

Chapter 2

Well-Being of the Emergency Medical Responder

Introduction

- Emergency medical responder (EMR) is a serious commitment
 - You must learn to cope with emotional and physical stress of job
 - Must understand and assist others in stressful emergency situations
 - Assess risks
 - Prepare yourself
 - Intervene to help victims of injury and illness
 - Perform lifesaving procedures

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Stressful Situations

- EMRs must be prepared to see people at their worst
 - Sick/injured patients may be stressed, may exhibit irrational behavior
 - Compassion/professionalism reassures patients, enables them to manage stress, assist in their own care

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Stressful Situations

- Multiple casualty incidents (MCIs)
- Sick/injured pediatric patients
- Violent situations
- Child, spousal/elderly abuse
- Amputations of limbs
- Death

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Stressful Situations

- Everyone has different stress triggers and thresholds for stress
 - Be aware of, understand, and plan to manage your stress
 - Stress can have detrimental effects on your personal and professional life
 - Hours and environment of your work may affect stress
 - You will experience not only your own stress but also that of patient, families, and bystanders

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Preventing and Promoting Health

- Must plan for this stress to stay healthy
 - Overall health/disease prevention gives us our best chances to deal with physical, mental stresses faced
 - Health risks to avoid:
 - Smoking
 - Being overweight
 - Using drugs or alcohol inappropriately

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Preventing and Promoting Health

- Must plan for this stress to stay healthy
 - Factors that contribute to physical/mental health and enhance ability to respond to stresses:
 - Hygiene
 - Healthy diets
 - Physical exercise

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Preventing and Promoting Health

- Death and dying
 - Response to death; highly individual matter, shaped by our culture and experience
 - You will encounter scenes involving death, treat dying patients, support family, friends of those who have died

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Preventing and Promoting Health

- Death and dying
 - Signs of death:
 - *Death*—absence of circulatory and respiratory function
 - Many states have *brain death* provisions
 - Irreversible cessation of all function of brain and brainstem

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Preventing and Promoting Health

- Death and dying
 - Signs of death
 - Presumptive signs of death:
 - Indications of death widely accepted by most medical, legal authorities
 - Have even more weight following severe trauma/end stages of long-term illness
 - Not considered adequate in cases of hypothermia, poisonings, or cardiac arrest
 - Conclusive/definitive signs of death:
 - Clear mortal damage
 - Rigor mortis
 - Putrefaction

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Preventing and Promoting Health

- Death and dying
 - Emotions of critically ill and injured patients
 - Individuals dying as result of trauma, an acute medical emergency, or terminal disease experience wide spectrum of emotions:
 - Threatened
 - Frightened
 - Hopeless
 - Helpless
 - Peaceful
 - Resigned

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Preventing and Promoting Health

- Death and dying
 - Emotions of critically ill and injured patients
 - Anxiety
 - Response to anticipation of danger
 - Anxiety symptoms
 - Upset
 - Diaphoretic
 - Hyperventilating
 - Tachycardic
 - Restless
 - Tense
 - Fearful
 - Shaky

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Preventing and Promoting Health

- Death and dying
 - Emotions of critically ill and injured patients
 - Pain and anger
 - Often occurs with illness or trauma
 - Patients may also fear anticipated pain and potential injury

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Preventing and Promoting Health

- Death and dying
 - Emotions of critically ill and injured patients
 - Depression
 - Most dying patients experience to some degree
 - Some patients have many dissatisfactions and regrets about their lives
 - Others may be concerned about current financial, legal/family problems

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Preventing and Promoting Health

- Death and dying
 - Emotions of critically ill and injured patients
 - Dependency
 - When you render emergency medical care to patients, they may develop sense of dependency

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Preventing and Promoting Health

- Death and dying
 - Emotions of critically ill and injured patients
 - Guilt
 - Many dying patients and their family members feel guilty about what has happened and about what they may or may not have done

