



# Detecting Early Warning Symptoms of Stress in Public Safety Telecommunicators

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# EXECUTIVE SUMMARY

On behalf of the Public Safety Industry as well as our colleagues throughout telecommunications, the APCO Detecting Early Warning Symptoms of Public Safety Telecommunicator Stress Working Group created this standard with the goal and intention of addressing, recognizing, and managing stress associated with this profession. The Working Group consisted of professionals in a variety of positions within the Emergency Communications Center (ECC) as well as those in the private sector with a personal stake in this topic.

Public Safety Telecommunicators (PSTs) know their job takes a toll. Research, specific to the Public Safety Industry, illustrates the connection between duty-related trauma and PTSD symptoms (Troxell, 2008; Pierce & Lilly, 2021), the impact of compassion fatigue and emotional labor (Tracy 1988; Goold, 2010), and the physical results of working in the profession (Lilly et al., 2015).<sup>1</sup> Several studies explore the link between 9-1-1 work and compassion fatigue, burnout, and PTSD. In each study, a connection is identified between the challenging and traumatic nature of the 9-1-1 workload and its effects on the telecommunicator. Additionally, the studies reflect the biggest cause of PST stress may not be only the 9-1-1 calls, but include shift work, lack of managerial support, and other organizational issues.

The effects of prolonged exposure to PST stress appear, first, as early warning symptoms. This standard identifies symptoms enabling the PST to engage in positive actions hopefully before choosing to leave the public safety industry.

In 2017 APCO International published the Broadband Implications for the PSAP Analyzing the Future of Emergency Communications, also known as Project 43 (P43). P43 sought to better prepare the 9-1-1 industry for advancements in technology that would fundamentally change the nature of the 9-1-1 work. Addressing these issues directly, P43 concluded training PSTs to effectively recognize and manage stress in themselves and their colleagues is immediately essential, and becomes increasingly important for tomorrow, especially with the implementation of Next Generation 9-1-1 (NG911) broadband technologies. NG911 introduces a host of novel factors, including a flood of new data streams, bringing additional stressors to the PST daily workload.

Recommendations were made in P43 for PSAPs to “place a greater emphasis on stress management training”, especially in anticipation of these increased sources of stress”. Stakeholders were advised to “identify lessons learned in other sectors and evaluate PST stress and the efficacy of strategies and interventions to prevent or mitigate stress.” The intention would be to ensure any new training standards and programs were informed by existing experience and empirically driven.<sup>2</sup>

The above recommendations led to the formation of the Standards Development Committee (SDC) Working Group Detecting Early Warning Symptoms of Stress in Public Safety Telecommunicators. The members of this working group set the standard as identifying the problem, identifying the early warning symptoms of PST stress, and finally offering strategies and resources for addressing PST stress.

This standard is intended to equip industry stakeholders, both individuals and agencies, with the tools and perspectives necessary for a proactive approach to detecting and mitigating the stress related challenges of the job of the Public Safety Telecommunicator.

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<sup>1</sup> <https://www.watsonconsoles.com/blog/4-powerful-steps-for-less-stress-as-a-911-dispatcher>

<sup>2</sup> (APCO International, 2017)

## Chapter One

# The Importance of Addressing Public Safety Telecommunicator Stress

## SCOPE

*This section addresses the importance of focusing attention on the stress of Public Safety Telecommunicators.*

### 1.1 Goal for Implementation

- 1.1.1. The agency should take action to prevent, eliminate and manage the long-term effects of stress. Addressing early warning symptoms and signs of PST stress is crucial because it impacts health, wellness, productivity, citizen safety, and overall customer service with the industry.
- 1.1.2. PSTs play an essential role in processing calls for service, responding to incidents in the field and listening to cries for help. The consistent exposure takes an emotional toll on the PST, which can “compromise professional functioning and diminish the quality of life.”<sup>3</sup>
- 1.1.3. Field responders (police, fire, EMS, and other emergency responders) are dependent, in part on the PST’s effectiveness. PSTs are the first line of contact for citizens requiring emergency and non-emergency aid. PSTs answer calls ranging from non-emergency requests for assistance to potentially life-threatening crises. The call handling process requires good call taking and interrogation techniques while simultaneously inputting information into one application, gathering information from other applications and systems, and using multiple computer screens.
- 1.1.4. When calls are delivered to the PST there is no indication as to the call type, or the complexity of the incident. The PST might process one life threatening call or transition from non-emergency to emergency, and vice versa. Citizen and responder safety require the transition to occur with ease.

