



EMS

Mental Health & Wellness Toolkit

A Basic Framework for EMS Agencies

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Dedication

This Toolkit is dedicated to Micki Guy, a City of Glens Falls Firefighter, EMS instructor, and Certified Instructor Coordinator (CIC), and a member of the EMS Mental Health Fellowship.

Micki's passion for supporting the first responder community and her dedication to this work helped guide and inform this fellowship. Her commitment to training, service, and the well-being of others is reflected throughout this toolkit and the ongoing efforts to strengthen mental health and wellness across EMS.

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Disclaimer: MHANYS EMS Peer Support & Wellness Toolkit

1. General

This Toolkit is designed for NYS EMS agency to provide or arrange for peer support, wellness and/or critical incident response, and is intended to provide information and guidance only. It is designed to assist EMS agencies to foster a culture of wellness and to establish peer support systems, programs and structures. The tools and methods described herein are not clinical interventions or medical treatments, nor are they a substitute for appropriate professional mental health care.

Peer support team members are trained colleagues, but are not licensed medical or behavioral health professionals or crisis counselors. The information provided, or conversations to be held within this program, are not intended to diagnose, treat, or cure any mental, emotional, or physical condition. Personnel should always be advised to seek the advice of a qualified psychiatrist, psychologist, or other licensed behavioral health professional, or primary care provider regarding specific mental health or substance use disorder concerns.

2. Voluntary Participation

Participation or implementation of any component or activity described in this toolkit is purely voluntary. The structures, programs and methods described in the toolkit are meant to be adapted to each agency's unique circumstances. MHANYS does not require users to follow any specific guidance or methods as described in the toolkit.

3. Limitation of Liability and Assumption of Risk

This toolkit is provided on an "as is" basis, without any express or implied warranties or guarantees. Agencies using this toolkit assume risk for all actions taken to implement the provisions of this toolkit. MHANYS assumes no liability for any actions or omissions based on the information provided, or for any personal injury, loss, or emotional distress resulting from reliance on this toolkit. MHANYS disclaims all liability for any errors, omissions, or potentially misleading statements within the toolkit. MHANYS advises all agencies to consult with counsel to review implementation of any policies, procedures, or methods described in this toolkit to ensure compliance with current laws, regulations, and organizational structures.

4. References to third-party content.

This toolkit contains several references or links to third-party entities, programs, tools, and/or supports. MHANYS is not responsible for the content, accuracy, services or safety of these external resources.

About the Division of State EMS

The New York State Department of Health, Division of State EMS provides statewide leadership, oversight, and support for New York's EMS System. Working in partnership with EMS agencies, EMS clinicians, regional and local EMS systems, EMS educational institutions, and other stakeholders, the Division supports ensuring a strong, sustainable EMS system is prepared to meet the needs of New York's communities.

As the Division has grown, so has its ability to develop new programs, partnerships, and resources that support EMS clinicians and their agencies. Today, the Division is organized into three bureaus: Bureau of EMS Administration, Bureau of EMS Standards and Licensure, and Bureau of EMS Emergency Management, working together to support the EMS system across New York State.

Building a Statewide Culture of Mental Health & Wellness

The Division is committed to building an EMS culture where mental health and wellness are recognized as essential to individual well-being, workforce sustainability, and a strong EMS system.

A recent cornerstone of this effort is the New York State EMS Mental Health and Wellness Symposium, a free annual statewide event, hosted by the Department of Health, that brings EMS professionals together to learn, share experiences, identify resources, and have meaningful conversations about the challenges facing the EMS workforce.

Developing Local Champions

The New York State EMS Mental Health and Wellness Fellowship, sponsored by the Department of Health, builds upon this statewide commitment by providing a free, year-long fellowship program for EMS professionals offered to each of our EMS regions throughout New York State.

Fellows participate in education, training, collaborative learning, and resource development designed to strengthen mental health and wellness within EMS and create champions for EMS wellness throughout New York State. These champions bring knowledge, tools, and resources back to their local EMS agencies and regions, helping to turn statewide initiatives into meaningful local action.

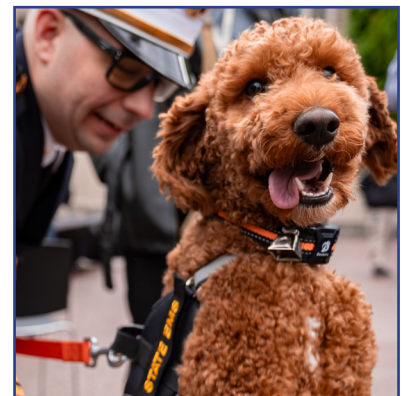
Strengthening EMS by Supporting Our People

There is no single solution to the mental health and wellness challenges facing EMS. Meaningful change requires sustained investment, strong partnerships, education, accessible resources, and a culture that supports asking for and receiving help. Through the annual Mental Health and Wellness Symposium, the Fellowship Program, statewide partnerships, and continued development of new resources, the Division of State EMS is working to build that culture across New York.



Learn More About EMS Mental Health & Wellness

Visit the New York State Department of Health, Division of State EMS Mental Health & Wellness webpage for additional programs, resources, and information.



About MHANYS

The Mental Health Association in New York State (MHANYS) is a statewide nonprofit organization dedicated to improving mental health and wellness through education, training, advocacy, community engagement, and systems-level change.

Supporting the First Responder Community

MHANYS works alongside first responder and public safety organizations across New York State to strengthen mental health literacy, resilience, peer support, organizational wellness, and access to trusted resources.

Through the Helping Every Responder Overcome (HERO) Program, MHANYS provides a tiered approach to first responder mental health and wellness education, recognizing that meaningful change requires investment in both individuals and the organizations in which they serve.

MHANYS also partners with agencies and statewide organizations to support wellness initiatives, peer support development, leadership engagement, resource development, training, and broader systems-level efforts to strengthen the mental health and well-being of New York's first responder community.

Building Sustainable Support

There is no single model for first responder wellness. MHANYS works collaboratively with EMS, fire service, law enforcement, corrections, dispatch, emergency management, military and veteran communities, and other public safety partners to develop approaches that reflect their culture, resources, and needs.

The Division of State EMS Mental Health Fellowship and this Toolkit reflect that approach by bringing together the experience and voice of EMS professionals with behavioral health expertise, training, technical assistance, and statewide collaboration.

Taking care of the people who take care of our communities strengthens both the responder and the system in which they serve.



Learn More About MHANYS and First Responder Mental Health & Wellness

[MHANYS.org/hero](https://mhanys.org/hero) for the digital version of this EMS Toolkit.

Executive Summary

Emergency Medical Services (EMS) professionals operate in environments characterized by high acuity, cumulative trauma exposure, operational stress, and unpredictable call volume. While physical safety systems within EMS are well established, structured behavioral health and wellness systems continue to evolve across many agencies.

Behavioral health support is not separate from operational readiness. It directly influences decision-making, team cohesion, workforce retention, and long-term mission sustainability.

In partnership with the New York State Department of Health Division of State EMS, the Mental Health Association in New York State (MHANYS) supported implementation of the New York State Division of State EMS Mental Health Fellowship, a structured 12-month initiative designed to strengthen behavioral health capacity, peer support infrastructure, and wellness programming within EMS agencies statewide.

The fellowship engaged EMS representatives in collaborative learning, leadership development, policy planning, peer support implementation, and agency-level wellness initiatives. Fellows participated in tiered education through the HERO (Helping Every Responder Overcome) Program, which included mental health literacy, suicide prevention, resilience, cumulative trauma exposure, and substance use awareness.

Rather than functioning as a one-time training event, the fellowship emphasized long-term implementation, relationship building, accountability milestones, and sustainable cultural change within participating agencies.

Lessons learned through this fellowship, combined with statewide needs assessment findings, operational experience, and nationally recognized first responder behavioral health best practices, directly informed the development of this toolkit.

The Resilience Officer and Wellness Lead Model

A central element of the fellowship framework was the designation or development of a Resilience Officer, Wellness Lead, or Peer Support Coordinator within participating agencies.

This role may support:

- Peer support structure
- Confidentiality standards
- Critical incident follow-up
- Training and education efforts
- Resource mapping and referral pathways

The model is intentionally flexible. In smaller or volunteer agencies, one individual may serve in multiple roles. Larger systems may formalize this function as a dedicated position. The emphasis is on visibility, structure, sustainability, and operational integration rather than a single required title.

Purpose of This Toolkit

This toolkit outlines statewide best practices in EMS mental health and wellness while providing practical tools that agencies can adapt to their operational environment. This framework reflects not only best practices in behavioral health but also a strategic investment in workforce retention, operational readiness, and long-term system sustainability.

It is designed to help agencies:

- Establish or strengthen structured peer support programs
- Designate a coordination lead for wellness efforts
- Improve leadership engagement
- Develop clear confidentiality standards
- Implement structured critical incident response protocols
- Deliver tiered and recurring mental health education
- Utilize simple aggregate data to guide improvement

This toolkit is designed to support volunteer, combination, and career EMS agencies. It is not a regulatory mandate and does not replace clinical care standards. Rather, it provides foundational guidance informed by statewide implementation experience and national evidence-based frameworks.

Mental health and wellness are force multipliers for EMS systems. Meaning sustainable wellness culture strengthens operational readiness, workforce retention, and long term professional resilience.



Why This Matters for Operational Readiness

Behavioral health and wellness are not separate from mission readiness. They directly affect operational performance, safety, and workforce sustainability.

EMS professionals are trained to prioritize physical scene safety, clinical excellence, and rapid response. However, cumulative stress exposure, sleep disruption, and repeated traumatic incidents also affect cognitive performance, emotional regulation, and decision making. When unaddressed, these impacts can influence communication, teamwork, and long-term retention.

A structured mental health and wellness framework strengthens operational readiness in the following ways:

Improved Decision Making Under Stress

Understanding acute stress response and cumulative trauma helps providers recognize when stress may be influencing judgment. Education and peer engagement increase awareness and reduce preventable performance errors.

Stronger Team Cohesion and Communication

Psychological safety encourages open communication, early reporting of concerns, and constructive feedback. Teams that trust one another perform more effectively in high-acuity environments.

Reduced Burnout and Workforce Attrition

Burnout and compassion fatigue contribute to turnover, absenteeism, and disengagement. Structured wellness programming supports long-term workforce stability and protects institutional knowledge.

Earlier Intervention and Crisis Prevention

Trained peer supporters and clear referral pathways allow concerns to be addressed before they escalate into crisis. Early engagement reduces the risk of severe mental health outcomes and supports continuity of service.

Consistent Response Following High Impact Events

Written critical incident response protocols ensure that follow-up is not left to chance. Structured engagement reduces long-term impact and reinforces organizational support.

Increased Trust in Leadership

Visible leadership commitment to wellness strengthens credibility and morale. When command staff participate in training and openly support mental health initiatives, stigma decreases.

Operational readiness is not only about equipment, staffing levels, and clinical competency. It also includes the cognitive, emotional, and psychological capacity of providers to perform their duties safely and effectively.

Agencies that invest in structured wellness systems are investing in mission sustainability. A workforce that feels supported is more likely to remain engaged, perform effectively, and serve the community with consistency and professionalism.

Mental health and wellness strengthen readiness, protect personnel, and sustain the profession.

Investment in Workforce and Cost Considerations

Investing in mental health and wellness programming is an investment in workforce sustainability. While some elements of wellness programs can be implemented with minimal cost, structured programs provide measurable value in reducing turnover, absenteeism, and performance-related risk.

The cost of recruiting, onboarding, and training new EMS personnel often exceeds the cost of implementing foundational wellness initiatives. Retaining experienced providers reduces operational disruption, maintains service quality, and strengthens team cohesion.

Wellness investments may include:

- Training and education for personnel and leadership
- Peer support program development
- Time allocated for program coordination
- Partnerships with behavioral health providers
- Resource development and communication

Many agencies begin with minimal funding and expand over time. Even low-cost efforts, such as training a peer supporter, establishing clear policies, and building a referral network can have meaningful impact.

Agencies are encouraged to view wellness programming not as an added expense, but as a component of operational infrastructure. Supporting the mental health of personnel contributes directly to readiness, performance, and long-term workforce stability.

How to Use This Toolkit

This Toolkit is designed to be practical, flexible, and adaptable for EMS agencies of all sizes. It is not intended to be implemented all at once or followed in a strict sequence. Agencies may use this document based on their current needs, capacity, and priorities.

Agencies are encouraged to review the Toolkit in its entirety, as it may highlight considerations or resources that are not immediately apparent. At the same time, sections can be used as needed to support specific areas of development.

Start Where You Are

Agencies at any stage can use this Toolkit. Some may be building a program from the ground up, while others may be strengthening existing efforts.

There is no single starting point. Agencies are encouraged to begin with a few realistic steps and build over time.

Use Sections as Needed

This Toolkit is organized by topic. Agencies may focus on sections that are most relevant to their current priorities.

Examples include:

- Leadership and Culture for Engaging Command Staff
- Peer Support and Critical Incident Response for program structure
- Training and Education for building knowledge across the agency
- Policy and Confidentiality for establishing clear expectations
- Family Support and Community Resources for expanding support systems

Not all sections need to be used immediately.

