# EMOTIONAL RESPONSE IN EMS

*When is enough, enough?*



**Ambulance Service Manager**

**Fall 2021**

**Presented by Fitch & Associates**

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Emotional Response in EMS

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EMOTIONAL RESPONSE IN EMS

This project revolves around Emotional Responses in Emergency Medical Services(EMS). As in many Emergency Service Industries, emotions can run high. On the surface, those emotions would appear to revolve around the individual and the call they are responding to. However, some emotions go far beyond the specific 9-1-1 response. Approximately thirty percent of First Responders develop mental health disorders, including Acute Stress Disorder (ASD), depression, and post-traumatic stress disorder (PTSD), versus twenty percent of the general population (Langabeer et al., 2020). With EMS already being at increased risk, these agencies must take extra precautions with their workforce.
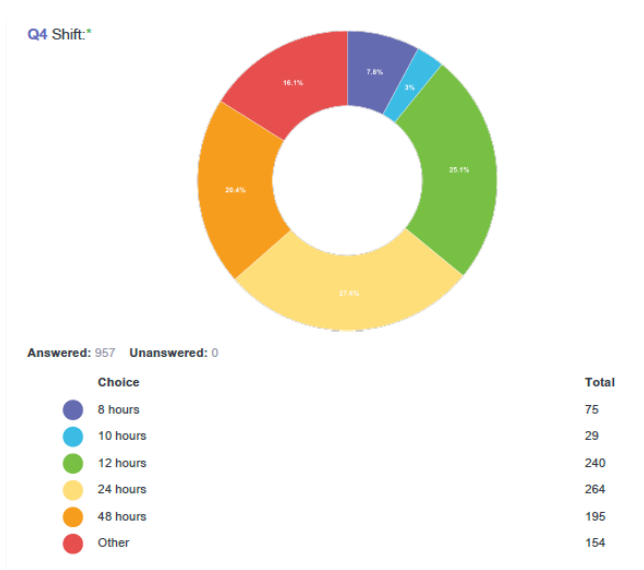


Knowing that EMS has a wide range of shift hours available to their employees, it was important for this project to capture this data. There can be arguments for each shift type's pros and cons, but including this data in the survey was necessary. The project did not include whether the respondents to the survey were working in a remote area, but understanding that exhaustion from long hours may be a contributing factor to their responses.

Another data point the project needed to focus on was tenure within EMS. The team wanted to compare seasoned EMS professionals with those relatively new to the profession. This can be telling due to the adage of "just get over it" when tenured medics respond to a potentially

emotionally difficult call. More recently, many ambulance services are offering mental health services to their employees.

Many other data points were captured within this survey. Knowing the history of suicide within the respondent's family or close acquaintances, personal or family history of mental illness, and knowing how each survey participant was affected by the many different call types presented.

Working as a team, six Paramedic Managers, spread across the United States, came together to solve these issues. This anonymous survey was sent out to the ambulance services where these six managers work and the corresponding Health Departments of each state, including Arkansas, Florida, Illinois, Michigan, Missouri, and Pennsylvania. Gathering input from different service models and a range of demographics and run volume was essential to the team. These managers wanted to make sure to develop research that could continue to grow and be easily deployed in EMS agencies, no matter their size or service type. In addition, implementing the tools discussed in this report can be used to increase morale and retention and improve mental health and potentially save a life.

HYPOTHESIS

There is a direct link to Emotional Responses that EMS Professionals possess and the specific 9-1-1 calls to which they respond. To help reveal this direct link, we will utilize the Adverse Childhood Experiences (ACE) Score and our research from EMS professionals. Based on information from the Center for Disease Control (CDC), 61% of adults had an ACE score of one, and 16% had four or more types of ACEs. The impacts of ACEs are unsurmountable. Impacts on health include depression, heart disease, obesity, Chronic Obstructive Pulmonary Disease (COPD), addictive behaviors such as smoking and drinking, and lack of future education

and unemployment. This direct link to Emotional Response ties directly to the EMS professionals.

<div align="center">OBJECTIVE</div>

Utilizing the link between ACE scores, emergency response personnel, and the types of emergencies they respond to is crucial to this research. The team will consider age, gender, shift hours, time served in EMS, licensure level, and 9-1-1 responses. Knowing that EMS Professionals have higher rates of suicide, this team intends to create a predictive tool for First Responders.

Over the past decade or more, study after study has shown that EMS providers have a higher risk of suicide or suicidal ideation than the general public. Because of this, the National Institute of Health (NIH) increased funding to $103 million in 2017, but this has not stopped the number of suicide attempts. According to the Supplemental Research Bulletin, an estimated thirty percent of First responders develop health conditions including depression and PTSD, compared with twenty percent in the general public.

Many of the studies we have found focus on firefighters; however, in one study (Stanley et al., 2016), they found that when adding EMS to a firefighter's duties, there is a sixfold increase in the likelihood of them reporting a suicide attempt as compared to firefighting alone.

In addition, 6.6 percent of fire and EMS professionals report attempting suicide compared with 0.5 percent of civilians. This is strong evidence that a proactive approach to suicide and PTSD prevention is needed. The days waiting for "the bad to happen" then asking if the provider is okay must be the way of the past. Instead, a new proactive approach is warranted through a predictive tool that rates calls by emotional severity combined with ACE and family dynamic scores.
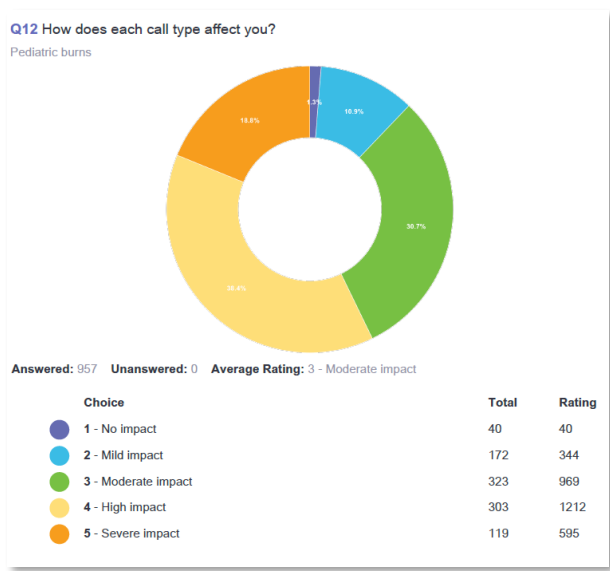
This tool will be utilized to save lives and help with an overall improvement in mental health. Using data already collected by many EMS agencies across the United States, agencies can calculate an approximate time to make contact with the employee and make recommendations for seeking further guidance, assistance, or counseling. This assistance can be a professional service, impromptu counseling through a co-worker or supervisor, or just a casual follow-up conversation to check on the employee.

SURVEY

Understanding that much research about PTSD, stress, anxiety and suicide rates in the EMS profession has been performed, this team wanted to know more about specific situations. It was important for the team to understand how individuals from different groups were affected by calls. These groups consisted of Age, Tenure, Sexual Orientation, Shift Type, and Licensure Level. The team wanted to find out how each group of EMS Professionals would be affected by each of these call types, rating from no effect to severe effect. These call types for pediatric and adults include traumatic arrest, medical arrest, burns, drowning, homicide/suicide, high mechanism trauma, and general medical calls.
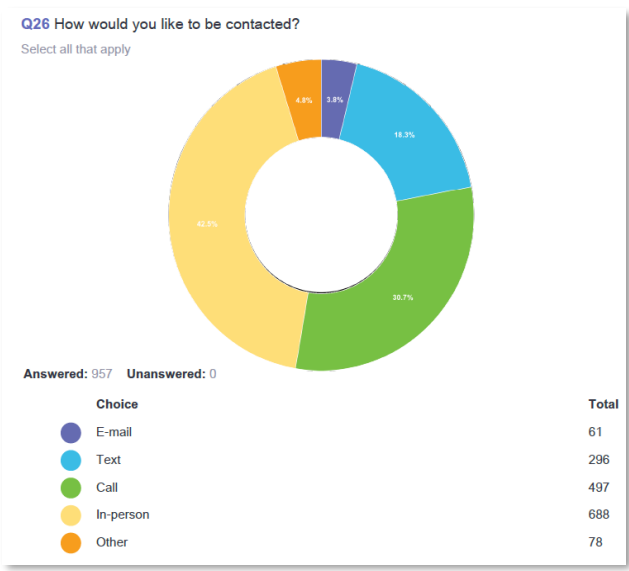
There were a lot of different hypotheses the team presumed to be accurate, such as more tenured employees may not be affected by specific calls as those less tenured than them. Also, the team thought younger EMS professionals might be affected by calls more so than older EMS professionals. However, the team discovered in their research that no matter an EMS Professional's tenure, there are less than 0.4 points in the highest and lowest average per group between all the questions. The same held with minimal point differences in the groups of age, shift type, and licensure level. The data did show that females are affected by the example call types more than males across the entire set of questions, as seen in Appendix A.