### 1.2 Contributing Factors of a PST Stress

#### 1.2.1. Lack of Recognition

The agency should identify ways to acknowledge and give recognition to PSTs, i.e., awards for life saves, managing a crisis effectively, service awards for attendance and tenure at agency. Recent studies (APCO Project Retain 2005 & 2018)<sup>3</sup> show employee recognition functions as a buffer against PST stress and contributes to employee satisfaction. This same study indicates without

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<sup>3</sup> (APCO International, 2017)

recognition from management, immediate supervision, and the media, PSTs are more likely to leave the job, thus negatively impacting center retention.

#### 1.2.2. Inadequate/Expedited Initial Training

The agency shall provide adequate and expedited initial training to all new and tenured staff in accordance with local and state requirements as well as industry standards. Research clearly indicates PSTs who are well trained, well prepared, and well equipped for the position remain in the industry. Currently, 27 states enforce mandated minimum training standards for PSTs.<sup>4</sup> Other states voluntarily observe minimum training standards or have no standard for PSTs. States can vary on the training standards, from two weeks to several months before beginning to answer emergency and/or non-emergency calls. Practical initial on-the-job training and regular continuing education are necessary to establish a baseline level of knowledge to meet the daily challenges of the job and the potential trauma caused by critical incidents.

#### 1.2.3. Multiple Calls

PSTs are required to manage a constant onslaught of phone calls and radio traffic in addition to other requests and duties i.e., teletype entries, verbal interaction, and general distractions in the center, sometimes simultaneously. This call surge can be challenging thus adding to the tension and stress of the PST.

#### 1.2.4. Rapid Decision Making

The agency shall provide training for new and tenured staff in rapid decision-making skills. Rapid decision making is required in almost all decisions made by the PST, sometimes with little to no information available. Adding to their stress is not knowing if the decision made is the right one or not.<sup>5</sup>

#### 1.2.5. Hyper-vigilant World View

Because PSTs work in a hyper-vigilant environment, they must constantly and consistently work non-emergency calls to emergency calls, often with little to no notice an emergency is coming in. Because the PST is not able to determine what type of emergency is coming into the ECC, an already stressful environment is aggravated. PSTs may experience vicarious trauma, emotional labor, and compassion fatigue. A symptom of all these things is hyper-vigilance, as well as the physical symptoms of hyper-vigilance including, but not limited to, feeling on edge, inability to sit still and suddenly startled due to loud noise or other unexpected sounds.<sup>6</sup>

#### 1.2.6. Antiquated Systems/Rapidly Evolving Technologies

ECCs at times struggle with budget cycles, low or loss of funds when looking to update the CAD systems, phone systems and other technology.

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<sup>4</sup> (Denise Amber Lee Foundation, n.d.)

<sup>5</sup> (Meischke H, 2015)

<sup>6</sup> (Marshall & Laorenza, 2018)

### 1.2.7. Low Control

The agency should engage the PSTs and other staff in making decisions regarding equipment purchased, implementation of new policy and procedures. PSTs have truly little control over the frequency and types of calls they field, potentially exposing them to trauma they were not expecting nor prepared to manage. They have little input into their world, including developing and using policy and procedures, choosing equipment, i.e., chairs, keyboards, lighting over consoles etc., which can contribute to their stress level in a negative way.