Using the Toolkit: Quick Start, Roadmap, and Self-Assessment

This Toolkit includes multiple tools to support agencies at different stages of development. These sections are designed to work together, but may also be used independently.

The **Quick Start Guide** provides a high-level set of foundational steps agencies may consider when beginning or strengthening a wellness program.

The **Implementation Roadmap** outlines how these elements can be developed over time. It presents a step-by-step approach and reinforces that building a wellness program is a gradual, long-term process.

Agency Self-Assessment offers a simple way for agencies to reflect on what is currently in place and identify areas for growth. It may be used to determine starting points or guide next steps. Agencies may also choose to revisit this assessment over time to reflect on changes as programs develop.

Together, these tools provide:

- A starting point (Quick Start Guide)
- A structure for growth (Implementation Roadmap)
- A way to understand current capacity and identify areas for growth (Self-Assessment)

Use the Appendices as Tools

The appendix section includes templates and sample materials that can be adapted for local use. These tools are intended to reduce the burden of starting from scratch and support implementation.

Examples include:

- Sample policies and confidentiality agreements
- Leadership commitment statements
- Critical incident checklists
- Resource and referral guides
- Role descriptions and application materials
- Data tracking templates



Build Over Time

This work is not intended to be completed quickly. Most agencies begin with a few foundational elements and expand over time.

Progress may include:

- Identifying a wellness lead or peer supporter
- Creating a basic resource list
- Providing initial training
- Establishing a simple follow-up process after difficult calls

Additional components can be added as capacity grows.

Cultural change takes time. It is normal for programs to evolve through trial and error as agencies determine what works best for their organization.

Key Consideration

This Toolkit is a guide, not a requirement. The goal is to support agencies in building practical, sustainable systems that fit their needs, strengthen their workforce, and support long-term operational readiness.

Quick Start Guide for EMS Agencies

These steps can start small and expand over time. They may be adapted based on agency size and resources. Agencies do not need to complete all steps immediately. Many programs begin with a few foundational elements and expand over time. Additional details for each step are outlined throughout this toolkit.

Start the Conversation with Leadership

- ☐ Begin with a practical discussion around operational impact and identify one or two realistic next steps.

Establish Leadership Support for Wellness Initiatives

- ☐ Leadership commitment helps normalize mental health conversations and supports program sustainability.

Designate a Wellness Lead or Peer Support Coordinator

- ☐ Identify a trusted member who can help organize wellness efforts and serve as a point of contact.

Develop a Resource and Referral List

- ☐ Identify local behavioral health providers, crisis services, and other trusted resources that members can access when needed.

Establish a Written Confidentiality Approach

- ☐ Clearly communicate confidentiality with expectations and limitations to build trust and support program use.

Identify and Train at Least One Peer Supporter

- ☐ Peer supporters should complete recognized training and understand confidentiality and referral boundaries.

Create a Simple Critical Incident Response Process

- ☐ Develop a basic approach for offering support following high-impact events.

Use Existing Resources and Communicate Access

- ☐ Leverage regional peer support or CISM teams, statewide training opportunities, and community or clinical partners, and ensure members know how to access available supports.

Deliver Mental Health Awareness Training

- ☐ Provide education that builds awareness of stress, trauma exposure, and available support resources.

Encourage Early Engagement and Review Annually

- ☐ Promote early use of peer support and periodically assess what is working to strengthen the program over time.

Examples in Practice:



Thomas Corcoran
Hudson-Mohawk Regional EMS Council

Situation: Stigma, skepticism, & distrust seeking help from clinicians

Action: Ride along and/or Embed Licensed Clinicians in station training/activities

Why it matters: EMS providers work with people in crisis every day, bringing them to the ER to get help often with troubling turnovers and dubious results. Suffice to say we tend to be skeptical of mental health providers. Stephen Covey is credited with saying “Change happens at the speed of trust.” That said, trust happens at the speed of relationships. If a referral to a clinician is indicated, the process can be streamlined if the clinician is seen as a culturally competent part of the team whom the member recognizes. While we may tend to initially over-pathologize first responder mental health, when we call the “metal health mayday” trusted clinicians are called for.

Situation: A member is offered residential treatment in a time of struggle at a preferred provider or facility only to be told their insurance doesn’t cover most or any of the costs.

Action: Part of the vetting process for resources is calling well regarded regional treatment facilities and having them run insurance(s) your members will likely present in times of crisis to determine the cost burden on the member/family.

Why it matters: It’s frustrating to all parties when a decision to get treatment is delayed or does not happen at all because of logistical or financial barriers. The time to discover this is before the need for the best intended outcome.

Implementation Roadmap

Putting It All Together

This Toolkit is intended to help agencies build mental health and wellness support in a way that fits their size, structure, and capacity. There is no single model that works for every organization. A volunteer agency, a mixed service, and a large career system may all approach this work differently.

The goal is not to implement everything at once. The goal is to start where you are, build on existing strengths, and take steady steps over time.

For some agencies, this may begin with identifying one trusted peer supporter and creating a simple resource list. For others, it may involve developing a more formal peer support structure, assigning a wellness lead, expanding training, or strengthening critical incident follow-up. Each of these are valid starting points.

Agencies may consider the following step-by-step approach:

1. Establish leadership support

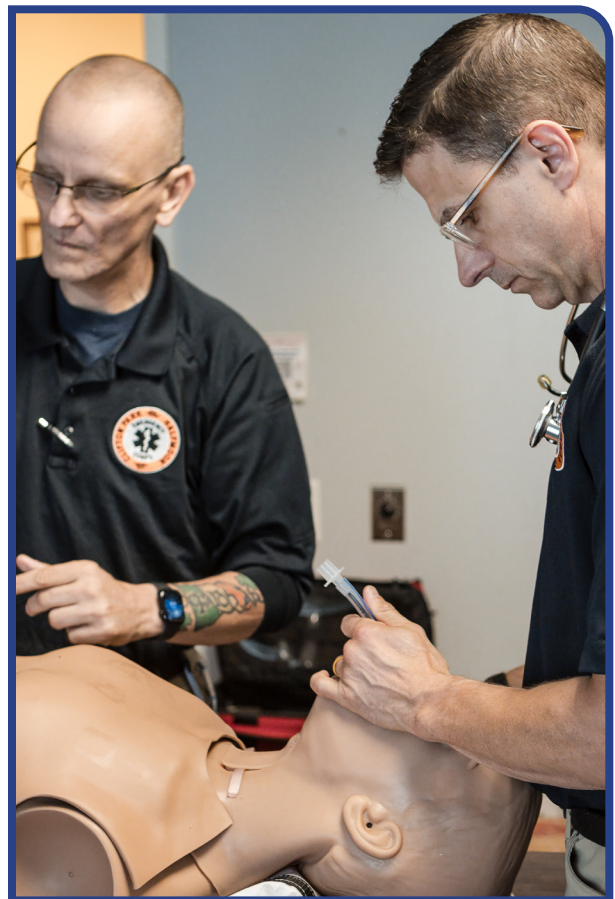
Begin with visible support from leadership. Reinforce that mental health and wellness are part of operational readiness and not simply an added initiative.

2. Identify who will help lead the work

Designate a Wellness Lead, Peer Support Coordinator, Resilience Officer, or other trusted point of contact. In some agencies, this may be one person serving multiple roles.

3. Review what already exists

Consider what supports are already available, including informal peer support, EAP services, chaplains, local behavioral health partners, regional CISM teams, or existing training resources.



4. Build a basic resource and referral network

Develop a list of internal and external supports that personnel can access when needed. This can include local providers, county mental health resources, crisis lines, EAP contacts, and first responder-informed services.

5. Establish clear confidentiality expectations

Trust is essential. Agencies should clearly communicate what peer support is, what confidentiality means, and when referral to additional support may be needed.

6. Start or strengthen peer support

Identify trusted members who may serve in peer support roles and provide training appropriate to the agency's size and resources.

7. Create a simple critical incident response process

Define how the agency will respond after high-impact calls or events. This does not need to be complex, but it should be clear and consistent.

8. Provide training and education

Build shared understanding through mental health awareness, suicide prevention, resilience, recovery, leadership, and peer support training. Agencies may phase this in over time.

9. Include families, supports, and community partners where appropriate

Consider how family engagement, local partnerships, and community resources can strengthen morale, support systems, and retention.

10. Revisit and adjust over time

Programs should be reviewed periodically and adapted based on what is working, what is feasible, and what personnel need. Progress does not have to be rapid to be meaningful.



Implementation Roadmap (Cont.)

This work is long-term and relationship-based. Cultural change takes time. Trust is built through consistency, authenticity, and follow-through.

Agencies should not feel pressure to build a fully developed program immediately. It is normal for this work to evolve over time, and it may take some trial and error to determine what works best within each organization.

Avoid becoming overwhelmed by trying to do everything at once. Start with a few realistic steps, build momentum, and expand as capacity allows.

The most effective wellness programs are not necessarily the most complex. They are the ones that are visible, trusted, and sustained. There is no perfect starting point—only a first step.

Examples in Practice:



“At South Jefferson Rescue, we did not previously have a formal peer support program. Like many agencies, we assumed members would seek help when needed and provided general information about available support resources.

Recognizing the need for a more structured approach, we secured buy-in from our Board of Directors and began building a formal peer support program. While a dedicated budget line is planned for 2027, we are currently leveraging our training budget to fund initial development and training.

We are now actively organizing our peer support team using guidance from the provided toolkit. A key step in our implementation is the planned distribution of a peer support team consideration form on May 1, 2026, to identify interested and qualified members.

This example demonstrates how an agency can move from an informal, reactive approach to a structured, proactive peer support program by securing leadership support, allocating resources, and establishing clear initial action steps.”

Brian Newell,
South Jefferson Rescue

“My example in practice falls under the “Implementation Roadmap” in the toolkit. Specifically, sections 1 through 4, as I was recently able to hold a meeting with the entirety of our EMS staff and present on the mental health resources in our area, our existing EAP, and what it entails, and techniques for informal peer support until a more formal structure is developed. I specifically outlined how to access/contact those resources and the EAP. The chief of the department was present at this meeting and clearly expressed his full support for the fellowship and the work that I am doing, which exemplifies “Leadership Support.”

Collin Wright,
Susquehanna Regional EMS Council



Statewide Data and Needs Assessment Findings

Development of this Toolkit was informed by two primary data sources:

1. The New York State Department of Homeland Security and Emergency Services (DHSES) Needs Assessment and Wellness Primer.
2. Aggregate survey data collected from 614 EMS professionals across New York State.

These data sources are complementary but distinct.

I. DHSES Needs Assessment and Wellness Primer

The DHSES Needs Assessment examined behavioral health needs across first responder disciplines, including EMS. Key findings relevant to EMS include:

High Cumulative Trauma Exposure

EMS professionals experience repeated exposure to traumatic events, including overdoses, suicides, pediatric fatalities, and prolonged operational stress.

Variation in Agency Preparedness

Many agencies lack formalized peer support policies, written activation procedures, or structured wellness frameworks.

Confidentiality as a Barrier to Utilization

Uncertainty regarding confidentiality protections and fear of career impact remain primary deterrents to help seeking.

Leadership Engagement as a Critical Factor

Agencies with visible leadership commitment demonstrate stronger wellness participation and improved organizational culture.

Training Gaps

Access to structured mental health and resilience training is inconsistent statewide, particularly among smaller and volunteer agencies.

These findings underscore the need for standardized, scalable, wellness frameworks within EMS.

II. Aggregate EMS Survey Data

Separate from the DHSES assessment, aggregate survey data collected from 614 EMS professionals representing multiple agencies and regions provided direct insight into EMS-specific experiences and perceptions.

Preference for Peer-Based Support

A substantial portion of respondents indicated they would first approach a trained peer rather than a clinical provider when experiencing stress or emotional difficulty.

Need for Clear Confidentiality Standards

Respondents consistently reported increased comfort with seeking support when confidentiality boundaries are clearly defined and communicated.

Inconsistent Critical Incident Follow-Up

Many respondents indicated that post-incident follow-up varies by agency, with some reporting no structured engagement after high-impact calls.

Leadership Visibility Influences Trust

Respondents noted that wellness initiatives are viewed as more credible when supervisors and command staff participate in training and openly support mental health efforts.

Desire for Ongoing Engagement

One-time training was viewed as insufficient. Respondents expressed a preference for recurring education, accessible peer supporters, and periodic program evaluation.

Combined Implications for EMS Agencies

When viewed together, the DHSES Needs Assessment and the aggregate survey data from 614 EMS professionals demonstrate that effective EMS wellness programming requires:

- Formal peer support structures
- Clearly articulated confidentiality protections
- Visible and sustained leadership commitment
- Tiered and recurring training models
- Written critical incident response protocols
- Simple aggregate evaluation methods

These findings demonstrate that EMS agencies benefit from structured, visible, and sustainable wellness systems rather than informal or reactive approaches.

Definitions and EMS Context

The following terms provide a shared understanding for EMS agencies implementing mental health and wellness initiatives.

