NEWS | FOR EMERGENCY SERVICE ORGANIZATIONS

8 DIMENSIONS OF WELLNESS

FOR FIREFIGHTERS, EMS PERSONNEL + 911 DISPATCHERS

A multi-faceted approach to helping first responders prevent, cope with and recover from behavioral health concerns.

Wearing dirty gear was once a badge of honor, but now keeping your PPE clean is widely-known as a key component in firefighter cancer prevention. Running on zero sleep was once a given for every EMS provider, but it's now known that fatigue can lead to dangerous mistakes in patient care, deadly ambulance crashes and short emergency services careers. Remaining emotionless call after call once meant a dispatcher was cut out for the job, but now it's recognized as a possible warning sign of compassion fatigue or avoidance.

In short, what it means to practice health and safety in emergency services is everchanging—and

that's one of the many reasons it's crucial for every emergency service organization to have a dedicated, holistic and continually-updated wellness program.

What is wellness?

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), wellness connects all aspects of behavioral health and is central to recovery from behavioral health conditions.

What is behavioral health?

The SAMHSA defines behavioral health as the "promotion of mental health, resilience and wellbeing, the treatment of mental and substance use disorders, and the support of those who experience and/or are in recovery from these conditions, along with their families and communities." Simply put: it's your full range of health and overall wellbeing.

The connection between wellness, behavioral health + emergency services

While behavioral health is important for everyone to understand and address, it's especially important for those in the emergency services community as the SAMHSA estimates that 30% of first responders develop behavioral health conditions, including depression and post-traumatic stress disorder (PTSD), which is about 10% higher than the general population.

You can actively work to help combat behavioral health concerns in your emergency service organization by prioritizing wellness. In fact, the SAMHSA states that wellness can help decrease risk factors that lead to premature death among individuals with behavioral health conditions and improve quality of life and longevity of life, especially for individuals with behavioral health conditions.

What does it mean to prioritize your wellness?

Prioritizing wellness is more than implementing one healthy habit or activity into your life. It's about the combined impact that all of your decisions and actions have on your overall wellbeing and actively pursuing the habits and lifestyle choices that help you live a longer, healthier and happier life.

The way this looks can differ from person to person. For example, maybe you like to kickbox after a long day to relieve stress, whereas someone else on your team may prefer to meditate or watch a funny movie. Or maybe learning about nutrition could help you make better choices and lower your cholesterol, but for someone with a history of an eating disorder, discussing dietary decisions could be triggering and lead to unhealthy behavior.

What factors contribute to wellness?

The SAMHSA has identified eight interconnected dimensions of wellness that work together to help us create balance, embrace support and establish healthy routines and habits.

The 8 dimensions of wellness are:

1. **Physical wellness:** including your nutrition, physical activity, sleep habits, substance use, medication safety and preventative and routine health monitoring.
2. **Intellectual wellness:** participating in things that keep your brain active, like taking time for your personal interests,

learning new things, doing brain exercises and having conversations.

3. **Financial wellness:** understanding and feeling satisfaction in your current and future income, debt, savings and financial resources (i.e. retirement fund).
4. **Environmental wellness:** all of the things that contribute to you being and feeling safe, like access to basic needs (clear air, water and food), a pleasant and stimulating home and work environment and ability to enjoy time outdoors.
5. **Spiritual wellness:** your personal beliefs and values that help give your life meaning, purpose and peace.
6. **Social wellness:** relationships and communities that give you support and allow you to offer support for others.
7. **Occupational wellness:** including work and volunteer opportunities that present positive relationships, balance and a sense of accomplishment.
8. **Emotional wellness:** the ability to express your feelings, practice self-care and manage stress in a healthy way.