### 1.2.8. Sedentary Nature of the Job

The agency should provide adequate break time during the assigned shift for all staff. PSTs are often restricted to their console or the space near it. PSTs in many centers are not able to leave their console during their shift for a variety of reasons, resulting in the PST being unable to step away to decompress.

### 1.2.9 Difficult Interpersonal Communication

The agency shall provide crisis communication training to all telecommunicators. Calls coming into the center with unfolding events with time constraints creates the need for concise and direct communication with all involved stakeholders. In addition to the heightened emotions of the callers increasing the stress of the PST, the intense nature of the circumstances the callers are experiencing, their frustration is often directed at the PST, their first point of contact.

### 1.2.10 Lack of Professional Development <sup>7</sup>

The agency should have in place a procedure for professional development of all staff. Agencies may struggle to provide continuing education, supervisor, and leadership training due to scheduling, funding, and lack of availability of such training. There can be limited opportunities to seek formal education due to schedules. Without professional development one should not be moved into new roles and may remain stagnate in their current role. Agencies should develop employees making the decision to leave harder but also increasing their skill level and renewing skills already learned.

### 1.2.11. Shift Work

The agency should outline steps to assist the staff in acclimating to shift work. In direct opposition to the body's natural circadian rhythms, working nights and sleeping during the day can result in sleep deprivation, lack of alertness, an inability to focus, weight gain and many other maladies associated with the toll of shift work. <sup>8</sup>

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<sup>7</sup> (Burke T. W., 1995)

<sup>8</sup> (UCLA Health, n.d.)



## 1.3 Stress and The Impact for the PST and the Emergency Communication Center

- 1.3.1. Individual wellness coupled with PST stress correlates with higher rates of depression, obesity, and alcoholism, in addition to withdrawing from life outside work and the ECC.<sup>9</sup>
- 1.3.2. PST productivity can be linked to PSTs experiencing greater stress levels likely to process workload less efficiently and effectively.
- 1.3.3. Citizen safety includes PSTs experiencing burnout and compassion fatigue and may experience complacency or difficulty in remaining courteous when collaborating with citizens, resulting in delays of service or disregarding citizen complaints.
- 1.3.4. Responder safety and an overly stressed PST who is distracted or stretched thin may miss a field unit broadcast or dispatch units to the wrong location.
- 1.3.5. PSTs continue to provide excellent customer service even though they may be overburdened, stressed, angry and frustrated.<sup>10</sup>

## 1.4 Key Advantages of Early Detection

- 1.4.1. Early detection of stress may lead to increased PST retention rates. This may result in cost savings for the agency related to hiring and training new employees, while maintaining the institutional knowledge of experienced employees.
- 1.4.2. Early detection of PST stress can lead to better relations and improved service with the community, field responders and other ECC employees.
- 1.4.3. Early detection of PST stress can increase individual awareness of the potential long-term effects of PST stress. Enhancing one's personal awareness of the impact can lead a PST to take proactive measures to mitigate the effects of the stress.
- 1.4.4. ECCs fostering an organizational culture that values employee wellness, decompression and teamwork environment are more likely to have a stronger feeling of camaraderie, greater levels of efficiency and high-performance metrics. This ultimately impacts agency reputation with field responders, other ECCs and future recruiting efforts.

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<sup>9</sup> (Marshall & Laorenza, 2018)

<sup>10</sup> (Figley, 1995)

## Causes of Work-Related PST Stress

Low salary/insufficient retirement benefits	Non-existent or shortened career path	Information overload
Workflow inconsistencies	Treatment received from co-workers during stressful events	Mental and physical exhaustion
Technology stress	Lack of time for exercise	High acuity-low frequency events
Traumatic and critical events/lack of closure on calls and no follow up	Staffing shortages/scheduling/shift work	Lack of appreciation and recognition
Inconsistent leadership styles	Poor organizational communication	Poor equipment and resources
Interaction with the media and public	Relationships with co-workers/responders/management	Quality assurance and performance evaluations
Line of duty death/injury	Caffeine consumption	Work environment i.e., noise, cleanliness, lighting, furniture
Call volume	Nature of the call or repeated types of calls i.e., suicide, family violence	Events involving family and friends