EMOTIONAL RESPONSE



**Q12** How does each call type affect you?
Pediatric burns

Answered: 957   Unanswered: 0   Average Rating: 3 - Moderate impact

| Choice | Total | Rating |
|---|---|---|
| 1 - No impact | 40 | 40 |
| 2 - Mild impact | 172 | 344 |
| 3 - Moderate impact | 323 | 969 |
| 4 - High impact | 303 | 1212 |
| 5 - Severe impact | 119 | 595 |

The data did not show what the team thought would be accurate but revealed something important: Concerning age, tenure, sexual orientation, shift type, and licensure level, emergency call types as were described in our survey, on average, affected each respondent approximately the same. For example, with a response option of 1 through 5, with 5 being severely affected, a pediatric burn call type had a 0.1-point difference in how severely the EMS professional was affected. This held true with the average responses of the groups for tenure, shift, sexual orientation, and age, with the average scoring of 3.2, 3.3, 3.3, and 3.3, respectively.



**Q26** How would you like to be contacted?
Select all that apply

Answered: 957   Unanswered: 0

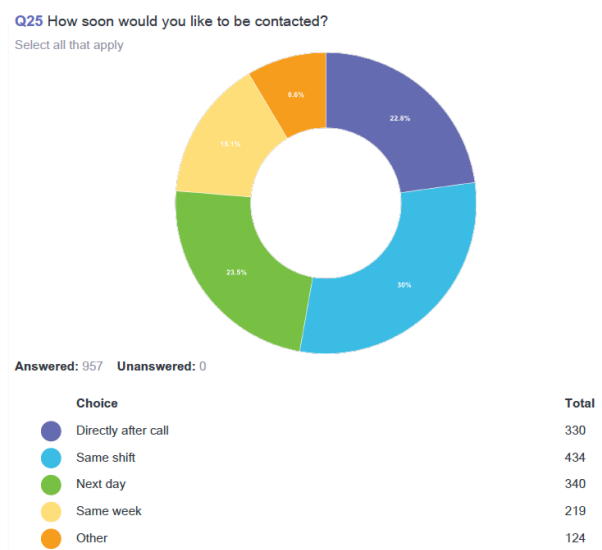| Choice | Total |
|---|---|
| E-mail | 61 |
| Text | 296 |
| Call | 497 |
| In-person | 688 |
| Other | 78 |

The team wanted to get a general idea of how respondents wanted to be contacted after traumatic calls and how soon and by whom. For how they wanted to be contacted, the survey included: e-mail, text, call, in person, or other. The survey allowed for the participants to select multiple options for this answer. Over seventy percent of the 957 participants who chose to answer this question wanted contact in person. This is huge for management and supervisors to know and understand moving forward. It is so important to make contact with employees after serious calls.

**Q25** How soon would you like to be contacted?
Select all that apply

**Answered:** 957   **Unanswered:** 0

| Choice | Total |
|---|---|
| Directly after call | 330 |
| Same shift | 434 |
| Next day | 340 |
| Same week | 219 |
| Other | 124 |

For how soon, the survey included: directly after the call, same shift, next day, same week, or other. The team found it also essential to find out what EMS professionals thought about "who" they were contacted by, so the survey had the following options: Chief, Director, or Manager, Shift or Field Supervisor, Co-worker or Friend, Mental Health Specialist or a Special Team, chaplain, or other. This is also another critical data piece, as this shows that the majority of EMS Professionals want to be contacted by a co-worker or friend, shift/field supervisor, or mental health specialist of a unique team.

## COMMENT SECTION

At the end of the survey, the team wanted the participants to give any feedback or comments that they may want to share. Knowing that this may be a challenge to analyze all the comments, this was an important aspect the team wanted to include and showed itself as just that important. Keeping in mind that this survey was 100% anonymous, a participant within the first few days of the survey being released reached out for help.

When asked how to identify their needs better, to improve the current systems in place, the respondents gave both examples of things they are already doing (independently) to respond to those around them and suggestions for organizational support. For example, many in the group mentioned reliance on friends and family (specifically those with mental health qualifications), positive self-talk and grace toward self and colleagues, and dependence on faith-based support systems. On the other hand, organizational suggestions mainly focused on improving structural

supports (including workplace culture) and providing all stakeholders with specific, tangible resources.

Structural supports listed as beneficial include:

- Regular and relaxed debriefings the day after emotionally troubling calls are a way to normalize getting support and an avenue for those in need to reach out

- Time after tough calls to decompress, including immediate relief on a shift from truck duty and procedures for employees to take a day of absence to reset

- Clearly posted and consistently reinforced procedures for getting help (whom to reach out to and how) that are standard after specific calls and not employee-initiated

- Setting up a "buddy system" where personnel have designated individuals to vent to and check in on, specifically partnering experienced medics with those new to the field

In conjunction with these structural supports, respondents asked for specific pieces of training that address "what to say when a co-worker has had a difficult call," how to deal with the stress of abuse of the system calls (drug-seeking, ambulance taxi rides, etc.), and handling systemic stressors, such as vaccine mandates. Additionally, many also cited the need for access to non-supervisory mentors or long-term professional therapists who have experience with the trauma experienced by health care workers. They stressed that it was vital to make these resources available and affordable, such as making this a part of the employee's benefit package. Finally, it was suggested that a statewide hotline system, specific to health care workers and those similar in structure, be added to the state's Safe to Say program implemented for schools, would be a practical across-the-board resource.

Finally, many emphasized the need for foundational supports that will allow all involved to deal with job-specific stressors more effectively. Per a respondent, "When done properly, such

a structure allows employees to feel safe to reach out for help and decreases the sense that one must face such crises alone, regardless of the type of call or cumulative stress. The current climate in EMS lends to the sense that it is the individual against the world and a facing every day of not having the most basic needs met in a shift. An organization cannot expect to adequately address mental health needs and build trust without first addressing the basic needs of family, food, water, sleep, bathroom breaks, and safety" (Anonymous, 2021).

There were many comments, generically, that thanked the team for doing this research. Many participants gave great feedback, such as "Talking [and] action about mental health in EMS is imperative. I have lost co-workers/friends [and] colleagues to suicide from the effects of EMS calls. As the EMS community, we have to break the stigma of mental health in this business. The only reason I have survived nearly 30 years in EMS is my Christian faith runs deep, especially with my [pediatric] calls. Knowing [and] believing helps my coping while my heart aches for the family left behind. This business is a true calling [and] I wouldn't change my career path for anything!" Just this feedback alone was worth this research. It allowed the participants to speak freely without worry of reprimand.

## THE SCORE: ADDING IT ALL TOGETHER

The concept of scoring is simple. Each call type has an average of how severe the participants were affected. These numbers can be added together throughout the tenure of the employee. The total of these numbers is calculated with the employees' ACE score. The ACE score will have a certain weight associated with the score. The ACE scores would be obtained during the employees' orientation period, and the answer to the specific questions should not be known to the employer. This total score should be saved in a database where calculations can

occur. The weight can be as simple as the following categories: 1-2 (110%), 3-4 (120%), 5-6 (130%), 7-8 (140%), and 9-10 (150%).

One example would be a 26-year-old female, which has been in EMS for three years and is an EMT-Basic, who transported a pediatric patient with severe burns. During orientation, this employee took the ACE test and scored 1. Therefore, if the average impact of a pediatric burn patient is 3.3, this employee would have a score of 3.63 [3.3 x 110% = 3.63] after their ACE score is figured into the equation.

Another example would be a 55-year-old male, which has been in EMS for more than 20 years and is a Paramedic with an ACE score of 7. This employee responded to several bad calls within the last year, including 2 pediatric arrests, 4 adult cardiac arrests, 2 adult high-mechanism traumas, and 1 pediatric drowning. This employee's ACE score calculated; he would have a score of 32.41 [ (3.3 x 2) + (2.08 x 4) + (2.36 X 2) + (3.51) = 23.51 x 140% = 32.41]. A similar employee with an ACE score of 2 would have a score of 25.86 [ 23.51 x 110% = 25.86]. See Appendix B for an example of what the concept would be for scoring.

## ADDITIONAL RESEARCH NEEDED

Even though this started as an ASM Group Project, the team wants to continue this research moving forward. There are so many different variables that can also be calculated with the score. Considering each employee in EMS as their unique individual can impact their Emotional Response Score. For example, if an employee recently had their grandfather pass away, that employee may have a more severe reaction to generic senior adult cardiac arrests than before. The same is true for an employee with kids versus an employee who does not have kids or an employee who recently had a child and responds to pediatric calls after the birth of their child. Many factors can also be considered if more time and resources are available for additional

research and study. This group would also like to evaluate further the effects of tenure, shift

hours, age, and sex of the crew members.

CONCLUSION

There is much information, caring individuals and groups, administrators, doctors, and

therapists trying to handle the traumatic scenes EMS providers experience. It seems that there are

a vast array of phone numbers and groups, both active and defunct, that specialize in helping

EMS providers in their time of need. Unfortunately, what the team found through their research

and literature review are very few providers actually provide mental health services to their

employees, especially smaller agencies. What is most important is that EMS professionals know

where to go for help, know whom to call for help, are willing to ask for help, and follow through

if given the information and not left to fend for themselves.