Acute Stress Response: The body's immediate reaction to threat, including increased heart rate, heightened alertness, and narrowed focus. While protective during emergencies, repeated activation without recovery can contribute to fatigue and mood changes.

Burnout: Emotional and physical exhaustion caused by prolonged workplace stress. Burnout may present as cynicism, reduced motivation, or detachment from work.

Compassion Fatigue: Emotional strain that results from repeated exposure to others' suffering. It may reduce empathy or increase irritability.

Confidentiality: The expectation that peer support conversations remain private within defined limits, including risk of harm to self or others and legal obligations. Peer support confidentiality may not be legally protected in all circumstances.

Critical Incident Response: Structured, time-limited support following high-impact events. It may include facilitated discussions or follow-up check-ins. Critical Incident Stress Management (CISM) is one commonly used model.

Cultural Competence: The ability to understand, respect, and effectively respond to the unique values, experiences, and needs of a specific population. In first responder settings, cultural competence includes awareness of operational stress, shift work, exposure to trauma, and the organizational culture that may influence help-seeking behavior and trust in services. This is an important consideration when selecting any service provider supporting personnel, including EAP providers, clinicians, fitness or wellness professionals, and other external partners.

Cumulative Trauma: The gradual impact of repeated exposure to stressful or traumatic events over time. Symptoms may build slowly and are not always immediately visible.

Early Intervention: Engaging support at the first signs of stress, rather than waiting for symptoms to escalate. Early intervention may include peer support, informal check-ins, or connection to additional resources.

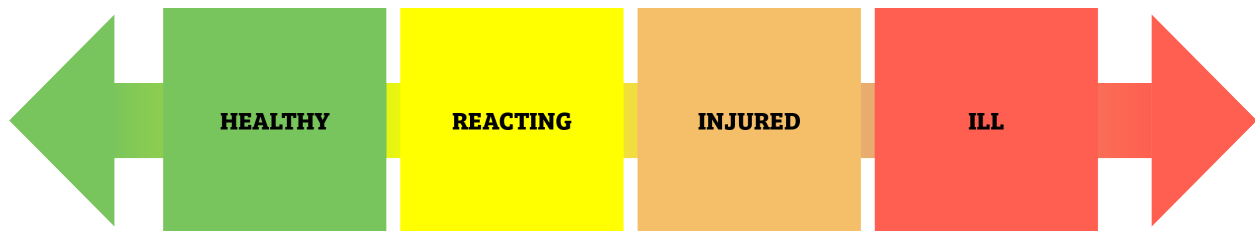
Employee Assistance Program (EAP): An employer-sponsored program that provides confidential short-term counseling, referral services, and support for personal or work-related concerns. EAP services may address stress, mental health challenges, substance use concerns, family issues, or financial difficulties. EAP programs are clinical resources and are separate from peer support services.

Health: A state of overall physical, mental, and social well-being. Health includes the ability to function effectively in daily activities and adapt to stressors or changes.

Mental Health: A component of overall health that includes emotional well-being, psychological functioning, and the ability to cope with normal stress, work productively, and maintain relationships.

Mental Health Challenge: A temporary or situational emotional or psychological difficulty that may affect mood, behavior, or functioning. Mental health challenges can arise from stress, trauma exposure, life events, or operational demands and do not necessarily indicate a diagnosed condition.

Mental Health Continuum: Mental health exists on a spectrum ranging from healthy functioning to temporary stress reactions to diagnosable illness. Movement along the continuum is normal, particularly in high-stress professions such as EMS.



Mental Illness: A diagnosable medical condition that significantly affects mood, thinking, behavior, or functioning. Mental illnesses may require professional evaluation, treatment, and ongoing management.

Moral Injury: Psychological distress that results from actions, or the lack of actions, that violate an individual's moral or ethical beliefs. In EMS, moral injury may occur when providers feel unable to deliver the care they believe is right due to system limitations, resource constraints, policy barriers, or repeated exposure to preventable suffering.

Operational Stress: The cumulative physical, emotional, and cognitive demands associated with EMS work, including shift schedules, sleep disruption, high call volume, administrative pressures, and exposure to traumatic events.

Peer Support: A structured, trained support system provided by members of the same profession. Peer supporters listen, validate, and connect colleagues to additional resources when needed. They do not provide clinical care.

Psychological Safety: An environment in which members feel safe discussing stress, concerns, or mistakes without fear of punishment or career harm.

Resilience: The ability to adapt and recover after stress or adversity. Resilience is influenced by both individual coping skills and organizational support.

Resilience Officer or Wellness Lead: A designated individual responsible for coordinating wellness initiatives, peer support efforts, and training within an agency.

Stigma: Negative beliefs or attitudes about mental health or help-seeking that may discourage individuals from accessing support. In EMS culture, stigma may be related to concerns about appearing weak, career impact, or peer perception.

Stress Injury: A disruption in normal functioning caused by exposure to acute or cumulative stress. Stress injuries may impact mood, behavior, decision-making, and physical health, and can improve with appropriate support and intervention.

Trauma: The emotional and physiological response to distressing or overwhelming events. In EMS, this may include exposure to serious injury, death, suicide, overdoses, or repeated human suffering.

Wellness Culture: An organizational environment where mental health is normalized, leadership is engaged, and structured support systems are visible and accessible.

Understanding Peer Support, Wellness Programs, and Critical Incident Response

Effective behavioral health support within EMS includes multiple types of resources that serve different roles. Peer support programs, wellness initiatives, and Critical Incident Stress Management (CISM) are complementary approaches that support personnel at different points along the stress and recovery continuum.

Understanding how these components function helps agencies build balanced systems that address both everyday stress exposure and high-impact incidents.

Wellness Programs (Proactive)

Wellness programs focus on prevention, awareness, and organizational culture. These initiatives aim to strengthen resilience, reduce stigma around help-seeking, and ensure members are aware of available resources before stress escalates into crisis.

Wellness programming is proactive and typically includes education, outreach, and activities that support overall well-being. A commonly used foundation for first responder wellness programming is based on principles emphasized in the FBINAA Comprehensive Resilience Officer Training. These principles recognize that resilience is supported through four interconnected areas that influence both personal well-being and operational performance.

Core areas of focus include:

- Mental Wellness – Understanding stress, managing emotional responses, and recognizing the impact of cumulative exposure to trauma.
- Physical Wellness – Supporting sleep, nutrition, fitness, and recovery to maintain performance and reduce fatigue-related risk.
- Social Wellness – Strengthening peer relationships, family support systems, and connections within and outside of the agency.
- Spiritual Wellness – Developing personal values, purpose, and meaning in both professional and personal life.

Examples of EMS wellness programming may include:

- Mental health awareness training
- Suicide prevention education
- Physical fitness, sleep hygiene, nutrition, and injury prevention initiatives
- Family outreach and resource information
- Stress management education
- Financial planning workshops
- Access to behavioral health resources
- Retirement planning and transitioning

Wellness initiatives help normalize conversations about stress and ensure that members know where support is available.

Accessing Wellness Programming and Leveraging External Partnerships

EMS agencies do not need to build wellness programming alone. Many effective programs are supported through partnerships with local, regional, and statewide organizations that can expand capacity, reduce cost, and bring specialized expertise.

Agencies may consider the following approaches to access and sustain wellness programming:

Partner with Healthcare Systems and Wellness Centers

Local hospitals, health systems, and wellness centers often have existing programs related to stress management, physical fitness, nutrition, and behavioral health. These partners may offer educational sessions, clinical guidance, or group wellness activities tailored to first responders.

Engage Public Health and Education Centers

Public health departments, Area Health Education Centers (AHECs), and community health organizations frequently provide prevention-focused education, including mental health awareness, substance use education, and workforce wellness initiatives. These partnerships can support both training and resource development.

Collaborate with Schools, Colleges, and Universities

Educational institutions can be valuable partners in expanding wellness programming. Agencies may explore:

- Internship placements (e.g., social work, psychology, public health, health promotion students)
- Faculty-led workshops or guest lectures
- Student-led wellness initiatives or research projects
- Access to campus wellness resources or fitness facilities

These partnerships can provide additional support while also building a pipeline of professionals familiar with first responder culture.

Utilize Community-Based Organizations and Local Businesses

Local organizations may offer workshops, group programming, or discounted services related to fitness, nutrition, mindfulness, financial wellness, or recovery support. Community partnerships can broaden available resources without requiring significant agency funding.

Understanding Peer Support, Wellness Programs, and Critical Incident Response (Cont.)

Leverage Statewide and Regional Training Partners

State agencies, nonprofit organizations, and first responder-focused training groups often provide low-cost or grant-funded wellness and mental health education. These partners can help agencies implement structured, evidence-based programming without developing content independently.

Consider Contracted or Volunteer Expertise

Agencies may engage licensed clinicians, wellness professionals, or peer-informed trainers through short-term contracts, volunteer arrangements, or partnership agreements to provide targeted programming.

Key Consideration

When working with external partners, agencies should prioritize individuals and organizations that demonstrate an understanding of first responder culture, confidentiality expectations, and the operational realities of EMS work.

Peer Support Programs (Proactive and Early Intervention)

Peer support programs provide confidential, non-clinical support from trained members of the same profession. Peer supporters are typically EMS providers who receive training in active listening, confidentiality, boundaries, and referral pathways.

Peer support programs allow members to speak with someone who understands the operational realities of the job.

Peer supporters may:

- Provide confidential listening and support
- Normalize common stress reactions
- Encourage early help-seeking
- Connect members with additional resources when needed

Peer support functions primarily as an **early intervention** resource, helping members address concerns before they escalate.

Survey data collected from EMS professionals across New York State indicated that many providers report being more comfortable initially speaking with a trained peer rather than a clinical provider when experiencing stress or emotional difficulty. This reinforces the importance of accessible and trusted peer support programs within agencies.

Peer support does not replace clinical care, but it can serve as an important bridge to professional resources.

Critical Incident Response (Reactive)

Critical Incident Response refers to structured support provided following particularly high-impact or potentially traumatic events. This is a reactive component of a comprehensive wellness system and is intended to support personnel after exposure to acute stress.

Responses may be considered following incidents such as:

- Line-of-duty deaths
- Pediatric fatalities
- Multiple casualty incidents
- Suicide or suspected suicide
- Events involving coworkers or significant operational impact

There are multiple models used to support personnel after critical incidents. Critical Incident Stress Management (CISM) is one of the most widely recognized and commonly utilized frameworks. Other approaches may include peer-led check-ins, leadership follow-up, clinician-supported interventions, or hybrid models that reflect local resources and agency preferences. Critical incident response may include structured discussions, informational sessions, individual or group check-ins, and ongoing follow-up over time.

Regardless of the model used, key principles include:

- Timely and voluntary engagement
- Respect for confidentiality
- Flexibility based on individual needs
- Connection to additional supports when needed

Critical incident response is activated after an event has occurred and is intended to complement, not replace, ongoing wellness programming and peer support engagement.



Understanding Peer Support, Wellness Programs, and Critical Incident Response (Cont.)

A Balanced Approach

EMS wellness systems are most effective when they include a mix of proactive and reactive supports.

- Wellness programs build awareness and strengthen organizational culture.
- Peer support programs provide early engagement and accessible support for everyday stress exposure.
- Critical Incident Response provides structured support following high-impact events.

Together, these components create a more complete and sustainable support system that addresses both proactive and reactive needs. Agencies do not need to implement everything at once. Start with what is feasible, based on your size, staffing, and resources, and build over time. Even a few consistent elements can have a meaningful impact and create a strong foundation to expand from.

While these components define the structure of a wellness system, leadership engagement determines how effectively they are implemented.



Examples in Practice:

“Establish Referral Pathways - I have made a QR code that goes to a Google document with all sorts of resources, including our EAP. Each employee receives a business card with my name, phone number, and the QR code on the back as well as a pamphlet about our EAP program.”

Rebecca Henry,
Monroe-Livingston Regional EMS Council



“Under ‘Proactive Wellness Programs’, Physical Fitness section, one example includes increasing awareness of existing benefits, such as wellness benefits provided by a company-supplied health insurance program, and gym membership reimbursement. Our organization offers an annual gym membership reimbursement, which we have expanded to “wellness reimbursement,” with programs such as yoga, dance, sports team participation, and even spa therapies being eligible for reimbursement. Initially, many employees were unaware of this benefit, so increasing awareness through regular emails, announcements at routine trainings, and posting in stations may help to improve utilization of this benefit.”

Jessica Dean,
Hudson Valley Regional EMS Council

Lessons Learned:

“I think I had the expectation that changes would be immediate, and it has been a more slow build-up of trust. I have had to change my tactics and adapt to the needs and wants of the employees. People are very interested in social activities, but are more resistant to work on self-care strategies. I have had great responses to social activities such as book club and Secret Santa. No one was interested in wellness bingo, which directly exposed people to types of self-care. But, I have realized that the social activities are a form of self-care, just less structured. They provide support, socialization, and team building, which helps with employees’ overall wellness.”

Rebecca Henry,
Monroe-Livingston Regional EMS Council



Leadership and Culture

Leadership engagement is one of the strongest predictors of wellness program success. Without visible leadership support, wellness initiatives often struggle to gain credibility among line personnel.