## Chapter Two

# Public Safety Telecommunicator Stress

## SCOPE

*This chapter addresses the importance of recognizing and increasing awareness of PST stress as well as identifying the challenges associated with this profession*

### 2.1 The Importance of Increasing Awareness of PST Stress

- 2.1.1. The agency shall prioritize individual and leadership awareness of the impact of stress on PSTs.
- 2.1.2. The agency shall incorporate detection of stress/mitigating factors into the initial training programming.
- 2.1.3. The agency shall identify cumulative stress indicators and should develop ways to minimize those indicators. Several recent studies have explored the mental and physical toll cumulative stress posed in a PST. Vicarious trauma, compassion fatigue and burnout resulting from exposure to others' suffering, manifesting as lower feelings of life satisfaction, depression, anxiety, weight gain or loss and other adverse health effects.
- 2.1.4. The agency should incorporate stress management into the initial and continued education training for all employees.

### 2.2 Identify the Challenges

- 2.2.1. Due to the nature of public safety dispatching, PSTs can be exposed to high acuity, traumatic events. While the PST is not physically on the scene of the incident, their involvement can still produce varying stress levels. The most recent update to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) now includes "experiencing repeated or extreme exposure to aversive details of the traumatic event(s)" <sup>11</sup> as criteria for PTSD, indicating acknowledgment that indirect exposure to trauma still has the potential for impacts.
- 2.2.2. With little time to mentally prepare for a specific incident, PSTs rarely have the time to "get ready" for the next call. Also, PSTs are usually required to manage several different events simultaneously or, in the case of a 9-1-1 call taker, one call after another. In these ways PSTs can differ from their first responder counterparts on the scene. Police, fire, and medical personnel are usually dispatched out to an incident, giving them time to prepare for the incident. Due to the nature of being on scene physically, they are usually focused on one event at a time.

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<sup>11</sup> (American Psychiatric Association, 2013)

- 2.2.3. The implementation of NG911 broadband technologies exposing the PSTs to images and videos of traumatic events can increase stress levels in an ECC.<sup>12</sup>
- 2.2.4. The impact and consequences of ignoring stress in a PST can lead to numerous consequences for the PST, agencies and the community served by this industry. There are numerous indicators stress is having an impact on the PST. Several of these indicators include difficulty processing information, inability to focus due to easily being distracted, misunderstanding information and decrease in satisfaction in both work and life. Additionally, the following stress signs and symptoms can lead to dire consequences.
- 2.2.4.1. Overall reduction in the operations of the ECC, leading to irritability. The added stress from work can spill over into the family environment, adding to the stress and can be enhanced due to lack of rest and other support. By not acknowledging and addressing such indicators, the PST and their environment seems to be on a continuous wheel spiraling the telecommunicator even further.
- 2.2.4.2. Because PSTs at times may struggle with focusing, concentrating, and become distracted and inattentive, the need for breaks increases. If the need is not met, stress increases and the PST becomes even more distracted.
- 2.2.4.3. Stress, especially if left unattended or not acknowledged, leads to health problems. It can create malaise, which increases the changes of respiratory illnesses, such as common cold, flu or other severe illnesses.
- 2.2.4.4. The job of a PST is sedentary. Poor posture while sitting or standing for long periods of time or during high incident stress environments can lead to on-the-job injuries.
- 2.2.5. Definition of Public Safety Telecommunicator Stress

Working off the theory of “fight or flight response,” Hans Selye defined stress as the body’s nonspecific response to any demand, whether caused by or resulting from pleasant or unpleasant stimuli.<sup>13</sup> The American Institute of Stress states most people consider the definition of stress to be something that causes distress. However, stress is not always harmful since increased stress results in increased productivity. A definition of stress should also embrace this type of healthy stress, which may be ignored when you ask someone about their definition for stress.