5 Tips to help your emergency service organization support your members' wellness

From missing holidays with family, experiencing increasingly negative interactions with the public, moonlighting to pay the bills and reliving traumatic situations—your team experiences more behavioral health risks than most people can imagine. That's why it's important for you to implement holistic wellness initiatives that remain an ongoing priority. Here are a few tips to help you get started:

- **Take a comprehensive approach.**
  Develop holistic program(s) that include provisions around the eight dimensions of wellness, like requiring routine physical examinations, sharing mental health resources, implementing cancer prevention practices, having an annual presentation from a local finance expert and instituting a peer support program. Also consider how you can address the top behavioral health concerns in fire and emergency services, including stress, workplace violence, addiction, PTSD, depression and suicide.
- **Instill a culture of wellness.**
  Create a top-down, bottom-up culture that understands the importance of wellness, prioritizes it and encourages seeking assistance when needed.
- **Support individuals' journeys.**
  Remembering that wellness can look different to different people, allow for flexibility within your agency's routine so each member can participate in activities that work best for them.
- **Stay up-to-date with industry standards.**
  Closely follow industry leaders and experts, like the NFPA, to help ensure your programs, guidelines and procedures align with the latest recommendations.
- **Never stop having conversations.**
  Talk to your members about the importance of wellness and behavioral health—often. For example, you could have a workshop to discuss what habits your members currently have that positively or negatively contribute to each dimension of wellness, what positive changes they could make to help them live longer happier lives and how your organization could help them accomplish those tasks.

Improving the wellness efforts in your organization doesn't have to be costly—but the cost of not doing so cannot be overstated. You have the power to help your team have healthier and more productive emergency service careers—and lives—and we thank you for making that important mission a priority.

5 ACRONYMS FIRST RESPONDERS CAN USE TO HELP THEM DELIVER BAD NEWS

What fire and emergency services can learn from healthcare about delivering serious news to patients and their loved ones.

As an emergency responder, you'll likely have to deliver heart-wrenching, life-altering and irreversible news at some point during your career. These conversations are understandably difficult for everyone involved and, as the message-deliverer, you play an especially critical role in guiding the conversation.

The use of indirect, inappropriate or insufficient language are just a few ways that a responder's words could make a painful situation even more traumatic. For example, if you have the unfortunate job of letting a family know that their beloved pet did not make it out of a fire, the last thing you want to do is start the conversation off by giving false hope and end-up causing secondary damages.

Knowing how to communicate bad news isn't a skill most people are inherently good at—and while it's taught and practiced in other fields, there's little training, resources and education focused on this topic in fire and emergency services. In fact, one study reported on by *JEMS* that less than 20% of pre-hospital EMS providers have received death notification training!

You can help your team feel more comfortable, competent and confident when delivering bad and serious news by training and discussing best practices. However, with the current lack of resources dedicated to this topic in emergency services, we can take a little inspiration from the healthcare industry to help us get started.

Best practices for delivering life-altering news in healthcare

There's no doubt that delivering serious news is a part of a physician's job. Most people can think of a time when they or a loved one has received some sort of life-altering news from a doctor—and *how* that message was delivered may have made a significant difference in that moment, even if the outcome would have been the same regardless.

An article published by *American Family Physician*, "Delivering Bad or Life-Altering News", discusses this topic—but you may be surprised to know that there's even limited studies on this subject within healthcare.

While many models do exist to help practitioners skillfully deliver bad news and provide comfort to patients and loved ones during these times—most research has been

centered around delivering specific messages, like cancer diagnoses, which provides limited insights on the topic.

Nonetheless, some guidance on such a difficult task is better than none. So, let's dive into three models for delivering bad news in healthcare that are outlined in the paper. And while some aspects of these protocols may have limited or no practical application in a pre-hospital setting, consider how you could still apply some of the sentiments behind the guidelines as you read along.

3 Protocols designed to help healthcare providers have difficult conversations with patients and their loved ones:

THE ABCDE method:

- ADVANCED PREPARATION: Review the patient's history and consider the best way to prepare for the conversation, like arranging for a support person to be present.
- BUILD A THERAPEUTIC ENVIRONMENT: Select a private environment, have seating for all parties and maintain eye contact.
- COMMUNICATE WELL: Allow for silence, be direct, move at the patient's pace and avoid medical jargon.
- DEAL WITH EMOTIONS: Actively listen to the patient and family's reactions and address emotions as they arise.
- ENCOURAGE EMOTIONS: Explore what the news means to the patient and their family.