This project sought to identify EMS providers who may need assistance through a

combination of scoring tools. Beginning with the Adverse Childhood Experience (ACE)

questionnaire, we intend to weigh the score with the employee's self-reported score. Secondly,

this group intends to use scores from highly emotional calls such as Pediatric Drownings and
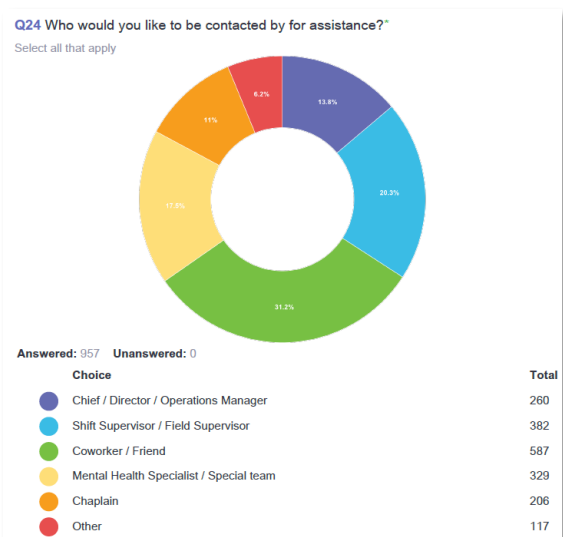
combine them with a third score that includes life events such as childbirth. Finally, the group intends to develop a predictive tool that will spur a supervisor or Chief officer to engage with that employee through these three scores. The engagement can be left up to the individual departments; however, our research shows that 31.5% of respondents would prefer a friend or co-



**Q24** Who would you like to be contacted by for assistance?*
Select all that apply

Answered: 957   Unanswered: 0

| Choice | Total |
|---|---|
| Chief / Director / Operations Manager | 260 |
| Shift Supervisor / Field Supervisor | 382 |
| Coworker / Friend | 587 |
| Mental Health Specialist / Special team | 329 |
| Chaplain | 206 |
| Other | 117 |

worker to reach out to them, 22.6% would prefer a Shift or Field Supervisor, and 17.4% prefer a mental health Specialist or a special team such as a peer support team. Chief or Director is low in the respondent's preferred contact method at 14.5%.

The benefit of a predictive tool gives the supervisor a heads up in promptly contacting the team member. Most respondents requested to be contacted directly following the call or within a day. Finally, some of the best feedback came from how most respondents would like to be contacted. 41.9% would like to be contacted in person. From a Chief or Director's perspective, this information is valuable because getting a co-worker or field supervisor to the crew quickly determines how they feel is essential.

If employees' mental health is at all important to management staff, this survey and predictive tool can help mobilize a team to the crew. Additionally, it is the responsibility of the Chief Officers to design policies that allow for "Time Outs" or "Tap-outs." For the benefit of the EMS providers and their patients, policies must allow for time. As EMS providers, we cannot continue to push our crews to breaking points. Through the Groups Predictive tool, we can better anticipate where a breaking point may occur and intervene before we attend another funeral and wonder what could have been done to avoid this day.

References

Centers for Diease Control (2021). Early Release of Selected Estimates Based on Data From the

2019 National Health Interview Survey. https://www.cdc.gov/nchs/data/nhis/earlyrelease

/EarlyRelease202009-508.pdf

Langsbeer, J. O'Neil, M. & Joannou, S. (2020) Recognizing and Supporting EMS Providers with

Mental Health and Substance Use Disorders. https://www.jems.com/best-

practices/spotlight/recognizing-and-supporting-ems-providers-with-mental-health-and-

substance-use-disorders/

Disaster Technical Assistance Center Supplemental Research Bulletin (2018). First Responders:

Behavioral Health, Concerns, Emergency Response, and Trauma.

https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-

firstresponders-may2018.pdf

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# Emotional Responses in EMS

Please take the following survey to help us better identify EMS calls that elicit an extreme emotional response.  This is a 2021 Ambulance Service Management (ASM) project.  Closing date on this survey is November 12th and your responses are greatly appreciated.
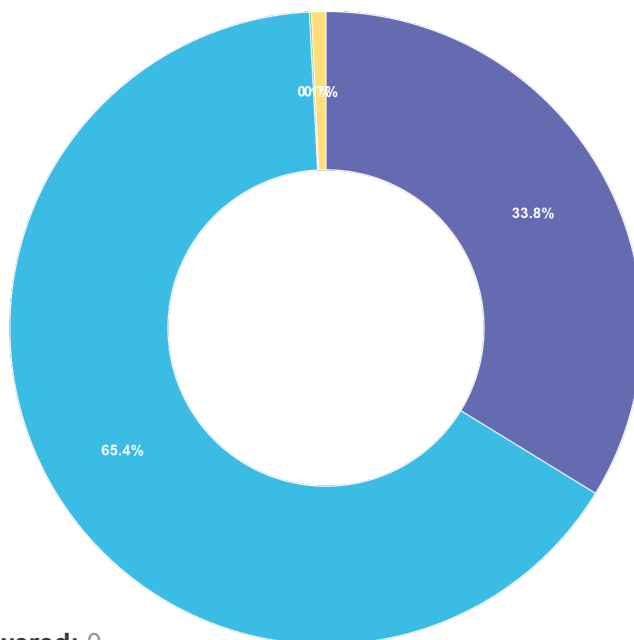
**Q1 Age:**

Years



18.9%  22.3%  28.6%  20.5%  8.9%  0.8%
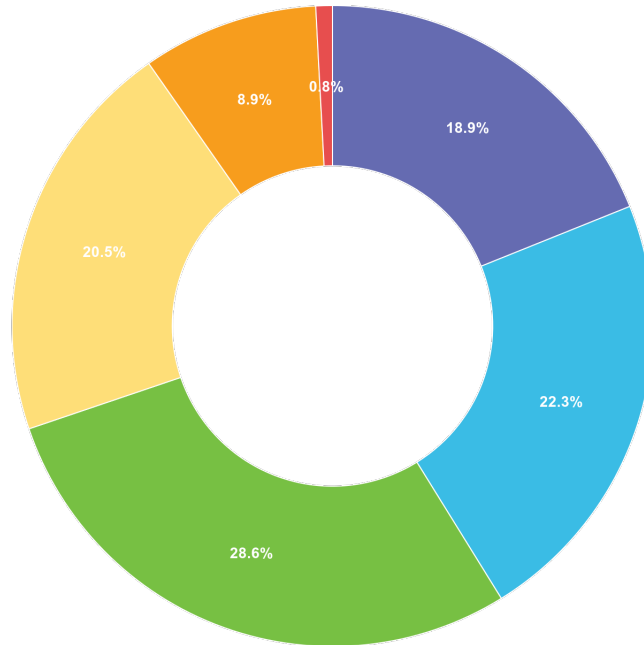
**Answered:** 957   **Unanswered:** 0

| Choice | Total |
|---|---|
| 18-29 | 181 |
| 30-39 | 213 |
| 40-49 | 274 |
| 50-59 | 196 |
| 60-69 | 85 |
| 70+ | 8 |

**Q2** Gender:



0.1% 0.7%  33.8%  65.4%

**Answered:** 957   **Unanswered:** 0

| Choice | Total |
|---|---|
| Female | 323 |
| Male | 626 |
| Gender variant / non-conforming | 1 |
| Prefer not to answer | 7 |

## Q3 Licensure:
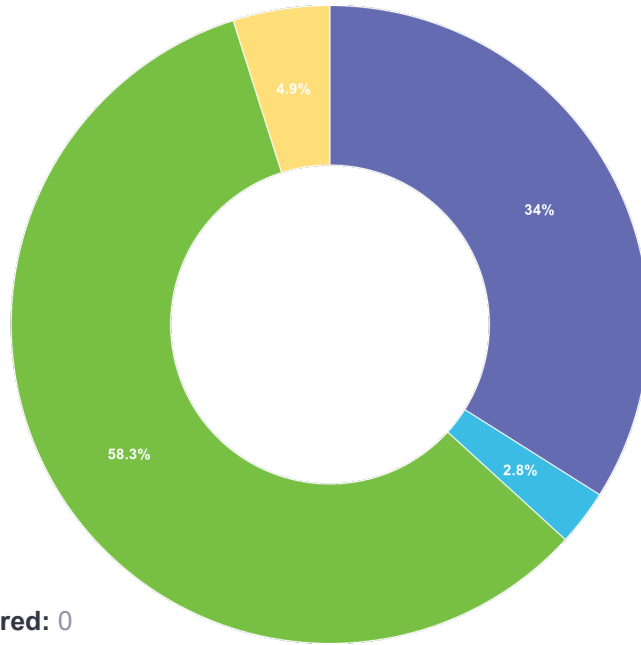


**Answered:** 957   **Unanswered:** 0

| Choice | Total |
|---|---|
| EMT-Basic | 325 |
| Advanced EMT / EMT-Intermediate | 27 |
| EMT-Paramedic | 558 |
| Other | 47 |