PST stress uniquely impacts 9-1-1 professionals. Caused by the many demands of the job PST stress can be both good and bad. By mitigating the harmful effects of bad stress and utilizing the positive effects of good stress, PSTs can overcome these challenges and prolong their careers.

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<sup>12</sup> (Lilly, et al., 2019)

<sup>13</sup> (Tan, 2018)

## 2.3 Discussion of Public Safety Telecommunicator Stress

2.3.1. APCO's Project 43 addresses PST stress stating the following:

2.3.1.1 The agency shall train personnel to use active coping as a stress management tool.<sup>14</sup>

2.3.1.2 The agency should conduct team-oriented stress management training.<sup>15</sup>

2.3.1.3. The agency shall train personnel to provide peer support, or at a minimum, to identify stress and provide or assist with necessary peer counseling.<sup>16</sup>

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<sup>14</sup> (APCO International, 2017)

<sup>15</sup> (APCO International, 2017)

<sup>16</sup> (APCO International, 2017)

## Chapter Three

# Early Warning Symptoms of Public Safety Telecommunicator Stress

## SCOPE

*This chapter outlines the various symptoms i.e., emotional, physical, cognitive, and behavioral PST stress.*

### 3.1 Emotional

<b>Irritability</b>	<b>Depression</b>	<b>Anxiety</b>	<b>Anger</b>
<b>Fear</b>	<b>Worry</b>	<b>Guilt</b>	<b>Mood Swings</b>
<b>Apathy</b>	<b>Cynicism</b>	<b>Detachment</b>	<b>Feeling Overwhelmed</b>

### 3.2 Physical

<b>Headaches</b>	<b>Fatigue/Tiredness</b>	<b>Frequent Illness</b>	<b>Muscle Pain</b>
<b>Change in Appetite</b>	<b>Change in Sleeping</b>	<b>Nervous/Fidgeting</b>	<b>Frequent Sweating</b>
<b>Gastrointestinal Discomfort</b>	<b>Chest Pain/Discomfort</b>	<b>Rapid Heart Rate</b>	<b>Heartburn</b>
<b>Dizziness/Lightheaded</b>	<b>Rash/Hives</b>	<b>Tunnel Vision</b>	<b>Muffled Hearing</b>

### 3.3 Cognitive

Related to the ability to perceive and react, process, and understand, store and retrieve information, make decisions, and produce appropriate responses.

<b>Frequent Forgetfulness</b>	<b>Difficulty Concentrating</b>	<b>Racing Thoughts</b>	<b>Disorganization</b>
<b>Confusion</b>	<b>Paranoia</b>	<b>Boredom</b>	<b>Increased Frustration</b>
<b>Loss of Motivation</b>	<b>Self-doubt</b>	<b>Disturbing Dreams/Nightmares</b>	<b>Insomnia</b>
<b>Self-isolation</b>	<b>Existential Despair</b>	<b>Intolerance</b>	<b>Loneliness</b>

### 3.4 Behavioral

Related to persistent or repetitive behaviors that are unusual, disruptive, inappropriate or cause problems.

<b>Frequent signing</b>	<b>Defensiveness</b>	<b>Increased Hostility</b>	<b>Nervous Habits</b>
<b>Obsessive/Compulsive</b>	<b>Rapid Speech</b>	<b>Stuttering</b>	<b>Inductiveness</b>
<b>Grinding Teeth</b>	<b>Social Isolation</b>	<b>Substance Abuse</b>	<b>Procrastination</b>
<b>Withdrawing from Responsibilities</b>	<b>Reduced Work Efficacy</b>	<b>Risky Behavior</b>	<b>Hyperactivity</b>

# Strategies and Resources after Detection of Early Warning Symptoms of Stress

## Scope

*This chapter identifies the strategies and resources to combat stress at the individual and agency levels.*

## 4.1 Conducting Strategies and Resources

### 4.1.1 Individual Strategies

4.1.1.1. The agency shall provide strategies and resources to assist the PST in detecting the early warning symptoms and signs of stress. PSTs should remain vigilant and take time for self-reflection. Self-awareness can help the PST learn about themselves and where their needs for self-care lie. If the PST can understand the underlying cause of stress, they can act without realizing how it is impacting their overall well-being. By understanding how to recognize this stress and learning to cope with it, the PST will experience an overall sense of well-being on the job and in their personal life.