Developing a mental health and wellness program is not about checking a box or adopting a policy. Meaningful cultural change requires consistent leadership engagement, open communication, and a long-term commitment to supporting the well-being of personnel.

Command staff set the tone for how mental health and wellness are discussed within an organization. When leaders openly support training, reinforce confidentiality protections, and acknowledge the realities of operational stress, members are more likely to trust available resources and engage with peer support programs.

Leadership roles within EMS carry their own unique stressors, including responsibility for personnel, operational decision-making, and organizational demands. Leaders are not immune to the impacts of cumulative stress and should also engage in their own mental health and wellness practices. When leaders model healthy behaviors, utilize available supports, and demonstrate balance, it reinforces that wellness is a shared responsibility across all levels of the organization.

Leadership support may include:

- Publicly affirming wellness as an operational priority
- Designating a Wellness Lead or Peer Support Coordinator
- Integrating wellness discussions into regular meetings
- Participating in training alongside line personnel
- Reinforcing confidentiality expectations
- Encouraging early help-seeking

Visible leadership engagement reduces stigma and signals that mental health is treated with the same importance as physical safety and operational readiness.



Health and Wellness Champions

In many agencies, the momentum behind wellness initiatives is sustained by individuals who serve as informal champions for mental health and peer support. These individuals are often trusted members of the organization who help normalize conversations about stress, resilience, and help-seeking.

A wellness champion does not necessarily hold rank or formal authority. In many cases, the most influential champions are respected peers whose credibility comes from lived experience, authenticity, and their commitment to supporting others.

These individuals often help:

- Promote peer support and wellness initiatives
- Encourage open conversations about stress and fatigue
- Reinforce positive cultural change within the agency
- Serve as trusted connectors between members and available resources

Because these champions are embedded within the culture of the organization, they often bring authenticity and relatability that strengthen program credibility.

Leadership should recognize and support these individuals, as they frequently play a key role in sustaining wellness momentum over time.

Cultural Change Takes Time

Developing a culture that supports mental health and wellness does not happen quickly. Many first responder organizations have longstanding traditions of self-reliance and emotional suppression, which can make cultural change challenging.

Agencies implementing peer support and wellness programs should recognize that building trust requires consistency, patience, and ongoing engagement.

The nature of EMS work is often focused on rapid response and immediate outcomes. Providers are trained to act quickly, solve problems, and see results in real time. Cultural change does not follow that same model. Building a wellness-focused culture is a long-term investment that requires sustained effort over time.

Trust is built at the speed of relationships.

Programs that succeed over time focus on steady progress rather than rapid transformation. Small steps such as open conversations, recurring education, and visible leadership participation gradually reinforce new cultural norms.

Leadership and Culture (Cont.)

Supporting the People Who Lead Wellness Programs

Individuals responsible for leading wellness and peer support programs often carry significant responsibility within the organization. These roles may involve supporting colleagues during difficult circumstances, coordinating follow-up after traumatic incidents, and navigating sensitive conversations.

For this reason, it is important that peer supporters, wellness leads, and program coordinators also prioritize their own well-being.

Leaders of wellness initiatives should:

- Maintain healthy personal boundaries
- Seek support from other peer supporters or regional networks
- Take time for rest and recovery following high-impact events
- Practice regular self-care and stress management

Supporting the well-being of those who lead wellness efforts helps ensure programs remain sustainable and effective.

Cultural change requires commitment from both leadership and members. Agencies that invest in trust, relationships, and authentic engagement are more likely to build resilient and supportive environments for their workforce.

Engaging Leadership: A Practical Approach

Building or strengthening a wellness program often starts with a conversation. For many agencies, this may come from a member, peer supporter, or informal champion bringing an idea forward.

Not all leadership will view mental health, wellness, or resilience in the same way. Some agencies may have longstanding cultural norms that emphasize self-reliance and minimizing stress. This can make these conversations feel challenging.

Keeping the approach practical can help. Focusing on operations, offering solutions, and taking on some of the coordination can reduce perceived burden and support engagement.

These conversations do not need to be formal or complex. Clear, practical points can help move the discussion forward.

Start with Operational Impact

Frame mental health and wellness as part of operational readiness:

- Staffing, retention, and absenteeism
- Decision making and performance under stress
- Consistency following high-impact calls
- Long-term workforce sustainability
- Keep It Practical

Focus on one identified need and a small number of next steps. This may include identifying a peer support lead, sharing available resources, offering training, or establishing a basic follow-up process. Additional guidance for these areas can be found in the Peer Support, Training, and Critical Incident Response sections.

Avoid presenting a full program at once.

Use What Already Exists

Agencies do not need to build programs from scratch. Existing policies, regional peer support or CISM teams, statewide training opportunities, and community partners can support implementation. Additional details are outlined in the Wellness Programs and Community Resources sections.

Key Consideration

Engaging leadership is not about presenting a complete program. It is about identifying a need, offering a practical next step, and building from there.



Budget and Resource Planning

Budget Considerations for EMS Wellness Programs

Mental health and wellness initiatives can be implemented at a range of funding levels. Some agencies begin with no dedicated budget, relying on internal leadership, trained peer supporters, and community partnerships. Others may develop structured budgets to support training, program coordination, and external services.

Agencies are encouraged to begin with available resources and expand programming over time as funding and capacity allow.

There is no single required funding model. Effective programs may operate through a combination of internal leadership, grant support, regional partnerships, and community collaboration.

It is important to recognize that wellness programming is not only a financial investment, but also an investment of time. This may include staff time for training, peer support activities, program coordination, and participation in wellness initiatives. These efforts should be viewed as part of supporting the workforce, not as time away from operations.

Investing in employee wellness is an investment in the workforce itself. EMS personnel are the most critical resource within any agency. Supporting their well-being contributes to retention, job satisfaction, and overall performance.

While there may be upfront costs associated with training, coordination, and program development, these investments can help reduce long-term impacts such as turnover, absenteeism, and burnout. Agencies that prioritize wellness often see benefits in workforce stability and operational continuity over time.

Implementing a Program with Limited or No Budget

Many EMS agencies successfully begin wellness initiatives without a dedicated budget.

Agencies may consider:

- Designating a Peer Support Lead or Wellness Coordinator as a collateral duty
- Utilizing free or low-cost training opportunities offered through state or regional partners
- Partnering with local behavioral health providers
- Building a referral network using existing community resources
- Engaging volunteer peer supporters
- Utilizing statewide or national training resources when available

Community partnerships, such as wellness providers or local businesses offering first responder discounts or educational sessions, can also expand support without requiring agency funding.

Even small steps can establish a foundation for a wellness culture.

Building a Wellness Program Budget

Agencies that wish to formalize programming may develop a dedicated wellness budget. This budget may be incorporated into existing training or personnel development budgets.

Budget planning may include both one-time startup costs and ongoing annual program support. Potential funding sources may include:

- Agency operating budgets
- Training budgets
- Grants or state initiatives
- Regional partnerships
- Foundations or nonprofit partners
- Community sponsorships

Budget development should align with the agency's size, staffing model, and operational structure.

Example Budget Categories

Agencies may consider organizing wellness program funding into several common categories.



TRAINING AND EDUCATION

- Peer support training
- Mental health literacy training
- Suicide prevention education
- Leadership wellness training
- Annual refresher training

PROGRAM COORDINATION

- Resilience Officer or Wellness Coordinator support
- Administrative coordination
- Program materials and resources



Budget and Resource Planning (Cont.)



EXTERNAL SERVICES

- Behavioral health consultation
- Critical Incident Stress Management support
- Clinical referral partnerships
- Educational speakers or workshops

RESOURCE MATERIALS

- Educational materials for members
- Family resource guides
- Wellness information materials



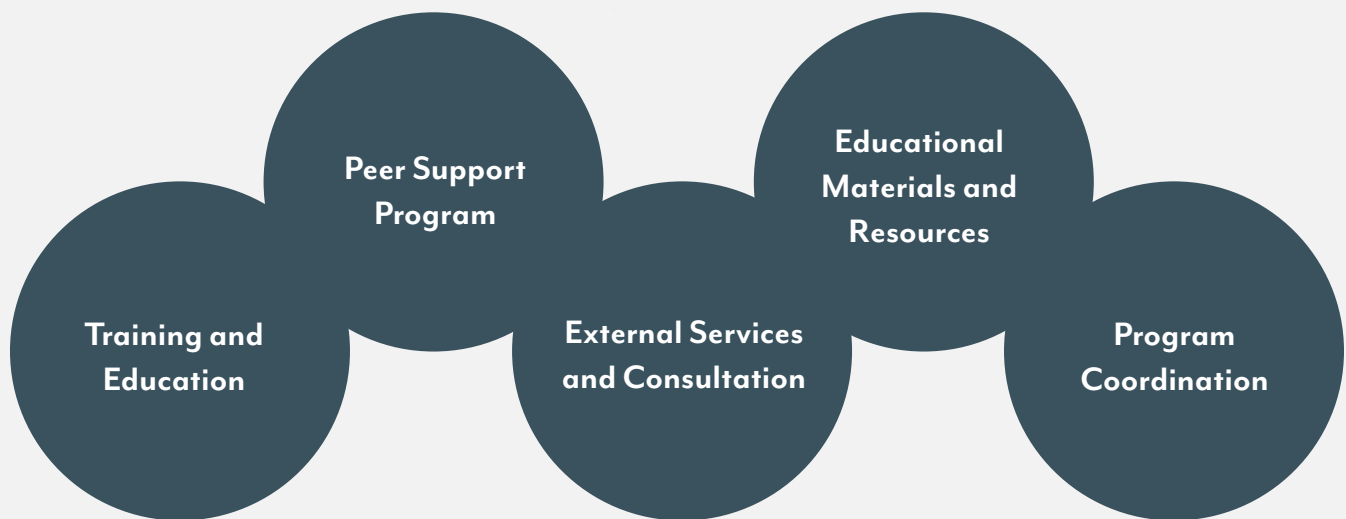
COMMUNITY PARTNERSHIPS

- Group wellness programming
- Workshops or educational sessions
- Community provider engagement

Example Budget Structure

Agencies may choose to structure wellness funding within existing training or professional development budgets.

Example structure:



Budget levels will vary widely depending on agency size, staffing model, and available funding.

Starting Small

Many agencies begin with minimal funding and expand programming over time. Designating a peer support lead, providing basic mental health education, and building a referral network can be accomplished with limited resources.

As programs mature, agencies may choose to expand training opportunities, formalize coordination roles, or invest in additional wellness programming.

The goal is not to establish a large program immediately, but to build sustainable support systems over time.

Peer Support and Critical Incident Response Best Practices

Peer Support Structure

Peer support programs provide a structured, internal resource where trained members support their peers through connection, listening, and guidance to additional resources when needed. These programs are a core component of a broader wellness strategy and help normalize help-seeking within the organization.

National best practices recommend that peer support programs are formalized, even if small in scale. Structure helps ensure consistency, clarity of role, and trust among members.

Core Components:

- Selection of trusted members who are respected by their peers and demonstrate strong interpersonal skills
- Formal training to prepare peer supporters in active listening, boundaries, confidentiality, and referral practices
- Clear confidentiality expectations, including understanding the limits of confidentiality
- Defined scope and boundaries so peer supporters understand their role and when to refer to clinical or external services
- Established referral pathways to behavioral health providers, EAPs, or community resources

Peer support provides listening, validation, shared understanding, and connection to resources. It is not clinical care, diagnosis, or treatment. Peer support should function as a bridge to professional services when additional support is needed.

Agencies may begin with a single trained peer supporter or a designated wellness lead and expand over time as capacity allows.

Critical Incident Response

Critical incident response is a structured, short-term approach to supporting personnel following high-impact or potentially traumatic events. This is a reactive component of a wellness program and should complement, not replace, ongoing peer support and wellness efforts.

A consistent response helps ensure that follow-up is not left to chance and that all members have access to support after difficult calls or events.

Basic Model:

- Define events that may trigger a response, recognizing that impact may vary by individual and situation
- Identify who has the authority to activate a response (e.g., leadership, supervisor, peer support lead)
- Offer voluntary, non-mandatory check-ins within 24 to 72 hours following an event
- Provide follow-up engagement in the weeks after the incident, as cumulative stress reactions may emerge over time
- Coordinate with regional or external Critical Incident Stress Management (CISM) teams or Peer Support Teams when additional or specialized support is needed

It is important to recognize that not all members will want or need the same level of support. Providing options and maintaining flexibility helps build trust and increases engagement.

Leadership and Clinical Oversight Considerations

National best practices recommend that peer support and critical incident response programs include appropriate oversight to ensure consistency, safety, and alignment with established standards.

While peer support programs are non-clinical, agencies may consider incorporating input from licensed mental health clinicians, medical directors, or behavioral health professionals in an advisory or consultative role. This can support:

- Guidance on referral pathways and resource alignment
- Consultation on complex or high-risk situations
- Support for peer supporters following difficult engagements
- Input on program development, training, and policy

Clinical involvement does not replace peer support, but can strengthen the overall system by ensuring access to professional expertise when needed.