The BREAKS method:

- BACKGROUND: Come prepared by understanding the background and clinical history of the patient—and set up an environment that is comfortable.
- RAPPORT: Introduce yourself, sit down and build rapport.
- EXPLORE: Determine the patient's understanding of the illness—and find out how much they'd like to know about their diagnoses.
- ANNOUNCE: Preface the bad news with a warning—and be straight-forward with the news using non-medical language.
- KINDLE: Address emotions, show empathy and go at the patient's pace.
- SUMMARIZE: Summarize the news and concerns to the patient.

The SPIKE method:

- SETTING: After assessing the patient's history and the situation, find the proper setting to deliver the information. Consider things like privacy, comfort and how to avoid possible interruptions.
- PERCEPTION: Check if the patient is accurately understanding your message—and look for signs of misunderstanding, denial or unrealistic expectations.
- INVITATION: People can differ in the amount of detail they'd like to receive—get permission before sharing additional information.
- KNOWLEDGE: Use simple, non-technical words and avoid jargon.
- EMOTIONS: Show empathy and validate their feelings.

The paper outlines several other nuances to consider when delivering serious news, including:

- Cultural norms; for example, one study cited by *American Family Physician* found that "Korean Americans and Mexican Americans are more likely to favor a family-centered medical decision model; in contrast, African Americans and European Americans prefer a model with more individual patient autonomy."
- Unrealistic expectations, like those portrayed about medicine on television, can create issues or bias.
- General patient preferences, like the fact that most patients prefer to receive bad news in-person, in simple language, with the provider's full attention and the ability to ask questions.

Communicating the news of a patient's death to loved ones

In addition to delivering bad news to patients, the healthcare industry also has specific protocol to deliver death notifications to family members and loved ones, including GRIEV_ING, which is typically used to train emergency physicians.

The GRIEV_ING method:

- GATHER: Ensure all family members and important individuals are present.
- RESOURCES: Utilize available resources—like social workers or a chaplain.
- IDENTIFY: Identify yourself as the medical provider and identify the deceased patient by name.
- EDUCATE: Use simple language to explain the events that took place.

- VERIFY: Use the words “dead” and “died” (rather than “passed away” or “no longer with us”) to verify that the patient is deceased.
- _GIVE SPACE_: Give them time and space to process the information.
- INQUIRE: Ask if there are any questions.
- NUTS AND BOLTS: Plant seeds about logistical tasks that they’ll be asked to address soon (like organ donation).
- GIVE: Provide your contact information for any further questions.

Beyond guidelines and best practices, medical practitioners also follow a Code of Medical Ethics that are set by the American Medical Association (AMA). **Here’s a summary of how the Code addresses professional standards for informing families and loved ones of a patient’s death:**

“Informing a patient’s family that the patient has died is a duty that is fundamental to the patient-physician relationship. When communicating this event, physicians should give foremost attention to the family’s emotional needs and the integrity of the patient-physician relationship.”

Addressing the differences between delivering bad news in a healthcare setting and at an emergency scene

“There are some obvious and inherent differences between delivering news in a clean, controlled hospital setting vs. out in the field,” explains Erik Swanson, VFIS Sales Executive, retired fire service member and Founder of Fuel Their Fire Scholarship Fund.

“Your team will never have the ability to manage the visual, audible and scent components of a scene—there could be a demolished vehicle, smell of smoke, visible drug paraphernalia or other triggering conditions—and those things will likely be remembered just as vividly as the news you deliver.

When you add in the fact that you don’t have any historical knowledge to bring context to these situations or time to prepare for these conversations in the same way that a physician would typically have—plus, you probably weren’t trained to have these conversations at all—it’s easy to see that we’re putting our responders in a tough position.