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Preventing and Promoting Health

- Death and dying
 - Emotions of critically ill and injured patients
 - Behavioral problems
 - Disorientation, confusion, delusion may develop in dying patient
 - May behave in ways that depart from normal patterns of thinking, feeling, or acting

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Preventing and Promoting Health

- Death and dying
 - Providing care for critically and injured patients
 - Introduce yourself to all patients
 - Let them know your level of training and your motivation, you are there to help
 - Continually explain what is occurring to decrease confusion, anxiety, feelings of helplessness
 - You, other medical providers, family, and friends should not make grim comments about patient's condition

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Promoting and Preventing Health



- Death and dying
 - Stages of grief
 - Denial
 - Anger
 - Bargaining
 - Depression
 - Acceptance

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Promoting and Preventing Health

- Death and dying
 - Dealing with the dying patient and family members
 - Both dying patient and patient's family and friends will go through some or all of the phases of grief
 - Different people may be at different stages of their grief
 - Understanding the grief process helps you appropriately treat those who deal with death
 - Express compassion to the patient and family and understanding for their loss

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Stress Management

- You may have many sources of stress in your life
 - Relationships, jobs, financial situations can all cause stress
 - Being an EMR will add more stress to your life
 - Various situations you will be called to deal with can profoundly affect your life
 - You must identify root causes of your stress to effectively manage the resulting feelings

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Stress Management

- Recognize warning signs
 - Warning signs of stress include:
 - Irritability to co-workers, family, and friends
 - Inability to concentrate
 - Difficulty sleeping and/or nightmares
 - Anxiety
 - Indecisiveness
 - Guilt
 - Loss of appetite
 - Loss of interest in sexual activities
 - Isolation
 - Loss of interest in work

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Stress Management

- Lifestyle changes
 - Once stress is recognized, make changes in your lifestyle to help you recover
 - Common for EMRs to experience "job burnout"
 - To help manage your stress, change your diet
 - Avoid fatty foods
 - Maintain adequate protein intake
 - Exercise increases stamina and energy
 - Find ways of distancing yourself from stress to recharge your emotional batteries

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Stress Management

- Balance
 - Well-being of EMRs depends on maintaining balance of work, family, friends, fitness, recreation
 - People who undergo heavy stress often lose balance important to their physical and emotional well-being



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Stress Management

- Family and friends
 - Common concern of EMRs, family and friends do not understand the nature of being an EMR
 - Such lack of understanding may cause you to withdraw from your family and friends and delve deeper into your work

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Stress Management

- Work environment changes
 - Any work environment produces stresses independent of those we expect with EMS work
 - Shift work; well documented cause of stress, can affect your physical health

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Stress Management

- Professional help
 - You/co-worker may feel unable to juggle the balance and stress of your personal and professional life alone
 - Mental health professionals, including physicians, social workers are trained to help you deal with stress, return balance to your life
 - Clergy may also be helpful

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Stress Management

- CISM – Critical Incident Stress Management
 - Overload of stress can come from a single critical event, an accumulation of incidents, or an MCI
 - CISM system: comprehensive program designed to help people deal with stress related to work

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Stress Management

- CISM
 - Specially trained teams of peer counselors, mental health workers can provide many essential services:
 - Preincident stress education
 - On-scene peer support
 - Disaster support services
 - Follow-up services
 - Family and spouse support
 - Community outreach programs
 - Wellness programs

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Stress Management

- CISM
 - CISD- Critical Incident Stress Debriefing; function of CISM system
 - Uses specific techniques to help people express their feelings and recover from a stressful incident faster
 - Techniques include defusing and debriefings

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Stress Management

- CISM

- CISM; function of CISM system

- CISM should be accessed when any of the following occur:
 - Line-of-duty death or serious injury
 - MCI
 - Suicide of a co-worker
 - Serious injury or death to children
 - Events with excessive media interest
 - Victims are known to you
 - Any event that has unusual impact on personnel
 - Any disaster