Agencies may also consider:

- Clear leadership oversight of the program
- Defined roles and responsibilities for peer supporters and program coordinators
- Ongoing training and refresher opportunities
- Connection to regional or statewide peer support and CISM networks

Baseline Considerations for Agencies

- At least one identified and trained peer supporter or wellness lead
- A basic, written approach for responding to high-impact events
- Awareness of available regional or external resources, including CISM teams
- Clear communication to members about available supports and how to access them

Training and Education

Training is foundational to effective mental health and wellness programming. National first responder behavioral health frameworks consistently identify education as a key strategy for improving early recognition of stress injuries, reducing stigma, and strengthening peer and leadership support systems.

Wellness programs are most effective when training is provided at multiple levels within an organization. Education helps establish a shared understanding of mental health, operational stress, and available resources. It also helps normalize conversations about well-being and encourages members to seek support earlier.

Agencies do not need to implement all the training at once. Programs may begin with basic awareness education and gradually expand to include peer support and leadership development.

Core Training Areas

1. Mental Health Literacy Training

Purpose: Mental health literacy training builds awareness and confidence in recognizing and responding to mental health and substance use challenges. These programs help first responders understand common mental health concerns, recognize warning signs, and connect individuals to appropriate resources.

Mental health literacy training also helps normalize conversations around mental health and reinforces that seeking help is a sign of strength and professionalism.

Examples:

- Mental Health First Aid for Public Safety or Fire and EMS
- SAMHSA-informed mental health literacy programs
- State or regionally developed mental health awareness courses
- First responder mental health awareness seminars
- Psychological First Aid

These programs typically cover:

- » Recognizing signs of mental health and substance use challenges
- » Responding to someone in distress
- » Crisis response and de-escalation
- » Connecting individuals to professional resources
- » Reducing stigma within first responder culture

Recommended Audience:

Leadership
Peer Support Teams
Agency-wide membership

2. Suicide Prevention Awareness

Purpose: Suicide prevention education equips members to recognize warning signs, ask direct questions about suicide risk, and intervene safely until additional support can be accessed.

First responder populations face elevated risk due to repeated exposure to trauma, cumulative stress, sleep disruption, and occupational culture. Training helps members feel more comfortable addressing suicide concerns with coworkers and encouraging early intervention.

Examples:

- SafeTALK
- Applied Suicide Intervention Skills Training (ASIST)
- Question, Persuade, Refer (QPR)
- National Action Alliance–informed curricula
- First responder–specific suicide prevention workshops

Common topics include:

- » Recognizing suicide warning signs
- » Asking direct questions about suicide
- » Immediate safety and connection to support
- » Crisis referral pathways

Recommended Audience:

All members
Supervisors
Peer Support Teams

National best practice encourages agency-wide exposure to suicide prevention education.



Training and Education (Cont.)

3. Resilience and Operational Stress Education

Purpose: Resilience education helps first responders understand how operational stress affects the mind and body. These trainings provide practical strategies for managing stress, maintaining performance under pressure, and supporting long-term well-being.

First responders experience both acute incidents and cumulative exposure to traumatic events. Education helps members recognize normal stress responses and develop strategies to maintain resilience throughout their careers.

Examples:

- FBINAA resilience models
- IAFC or IAFF behavioral health programs
- Stress First Aid
- Trauma-informed organizational workshops
- Performance psychology and resilience seminars

Topics may include:

- » Acute stress response
- » Cumulative trauma exposure
- » Sleep disruption and fatigue
- » Stress management strategies
- » Performance and resilience under pressure

Recommended Audience:

Leadership
Peer Support Teams
Supervisors
New member Orientation



4. Substance Use and Recovery Awareness

Purpose: Substance use awareness education helps reduce stigma and increase understanding of occupational risk factors that may contribute to substance misuse among first responders.

Training helps members recognize early warning signs and understand how recovery and treatment resources can support individuals and families.

Examples:

- Science of Addiction and Recovery Programs
- First responder recovery workshops
- Peer recovery-informed education
- Integrated substance use awareness modules

Topics may include:

- » Cultural and occupational risk factors
- » Early warning signs of substance misuse
- » Recovery and treatment pathways
- » Supporting colleagues in recovery
- » Reducing stigma within the workplace

Recommended Audience:

Agency-wide membership
Leadership
Peer Support Teams

5. Peer Support Specific Training

Purpose: Peer supporters require structured training to prepare them for supporting colleagues while maintaining appropriate boundaries and confidentiality.

Peer training focuses on communication skills, crisis recognition, and understanding when to refer individuals to professional services.

Examples:

- International Critical Incident Stress Foundation Peer Training
- Statewide peer certification programs
- First responder peer support curriculum models

Topics commonly include:

- » Active listening skills
- » Peer engagement techniques
- » Confidentiality and legal limits
- » Boundaries and scope of peer support
- » Referral pathways to professional services
- » Self-care and resilience for peer supporters

Recommended Audience:

Leadership
Peer Support Teams
Supervisors
New member Orientation

Peer supporters should complete formal training prior to providing support within the agency.

Training and Education (Cont.)

6. Leadership Focused Wellness Training

Purpose: Supervisors and command staff play a critical role in shaping organizational culture. Leadership-focused training helps supervisors recognize stress-related concerns, respond appropriately to personnel needs, and reinforce a psychologically safe work environment.

When leaders participate in wellness education, it sends a strong message that mental health is an organizational priority.

Examples:

- IAFC leadership behavioral health modules
- Organizational psychological safety workshops
- Trauma-informed leadership training
- First responder supervisor wellness training

Topics may include:

- » Recognizing burnout and stress injury
- » Supporting personnel following critical incidents
- » Communication strategies for difficult conversations
- » Stigma reduction and cultural change
- » Understanding peer support and referral systems

Recommended Audience:

Chief Officers
Supervisors
Command Staff



Joshua Stagner,
Midstate EMS

"Training: In response to requests for additional mental health and wellness education, an agency developed and delivered a training program for new hires, EMTs, and paramedics focused on first responder mental health, resilience, and available support resources. This effort helped reinforce that mental health is essential not only for the patients and communities EMS professionals serve, but also for the well-being and effectiveness of the providers themselves, helping to normalize conversations around wellness and encourage help-seeking when needed."

7. Critical Incident Response Training

Purpose: Critical incident response training prepares leadership, peer supporters, and personnel to respond appropriately following high-impact events. These trainings help ensure that agencies have a consistent, supportive, and informed approach to post-incident follow-up.

Training reinforces that responses should be timely, voluntary, and flexible, while maintaining confidentiality and supporting early engagement. It also helps reduce uncertainty around what to do after difficult calls and strengthens coordination between internal and external resources.

Examples:

- Critical Incident Stress Management (CISM) overview or refresher training
- Peer-led critical incident response workshops
- Leadership-focused training on post-incident communication and follow-up
- Regional or statewide critical incident response training programs
- Tabletop exercises or scenario-based discussions for high-impact events

Topics commonly include:

- » Identifying events that may require follow-up
- » Activation of peer support or external resources
- » Timing and approach to initial and follow-up engagement
- » Voluntary participation and confidentiality considerations
- » Communication with leadership while maintaining privacy
- » Coordination with CISM teams, clinicians, or regional partners
- » Recognizing delayed stress reactions

Recommended Audience:

Leadership
Peer Support Teams
Supervisors



Training and Education (Cont.)

Tiered Training Model

Many agencies implement wellness training using a tiered model that builds knowledge across the organization.

Level 1

Leadership Education

Provides supervisors and command staff with foundational knowledge of mental health, organizational culture, and support resources.

Level 2

Peer Support Team Training

Provides designated peer supporters with structured skills training for supporting coworkers and connecting them to resources.

Level 3

Agency-Wide Awareness

Provides general education for all personnel to increase awareness, reduce stigma, and encourage early help-seeking.

Level 4

Annual Refresher or Advanced Modules

Reinforces knowledge, introduces new topics, and helps maintain program momentum.

Baseline Training Standard

Agencies beginning wellness initiatives may consider the following minimum standards:

- Annual wellness or mental health awareness education
- Suicide prevention awareness training
- At least one trained peer supporter
- Leadership participation in wellness education

These foundational steps can help agencies establish a baseline wellness framework and expand programming over time.

Examples in Practice:

“Under “Training and Education”, Mental Health Literacy Training, include Psychological First Aid as an example. I was able to take a train-the-trainer class and make the training available to my staff by teaching it on site myself. The class is three hours long, shorter compared to some of the other options available, which made it more appealing as an in-person session for my staff. The course is also adaptable to the First Responder audience, making it very relatable to staff. With even just a few members attending, this helps to embed a culture of caring and support among staff. Those who attended the class reported feeling significantly more prepared to assist a colleague when necessary.”



Jessica Dean,
Hudson Valley Regional EMS Council

“Awareness training does not have to be a full or specific course, especially early on in the development of the programs. Including 15 or 20 minutes of basic information at a routine training can be a great starting point. Our agency integrated this into our annual equipment review and OSHA required sessions. Staff were made aware of existing resources, including EAP, the local Suicide Prevention Coalition, local CISM team, and Behavioral Health Response Team. We also shared free resources on Tactical Breath Work and promoted a culture of support. The EAP team and Suicide Prevention Coalition also participated in these sessions in person. The EAP team addressed questions and concerns, emphasized their cultural competence and the importance of confidentiality, including the various methods of engaging with staff to help protect confidentiality. (I have asked for before and after data in terms of EAP utilization prior to the awareness efforts and after. I will share as soon as I have it.) While only anecdotal in nature, since initiating awareness efforts, I can say that I have had several employees contact me with questions about EAP, and I have even had employees reach out to me to request a check-in on a colleague. While we are still in the early stages of cultural transformation, the willingness of staff to engage in this way shows me that we are in fact making progress.”

Policy and Confidentiality

Confidentiality is central to the effectiveness of peer support programs. Trust determines whether members will use the program. At the same time, agencies must be clear about what confidentiality is and what it is not.

As of the date of this publication, there are no specific statutory confidentiality protections for EMS peer support personnel in New York State. This means peer support interactions may not be legally protected from disclosure in all circumstances.

While uncommon, there have been instances where peer supporters have been required to provide information in legal proceedings. This reinforces the importance of clearly communicating the limits of confidentiality.

Peer support programs should communicate:

- Confidentiality is expected and respected within the program
- There are defined limits, including risk of harm to self or others and mandatory reporting requirements
- Peer support is not legally privileged in the same way as licensed clinical or other protected communications

Some agencies include chaplain or spiritual care resources as part of their wellness system. Certain communications with clergy may be protected under New York State law and may provide an additional support option when appropriate.

Clarity matters. Overstating confidentiality can damage trust. Clear, consistent messaging helps members make informed decisions about seeking support.

A breach of confidentiality, whether actual or perceived, can significantly impact the credibility of a peer support program. Trust is built through consistency and adherence to defined boundaries.

Policy Considerations

Agencies should establish clear, written policies that include:

- Scope of the peer support role
- Confidentiality expectations and limitations
- Mandatory reporting guidance
- Referral pathways to clinical or external resources
- Role distinction between peer support, clinical services, CISM, and EAP

If legal counsel is available, agencies may consider having policies reviewed to ensure alignment with current laws, regulations, and organizational structure.

HIPAA Considerations

Peer support interactions are generally not covered under the Health Insurance Portability and Accountability Act (HIPAA), as peer supporters are not acting as licensed healthcare providers and are not providing clinical services.

HIPAA applies to covered entities such as healthcare providers, health plans, and certain healthcare operations. In most EMS agencies, peer support conversations do not meet the criteria for protected health information under HIPAA.

Because of this, peer support confidentiality is based on policy, training, and professional expectations rather than federal privacy law.

Agencies should clearly communicate that:

- Peer support is confidential within defined limits
- Peer support is not the same as clinical or legally protected communication
- HIPAA protections typically do not apply to peer support interactions

If peer support programs are integrated with clinical services, Employee Assistance Programs (EAP), or licensed providers, those services may be subject to HIPAA and other applicable privacy laws.

Key Consideration

Clear communication about confidentiality and HIPAA helps prevent misunderstanding. Providing accurate, consistent information allows members to make informed decisions about seeking support.



Policy and Confidentiality (Cont.)

Communication with Leadership

Clear expectations regarding communication with leadership are essential to maintaining both trust and operational awareness.

Leadership may request information following high-impact incidents to understand how personnel are doing and whether additional support is needed. Peer supporters and wellness leads should be prepared to respond in a way that protects confidentiality while still providing appropriate situational awareness.

Peer supporters should not share specific details of conversations or identify individuals who have engaged in peer support.

Appropriate communication may include general, non-identifying updates such as:

- Peer support has been offered, and members are aware of available resources
- Follow-up is ongoing, and additional support will be provided as needed
- No immediate concerns have been identified; continued check-ins will occur
- Some members may benefit from additional resources, and connections are being facilitated

If there are immediate safety concerns, such as risk of harm to self or others, peer supporters should follow established protocols and communicate with appropriate leadership or emergency resources in accordance with confidentiality limits and legal requirements.



Key Consideration

Maintaining confidentiality does not mean withholding all information. It means sharing information responsibly.