## Q4 Shift:*
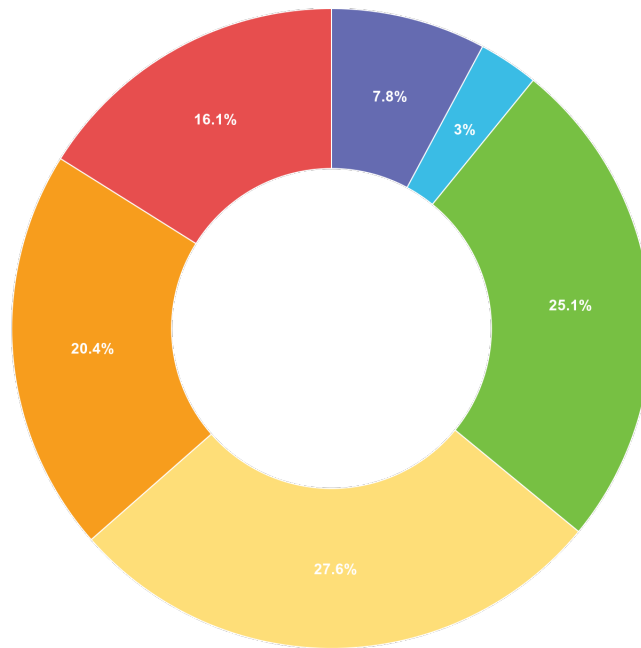


**Answered:** 957   **Unanswered:** 0

| Choice | Total |
|---|---|
| 8 hours | 75 |
| 10 hours | 29 |
| 12 hours | 240 |
| 24 hours | 264 |
| 48 hours | 195 |
| Other | 154 |

## Q5 Years of Service:*
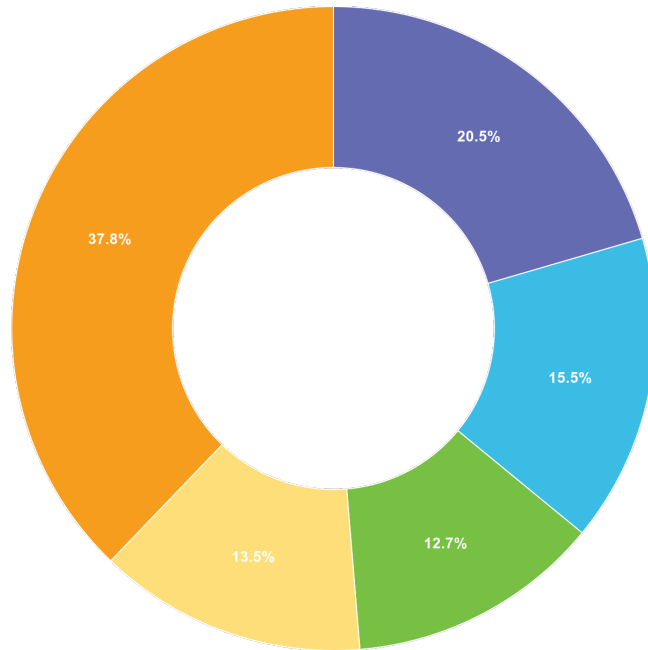


**Answered:** 957 **Unanswered:** 0

| Choice | | Total |
|--------|---|------:|
| ● | 0-5 | 196 |
| ● | 6-10 | 148 |
| ● | 11-15 | 122 |
| ● | 16-20 | 129 |
| ● | 20+ | 362 |

## Q6 Any history of suicide in your family?
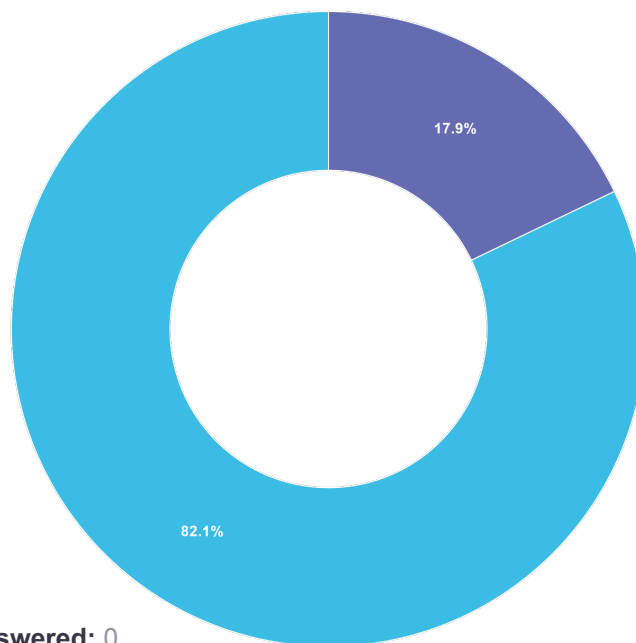


**Answered:** 957 **Unanswered:** 0

| Choice | | Total |
|--------|---|------:|
| ● | Yes | 171 |
| ● | No | 786 |

**Q7** Any history of close acquaintance suicide?*
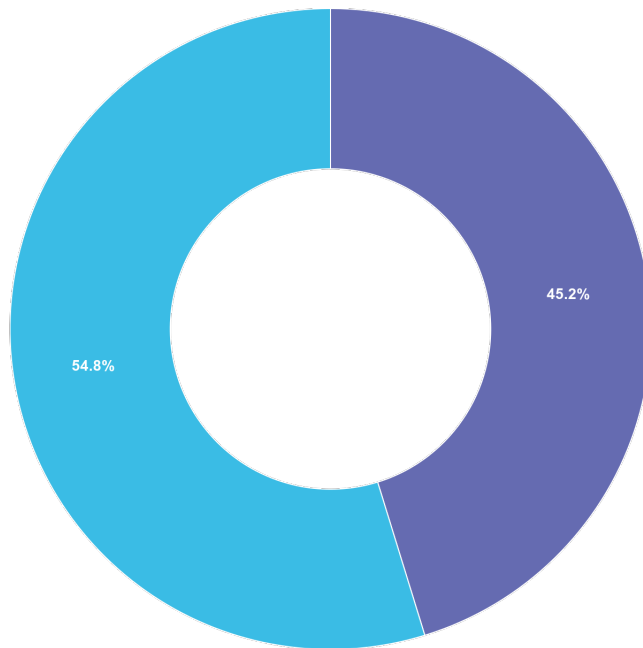


**Answered:** 957    **Unanswered:** 0

| Choice | | Total |
|---|---|---|
| 🟣 | Yes | 433 |
| 🔵 | No | 524 |

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**Q8** Any personal history of mental illness?
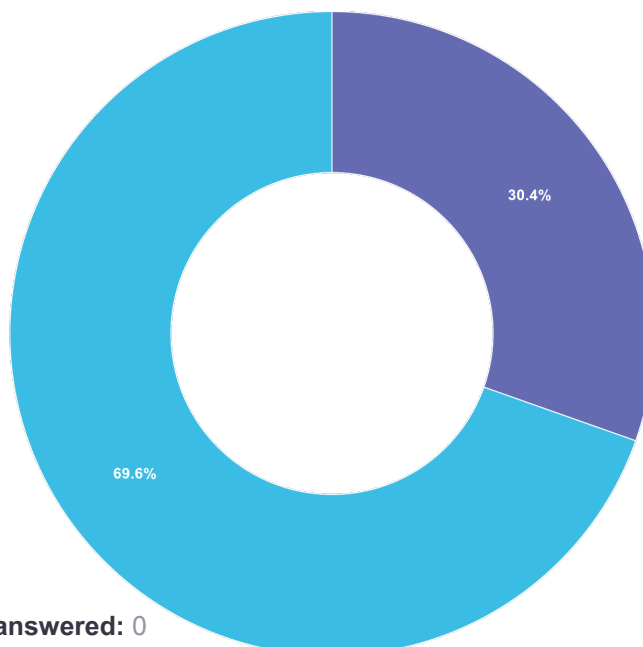


