



You are invited to participate in the Michigan Emergency Services Survey.” The survey is being conducted by the Northern Michigan Fire Chiefs Association and Michigan Rural EMS Network. The work is funded through grants from the department of Health and Human Services and Federal Emergency Management Agency.

The purpose of the survey is to identify factors that affect rural first responders and their agencies. Results from this survey will be used to increase support for first responders and resources for departments. The survey should take about 10 minutes to complete. As a thank you, you will have the option to enter a drawing to win one of ten **\$25 gift cards**. To protect your privacy, you will enter the drawing through an online form that is separate from the survey. Or, if you fill out a paper survey, you can include your contact information to be entered into the drawing.

There are two ways to complete the survey (but please only complete the survey one time):

1. Complete on line at <https://www.surveymonkey.com/r/MIREMS-NMFCA> .

**OR**

2. Print a paper copy from the MiREMS website: [www.MiREMS.org](http://www.MiREMS.org). If completing a paper survey, mail to MIREMS P.O. Box 265 Caro, MI 48723

Sincerely,

Leslie Hall  
MiREMS Executive Director

Linda Stone  
NMFCA, Executive Director

Bill Forbush  
NMFCA, President

### Michigan Emergency Services Survey

**Instructions:** Please answer the following questions. No personal information that can identify you will be collected or stored when the survey is completed. Your participation in this survey is completely voluntary, and you may skip any question on the survey.

1. **What is your current age?** \_\_\_\_\_
2. **What is your gender?** \_\_\_\_\_
3. **What is your primary occupation/job (check all that apply)?**  
 Not currently employed       Firefighter       EMS  
 Fire/EMS Field Supervision       Fire/EMS Management       Other Healthcare  
 Other Occupation \_\_\_\_\_
4. **How many years of service do you have as an emergency responder?** \_\_\_\_\_
5. **In what county/counties do you provide service?** \_\_\_\_\_
6. **What is your level of certification (check all that apply)?**  
**Fire:**     Firefighter 1     Firefighter 2     Fire Officer 1     Fire Officer 2     Fire Officer 3  
**Hazmat:**  Awareness     Operations     Technician  
**EMS:**     MFR (Medical First Responder)     EMT (Emergency Medical Technician)  
 Advanced-EMT     EMT-P (Paramedic)     EMS IC (Instructor Coordinator)  
 Other Certification \_\_\_\_\_
7. **In which of the following are you interested (check all that apply)?**     Obtaining higher certification/license  
 Earning a college degree     Obtaining Skills Certifications     None of these

## Recruitment and Retention

**8. How is your agency structured?** If you work for more than one agency, consider your primary department.  
(NOTE: Paid on Call are considered volunteers.)

- Volunteer Only    
  All Career    
  Combination- Mostly Volunteer    
  Combination- Mostly Career

**9. How many more years do you plan to remain active in emergency services?** \_\_\_\_\_

What is the main factor influencing you to stay?

If you are planning to leave in next five years, why?

**10. How difficult is it to keep staff at your agency?**  not at all difficult  a little  some  very difficult  unsure

**11. If keeping current staff is NOT a problem, what is your agency doing well?** (Check all that apply)

- Positive work environment   
  Good Management   
  Positive Team Attitude   
  Good pay/benefits   
  Career advancement  
 Other(please describe)\_\_\_\_\_

**12. What do you think gets in the way of recruiting new staff for your agency?** (Check all that apply)

- Lack of interest   
  Time constraints   
  Lack of Training   
  Lack of Career Advancement   
  Lack of Leadership  
 Low pay   
  Call Volume too high   
  Cost of Education   
  Lack of Appreciation or Recognition  
 Other(please describe)\_\_\_\_\_

## Training

**13. Where do you get ongoing or continuing education (CE) training?** (check all that apply)

- Provided on-site at my agency  
 EMS CE credits by a local instructor at monthly meetings  
 Regional trainings (such as provided by Medical Control Authority)  
 Conferences: Which ones? \_\_\_\_\_  
 Online: Free, Paid, Both? \_\_\_\_\_  
 Other, please specify: \_\_\_\_\_

