the workplace and at home.

Unfortunately, only 70% of the fire departments in the US stipulate there should be a health program and an annual physical. NFPA 1500 does not stipulate what services should be provided in a member program, nor does it stipulate protocols and assessments for treatments regarding a behavioral health program. Eventually, the overall intent is to bring fire departments into compliance with standards and new procedures regarding behavioral health assistance.

Reference


**Suggested Reading**

Click [here](#) to access a PDF of the Chapter 11 Presentation.

Click [here](#) to access a PDF of the Chapter 12 Presentation.

The National Center for Posttraumatic Stress Disorder: The Center aims to help U.S. Veterans and others through research, education, and training on trauma and PTSD.

[http://www.ptsd.va.gov](http://www.ptsd.va.gov)