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Stress Management

- CISM

- Debriefings

- Designed to run within 24-72 hours of an event
 - Provide opportunity for open discussion, expression of feelings, fears, reactions
 - Facilitators will ensure that participants understand that this is not an interrogation/critique
 - All exchanges are confidential
 - Mental health professionals on the team may make suggestions for continued healing after session ends

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Stress Management

- CISM

- Defusings

- Less formal or structured versions of CISM
 - Usually held within a few hours of event
 - Can eliminate need for more formal debriefing or enhance later debriefing
 - Learn how to access your local critical incident stress response team

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Personal Precautions

- Risks to EMR's

- Some of the most serious hazards you will face are invisible

- Constantly be aware of risks associated with your job, including body substances such as a patient's blood
 - Protect yourself from all body substances by using appropriate Personal Protective Equipment (PPE)

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Personal Precautions



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Personal Precautions

- Risks to first responders

- Infection control

- Many infections and diseases are transmitted by airborne, bloodborne pathogens
 - Limit your risk of exposure by using PPE and sound infection control practices



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Personal Precautions

- PPE
 - Used to eliminate any direct contact with patients or their body fluids
 - Protecting ourselves from touching, breathing in, or being splashed by anything coming from the patient; this is essential to avoid transmission of disease

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Personal Precautions

- PPE
 - Eye protection
 - Used to prevent body substance from reaching the mucous membranes of your eyes
 - If you wear prescription glasses, goggles may not be required in certain instances if removable side shields are used
 - In motor vehicle collisions or when there is a high expectation of body fluid exposure (childbirth), goggles are recommended to be placed over prescription glasses

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Personal Precautions

- PPE
 - Gloves
 - Before having any physical contact with any sick or injured person, put on vinyl, plastic, or another type of synthetic gloves
 - If you are working in an environment in which gloves may be ripped or punctured, wear two layers of gloves or wear them inside work gloves
 - Properly dispose of gloves after any use
 - Wearing gloves does not replace washing your hands
 - Remember that patients and healthcare workers can be allergic to the materials in gloves

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Personal Precautions

- PPE
 - Gowns
 - Wearing a gown is recommended if you anticipate the possibility of large splashes of body fluids
 - Childbirth
 - Coughing
 - Spitting
 - Vomiting
 - Massive bleeding
 - If a gown is unavailable, change your clothes after contact with the patient

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Personal Precautions

- PPE
 - Masks
 - Surgical type mask protects your mouth and airway against possible blood spatter
 - Wear a high-efficiency particulate air mask (HEPA) if a patient is suspected of having tuberculosis (TB)



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Personal Precautions

- PPE
 - Masks on patients
 - When it can be done without impairing the patient's ability to breathe, patients with known respiratory disease should wear a mask
 - Prevents spreading disease to rescuers or bystanders
 - Consider use in patients with productive coughs when history is not available

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Personal Precautions

- PPE
 - Specialty PPE
 - Several types of specialty PPE used in situations such as fire, rescue, or violence
 - Turnout gear
 - Self-contained breathing apparatus (SCBA)
 - Bulletproof vests
 - Hazardous materials suits

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Skill 2-1 Putting on Gloves

- Pull glove onto one hand using fingers of other hand at cuff area
- Pull glove tight without touching ungloved hand to the fingers/hand area of glove



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Skill 2-1 Putting on Gloves

- Put on other glove using fingers of gloved hand



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Skill 2-2 Removal of Soiled Gloves

- Insert finger from one hand into glove on other hand
- Pull glove off by turning glove inside out



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Skill 2-2 Removal of Soiled Gloves

- Place fingers inside the other glove
- Pull second glove off by turning it inside out



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Skill 2-2 Removal of Soiled Gloves