Providing general updates allows leadership to remain informed and supportive without compromising individual trust.

Clear communication boundaries should be established in advance so that both leadership and peer supporters understand expectations following critical incidents.

Baseline Considerations

- Written peer support policy accessible to all members
- Clear communication of confidentiality expectations and limits
- Acknowledgment of confidentiality by designated peer supporters
- General understanding of how information may be shared with leadership following critical incidents

Family Support and Community Resources

Family support plays an important role in overall wellness. Strong support systems can improve resilience, reinforce coping, and contribute to workforce stability.

Family members and close supporters often recognize changes earlier than coworkers due to their day-to-day visibility outside of work. Agencies may consider how to appropriately include families as part of a broader wellness approach.

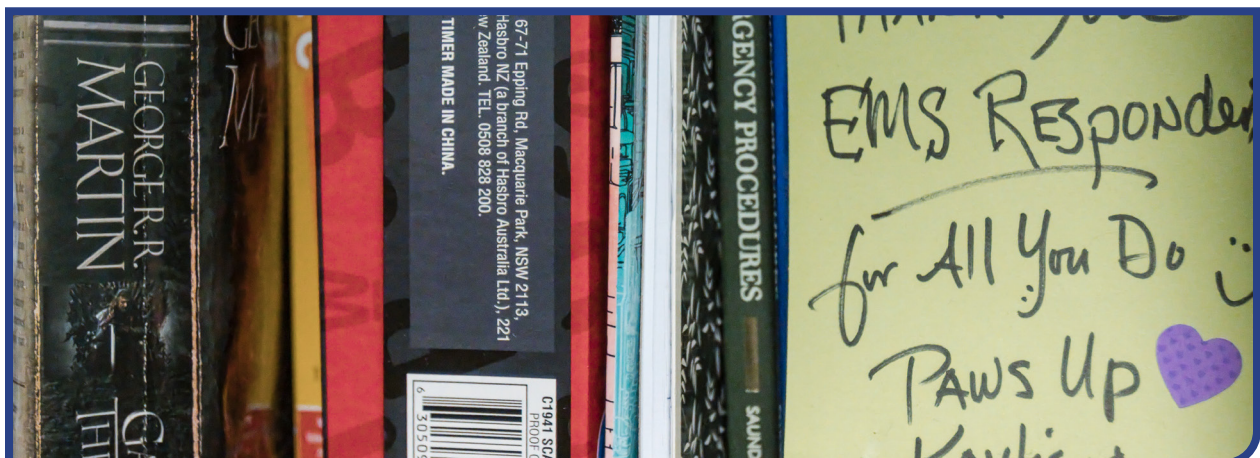
Engaging Family and Support Systems

Agencies can support families by providing clear, accessible information and creating opportunities for connection, while maintaining appropriate boundaries and confidentiality.

Examples of engagement strategies include:

- Providing simple resource materials that outline available supports such as peer support, EAP services, and community resources
- Including family-focused wellness information during onboarding and annually, so families understand the nature of EMS work, stress exposure, and available supports
- Offering optional informational sessions or outreach opportunities to help families better understand the demands of the profession
- Working with local resources, including county mental health departments and community-based providers, to assist in developing and delivering family-facing communications when appropriate
- Ensuring that information shared with families is general in nature and respects confidentiality and privacy
- Encouraging awareness of available supports for both personnel and their families
- Providing general information or resources following high-impact incidents, when appropriate, to help families understand potential stress reactions and available supports

Engaging families in these ways can strengthen morale, reinforce a sense of community, and support long-term retention by helping personnel feel supported both on and off the job.



Community Resource Integration

Agencies are encouraged to identify and share local and regional resources that support both personnel and their families. Providing clear points of access helps ensure support is available when it is needed, not just during times of crisis.

Baseline Considerations

- Basic awareness of available support resources for both personnel and families
- Inclusion of general family-focused information during onboarding or routine communication
- Identification of local or regional resources that may support personnel and their families
- Communication that respects confidentiality while reinforcing available supports

Example in Practice:



Jessica Dean,
Hudson Valley Regional EMS Council

“Under “Family Support,” one example is hosting a Family Day Event. Our organization hosted one such event last fall, at a local farm, giving families the opportunity to participate in apple picking, pumpkin picking, and hayrides, social interaction with each other, and, of course, plenty of food. We utilized this opportunity to help increase awareness of not only the personnel, but also their family members, of resources available, such as EAP, which is available to family members as well as staff. We were also able to engage local wellness vendors and make available more information on overall health and wellness. Overall feedback provided by staff who attended was that the information made available about wellness programs and resources during the event was very helpful. Comments shared by participants included: “Thank you for getting all of us together.” “This was so much better than just sitting down at a restaurant or some kind of dinner/luncheon. There was something to do for everyone.” And my personal favorite: “It was nice to spend time with my family and introduce them to the paramedics that I’m in the trenches with. The entire event really reset me, and I feel so revived because of it.”

Data, Evaluation, and Continuous Improvement

Evaluation supports sustainability. Simple, consistent data helps agencies understand what is working, identify gaps, and guide program improvement over time.

Aggregate tracking allows agencies to measure program activity while maintaining confidentiality and trust.

Agencies may consider tracking:

- Aggregate peer support contact numbers
- Types of support provided at a high level (e.g., general stress, critical incident follow-up, referral)
- Training participation and completion
- Anonymous annual or periodic wellness surveys
- General trends over time, such as increases in utilization or training engagement

Data does not need to be complex to be useful. Even basic tracking can provide insight into program reach and areas for growth.

Agencies may also use data to:

- Identify training needs
- Assess awareness and utilization of peer support
- Evaluate the consistency of the critical incident follow-up
- Inform leadership decisions and resource allocation



Important Considerations

- Avoid tracking names or personally identifiable information
- Avoid detailed documentation of peer support interactions
- Avoid informal or inconsistent record-keeping that could create risk or confusion

Data collection should support the program, not create additional burden or discourage participation. The goal is to understand trends, not individual interactions.

Example in Practice:



“Wellness Survey - I used the wellness survey results to guide my initial program plan. Staff requested more social activities and access to resources. Both have been addressed, see above for wellness resources, and there are monthly social activities for staff, including monthly book club, Secret Santa, Family Thanksgiving dinner, step challenge. I will use the follow-up survey to continue to fine-tune the needs of the agency.”

Rebecca Henry,
Monroe-Livingston Regional EMS Council

Advocacy and System Engagement

Advocacy is an important part of strengthening mental health and wellness efforts within EMS. Agency-level programs are critical, but system-level change often requires engagement beyond the individual organization.

EMS professionals bring valuable, real-world perspectives to conversations about policy, funding, and program development. Sharing those experiences can help shape decisions that impact training, confidentiality, peer support, and access to resources across the state.

Advocacy does not need to be complex. It can be as simple as communicating needs, sharing program successes, or identifying gaps in resources.

Why Advocacy Matters

- Helps inform policy and funding decisions
- Strengthens recognition of mental health as part of operational readiness
- Supports the development of statewide standards and resources
- Amplifies the voice of EMS providers and agencies

Where to Engage

EMS providers and agencies in New York State may engage through existing structures, including:

- Regional Emergency Medical Services Councils (REMSCO)
- State Emergency Medical Services Council (SEMSCO)
- New York State Division of State Emergency Medical Services (DSEMS)

These groups play a role in shaping EMS systems, policy recommendations, and statewide priorities.

How to Engage

- Attend REMSCO meetings and participate in discussions
- Connect with your regional representatives
- Provide input during public comment opportunities
- Share agency experiences, challenges, and program outcomes
- Participate in statewide initiatives, surveys, or workgroups when available

Agencies may also engage with professional associations, statewide partners, and advocacy organizations involved in first responder wellness and EMS system development.

What REMSCO Boards Do for EMS:

Protocol & Policy Development: They develop and implement specific triage, treatment, and transportation protocols for their region.

System Coordination: They coordinate EMS activities across different agencies, ensuring a cohesive approach to pre-hospital care.

Quality Assurance (QA): They oversee quality improvement initiatives and clinical operations of the regional EMS system.

Need Determination: They review and make decisions on applications for new ambulance services or agencies, determining public need.

Training and Education: They act as information centers and sometimes offer or approve training courses (e.g., Certified Lab Instructor courses) for EMS providers.

Regional Medical Control: Through their associated [REMAC \(Regional Medical Advisory Committee\)](#), they provide medical oversight, often holding meetings to establish regional medical standards.

REMSCO works alongside Program Agencies (which provide staff and daily operations support) and REMAC (which handles medical control).

Key Consideration

Advocacy is most effective when it is clear, practical, and grounded in real experience. Sharing what is working, what is not, and what is needed helps inform decisions that impact the entire EMS system.

Appendix

Appendix Section Disclaimer

The templates and sample materials included in this Appendix are provided for informational and planning purposes only. They are intended to serve as adaptable starting points for EMS agencies developing mental health and wellness initiatives.

Agencies should review and modify these materials to ensure alignment with local policies, collective bargaining agreements, civil service requirements, and operational structure. Where appropriate, agencies are encouraged to consult with legal counsel, human resources, or governing authorities prior to formal adoption.

Use of these materials does not create legal obligations or replace applicable laws, regulations, or clinical standards.

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- Appendix A – Health and Wellness Program Policy Template
 - Appendix B – Peer Support Program Policy Template
 - Appendix C – Peer Support Confidentiality Policy
 - Appendix C-1 – Peer Supporter Confidentiality Agreement
 - Appendix D – Leadership Commitment Statement
 - Appendix E – Critical Incident Activation Checklist
 - Appendix F – Agency Self-Assessment
 - Appendix G – Resource and Referral Guide
 - Appendix H – Community Partnership Outreach Letter Template
 - Appendix I – Peer Support and Wellness Program Data Tracking Template
 - Appendix J – Resilience and Wellness Coordinator Role Description
 - Appendix K – Wellness Lead / Peer Support / Resilience Officer Application
 - Appendix L – Peer Support Team Member Information Form
 - Appendix M – References and Supporting Resources

Appendix A

Health and Wellness Program Policy Template

Purpose

This policy establishes a general framework to support the health and wellness of agency personnel. The program is intended to promote resilience, encourage early engagement, and support personnel exposed to operational stress.

Mental health and wellness are recognized as part of operational readiness and workforce sustainability.

Scope

This policy applies to all members of the agency.

Program Overview

The Health and Wellness Program is a non-clinical approach that may include:

- Wellness education and awareness
- Peer support
- Critical incident follow-up
- Resource and referral connections
- Leadership engagement

This program complements, but does not replace, clinical care or Employee Assistance Programs (EAP).

Roles and Responsibilities

Leadership: Supports and promotes wellness efforts and encourages participation.

Program Lead (Wellness Lead / Coordinator / Resilience Officer): Coordinates program activities and resources.

Peer Supporters (if applicable): Provide confidential, non-clinical support and connect members to resources.

All Members: Engage in available resources and support a respectful environment.

Confidentiality

Peer support is confidential within defined limits, including risk of harm to self or others and legal reporting requirements.

Peer support is not a clinical service and is generally not protected under HIPAA. Confidentiality is based on policy and professional expectations.

Data and Program Review

Agencies may track general, non-identifiable program activity to support improvement.

Programs should be reviewed and adjusted over time based on agency needs and available resources.

Implementation

This program may be implemented incrementally based on agency capacity. Agencies are encouraged to start where they are and build over time.

Appendix B

Peer Support Program Policy Template

Below is a model policy that agencies can adapt.

Peer Support Program Policy

Purpose

The purpose of this policy is to establish a structured Peer Support Program within the agency to promote mental health, resilience, and early intervention for members experiencing stress, trauma exposure, or personal challenges.

Scope

This policy applies to all members of the agency, including career, volunteer, supervisory, and administrative personnel.

Program Overview

The Peer Support Program provides confidential, non-clinical support by trained members of the same profession. Peer supporters offer listening, validation, and connection to resources when appropriate.

Peer support does not replace professional counseling, medical care, or formal disciplinary procedures.

Selection of Peer Supporters

Peer supporters shall be selected based on:

- Demonstrated professionalism
- Trust and respect among peers
- Strong communication skills
- Willingness to complete required training
- Ability to maintain confidentiality

Training Requirements

Peer supporters must complete approved peer support training prior to activation. Ongoing training or refresher education should occur periodically.

Confidentiality

Peer support interactions are confidential within defined legal limits, including:

- Risk of harm to self
- Risk of harm to others
- Mandatory reporting requirements

Peer supporters shall clearly communicate confidentiality limits at the beginning of engagement.

Peer Support Program Policy Template

Referral

Peer supporters may refer members to:

- Employee Assistance Programs
- Licensed behavioral health professionals
- Crisis services
- External support resources

Peer supporters do not diagnose or provide clinical treatment.

Program Oversight

The agency shall designate a Wellness Lead or Resilience Officer responsible for:

- Coordinating training
- Maintaining program structure
- Reviewing aggregate engagement data
- Ensuring policy compliance

Documentation

Peer support interactions shall not be formally documented in personnel files. Agencies may track aggregate engagement numbers for program evaluation purposes.