**Answered:** 957    **Unanswered:** 0

| Choice | | Total |
|---|---|---|
| 🟣 | Yes | 291 |
| 🔵 | No | 666 |

**Q9** Any family history of mental illness?*
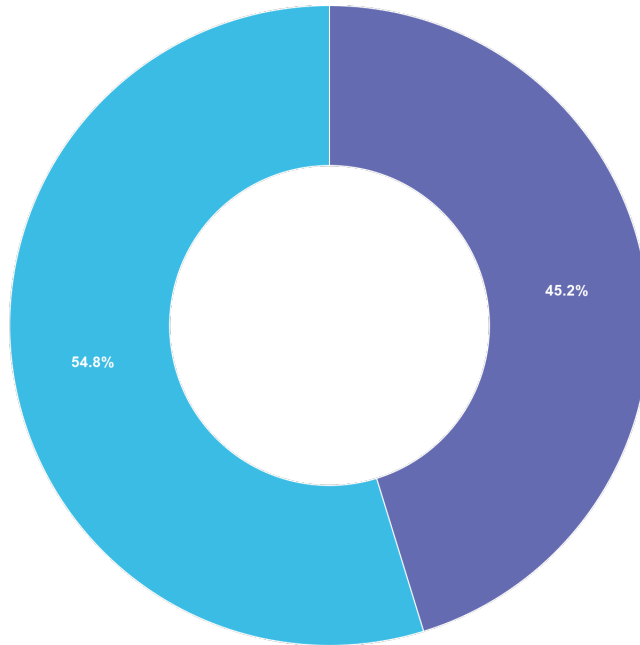


**Answered:** 957    **Unanswered:** 0

| Choice | | Total |
|--------|---|-------|
| ● | Yes | 433 |
| ● | No | 524 |

**Q10** How does each call type affect your emotions?*

Pediatric traumatic arrest
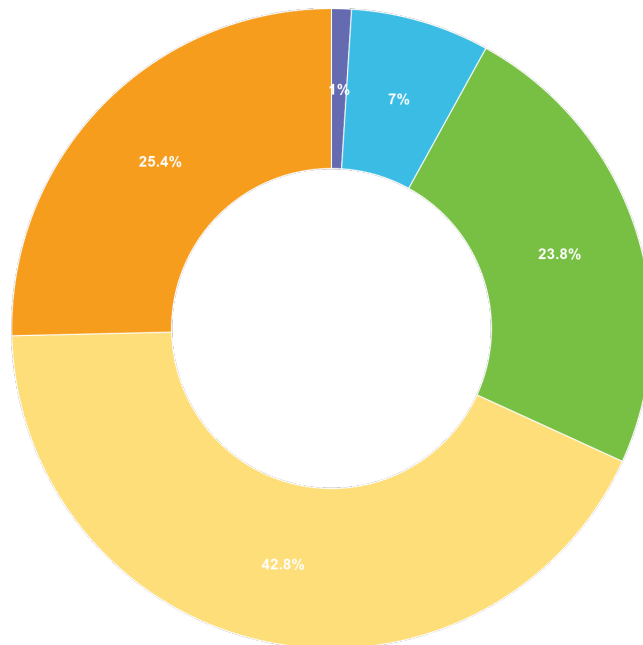


**Answered:** 957    **Unanswered:** 0    **Average Rating:** 4 - High impact

| Choice | | Total | Rating |
|--------|---|-------|--------|
| ● | **1** - No impact | 34 | 34 |
| ● | **2** - Mild impact | 119 | 238 |
| ● | **3** - Moderate impact | 269 | 807 |
| ● | **4** - High impact | 363 | 1452 |
| ● | **5** - Severe impact | 172 | 860 |

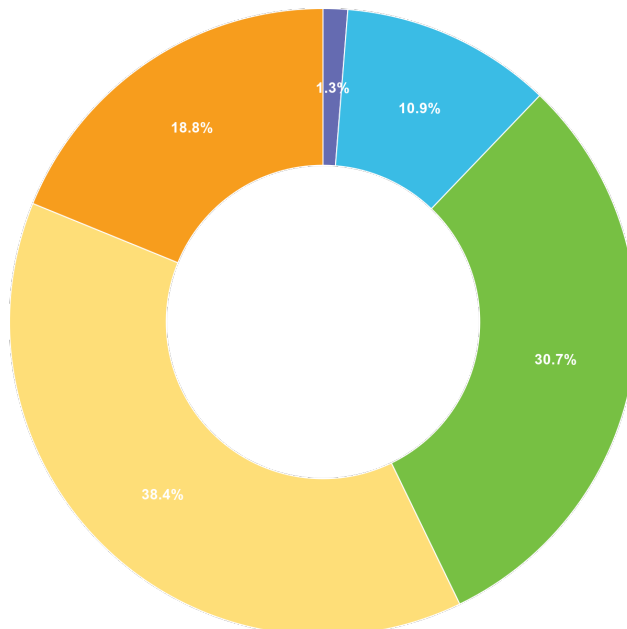**Q11** How does each call type affect your emotions?

Pediatric medical arrest
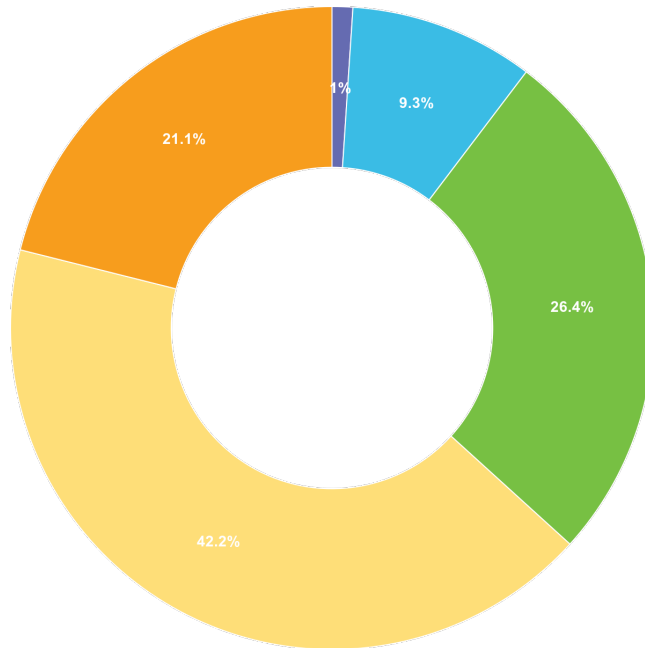


**Answered:** 957    **Unanswered:** 0    **Average Rating:** 3 - Moderate impact

| Choice | Total | Rating |
|--------|-------|--------|
| **1** - No impact | 34 | 34 |
| **2** - Mild impact | 152 | 304 |
| **3** - Moderate impact | 288 | 864 |
| **4** - High impact | 345 | 1380 |
| **5** - Severe impact | 138 | 690 |

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**Q12** How does each call type affect you?

Pediatric burns



**Answered:** 957    **Unanswered:** 0    **Average Rating:** 3 - Moderate impact

| Choice | Total | Rating |
|--------|-------|--------|
| **1** - No impact | 40 | 40 |
| **2** - Mild impact | 172 | 344 |
| **3** - Moderate impact | 323 | 969 |
| **4** - High impact | 303 | 1212 |
| **5** - Severe impact | 119 | 595 |

**Q13** How does each call type affect your emotions?

Pediatric drowning
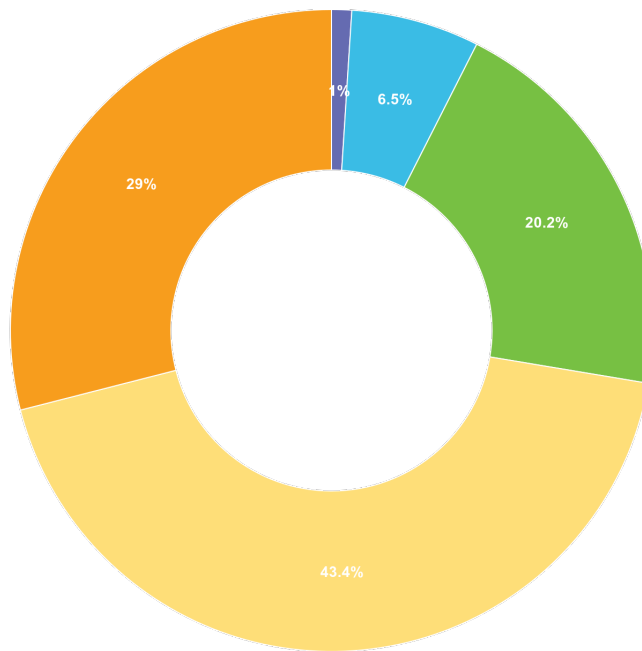


**Answered:** 957   **Unanswered:** 0   **Average Rating:** 4 - High impact

| Choice | Total | Rating |
|---|---|---|
| **1** - No impact | 35 | 35 |
| **2** - Mild impact | 112 | 224 |
| **3** - Moderate impact | 233 | 699 |
| **4** - High impact | 376 | 1504 |
| **5** - Severe impact | 201 | 1005 |

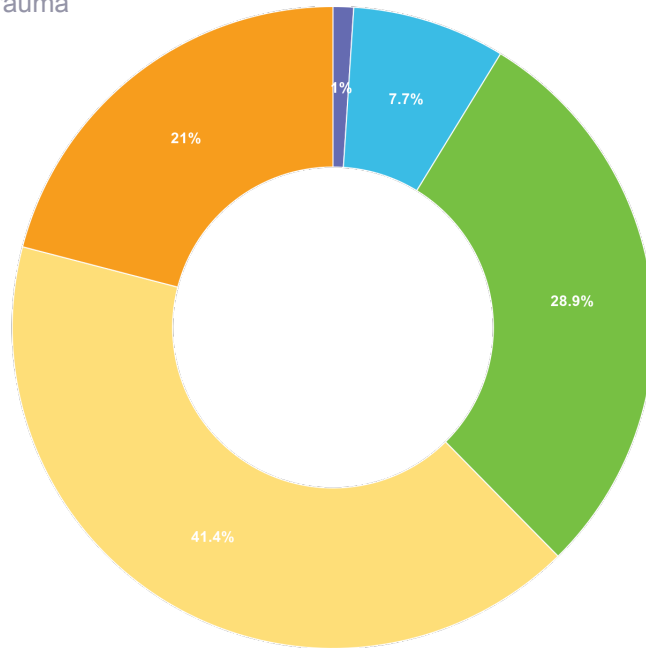**Q14** How does each call type affect your emotions?