This likely needs to be a bigger conversation in the industry, but until then, it’s unfair to your team (and the public) to continue to send your responders into the field without some guidance for these situations—and simply having a conversation is a great place to start.”

Recognizing the similarities between delivering bad news in healthcare and fire and emergency services and utilizing the best practices that we can apply.

Sharing the news of someone’s death is a significant event for the surviving family members—and the words and mannerisms used in those moments can last a lifetime.

So, while it may not be a perfect comparison, there still may be some ways that your team can modify the existing healthcare models for delivering bad news to help address these situations. Afterall, you don't get a second chance at this.

Here are a few fairly universal practices that could help provide your team with some guidance for these difficult conversations:

- **Select the crew member who's best suited to deliver the news.** This person should consider removing their hat, helmet or sunglasses so that they can make direct eye contact and introduce themselves with their name and role. For instance, "my name is Bill. I'm an EMT with the fire department."
- **Use direct, simple language.** For example, using the word "died/dead" within the first sentence or two when sharing the death of a loved one and use the deceased person's name (when possible). For example, "when we arrived, John's breathing and heart had stopped. In spite of everything we have done, he is dead."
- **Take your time.** Speak at a slower pace than normal to allow the family to process what you're saying. Allow for silence, answer questions and let them dictate the level of details they'd like to discuss.
- **Show empathy.** NURSE is another acronym that you may be able to apply in your organization and it's used in several industries to help express empathy, including Veteran Affairs.

The NURSE method:

Here are examples of how **NURSE** can be used in practice:

- NAMING THE EMOTION: "I can't even imagine how scared you must be."
- UNDERSTANDING: "I understand that you are worried about your dad."
- RESPECTING: "This must be a tremendous amount to deal with."
- SUPPORTING: "Please let me know what I can do to help you."
- EXPLORING: "Can you tell me more about that?"

- **Understanding the norms in your area.** You know your community best. Establish a protocol that makes sense for the cultural differences in your area and your specific operations.

These are the moments that no one wishes for—and no one is perfect. But, by talking with your team about how to approach these situations and practicing various scenarios as a group, you can help ensure that no one on your team has to tackle this issue alone.

Thank you for all that you do—and for being there for your community during all of the moments that matter.

WHAT IS THE AGREED VALUE?

We're answering the #1 question we get about insuring emergency services vehicles—and explaining why it's an important term for emergency services leaders, board members and their insurance brokers to understand.

Imagine that your primary pumper is the victim of a distracted driver and it's damaged beyond repair. While insurance may seem like a boring piece of paper—it could mean the difference between getting a similar replacement apparatus as soon as possible or having to partner with a neighboring department to answer calls for the indefinite future.

Your emergency service organization's vehicles do more than transport people from place to place. They transport responders to emergencies where your community members are counting on you.

That's why it's important to partner with an insurance provider who understands the types of vehicles your ESO utilizes (like knowing the difference between a type 1, 2 and 3 ambulance), appreciates the services your vehicles help you provide and designs insurance products to help address your unique needs.

One of the ways that VFIS addresses the particular operations of fire and EMS agencies is by offering agreed value coverage for their vehicles. However, because it's truly a specialized concept, we tend to get questions about it...a lot of them.

We sat down with Peter Feid, VFIS Sales Executive, and Mike Baker, Director of Client Risk Solutions, for an episode of the *Don't Risk It!* podcast to chat about what you should know about insuring emergency vehicles and agreed value. Here are key takeaways you should know.

3 THINGS YOU SHOULD KNOW ABOUT AGREED VALUE

1. WHAT IS AGREED VALUE?

For many VFIS clients, the agreed value form that's attached to their auto policy is usually the first time they see this term. And if it's an insurance agent's first time working with us, it may be the first time they need to address agreed value in this capacity as well.