4.1.1.2. The agency shall assist the PST in making note of early warning symptoms they are experiencing. If necessary or desired the agency shall require the PST speak with a co-worker, supervisor or professional if experiencing PSTD.

4.1.1.2.1. Be honest with yourself and your feelings.

4.1.1.2.2. Keep track of your feelings in a journal or personal blog.

4.1.1.2.3. Peer Assessment

4.1.1.2.4. Reach out using your Employee Assistance Program (EAP)

4.1.1.2.5. Utilize peer support and wellness support

4.1.1.2.6. Participate in Critical Incident Stress Management and debriefings

4.1.1.2.7. See agency provided policies/procedures or Human Resources departments for agency specific EAP programs.

## 4.2 Agency Strategies

4.2.1 The agency shall provide comprehensive training on stress reduction and mental health during the initial basic training, during and after a critical incident, promotional events and during annual evaluations.



- 4.2.2. The agency shall establish mental health resources including training Peer Support Groups, Chaplain services, and CISM/CISD.
- 4.2.3. The agency shall train ECC staff to serve in the roles outlined in the department guidelines and standard operating procedures.
- 4.2.4. The agency should establish regular methods for soliciting feedback from staff members. This could include team meetings, team building exercises and other opportunities to establish positive workplace culture.
- 4.2.5. The agency should use any interactions with staff (quarterly performance reviews, quality assurance checks, ongoing one-on-one conversations) to monitor staff members for early warning symptoms of stress.
- 4.2.6. The agency shall establish clear guidelines and procedures for communicating or reporting mental health concerns within the agency.

# ACRONYMS AND ABBREVIATIONS

<b>ANS</b>	American National Standards
<b>ANSI</b>	American National Standards Institute
<b>APCO</b>	Association of Public Safety Communications Officials
<b>ASD</b>	Acute Stress Disorder
<b>CAD</b>	Computer Aided Dispatch
<b>CIS</b>	Critical Incident Stress
<b>DSM-5™</b>	Diagnostic and Statistical Manual of Mental Disorders, 5 <sup>th</sup> Edition
<b>EAP</b>	Employee Assistance Program
<b>ECC</b>	Emergency Communications Center (formerly PSAP)
<b>NG911</b>	Next Generation 9-1-1
<b>NIOSH</b>	National Institute for Occupational Safety and Health
<b>PSAP</b>	Public Safety Answering Point (currently ECC)
<b>PST</b>	Public Safety Telecommunicator
<b>SDC</b>	Standards Development Committee
<b>SOP</b>	Standard Operating Procedures
<b>STS</b>	Secondary Traumatic Stress
<b>STSD</b>	Secondary Traumatic Stress Disorder

# GLOSSARY

**ACUTE STRESS DISORDER (ASD):** Occurs when an individual has experienced psychological distress following exposure to a traumatic or stressful event and exhibits re-experiencing, avoidance, increased arousal, and at least three out of five dissociative symptoms. ASD is distinguished from PTSD because the symptom pattern is restricted to a duration of two day to one month following exposure to the traumatic event. <sup>17</sup>

**ACUTE TRAUMATIC STRESS:** Exposure to actual or threatened death, serious injury, or other significantly traumatic or stressful event(s). Exposure may occur in one or more ways i.e., witnessing, in person, the event(s), learning the incident(s) occurred to a friend or family member, repeated or extreme exposure to aversive details of the event(s). <sup>18</sup>

**BURNOUT:** Occurs as a result of constant or repeated emotional stress associated with an intense involvement with people over long periods of time. <sup>19</sup> Burnout is often attributed to frustration, powerlessness, and an inability to achieve work goals. Signs of burnout include deteriorating job performance, low job satisfaction, increased cynicism regarding the organization and a perceived lack of support from supervisors and managers within the organization. <sup>20</sup>

**CHRONIC STRESS:** When your stressful feelings from work and home combine to hit you at all sides. As the most dangerous form of stress, chronic stress leads to a slow breakdown of all the body's systems.