Pediatric homicide/suicide
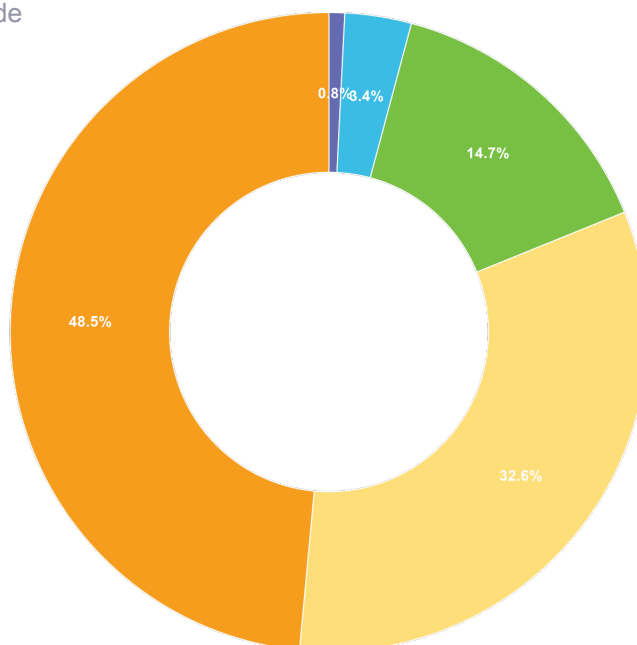


**Answered:** 957   **Unanswered:** 0   **Average Rating:** 4 - High impact

| Choice | Total | Rating |
|---|---|---|
| **1** - No impact | 30 | 30 |
| **2** - Mild impact | 64 | 128 |
| **3** - Moderate impact | 186 | 558 |
| **4** - High impact | 309 | 1236 |
| **5** - Severe impact | 368 | 1840 |

**Q15** How does each call type affect your emotions?
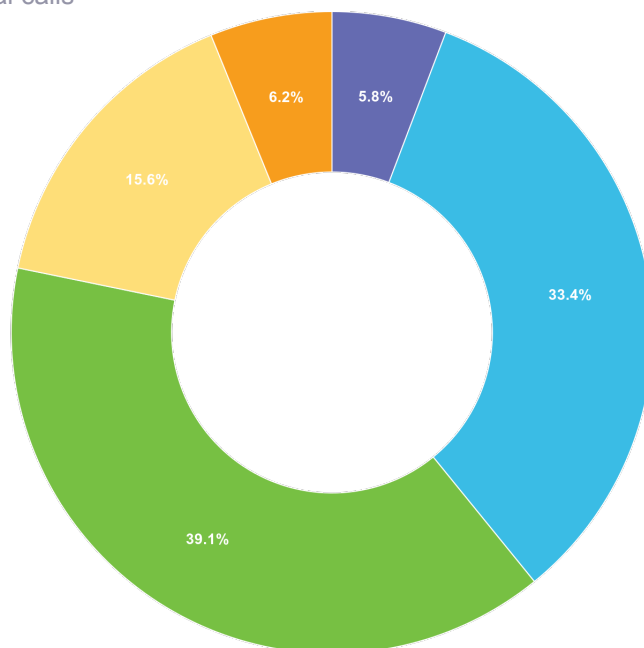
Pediatric high-mechanism trauma



**Answered:** 957    **Unanswered:** 0    **Average Rating:** 3 - Moderate impact

| Choice | Total | Rating |
|---|---|---|
| **1** - No impact | 34 | 34 |
| **2** - Mild impact | 127 | 254 |
| **3** - Moderate impact | 317 | 951 |
| **4** - High impact | 341 | 1364 |
| **5** - Severe impact | 138 | 690 |

**Q16** How does each call type affect your emotions?

All other pediatric medical calls



**Answered:** 957    **Unanswered:** 0    **Average Rating:** 2 - Mild impact

| Choice | Total | Rating |
|---|---|---|
| **1** - No impact | 136 | 136 |
| **2** - Mild impact | 393 | 786 |
| **3** - Moderate impact | 307 | 921 |
| **4** - High impact | 92 | 368 |
| **5** - Severe impact | 29 | 145 |

## Q17 How does each call type affect your emotions?

Adult traumatic arrest
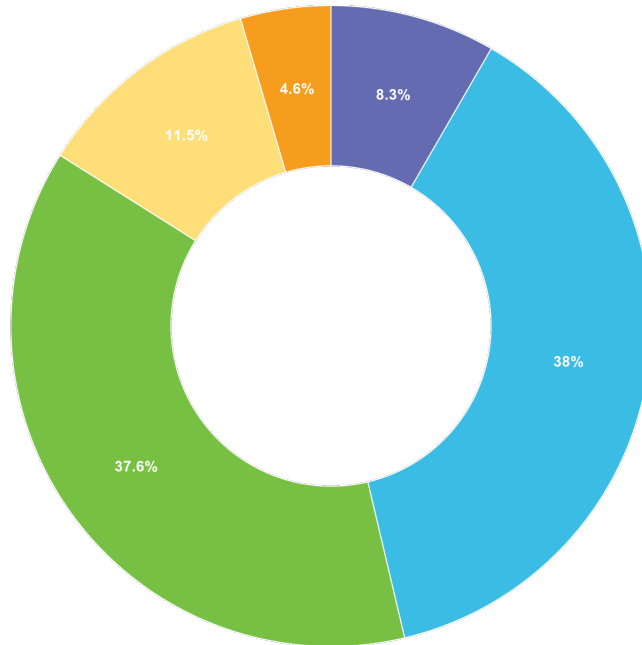


**Answered:** 957 **Unanswered:** 0 **Average Rating:** 2 - Mild impact

| Choice | Total | Rating |
|---|---|---|
| **1** - No impact | 183 | 183 |
| **2** - Mild impact | 416 | 832 |
| **3** - Moderate impact | 275 | 825 |
| **4** - High impact | 63 | 252 |
| **5** - Severe impact | 20 | 100 |

## Q18 How does each call type affect your emotions?

Adult medical arrest
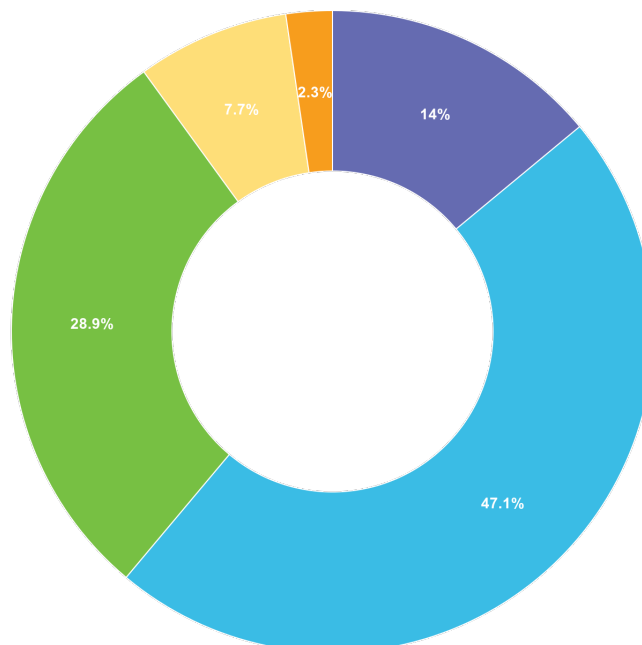


**Answered:** 957 **Unanswered:** 0 **Average Rating:** 2 - Mild impact

| Choice | Total | Rating |
|---|---|---|
| **1** - No impact | 270 | 270 |
| **2** - Mild impact | 455 | 910 |
| **3** - Moderate impact | 186 | 558 |
| **4** - High impact | 37 | 148 |
| **5** - Severe impact | 9 | 45 |

## Q19 How does each call type affect your emotions?*

Adult burns
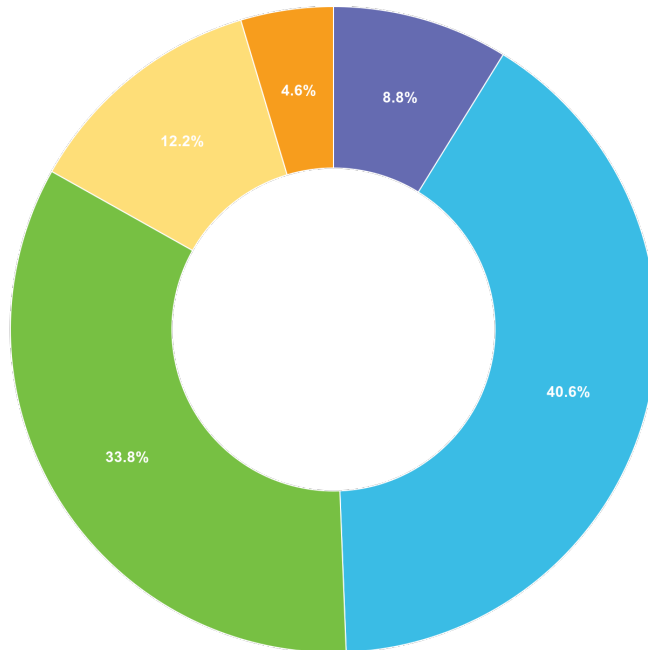


**Answered:** 957    **Unanswered:** 0    **Average Rating:** 2 - Mild impact

| Choice | Total | Rating |
|---|---|---|
| **1** - No impact | 190 | 190 |
| **2** - Mild impact | 438 | 876 |
| **3** - Moderate impact | 243 | 729 |
| **4** - High impact | 66 | 264 |
| **5** - Severe impact | 20 | 100 |

