RENEW: A Novel Program for EMS, the Fire Service and Law Enforcement

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The primary goal of RENEW is to diminish the impact of PTSD, anxiety disorders, psychological disorders and substance use disorders on:
-EMS
-Fire Service
-Law enforcement
Why Develop This Program?

Because we believe the number of professionals affected by these disorders is high and RISING.
Trauma Takes Its Toll
Addressing the Mental Health Crisis in Emergency Services

by Jay Fitch and Jim Marshall

Amidst growing concern about the mental health of emergency medical service (EMS) professionals, a Fitch & Associates' Ambulance Service Manager Program project team surveyed more than 4,000 EMS and fire professionals in 2015 about critical stress, suicide, and available support and resources. Among survey respondents, 37 percent reported contemplating suicide—nearly 10 times the overall rate among American adults. Additionally, 6.6 percent of survey respondents had attempted suicide, compared to just 0.5 percent of adults nationally.

Mental health issues are not limited to the EMS workforce. According to the Firefighter Behavioral Health Alliance, at least 759 firefighters have committed suicide since 2012. In law enforcement, estimates suggest between 125 and 300 police officers commit suicide every year.

These numbers should be a wake-up call, not only for every emergency medical technician (EMT), paramedic, firefighter, police officer, and emergency telecommunicator (sometimes called dispatchers or call-takers), but also for agency leaders and county and city officials who work with them.

Let's take a moment to pause here. How many brave and talented people are in your community—from those who answer the 911 calls to the EMTs, firefighters, and police who respond to them? Perhaps 20? 50? 500?

Now do the math. With these numbers, the survey findings would suggest that perhaps 7, or 18, or even 185 people on your team have thought about suicide.

One or more of them may have already attempted suicide or could in the future. Do you know who they are? Do you know how to help?

To address this mental health crisis in emergency services, industry leaders must join together to further define the problem, explore its causes, and pursue strategic planning to protect and equip the workforce.

THE TRAUMATIC STRESS FACTOR
The US consumes 60% of the world’s illicit drugs.

18 million Americans abuse alcohol.

20 million Americans regularly use prescription medication for non-medical reasons.

75% of substance abusers are employed.

We know that some of them are EMT’s, paramedics, firefighters, police officers, chiefs, nurses and doctors.
In 1993, Cincinnati’s National Institute for Occupational Safety and Health conducted a survey to help identify potential stressors, psychological distresses and alcohol problems among firefighters.

Out of 145 firefighters, 29% had problems with alcohol use and/or abuse.

Firefighters and paramedics deal with more extreme stressors on a daily basis than the average working citizen; thus, the threat of alcohol abuse among firefighters and paramedics is more than double than that of the general population.
Firefighters and EMS Providers

• In April 2002, The New York City Fire Department alerted firefighters that it was enforcing the department’s zero tolerance policy on use of illegal drugs and will dismiss those who fail a drug test (Flynn, 2002). The department’s policy on drug and alcohol abuse, last revised in 1996, recommends the dismissal of firefighters for any drug infraction, on or off duty (Flynn, 2002).

• In 2006, then San Francisco Mayor Gavin Newsome called drinking in the firehouse the fire department’s “dirty little secret” after one of San Francisco Fire Department’s (SFFD) Battalion Chiefs tested positive for alcohol use (Mainline, 2006).

• Concerned about the rising trend, Dr. Cesar Aristeiguieta, CA EMSA director in 2005, began requiring paramedics arrested on suspicion of drug- or alcohol-related offenses — even off-duty — to be evaluated by an addiction specialist. He wanted to “intervene early on, try to salvage people’s careers and assure public safety.”
What Happens Today?

1\textsuperscript{st} offense: mandatory suspension PLUS the phone number for an Employee Assistance Program.

Not if, but when the 2\textsuperscript{nd} offense occurs:
RENEW

Recovery

Employee

Network

Emotional

Wellness

PROGRAM
RENEW is designed to educate, inform, assist, treat and monitor.
RENEW’s Mission?

• To ensure that no patient/person is injured as a consequence of provider impairment due to PTSD, anxiety or substance use disorders.

• To ensure that an affected provider receives rapid/effective/confidential treatment when indicated.
Designing RENEW

- It will be a formally constituted City of Dallas (DFR) Program and Committee for firefighters, paramedics and law enforcement officers.
- RENEW will address employee wellness and rehabilitation issues through education, treatment and monitoring.
- RENEW’s proceedings and decisions will be protected from disclosure.
- RENEW’s referrals and interactions will be privileged and confidential and will be non-discoverable.
- RENEW will provide advocacy for cooperative providers (rehabilitate, rather than punish).
RENEW’s Functions

- Education! Beginning in rookie school
- Yearly education and awareness training
- Family awareness programs
- Wellness Program development
- Confidential self-referral mechanism
- Potential for mandatory treatment
- Potential for mandatory monitoring
RENEW Committee

- Medical professionals
- City Human Resources Leadership
- Workers Comp Leadership
- PTSD/Anxiety Disorder Treatment Specialist
- Addiction Psychiatrist
- Community Treatment Specialists
- Department Chaplains
- Chief Officers
- Association Leadership
- Peers
- Specialist in Veterans Affairs
- Specialist in Grant Funding
Intensive Monitoring

- 1-5 YEARS
- Urine drug screening
- Mandatory 12 step meeting attendance
- Mandatory addiction psychiatry counseling
- Quarterly work site monitor reporting
- Quarterly psychological reporting
- Peer support and reporting
- Oversight by the RENEW Committee comprised of professionals and peers.
The level of potential stress and trauma associated with a career in public safety is, to many, too much to comprehend. In an effort to cope with the pressure, tragedy and suffering they often face, many of these dedicated professionals regrettably turn to drugs and alcohol. Over the last ten years, law enforcement has been among the highest groups for substance abuse, family dysfunction, depression and suicide.
DFR

Assistant Chief
Norman Seals

Deputy Chief
George Gamez

Dallas Fire-Rescue
Chief David Coatney
Next Steps-Steering Committee

We need better education & training to avoid developing problem drinking and drug use among EMS providers, firefighters and law enforcement officers.

We need to foster a better understanding in EMS of PTSD/anxiety and substance use disorders.

We need better recognition of warning signs and problems in providers.

We need the best possible policies and programs geared toward recognition, treatment, rehabilitation and return to/maintenance for duty.
“These are the duties of a physician: First... to heal his mind and to give help to himself before giving it to anyone else.”
~ Epitaph of an Athenian doctor, AD 2.
The same can be said of EMS providers, firefighters and law enforcement officers.

“Addiction doesn’t come heralded by a brass band, it sneaks up on you, and sometimes with extraordinary speed.”
~C. Everett Koop (former US Surgeon General), 2003
The same is true for the effects of PTSD and anxiety disorders.
We Don’t Throw Away Our Brothers and Sisters!

We are a family and we have invested time, money, training and love on one another...

Turns out Nancy Reagan had it right!
WE CAN AND WILL DO BETTER!

Dallas Fire-Rescue

The chief officers and men and women of the UTSW BioTel EMS Agencies

Parkland BioTel

UT Southwestern

The COPPRA Committee
Thank You for Your Attention !!!