Non-Retaliation

Members who access peer support services shall not face retaliation or negative employment consequences for voluntary participation.

Appendix C

Peer Support Confidentiality Policy

Purpose

The purpose of this policy is to define confidentiality standards within the Peer Support Program and ensure clarity for all members.

Confidential Nature of Peer Support

Peer support interactions are intended to be confidential. Conversations between a peer supporter and a member will not be shared with supervisors, administration, or other members of the agency without the consent of the individual seeking support.

Peer support interactions are informal and are not documented in personnel files.

Limits of Confidentiality

Confidentiality may be limited under the following circumstances:

- When there is an immediate risk of harm to oneself
- When there is an immediate risk of harm to others
- When required by law, including mandatory reporting obligations
- When information is legally compelled by a court order

If confidentiality must be limited, the peer supporter will, when possible, inform the member prior to sharing information.

Scope of Peer Support

Peer support is non-clinical. Peer supporters provide listening, validation, and referral to additional resources when appropriate. Peer supporters do not provide diagnosis, medical care, or formal counseling.

Voluntary Participation

Participation in peer support is voluntary. Members may decline or discontinue engagement at any time.

Non-Retaliation

Members who access peer support services shall not face retaliation or adverse employment consequences for voluntary participation.

Program Oversight

The designated Peer Support Coordinator, Wellness Lead, or Resilience Officer is responsible for ensuring confidentiality standards are upheld within the program.

Appendix C-1

Peer Supporter Confidentiality Agreement

Purpose

The purpose of this agreement is to establish clear expectations regarding confidentiality within the Peer Support Program. Trust is foundational to effective peer support. This agreement affirms the responsibility of designated peer supporters to maintain confidentiality, communicate limits clearly, and uphold the integrity of the program.

Peer Supporter Confidentiality Commitment

As a designated Peer Supporter, I acknowledge that confidentiality is central to the integrity of this program. I agree to:

- Maintain confidentiality of peer support conversations
- Clearly communicate confidentiality limits at the beginning of engagement
- Do not document conversations in personnel files
- Seek guidance from the Wellness Lead if uncertain about confidentiality limits
- Only disclose information when required due to risk of harm, legal obligation, or court order

I understand that breach of confidentiality may result in removal from the Peer Support Program and may have additional consequences consistent with agency policy.

Peer Supporter Name: _____

Signature: _____

Date: _____

Appendix D

Leadership Commitment Statement

Purpose

This statement affirms the agency's commitment to supporting the mental health and wellness of its members as an essential component of operational readiness and professional responsibility.

Leadership Commitment

As leaders of this agency, we recognize that EMS professionals are routinely exposed to high stress and traumatic events. We acknowledge that mental health and wellness are essential to performance, safety, and long-term workforce sustainability.

We are committed to:

- Supporting a structured Peer Support Program
- Upholding confidentiality standards
- Encouraging early help-seeking without stigma
- Participating in wellness and resilience training
- Providing consistent follow-up after high impact events
- Reviewing and strengthening wellness efforts annually
- Respecting the confidentiality of peer support and wellness services within established limits, recognizing that trust is essential to the success of these efforts

We affirm that seeking support is a sign of professionalism and strength. Members who access peer support or other wellness resources will not face retaliation or negative employment consequences for voluntary participation.

Leadership will model healthy communication, promote psychological safety, and reinforce that mental health is part of overall health.

Signed,

Chief / Director: _____

Wellness Lead / Resilience Officer: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Appendix E

Critical Incident Activation Checklist

Purpose

This checklist provides guidance for activating and implementing structured peer support follow up after high impact events.

A critical incident response is intended to support members, reinforce organizational care, and promote early intervention. It does not replace clinical services.

Step 1: Identify a Triggering Event

A critical incident response may be activated following events such as:

- Line of duty death or serious injury
- Pediatric fatality
- Suicide or suspected suicide
- Multiple casualty incident
- Prolonged or unusually distressing call
- Incident involving a coworker
- Any event identified by leadership or members as high impact

Activation may be initiated by:

- Chief or agency leadership
- Wellness Lead or Resilience Officer
- Peer Support Team
- Supervisor request
- Individuals involved in the call
- Dispatch Center

Step 2: Immediate Actions (Within 24 Hours)

- Notify the Wellness Lead or designated peer supporter
- Confirm affected personnel
- Ensure operational coverage if needed
- Provide verbal acknowledgment of the incident
- Remind members of available peer support and resources

Step 3: Initial Follow-Up (24–72 Hours)

- Offer voluntary peer check-ins
- Reinforce confidentiality
- Provide information on EAP or external resources
- Assess need for external CISM team if appropriate
- Document activation in aggregate only (no names)

Critical Incident Activation Checklist

Step 4: Secondary Follow-Up (2–4 Weeks)

- Conduct additional check-ins
- Monitor for delayed stress reactions
- Encourage ongoing engagement if needed
- Review whether further resources should be offered

Step 5: Program Review

Following significant incidents, peer support team leadership and/or the wellness lead should review:

- Was activation timely?
- Were members aware of support options?
- Were confidentiality standards upheld?
- Are adjustments needed for future responses?

Agency-Specific Considerations

Agencies are encouraged to align critical incident response practices with their existing policies, procedures, and available resources.

This may include:

- Identifying internal referral pathways, such as peer support, wellness leads, or supervisory support
- Incorporating external resources, including EAP, behavioral health providers, chaplain services, or regional CISM teams
- Aligning response practices with any existing agency policies or procedures related to employee support, critical incidents, or behavioral health
- Clarifying how and when referrals to additional support services should occur

Agencies should ensure that personnel are aware of available resources and understand how to access support following high-impact events.

Key Principles

- Participation is voluntary
- Confidentiality is maintained within defined limits
- No individual documentation in personnel files

Appendix F

Agency Self-Assessment: Mental Health and Wellness

This self-assessment is intended to help EMS agencies reflect on current mental health and wellness practices and identify areas for growth.

It is not a formal evaluation. There is no required score. Agencies may use this tool to understand what is in place, what may be missing, and where to focus next.

How to Use

Review each area and indicate the level that best reflects your agency's current practices.

☐ **Not in place** ☐ **In progress** ☐ **Established**

Agencies may choose to focus on a few priority areas rather than addressing everything at once.

Leadership and Culture

- ☐ Leadership visibly supports wellness efforts
- ☐ Wellness is discussed during meetings or communications
- ☐ Members feel supported in accessing resources
- Peer Support
 - ☐ A peer support lead or point of contact is identified
 - ☐ At least one member is trained or identified to provide peer support
 - ☐ Members understand how to access peer support

Confidentiality and Policy

- ☐ Basic confidentiality expectations are established
- ☐ Members understand the limits of confidentiality
- ☐ Policies or guidance are available or in development

Critical Incident Response

- ☐ A basic process exists for checking in after difficult calls
- ☐ Peer support or leadership follow-up is provided when needed
- ☐ External resources are identified (CISM, EAP, etc.)

Training and Education

- ☐ Mental health awareness training is available
- ☐ Suicide prevention training is available
- ☐ Leadership participates in wellness-related training

Resources and Referrals

- ☐ A list of internal and external resources is available
- ☐ Members know how to access support services
- ☐ Partnerships exist with local or regional providers
- Family and Community Support
 - ☐ General wellness information is shared with families when appropriate
 - ☐ Community resources are identified
 - ☐ Families are included in agency events or communication when feasible

Next Steps

Based on this assessment, agencies may identify 1–3 priority areas to focus on.

Examples:

- Identify a peer support lead
- Create a basic resource list
- Provide initial training
- Establish a simple follow-up process after difficult calls

Appendix G

Resource and Referral Guide

Purpose

This guide helps EMS agencies identify and organize available mental health and wellness resources. Agencies may use this template to document local, regional, and statewide support that members can access when needed.

Not all agencies will have internal resources. Mapping external resources is an appropriate and effective first step.

Internal Resources

Identify supports available within the agency.

Peer Support Lead or Coordinator:

Peer Supporter Name: _____ Additional Peer Supporters (if applicable):

Date: _____ Names: _____

Employee Assistance Program (if available):

Provider: _____ Access Information: _____

Chaplain or Spiritual Support (if available): _____ Contact: _____

Local Community Resources

Identify trusted behavioral health providers in your region.

Local Behavioral Health Clinics:

Name: _____ Phone: _____

Private Providers with First Responder Experience:

Name: _____ Phone: _____

Resource and Referral Guide

Substance Use Treatment Providers:

Name: _____

Phone: _____

Crisis Services (Local Mobile Crisis, Crisis Stabilization Centers):

Contact Information: _____

Additional Resources:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Statewide and National Resources

988 Suicide and Crisis Lifeline
Call or Text 988

New York State Crisis Text Line
Text GOT5 to 741741

First Responder-Specific Support Organizations:

Organization: _____

Contact: _____

Emergency Referral Pathways

If a member is in immediate danger:

Call 911

Contact local crisis response

Transport to the nearest emergency department

Agencies should clarify internal protocol for emergency referral.

Maintenance

- ☐ Review resource list annually
- ☐ Confirm phone numbers and contact information
- ☐ Share updated list with members

Appendix H

Community Partnership Outreach Letter Template

Purpose

This template may be used by EMS agencies to request partnership support from local businesses willing to provide first responder discounts, group programming, or wellness-related services.

[Agency Letterhead]

[Date]

[Business Name]

[Contact Name]

[Address]

Dear [Name],

On behalf of [Agency Name], we are reaching out to explore the possibility of developing a community partnership to support the health and wellness of our Emergency Medical Services personnel.

EMS professionals routinely operate in high stress, high acuity environments while serving our community 24 hours a day. As part of our ongoing efforts to strengthen mental health, resilience, and workforce sustainability, we are building a resource network of local businesses and service providers that support first responders.

We are interested in learning whether your organization already offers, or would consider offering:

- A first responder discount for EMS personnel
- Information regarding existing discounts or wellness services
- Group rates, classes, or workshops
- Educational sessions related to stress management, recovery, sleep, fitness, nutrition, or related topics
- Individual (1:1) services or consultation at a reduced rate

If your organization currently provides support for first responders, we would appreciate any information you are willing to share so that we may include it in our agency's wellness resource directory. If not, we would welcome the opportunity to discuss what may be feasible.

Strong community partnerships strengthen both workforce resilience and community well-being. Thank you for your time, consideration, and service to our community.

Sincerely,

[Name]

[Title]

[Agency Name]

[Phone]

[Email]

Appendix I

Peer Support and Wellness Program Data Tracking Template

Purpose

This template is intended to help EMS agencies track high-level engagement and program activity to support continuous improvement.

Data tracking should remain **aggregate and non-identifiable**. The goal is to understand trends and program utilization, not to document individual interactions.

Key Principles

- Do not record names or identifying information
- Do not document details of conversations
- Focus on trends, not individual cases
- Keep tracking simple and sustainable

Monthly Tracking Template

CATEGORY	NUMBER
Peer Support Contacts (Total)	
Critical Incident Activations	
Follow-Up Contacts	
Referrals to External Resources (EAP, Clinical, etc.)	
Informal Check-Ins (Non-critical)	

Training and Education Tracking

CATEGORY	NUMBER
Number of Trainings/Presentations Delivered	
Total Personnel Trained	
Leadership Participation	☐ Yes ☐ No
Peer Supporters Trained	

Annual Program Maintenance

Activity	COMPLETED
Resource List Updated	☐
Confidentiality Policy Reviewed	☐
Peer Support Team Check-In Conducted	☐
Leadership Briefing Provided	☐

Peer Support and Wellness Program Data Tracking Template

Optional: Annual Wellness Snapshot

Agencies may consider collecting anonymous, high-level feedback:

- Do members know how to access support?
- Do members trust confidentiality?
- Are resources being used?
- What additional support is needed?

(Simple surveys are recommended. Avoid collecting identifying information.)

Notes (Optional)

Important Reminder

Data tracking is intended to support program improvement, not evaluation of individuals.

Overly complex tracking systems may reduce participation and trust. Agencies are encouraged to keep data collection simple, consistent, and focused on overall trends.

Appendix J

Resilience and Wellness Coordinator Role Description

Purpose

This template provides guidance for agencies establishing a Resilience and Wellness Coordinator, Peer Support Coordinator, or similar role. The position may be full-time, part-time, or collateral duty depending on agency size and resources.

Role Summary

The Resilience and Wellness Coordinator supports the development, implementation, and maintenance of the agency's mental health and wellness initiatives. This role focuses on peer support coordination, training facilitation, critical incident follow-up structure, and resource mapping.

This role is non-clinical and does not provide diagnosis or therapy.