## Q20 How does each call type affect your emotions?

Adult drowning
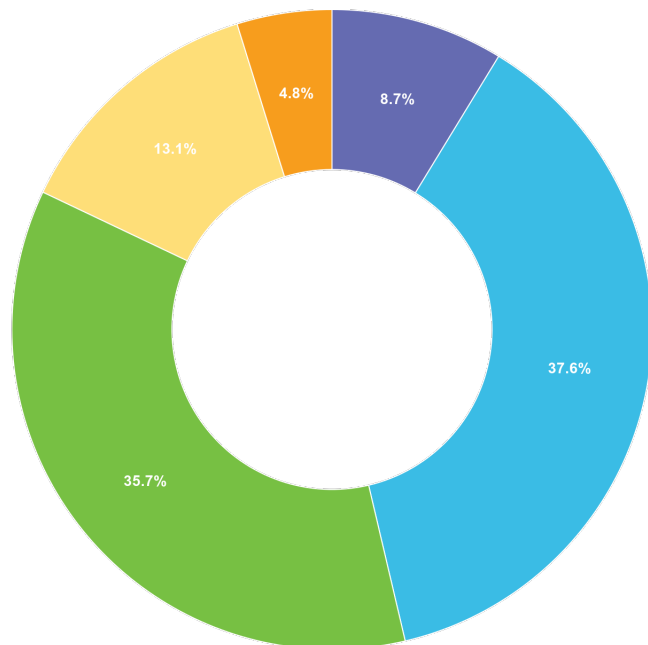


**Answered:** 957    **Unanswered:** 0    **Average Rating:** 2 - Mild impact

| Choice | Total | Rating |
|---|---|---|
| **1** - No impact | 191 | 191 |
| **2** - Mild impact | 412 | 824 |
| **3** - Moderate impact | 261 | 783 |
| **4** - High impact | 72 | 288 |
| **5** - Severe impact | 21 | 105 |

## Q21 How does each call type affect your emotions?

Adult homicide/suicide
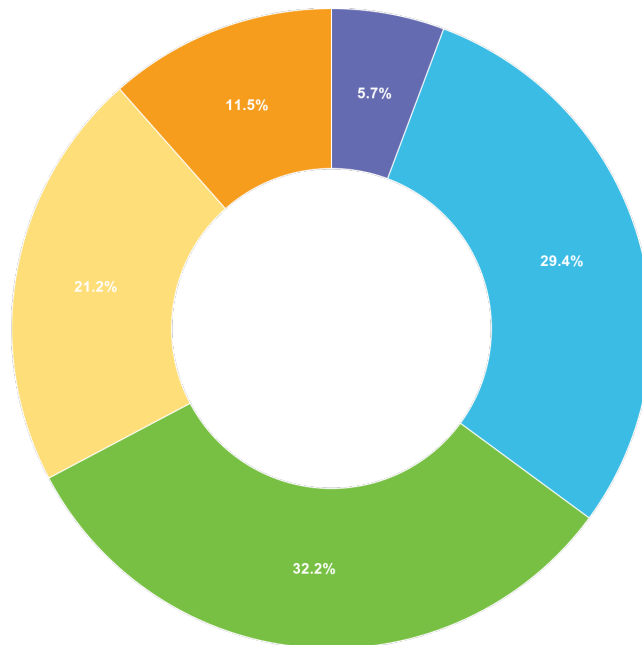


**Answered:** 957    **Unanswered:** 0    **Average Rating:** 3 - Moderate impact

| Choice | Total | Rating |
| --- | --- | --- |
| **1** - No impact | 141 | 141 |
| **2** - Mild impact | 363 | 726 |
| **3** - Moderate impact | 265 | 795 |
| **4** - High impact | 131 | 524 |
| **5** - Severe impact | 57 | 285 |

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## Q22 How does each call type affect your emotions?*

Adult high-mechanism trauma
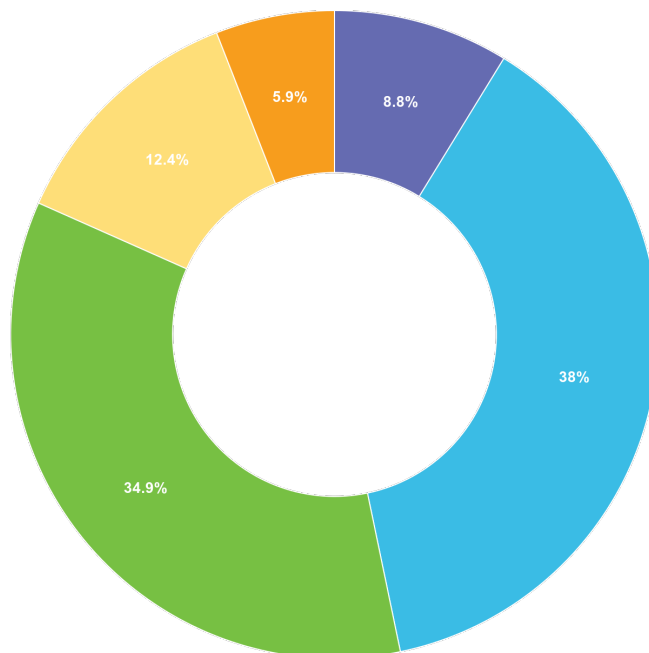


**Answered:** 957    **Unanswered:** 0    **Average Rating:** 2 - Mild impact

| Choice | Total | Rating |
| --- | --- | --- |
| **1** - No impact | 192 | 192 |
| **2** - Mild impact | 416 | 832 |
| **3** - Moderate impact | 255 | 765 |
| **4** - High impact | 68 | 272 |
| **5** - Severe impact | 26 | 130 |

## Q23 How does each call type affect your emotions?*

All other adult medical calls
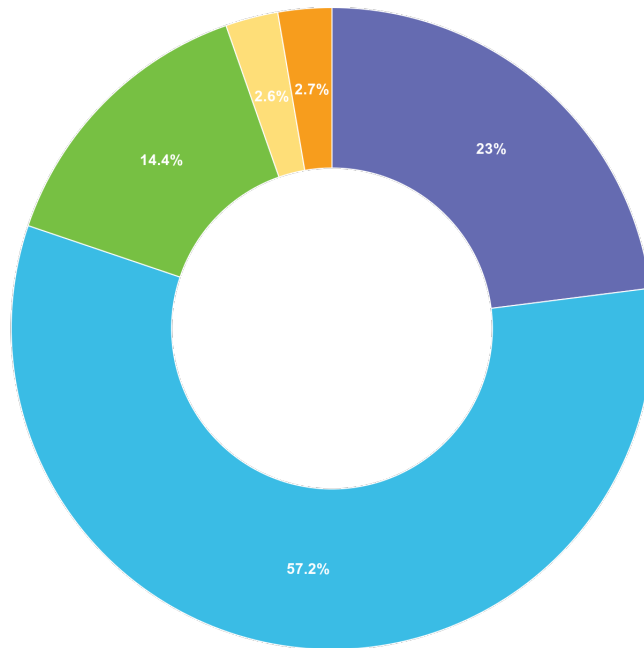


**Answered:** 957    **Unanswered:** 0    **Average Rating:** 2 - Mild impact

| Choice | Total | Rating |
|---|---|---|
| **1** - No impact | 382 | 382 |
| **2** - Mild impact | 475 | 950 |
| **3** - Moderate impact | 80 | 240 |
| **4** - High impact | 11 | 44 |
| **5** - Severe impact | 9 | 45 |

## Q24 Who would you like to be contacted by for assistance?*
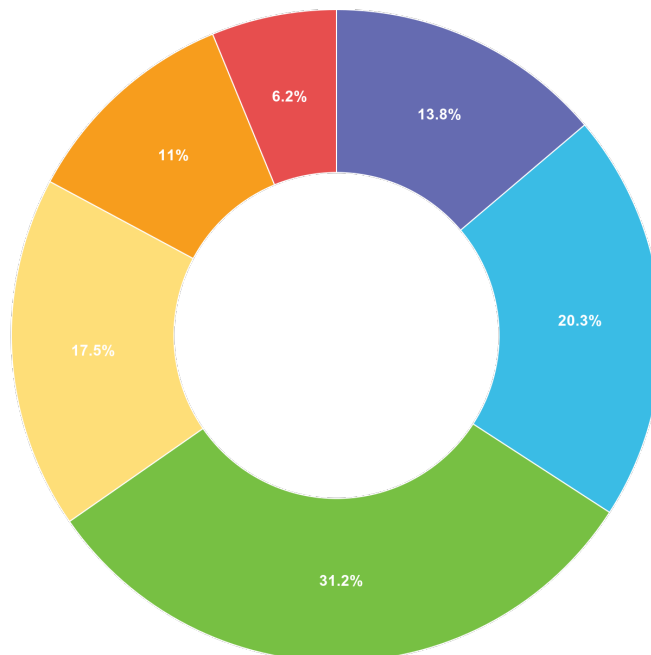
Select all that apply



**Answered:** 957    **Unanswered:** 0

| Choice | Total |
|---|---|
| Chief / Director / Operations Manager | 260 |
| Shift Supervisor / Field Supervisor | 382 |
| Coworker / Friend | 587 |
| Mental Health Specialist / Special team | 329 |
| Chaplain | 206 |
| Other | 117 |