Agreed value addresses physical damage to VFIS clients' vehicles and allows you to pick a value to insure each of your vehicles for. (This differs from auto liability coverage which helps cover the costs of damages to the others' property, as well as any bodily injuries, for those found to be at-fault for auto-related incidences.)

Wondering why you don't hear "agreed value" more often? That's because it was originally developed to address the needs of antique and collector vehicles. While the similarities between a 64' Aston Martin DB5 and 22' Pierce ladder truck may not be obvious at first glance, they actually do have some important (insurance-related) qualities in common. These types of vehicles are both typically high-value, special-use and the people who have them care about them—so they're well-maintained. And that's what led VFIS to adopt the term and coverage-style to address unique needs of fire apparatus, ambulances and other fire and EMS vehicles.

2. WHAT'S THE ADVANTAGE OF AGREED VALUE FOR EMERGENCY SERVICE ORGANIZATIONS?

Agreed value eliminates many of the downsides that emergency service organizations may experience from traditional auto policies. For example, our agreed value policy does not include terms like:

- **Coinsurance**—where a vehicle is insured for a percentage of its total cash or replacement value.
- **Depreciation**—an assumption that your vehicle's value declines during your possession.

- **Actual cash value**—the amount required to replace your vehicle minus depreciation, at the time of the loss.
- **Betterment clauses**—stipulates that if the repair or replacement of the damaged parts results in a vehicle that is "better than" your original vehicle at the time of loss, the insurers will not pay for this net improvement.

Agreed value is unique because it allows you to pick how much you'd like to insure each of your vehicles for.

This means if a vehicle-related incident occurs, you already know the exact insured value of that vehicle, which helps eliminate the guesswork and confusion.

3. WHAT FACTORS SHOULD AN EMERGENCY SERVICE ORGANIZATION CONSIDER WHEN DECIDING ON AGREED VALUE?

Let's start by saying, we know this isn't an easy task. It's time consuming and can take a lot of planning and forward-thinking, like analysis of vehicle rotation and fleet management. However, we hope that the peace of mind you'll get in return is beyond worth the time you spend and we're here to help.

For starters, we'll offer you suggestions as to what to value each vehicle for. But we understand that you know your operations better than anyone else—so, ultimately, it's up to you to decide.

STEPS TO HELP YOU ASSIGN AGREED VALUE TO YOUR VEHICLE:

- **Pick a team.** Decide who will evaluate and establish the agreed value for your vehicles. Maybe it's your apparatus purchasing committee, board members, leadership team or a combination of those members.
- **Evaluate your fleet.** Do you have everything you want and need? What are your ultimate goals—and what vehicles are associated with those goals?
- **Assess the value of each vehicle.** Use the latest research and resources available (like the prices of used and new vehicles from authorized dealers) to help you determine:

  The low-end value for each vehicle. This is also called actual cash/market value—and is the amount you would get for your vehicle if you were to sell it as-is, including any permanently-attached equipment.

  The high-end value for each vehicle. This is what would it cost if you were to purchase a brand-new vehicle with similar specifications.

- **Calculate agreed value.** Utilizing your findings from your fleet evaluation and vehicle assessments, you can start to determine how much you'd like to insure each vehicle for in regards to physical damages.

YOUR AGREED VALUE TEAM SHOULD CONSIDER WHAT YOU WOULD DO IF EACH VEHICLE WAS DAMAGED BEYOND REPAIR.

First, it's important to know that most ESO vehicles are repairable in the majority of auto-related incidents. However, when you're considering how much to insure each vehicle for, it might be helpful for you to consider what you would do if each of your vehicles was not repairable.

For example, let's say you're considering how much to insure an older vehicle for. If it was damaged beyond repair, would you replace it with a similar one? If so, consider insuring it on the lower-value end. Or, would you want a newer used vehicle that has some additional functions? Then you may want to go in the middle. Or, if you want the brand-new and greatest form of that vehicle, you'd probably want to consider insuring it on the higher end. Or, if you wouldn't replace it at all—you may not want physical damage coverage.