**COMPASSION FATIGUE:** The emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events. Compassion fatigue can occur due to a single exposure or can be due to cumulative level of trauma. It does involve both Secondary Traumatic Stress Disorder (STSD) and a condition commonly referred to as Burnout. This term is often uses as a synonym for Secondary Traumatic Stress (STS).<sup>21</sup>

**CRITICAL INCIDENT STRESS (CIS):** Causing vicarious trauma or STS, this occurs when faced with an incident that overwhelms your ability to cope with what has happened, i.e., high priority calls, officer emergencies and other traumatic situations.

**DELAYED STRESS:** This is the stress you try to stuff away and deal with later. Maybe someone says something that triggers you, but the effect is not felt until later when you are sitting at home trying to relax after a long day. Muscle tension is often caused by delayed stress.

**OCCUPATIONAL STRESS:** Stress caused by the job itself. The challenge of difficult calls, the sudden officer emergency, the long hours, etc.,

**POST TRAUMATIC STRESS DISORDER (PTSD):** Occurs when an individual has experienced psychological distress following exposure to a traumatic or stressful event and exhibits re-experiencing, avoidance, increased arousal

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<sup>17</sup> (National Child Traumatic Stress Network, Secondary Traumatic Stress Committee, 2011)

<sup>18</sup> See cite 10 above.

<sup>19</sup> (Rigden, 2017)

<sup>20</sup> See cite 12 above.

<sup>21</sup> (Burke T. W., 1995)

and at least three out of five dissociative symptoms. PTSD is diagnosed after an individual has exhibited persistent symptoms for greater than one month.<sup>22</sup>

**SECONDARY TRAUMATIC STRESS DISORDER (STSD):** A subcomponent of compassion fatigue this occurs when an individual experiences psychological distress following exposure to details of a traumatic or stressful event experienced by another person. STSD occurred when the individual's stress results in symptoms associated with PTSD. Symptoms of STSD are nearly identical to PTSD. The difference being the traumatic event was experienced by another person.<sup>23</sup>

**SHALL:** Within the context of this standard, "shall" indicates a mandatory requirement.

**SHOULD:** Within the context of this standard, "should" indicates a recommendation.

**SUBTHRESHOLD PTSD:** Occurs when an individual has experienced psychological distress following exposure to a traumatic or stressful event and exhibits two or more symptoms meeting the diagnostic criteria of PTSD but does not meet the full criteria for PTSD. According to the DSM-5<sup>TM</sup>, subthreshold presentation of PTSD is more common than full PTSD especially later in life.<sup>24</sup>

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<sup>22</sup> See cite 10 above.

<sup>23</sup> (Goold, 2009)

<sup>24</sup> (Hendrika Meischke, 2015)