**14. Please indicate any supplemental EMS training you've had or would be interested: (check all that apply)**

Have	Want	Training	Have	Want	Training	Have	Want	Training	Have	Want	Training
<input type="checkbox"/>	<input type="checkbox"/>	Trauma: ITLS, BTLS, ATLS, PHTLS	<input type="checkbox"/>	<input type="checkbox"/>	Disaster/ Emergency Preparedness	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Advanced Life Support	<input type="checkbox"/>	<input type="checkbox"/>	Stroke Treatment (BSLS, ASLS)
<input type="checkbox"/>	<input type="checkbox"/>	Peds Med Admin	<input type="checkbox"/>	<input type="checkbox"/>	Farm Safety/Ag Rescue	<input type="checkbox"/>	<input type="checkbox"/>	Specialty Skills (Epi pen, Narcan, IV, i- gel, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Driving
<input type="checkbox"/>	<input type="checkbox"/>	CPR Instructor Training	<input type="checkbox"/>	<input type="checkbox"/>	12 Lead	<input type="checkbox"/>	<input type="checkbox"/>	Instructor Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Management

**15. How many miles are you willing to travel for a training program that is in your area interest?** \_\_\_\_\_

## Mental Health and Substance Abuse Issues

**16. In your opinion, in recent years, has the number of mental health related calls...**

- Decreased   
  Stayed about the same   
  Increased some   
  Increase a lot   
  Unsure

**17. In your opinion, in recent years, has the number of substance abuse related calls...**

- Decreased   
  Stayed about the same   
  Increased some   
  Increase a lot   
  Unsure

**18. How well has your training prepared you for dealing with patients that experience...**

Condition	1-Not at all	2- A little	3- Pretty well	4-Very well	Not sure
Severe mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with general depression, anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide Calls - Treating patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide Calls - Responding to friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid overdose treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**19. What additional training would be beneficial to you or your agency:**

Have	Want	Training	Have	Want	Training	Have	Want	Training
<input type="checkbox"/>	<input type="checkbox"/>	How to respond to calls regarding suicidal thoughts	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral Health Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	Support for bystanders or patient's loved ones when on a call
<input type="checkbox"/>	<input type="checkbox"/>	Stress First Aid	<input type="checkbox"/>	<input type="checkbox"/>	Streetwise First Aid	<input type="checkbox"/>	<input type="checkbox"/>	Defensive Tactics

**How is your job affecting your mental health?** The nature of the first responder role often results in high levels of stress. For this survey, critical stress is defined as *“stress experienced as a result of a single critical incident that had a significant impact upon you or the accumulation of stress over a period of time”*. The following questions will help us determine the level to which stress is impacting first responders in Michigan and ways that we can address this important issue.

**20. Have you ever been told that you have post traumatic stress disorder (PTSD)?**  Yes  No  Unsure

**21. Have you experienced critical stress?**  Yes  No  Unsure

**22. Have you ever thought about suicide?**  Yes  No

**23. Have you ever attempted suicide?**  Yes  No

**24. If you answered YES to questions 20, 21, 22, or 23 did you seek help?**  Yes  No (Skip to question 25)

24a. **If YES**, what type of help did you seek (check all that apply)?

- Formal Employee Assistance Program
- Peer Counseling (sometimes known as CISM)
- Professional help outside my department
- Other, please specify: \_\_\_\_\_

24b. **If you did not seek help**, what prevented you from doing so (check all that apply)?

- No help available
- Didn't want it on my record
- Concerned about what others would think
- Didn't want to be identified
- Didn't sense a need
- Other, please specify: \_\_\_\_\_

**25. Do you know anyone working as a first responder that has:**

25a. **Thought about** suicide?  Yes  No  Unsure

25b. **Attempted** suicide?  Yes  No  Unsure

25c. **Completed** suicide?  Yes  No  Unsure

**26. If you or one of your fellow responders were experiencing critical stress or had a substance use disorder,**

26a. Do you know what help is available, or how to get help?  Yes  No

26b. How comfortable are you asking for help for yourself?

- Not at all comfortable
- Somewhat
- Very Comfortable

26c. How comfortable are you talking about the issue with a fellow responder who might need help?

- Not at all comfortable
- Somewhat
- Very Comfortable

**Further Comments**

**27. Do you have any suggestions or comments you would like to share on any topics on this survey, or about meeting any other needs of emergency responders?**