ADDITIONAL REMINDERS ABOUT VFIS' AGREED VALUE TO KEEP IN MIND:

- **You will never receive more than the agreed value you have chosen.** In the event of a loss—we'll pay the least of these four options: the cost to repair the damaged property, the cost to replace a part or parts of the damaged property with a part or parts of like kind and quality (without deduction for depreciation), the cost to replace the entire covered auto and its permanently attached equipment with a comparable new auto and permanently attached equipment manufactured to current standards or the agreed value stated in your policy declarations as applicable to the damaged or stolen property.
- **That means if your agreed value is too low...** If the agreed value is less than the actual cash value of the vehicle, our agreed value coverage could actually penalize you in the event of a loss.
- **That means that if your agreed value is too high...** A VFIS policy will never pay more than the replacement cost or the agreed value, whichever is less. So, if the agreed value you select is more than the replacement value of the vehicle, you would be paying premium for an amount of coverage you would never be able to collect.

AGREED VALUE UPDATES

We're excited to share there are product enhancements coming to VFIS Property + Casualty (P+C) policies, including two related to agreed value:

- **Agreed Value trigger reduced from 75% to 60%.** Previously, our policy said that a vehicle is considered repairable if it could be repaired for up to 75% of the agreed value. However, that trigger has now been reduced to

60%—meaning that there is now more wiggle-room for vehicles to be replaced (rather than repaired) should substantial damages occur.

- **Chief Vehicles insured on Agreed Value basis.** You can now add your chief vehicles to your agreed value list—and there's no age limit for vehicles!

HAVE QUESTIONS? YOUR LOCAL INSURANCE BROKER CAN HELP!

If you have questions, meet with your insurance agent to get their expertise on your policy and agreed values, and continue to meet with them periodically to help ensure that your insured values are up-to-date and consistent with the goals of your organization. We're happy to assist your broker with any questions and these considerations may be helpful for them as well!

We hope that these tips are useful—and that, ultimately, our coverage helps to make you as whole as possible in the event of a loss. Check out the *Don't Risk It!* podcast series to hear the full episode—and come back bi-weekly to hear the VFIS Risk Solutions Team and special guests discuss the latest risk management best practices in fire and emergency services.

SCAN TO LISTEN NOW TO THE *DON'T RISK IT!* PODCAST

THE LATEST TRAINING + EDUCATION RESOURCES FOR YOUR CREW

ONLINE

Check out our wide-variety of online training courses and resources that are specifically designed for emergency responders and start sharpening your skillsets anytime on vfis.com.

IN PERSON

Ready to schedule your next in-person training opportunity, like our Gold Standard EVDT? Check out our calendar to see our training schedule and where we're heading next.

LISTEN IN

Check out the ***Don't Risk It!*** Podcast to hear what fellow responders and industry specialists have to say about the latest risks facing your team—and come back biweekly for new episodes!

KEITH BRANDSTEDTER APPOINTED TO CFSI BOARD OF DIRECTORS

Join us in congratulating Keith on his new role with the Congressional Fire Services Institute!

We congratulate Keith on his new role and are excited to see the positive impact he'll continue to make in the fire service—both with VFIS and CFSI. Congrats, Keith!

R. Keith Brandstedter II, President of Glatfelter Specialty Benefits and Regional Vice President of VFIS, has been appointed to the Board of Directors for the Congressional Fire Services Institute (CFSI). CFSI is a nonprofit, nonpartisan policy institute created to educate members of Congress about the needs and challenges of our nation's fire and emergency services.

"I'm honored to have had the opportunity to work with fire service organizations for nearly a decade to help them establish meaningful benefits for their members, including working towards instituting Cancer Coverage legislation in several states and offering benefits that support firefighters and their families during some of their darkest days," said Keith. "Being able to further support these special people through the important work of CFSI is truly a privilege—and I hope we're able to work together to help ensure that those who give so much to their communities are given the training, funding and resources they need and deserve."

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