Primary Responsibilities

Program Coordination

- Oversee peer support program structure
- Ensure peer supporters maintain required training
- Maintain confidentiality standards
- Coordinate resource directory updates

Critical Incident Support

- Assist in activation of peer support following high impact events
- Coordinate follow-up timelines
- Serve as liaison to external CISM or behavioral health partners when needed

Training and Education

- Coordinate wellness and mental health training initiatives
- Promote suicide prevention and resilience education
- Support onboarding education related to wellness

Leadership and Culture

- Advise leadership on wellness-related considerations
- Promote psychological safety and stigma reduction
- Encourage ongoing communication regarding available supports

Data and Continuous Improvement (As Capacity Allows)

- Track aggregate peer engagement numbers
- Support anonymous wellness survey distribution
- Provide high-level program updates to leadership

Resilience and Wellness Coordinator Role Description

Qualifications

- Demonstrated professionalism and trust within the agency
- Strong communication and listening skills
- Completion of peer support training or willingness to complete training
- Ability to maintain confidentiality
- Understanding of EMS operational culture

Preferred Qualifications (Optional)

- Prior peer support experience
- Mental health literacy or resilience training
- Experience in program coordination

Authority and Reporting Structure

The Resilience and Wellness Coordinator reports to [Chief / Director / Command Staff] and works in collaboration with peer supporters and agency leadership.

The role does not serve as a clinical provider, disciplinary authority, or investigative function.

Time Commitment

This role may be:

- A collateral duty assignment
- A part-time designated position
- A full-time role (in larger systems)

Time expectations should be clearly defined by agency leadership.

Appendix K

Wellness Lead / Peer Support / Resilience Officer Application

Selection and Onboarding Considerations

Agencies are encouraged to use a thoughtful and consistent process when selecting members for Wellness Lead, Peer Support, or Resilience Officer roles. These positions require a high level of trust, professionalism, and discretion.

Considerations for selection may include:

- Informal or formal interviews to assess communication style, approachability, and understanding of the role
- Input from supervisors or leadership, while recognizing that trusted peer relationships may not always align with rank or tenure
- Peer feedback or reputation within the organization as someone who is respected, approachable, and maintains confidentiality
- Review of past performance, including professionalism, reliability, and ability to maintain boundaries
- Optional reference checks or letters of recommendation, particularly for more formalized programs

Onboarding and Preparation

Once selected, agencies should provide clear expectations and support to individuals stepping into these roles.

Recommended onboarding steps may include:

- Clearly defining the role, scope, and boundaries of peer support or wellness responsibilities
- Providing initial and ongoing training appropriate to the role
- Reviewing confidentiality expectations and limits, including when referral is required
- Establishing who the individual can go to for guidance, support, or consultation
- Introducing the individual to available internal and external resources, including EAP, behavioral health providers, and regional partners
- Communicating the role to the agency so members understand how to access support

These roles are most effective when individuals are not only well-trained, but also supported by leadership and integrated into a broader wellness framework.

Wellness Lead / Peer Support / Resilience Officer Application

Purpose

This application template may be used by agencies when selecting members to serve as a Wellness Lead, Peer Supporter, or Resilience Officer. The purpose of the application process is to identify trusted members who demonstrate professionalism, discretion, and a commitment to supporting the well-being of their colleagues.

Participation in peer support and wellness programs is voluntary and requires a strong commitment to confidentiality and professionalism.

Applicant Information

Name: _____

Rank / Position: _____

Years of Service: _____

Shift / Unit: _____

Phone: _____

Email: _____

Interest in the Role

1. Why are you interested in serving as a Wellness Lead, Peer Supporter, or Resilience Officer within the agency?

2. What qualities or experiences do you believe make you a good candidate for this role?

Wellness Lead / Peer Support / Resilience Officer Application

Understanding of the Role

3. Peer support and wellness roles require maintaining confidentiality and supporting members during difficult conversations. Describe how you approach listening and supporting others.

4. How would you respond if a coworker shared a concern that was outside the scope of peer support and required referral to additional resources?

Professional Readiness

5. This role may involve responding after high-impact incidents and supporting coworkers experiencing stress or personal challenges. Are you willing to participate in training and ongoing education related to peer support and wellness?

☐ Yes ☐ No

6. Are you able to maintain confidentiality within defined legal limits (risk of harm to self, others, or mandatory reporting)?

☐ Yes ☐ No

Supervisor Acknowledgment (Optional)

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

Final Statement

I understand that peer support and wellness roles are intended to provide confidential, non-clinical support and connection to resources. I agree to uphold the principles of professionalism, confidentiality, and respect in all interactions related to this role.

Application Signature: _____

Date: _____

Appendix L

Wellness Lead / Peer Support / Resilience Officer Information Form

Purpose

This form collects basic information for peer support and wellness team members to support coordination, communication, and program logistics. This is not a clinical document and should not include personal or sensitive information.

Team Member Information

Name: _____

Rank / Position: _____

Phone: _____

Shift / Unit: _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Availability

General Availability: ☐ On-duty ☐ Off-duty (as available) ☐ Limited availability

Preferred Method of Contact: ☐ Phone ☐ Text ☐ Email

Uniform / Program Needs

Shirt Size: _____

Jacket Size: _____

General Considerations

Are there any general situations or topics you would prefer to avoid when possible? (Examples may include certain types of calls or circumstances.)

Additional Notes (Optional)

Reminder

This form is for internal coordination only and should not include detailed personal history, clinical information, or information related to specific peer support interactions.

Appendix M

References

This toolkit is informed by statewide implementation experience, national best practices in first responder behavioral health, and evidence-based organizational wellness frameworks.

Statewide Initiatives and Guidance

Division of State EMS Mental Health Initiatives

<https://www.health.ny.gov/professionals/ems/>

Mental Health Association in New York State

<https://www.mhanys.org/>

New York State Department of Homeland Security and Emergency Services Needs Assessment and Wellness Primer

<https://www.dhSES.ny.gov/>

New York State Behavioral Health Guidance Document

<https://omh.ny.gov/>

Regional EMS Councils

<https://www.health.ny.gov/professionals/ems/regional.htm>

NYS Program Agencies

<https://www.health.state.ny.us/professionals/ems/charta.htm>

National Best Practice Frameworks

International Critical Incident Stress Foundation

<https://icisf.org/>

Substance Abuse and Mental Health Services Administration (SAMHSA)

<https://www.samhsa.gov/>

National Action Alliance for Suicide Prevention

<https://theactionalliance.org/>

International Association of Fire Chiefs Behavioral Health Programs

<https://www.iafc.org/topics-and-tools/resources/resource/behavioral-health>

International Association of Fire Fighters Behavioral Health Framework

<https://www.iaff.org/behavioral-health/>

FBI National Academy Associates Resilience Officer Programming

<https://fbinaa.org/>

National Institute for Occupational Safety and Health First Responder Safety and Health

<https://www.cdc.gov/niosh/topics/emres/>

References

Additional Supporting Resources

National Council for Mental Wellbeing

<https://www.thenationalcouncil.org/>

Centers for Disease Control and Prevention First Responder Health Resources

<https://www.cdc.gov/niosh/topics/emres/responders.html>

American Psychological Association Trauma and Resilience Resources

<https://www.apa.org/topics/trauma>

U.S. Fire Administration Behavioral Health and Wellness

<https://www.usfa.fema.gov/wellness/>

Support That Saves: A Guide to Building and Sustaining Peer Support

<https://www.nationalfallenfirefighters.org/programs/support-that-saves/>

Meet the Fellows



Raymond Lipani a full time paramedic/supervisor with Clifton Park Halfmoon EMS for 13 years. Founding member of the Clifton Park EMS Peer Support Team.

Samantha Fejes is a NYS Emergency Medical Technician with 15 years of emergency services experience, the last 7 of which she has served as an activist for first responder mental health and wellness. As an EMT, EMS Instructor, EMS Officer, and EMS Administrator with the Westchester County Department of Emergency Services, Samantha is actively combining her years of emergency services education and experience with her years of first responder mental health and wellness education and experience to build sustainable and accessible First Responder health and wellness initiatives in Westchester County. Samantha is also a K-9 Handler with First Responder Therapy Dogs, serves as the First Responder Therapy Dogs Northeast Region 2 Peer Support Team leader, and is an active member of the Westchester-Putnam Peer Support Team.



Rebecca Henry, I have been a paramedic for 25 years and currently work at Livingston County EMS. I have a BSW from SUNY Brockport that helps me facilitate our Mental Health and Wellness program.

Jessica is a Paramedic and Educator within the EMS Community for several years. She is a NYS CIC, NREMTP, and IBSC Certified Community Paramedic. Jessica is dedicated to ensuring the safety and well-being of her team, and has found the Fellowship to be an exceptional privilege.



Meet the Fellows



I'm Stefanie, I am an EMT with Schoharie County EMS. I've been an EMT for about 2 years. I am with many agencies such as Carlisle Fire Dept, Schoharie Fire Dept, Schoharie County EMS, and Scho-wright Ambulance.

Mary Jo Stuparich, 21 years Firefighter/ Paramedic for Baldwin Fire Department and 15 years Police Medic for Nassau County Police Department. Started Peer Support/Wellness team for Baldwin FD in June 2022, 1 of 4 Coordinators for NCPD Peer Support Team recently added to Wellness Committee for NCPD.



Keito Ortiz, EMT-P, CIC, BS, GSP, is a New York State certified Critical Care Paramedic and EMS educator with expertise in environmental health, prehospital care, and emergency management. He earned a Bachelor of Science in Environmental Health Sciences, graduating magna cum laude, and holds both Level I and Level II Instructor certifications from the National Association of EMS Educators (NAEMSE).

Marley Barduhn has worked in EMS for 54 years, as an EMT, Paramedic, CLI, and CIC. She's a Clinical Director of CISM, a teacher, planner, counselor, and a researcher with specialties in EMS research and public health.



Tom Corcoran has worked as an EMS provider since 1998. He currently serves as a firefighter/paramedic for the City of Watervliet (NY) Fire Department. Tom also works as the department's peer team coordinator and advocates for first responder health and wellness.

Meet the Fellows



Joshua Stagner the Midstate EMS Program Agency Director. NYS Paramedic since 2006. In EMS since 2001. I have been a Supervisor at Kunkel Ambulance, AmCare Ambulance and current part time Operations Supervisor at AMR Ambulance in Herkimer. Married to Kathleen and have 4 wonderful children.

Bryan Chapman currently is a Paramedic for Erway Ambulance Service in Chemung County, NY where he leads the Agency's Peer Team. He has been involved in EMS and Crisis Support for 1st Responders since 1995. He has served in 1st Response and Transport Agencies that were Volunteer, Municipal or Private structured. He is an ordained minister with a B.A. in Pastoral Ministry. He Currently serves a Chaplain for the Odessa Fire Department. Bryan resides in Horseheads, NY and has been married to Diana since 1992. Together they have 3 Adult Children and 2 cats. In his spare time, he attempts to golf, watches NFL and NASCAR, loves a good book and a great cup of coffee.



David Shepherd, I am proud to have spent my career in EMS and healthcare operations, leading teams, supporting staff, and helping provide quality patient care. My experience in ambulance services, emergency management, and clinical leadership has shaped my commitment to service, professionalism, and excellence.

Micki Guy, Glens Falls Firefighter paramedic dedicated to serving the community with skill, compassion, and resilience in high-pressure environments. Experienced Paramedic Instructor committed to shaping the next generation of EMS professionals through education and mentorship. EMS Fellow focused on advancing mental health and wellness initiatives, supporting first responders in building strength, balance, and long-term well-being.



Meet the Fellows



Brian Newell is the Director of Operations at South Jefferson Rescue Squad, leading a hybrid EMS agency with a strong focus on performance, accountability, and team development. As a participant in the New York State EMS Mental Health Resiliency Officer Fellowship, he is dedicated to advancing provider wellness, building peer support systems, and reducing stigma in emergency services. Known for his decisive leadership, clear communication, and commitment to mentorship, Brian works to strengthen both operational excellence and the long-term resilience of his team.

Susheel Balachandran, compassionate EMS volunteer and seasoned technology executive with over 25 years of experience in public safety, emergency response, and large-scale systems management. As an certified EMT and Special Ops/Oxygen Lieutenant, I bring firsthand knowledge of the emotional and psychological challenges faced by emergency responders. Passionate about promoting mental wellness and building sustainable peer support programs to strengthen resilience, especially in younger EMTs and volunteers. A proven leader in high-pressure environments with the ability to develop and implement structured, impactful support systems.



Vance Currier is a 3 year Paramedic who had been involved in EMS in total for 11 years. He has served communities in his home state of Montana as well as New York. His passion for mental health comes from and inherit care for the needs of others and is fueled by the fight that each person shows in molding their inner-self to live each day.

Thank you to the rest of the Fellows!

Brian Westover, Mountain Lakes Regional EMS Council
Christopher Cullen, Central New York Regional EMS Council
Collin Wright, Susquehanna Regional EMS Council
Deborah Goldstein, Regional EMS Council of New York City

Notes

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This EMS Wellness Toolkit was created to support the mental health and well-being of EMS professionals serving in volunteer, combination, and career agencies across New York State. It offers practical tools and guidance to help agencies strengthen peer support, improve leadership engagement, respond to critical incidents, and build a stronger culture of wellness.

EMS professionals face high-stress situations, trauma exposure, and demanding workloads every day. Supporting mental health is not separate from the job — it is part of maintaining a strong, healthy, and sustainable EMS workforce.

Developed through the Division of State EMS Mental Health Fellowship in collaboration with EMS leaders and behavioral health professionals, this toolkit reflects a shared commitment to supporting the people behind emergency response.

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