# References

- (n.d.). Retrieved from Northwest Center for Public Health Practice: <http://www.nwcphop.org/training/reducing-stress-a-toolkit-for9-1-1-call-center-managers>
- (n.d.) Retrieved from *911 Wellness Project*: <https://www.911wellnessproject.com>
- American Institute of Stress. (n.d.). Retrieved from The American Institute of Stress: <https://www.stress.org/military/for-practitionersleaders/compassion-fatigue>
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition. Arlington: American Psychiatric Association of Publishing.
- APCO International. (2017). *Broadband Implications for the PSAP Analyzing the Future of Emergency Communications*. Daytona Beach: APCO International
- Burke, T. W. (1995). *Dispatcher Stress and Job Satisfaction*. Retrieved from National Criminal Justice Reference Service: <https://www.ojp.gov/pdffiles1/Photocopy/143957NCJRS.pdf>
- Burke, T. W. (1995). *Dispatcher Stress and Job Satisfaction*, Rockville: National Institute of Justice.
- Cherry, K. (2019). How the Fight or Flight Response Works. The American Institute of Stress. <https://www.stress.org/how-the-fight-or-flight-response-works>
- Crew Care. (n.d.). Retrieved from <https://www.crewcarelife.com/>
- Crisis Text Line. (n.d.). Retrieved from Crisis Text Line: <https://www.crisistextline.org/>
- Denise Amber Lee Foundation. (n.d.). Retrieved from <https://deniseamberlee.org/en/Minimum-Training-Guidelines>
- Figley, C. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. *Secondary Traumatic Stress: Self-care issues for clinicians, researchers, and educators*, 3-28.
- Frontline Responder Service Help Line. (n.d.). Retrieved from <https://frontlinerehab.com/>
- Gould, M. (2009). *Compassion Fatigue, Compassion Satisfaction, Burnout, and Peritraumatic Disassociation in 911 Telecommunicators; 911 in Crisis*. LaVerne: UMI Dissertation Publishing/ProQuest.
- Hart, R., McDonald, J., & Rock, S. (2004, July 28). The Mindy-Body Connection: Workplace Conflict, Stress & the Risk of Injury. *Environment Health and Safety Today*.
- Harvard Health. (2021, February 12). Past Trauma May Haunt Your Future Health. *Harvard Health*.
- Hendrika, Meischke, P.M. (2015, August 1). Annals of Emergency Dispatch & Response. Retrieved from Annals of Emergency Dispatch & Response: <https://www.aedrjournal.org/an-exploration-of-sources-symptoms-and-buffers-of-occupational-stress-in-9-1-1-emergency-call-centers>
- Levitin, D. J. (2018, January). Why the Modern World is Bad for Your Brain. *The Guardian*.

Lilly, M., Calhoun, R., Painter, I., Beaton, R., Stangenes, S., Revere, D., >>> Meischke, H. (2019, May 28). Destress 90-1-1 an online mindfulness-based intervention in reducing stress among emergency medical dispatchers: <https://pubmed.ncbi.nlm.nih.gov/31138676/>

Marshall, J., & Laorenza, T. (2018). The Resilient 911 Professional: A Comprehensive Guide to Surviving & Thriving Together in the 9-1-1 Center. In J. Marshall, & T. Laorenza, *The Resilient 911 Professional: A Comprehensive Guide to Surviving & Thriving Together in the 9-1-1 Center* (p. 420).

Meischke, H. P. I. (2015, March 2). An exploration of sources, symptoms, and buffers of occupational stress in 9-1-1 emergency call centers. *Annals of Emergency Dispatch & Response*, pp. 28-35.

National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). The National Child Traumatic Stress Network. Retrieved from The National Child Traumatic Stress Network: [https://www.nctsn.org/sites/default/files/resources/fact-sheet/secondary\\_traumatic\\_stress\\_child\\_serving\\_professionals.pdf](https://www.nctsn.org/sites/default/files/resources/fact-sheet/secondary_traumatic_stress_child_serving_professionals.pdf)

National Suicide Prevention Lifeline. (n.d.). Retrieved from National Suicide Prevention Lifeline: <https://suicidepreventionlifeline.org/>

NENA The 911 Association. (n.d.) *NENA Wellness Continuum*. Retrieved: <https://www.nena.org/page/WellnessContinuum>

Rigden, K. (2017, December 17). *Annals of Emergency Dispatch & Response*. Retrieved from <https://www.aedrjournal.org/stress-management-stress-and-the-911-dispatcher>

*Safe Call Now*. (n.d.). Retrieved from Safe Call Now: <https://www.safecallnowusa.org/>

Timm, A. (n.d.). The Healthy Dispatcher. Retrieved from The Health Dispatcher: <https://thehealthydispatcher.com/>

UCLA Health. (n.d.). Retrieved from UCLA Health: <https://www.uclahealth.org/sleepcenter/coping-with-shift-work>

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