**Q25** How soon would you like to be contacted?
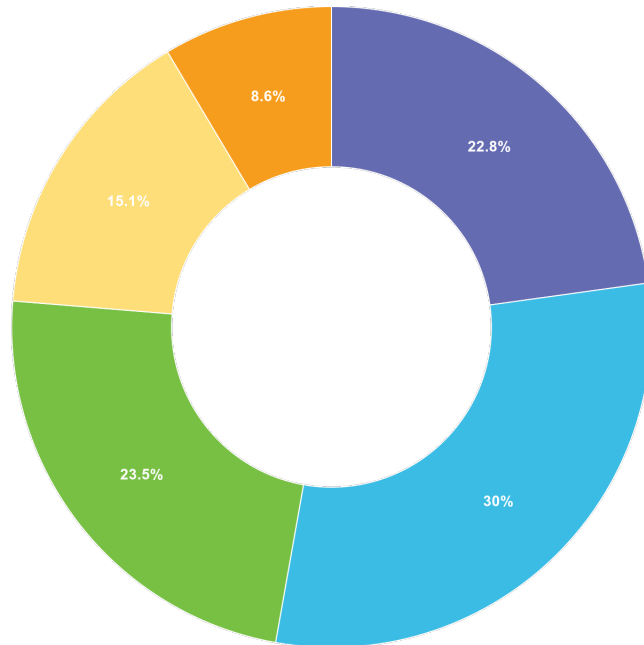
Select all that apply



**Answered:** 957   **Unanswered:** 0

| Choice | | Total |
|--------|--|-------|
| Directly after call | | 330 |
| Same shift | | 434 |
| Next day | | 340 |
| Same week | | 219 |
| Other | | 124 |

**Q26** How would you like to be contacted?

Select all that apply
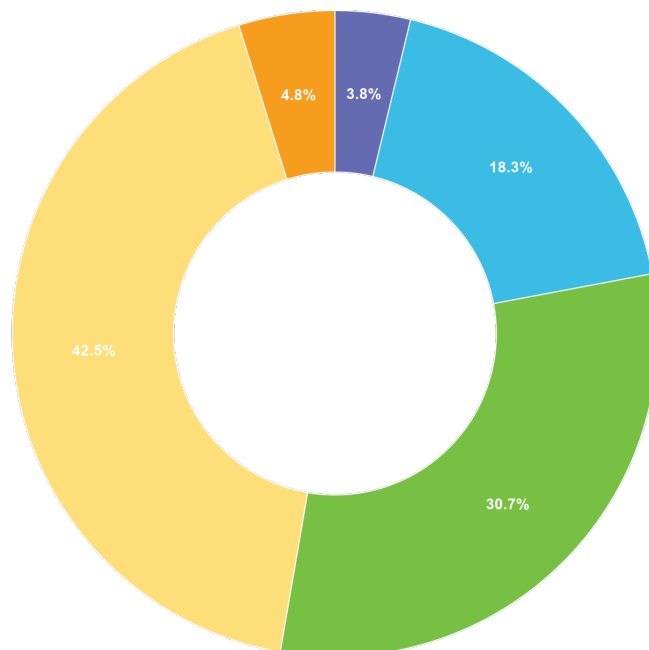


**Answered:** 957   **Unanswered:** 0

| Choice | | Total |
|--------|--|-------|
| E-mail | | 61 |
| Text | | 296 |
| Call | | 497 |
| In-person | | 688 |
| Other | | 78 |

**Q27** If you have reached out for assistance before, what triggered that?*

Select all that apply
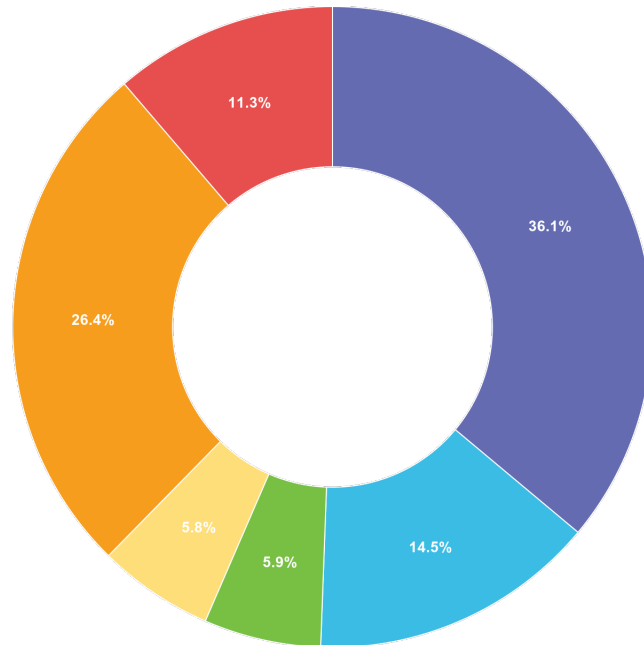


**Answered:** 957    **Unanswered:** 0

| | Choice | Total |
|---|---|---|
| 🟣 | Emotional stress | 457 |
| 🔵 | Changes in behavior/lifestyle | 184 |
| 🟢 | Thoughts of harm | 75 |
| 🟡 | Change in habits | 74 |
| 🟠 | N/A | 334 |
| 🔴 | Other | 143 |

**Q28** Do you have any comments to help us better identify your needs as a provider, supervisor, or manager?

Please describe below

A lot of participants left some great comments in this text field.  This was an oportunity for the survey participant to have a free text box to let the project team know what they were thinking.  This portion of the survey unveiled some great information the team was able to use, and will continue to use to make this project a reality.

# Appendix B

## Example 1

| MEDIC | ACE | PEDIATRIC TRAUMA ARREST | MEDICAL ARREST | BURNS | DROWNING | HOMICIDE SUICIDE | MAJOR TRAUMA | OTHER | ADULT TRAUMA ARREST | MEDICAL ARREST | BURNS | DROWNING | HOMICIDES SUICIDE | MAJOR TRAUMA | OTHER | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medic 1 | 0 | | 2 | | 1 | | 3 | | 3 | | | | 1 | 1 | | 32.4 |
| Medic 2 | 2 | | 2 | | 1 | | 3 | | 3 | | | | 1 | 1 | | 35.7 |
| Medic 3 | 5 | | 2 | | 1 | | 3 | | 3 | | | | 1 | 1 | | 42.2 |
| Medic 4 | 0 | | 2 | | 1 | | 3 | | 3 | | | | 1 | 1 | | 32.4 |
| Medic 5 | 6 | | 2 | | 1 | | 3 | | 3 | | | | 1 | 1 | | 42.2 |
| Medic 6 | 7 | | 2 | | 1 | | 3 | | 3 | | | | 1 | 1 | | 45.4 |
| Medic 7 | 0 | | 2 | | 1 | | 3 | | 3 | | | | 1 | 1 | | 32.4 |
| Medic 8 | 3 | | 2 | | 1 | | 3 | | 3 | | | | 1 | 1 | | 38.9 |
| Medic 9 | 2 | | 2 | | 1 | | 3 | | 3 | | | | 1 | 1 | | 35.7 |
| Medic 10 | 2 | | 2 | | 1 | | 3 | | 3 | | | | 1 | 1 | | 35.7 |
| **Weighted Score** | | 3.54 | 3.44 | 3.26 | 3.64 | 3.98 | 3.44 | 2.44 | 2.26 | 2 | 2.2 | 2.25 | 2.56 | 2.26 | 1.7 | |

| ACE Score | Multiplyer |
|---|---|
| 0 = 100% | 1 |
| 1-2 = 110% | 1.1 |
| 3-4 = 120% | 1.2 |
| 5-6 = 130% | 1.3 |
| 7-8 = 140% | 1.4 |
| 9-10 = 150% | 1.5 |

## Example 2

| MEDIC | ACE | PEDIATRIC TRAUMA ARREST | MEDICAL ARREST | BURNS | DROWNING | HOMICIDE SUICIDE | MAJOR TRAUMA | OTHER | ADULT TRAUMA ARREST | MEDICAL ARREST | BURNS | DROWNING | HOMICIDES SUICIDE | MAJOR TRAUMA | OTHER | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medic 1 | 0 | 1 | | | | | 2 | | | 1 | 1 | | | 4 | 1 | 25.4 |
| Medic 2 | 2 | | | 1 | | | | | 2 | 3 | | | 1 | | | 18.0 |
| Medic 3 | 5 | | 2 | | | 1 | | | | 1 | | | | | | 16.7 |
| Medic 4 | 0 | | | | 1 | | | | | 4 | | 1 | 1 | | 1 | 18.2 |
| Medic 5 | 6 | | | 2 | | | 1 | | | | | | | 2 | | 10.3 |
| Medic 6 | 7 | | | 1 | | | | | | | 1 | | | | | 12.2 |
| Medic 7 | 0 | 1 | | | | | | | 1 | | | | | | | 9.1 |
| Medic 8 | 3 | | 1 | | | | | | | 1 | | | | | | 6.5 |
| Medic 9 | 2 | | | | | | 1 | | | | | | 1 | | 1 | 8.5 |
| Medic 10 | 2 | 1 | | | | | | | 1 | 3 | | | | 1 | 2 | 15.3 |
| **Weighted Score** | | 3.54 | 3.44 | 3.26 | 3.64 | 3.98 | 3.44 | 2.44 | 2.26 | 2 | 2.2 | 2.25 | 2.56 | 2.26 | 1.7 | |

| ACE Score | Multiplyer |
|---|---|
| 0 = 100% | 1 |
| 1-2 = 110% | 1.1 |
| 3-4 = 120% | 1.2 |
| 5-6 = 130% | 1.3 |
| 7-8 = 140% | 1.4 |
| 9-10 = 150% | 1.5 |