

Goldfeder and other fire service leaders discuss FF response to civil unrest

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Data-driven overdose reduction

Compassion fatigue: The hidden danger of concurrent national public health emergencies

Training, mental health resources are essential to support first responders facing both the opioid crisis and COVID-19 outbreak

Apr 30, 2020

The **opioid epidemic** emerged (and continues to grow) with callousness and no remorse.

First responders rely on their training and experience to direct both their tactical and strategic efforts when they arrive on scene.

As a former police officer from 2013-2018, I did not receive training on an overdose response in the academy. Shortly after being released to the unrelenting streets, I saw my EMT and paramedic colleagues administering a new-to-me miracle drug, which I later identified as **naloxone**, which brought seemingly dead people back to life with vengeance.



In the midst of two concurrent national public health emergency declarations – the opioid crisis and COVID-19 – compassion fatigue is a hidden predator amongst first responders. (Photo/Getty Images)

Now, no longer a first responder, but still heavily embedded in the space, I find myself experiencing *deja vu*.

In early 2020, as a mysterious pneumonia was inflicting havoc in China, Americans sat back and watched the nightly news in disbelief. Well, here we are. **COVID-19** has people working from home, ordering online and filing for unemployment in record numbers.

For first responders, who do not have the benefit of staying at home and waiting it out, life has not continued as usual. Do you remember “The Fresh Prince of Bel-Air” from the 90s? The lyrics have never rung more true: “Now this is a story all about how my life got flipped-turned upside down.”

THE IMPACT OF TRAUMA ON FIRST RESPONDERS

The one element that remains true, whether it’s administering naloxone, CPR or airway management interventions, or in coping with the mental stress of the job, first responders need adequate training. As new epidemics arise, so many people are sent to the front lines with little guidance on how to do their job in the safest and most effective way. First responders are prepared for the rewarding and gratifying elements of their jobs, but those moments are becoming outweighed by systematic failures, unfathomable sadness and profound confusion. All of that combined can result in compassion fatigue – **stress resulting from exposure**.

First responders may all be subject to compassion fatigue to a certain extent. However, in the midst of two concurrent national public health emergency declarations – **the opioid crisis** and COVID-19 – **compassion fatigue** is a hidden predator amongst first responders.

In a 2018 study, the Substance Abuse and Mental Health Services Administration (SAMHSA) found that **69% of EMS professionals** reported that they do not have enough time to recover between traumatic events. Given this, first responders are more likely to suffer from:

- Depression

- PTSD
- Suicide
- Substance use

As we work to remove the **stigma associated with substance abuse disorder**, stigma associated with first responders' mental health stays stagnant. Compassion fatigue and the precipitating symptoms will ultimately continue to keep first responders running on empty, or in the most devastating of scenarios, change their lives and lives of loved ones instantaneously.

There is no more time to monitor, survey and wait for data. Leaders in public safety must push for a paradigm shift in how their organizations not only view compassion fatigue, but how they are equipping their personnel with an arsenal of tools to protect themselves, their families and their teams to improve mental health. We are in a new landscape full of uncharted territory, and cannot operate in conventional methodologies.

The HHS **renewed the opioid epidemic national public health emergency** on April 2, 2020. This declaration was unprecedented until COVID-19 came into our nation. It is evident compassion fatigue is not going anywhere, especially while our nation has been in a constant state of a national public declaration for nearly three years.

MENTAL HEALTH TRAINING, RESOURCES

Implement training and resources now, so your employees will be around to thank you later. Employ tactics and strategies that are fluid and can be applied to any emerging threat, national public health emergency, or just the inherent disposition of the job. Don't know where to start? Try some of these ideas, if they already exist, expand.

- **Employee assistance programs (EAP)**
 - Now is a great time to remind personnel of this resource and how to access
- Debriefing sessions
 - Difficult calls and trying days warrant a willing ear
- 24/7 virtual peer support groups
 - In a world of social distancing, first responders need human connection too
- Public Recognition: Engage the community virtually through social media
 - Much of the community is at home – what better time to **engage them**, within CDC guidelines, and acknowledge valor in action

- Incorporate awareness, education and resources into academy and in-service training
 - After you have a chance to breathe, and several moments of clarity, don't forget to continue these efforts

Read next: [Self-care is critical for managing stress levels in EMTs and paramedics responding to COVID-19](#)

About the author

Aliese Alter is a senior program manager for the [Washington/Baltimore High Intensity Drug Trafficking Areas \(W/B HIDTA\)](#), overseeing both the Overdose Detection Mapping Application Program (ODMAP) and Case Explorer. In her role, she is responsible for the overall management of ODMAP and Case Explorer, including outreach, program development, implementation and national partnerships. Aliese is responsible for interfacing with thousands of partners representing government, law enforcement, and public health nationally to support data-driven efforts to reduce overdoses, as well as facilitate information sharing.

She has a Bachelor's degree in Business, Management, Marketing and Related Support Services from Longwood University; and is currently enrolled in a Master of Science program in EMS Systems Management from the University of Maryland, Baltimore County.

Prior to joining the W/B HIDTA, Aliese served as a detective in Richmond, Va. During her career, she held a variety of assignments to include: patrol, recruitment and special victims unit.

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