- Dispose of gloves in appropriate container
- Wash your hands



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Personal Precautions

- Contaminated equipment
 - Anything used in treating patient is considered contaminated
 - After using equipment, all disposable items should be properly disposed of in appropriate container



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Personal Precautions

- Contaminated equipment
 - Cleaning equipment means washing it with soap and water
 - Disinfecting equipment refers to cleaning it as well as using something like alcohol/bleach to kill many contaminants

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Personal Precautions

- Contaminated equipment
 - Sterilizing equipment involves use of chemicals and things such as superheated steam to kill all contaminants
 - Equipment will usually require cleaning and disinfecting only if it comes into contact with patient's skin
 - Some equipment will require sterilization if it comes into contact with patient's body fluids
 - Use disposable equipment when possible
 - Any equipment, or your vehicle, that does not directly touch a patients should be thoroughly cleaned and disinfected after each patient contact

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Personal Precautions

- Contaminated equipment
 - Sharps
 - Needles and contaminated medicine delivery systems
 - EMRs will not usually have contact with these as part of their practice

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Personal Precautions

- Specialized training
 - Your workplace may have hazards specific to operations there
 - Learn all that you can about materials, activities where you work



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Personal Precautions

- Immunizations
 - Protect you from many serious or fatal diseases that patients may carry
 - Recommended for all healthcare providers:
 - Tetanus
 - Hepatitis B
 - Measles, mumps, and rubella (MMR)
 - Chickenpox
 - Influenza (flu)
 - Others, as currently recommended

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Personal Precautions

- Exposure notification and testing
 - If exposed to body substance, body areas exposed should be cleaned thoroughly using soap and water
 - If eyes are contaminated, flush continuously for 20 minutes

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Personal Precautions

- Exposure notification and testing
 - Report any possible exposure to patient's body fluids to EMS transport team
 - They will include possible exposures in their record, follow up with EMS system and patient's hospital record
 - Report should include:
 - Date, time exposed
 - Type, amount of body fluid exposed to
 - Source

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Scene Safety

- On arrival at emergency, first priority is to assess scene safety
 - If scene is not safe and poses threat to responder
 - Scene should be made safe before EMR enters
 - Motor vehicle collisions or rescues
 - Hazardous materials
 - Violence

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Scene Safety

- Motor vehicle collisions or rescues
 - Present many challenges
 - Traffic that continues to pass around collision is a hazard
 - Vehicle itself is a hazard
 - Other professional rescuers with specialized training may need to secure the scene before EMR can approach the patient



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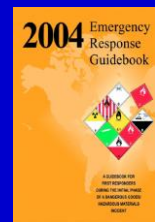
Scene Safety

- Hazardous materials
 - Toxic substances/hazardous atmospheres include dangerous liquids and solids/gaseous chemicals that prevent you from entering the scene
 - On-site hazardous materials should be identified with placards
 - Fire/other hazardous situation may create toxic gases/insufficient O₂ in the air

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Scene Safety



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Scene Safety

- Violence
 - Crime scenes/other violent scenes present another possible hazardous situation, special concerns EMR should address
 - Do not enter scene until police have secured scene for safe entry
 - If a crime has been committed at the scene, avoid disturbing possible evidence unnecessarily

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Scene Safety

- Physically unsafe scenes
 - EMR may also be called to assist where scene is physically unstable
 - If patient is found on a slope or if water/ice presents an unstable surface
 - Make sure scene is stable enough to remove patient without endangering the rescue team

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Scene Safety

- Patient Protection
 - Your priority
 - Keep in mind that the environment may pose a threat to your patient
 - Shield patient from extremes of temperature, other environmental factors
 - Keep patient dry and help maintain body heat

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Scene Safety

- Bystander protection
 - Also a priority
 - Ensure that cause of your patient's difficulties does not potentially affect others
 - Also ensure that your activities in working to help your patient do not harm others who may be crowding around
 - Most important, scene safety must be determined before you enter
 - If you cannot make it safe, do not enter

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Questions?

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