Well-Being of Emergency Medical Technician (EMT)

Lesson Goal

- EMTs may be placed in many stressful situations involving physical and emotional hazards
- The EMT should be prepared to protect himself or herself from these potentially harmful physical and psychological exposures to stressful situations

Lesson Objectives

- Discuss the possible emotional reactions the EMT may experience when faced with trauma, illness, death, and dying
- Discuss the possible reactions a family member may exhibit when confronted with death and dying
- Describe the steps in the EMT’s approach to family confronted with death & dying
Lesson Objectives

- Describe possible reactions that family of the EMT as a result of their outside involvement in EMS
- Describe signs & symptoms of critical incident stress
- Describe steps an EMT may take to reduce or even alleviate stress

Lesson Objectives

- Explain the need to determine scene safety
- Discuss the importance of body substance isolation
- Describe the steps the EMT should take for personal protection from airborne and blood-borne pathogens

Lesson Objectives

- List the personal protective equipment necessary for each of the following situations:
  - Hazardous materials
  - Rescue operation
  - Violent crime
  - Crime scene
  - Exposure to blood-borne pathogens
  - Exposure to airborne pathogens
Introduction
- EMS is rewarding but comes with risks
- EMTs can take a number of steps to reduce these risks

Lesson Overview
- Stressful situations
- Emotional aspects of emergency care
- PTSD
- Burnout
- Stress management
- Personal precautions
- Scene safety

Stressful Situations
- EMS providers encounter stress with little or no advance warning
- Each individual has different triggers for stress
- Certain situations are commonly stressful for EMS providers
Stressful Situations
- Mass casualty
- Pediatric patient
- Amputation
- Violence
- Abuse
- Death or injury of a coworker

EMTs must develop effective ways of minimizing the effects of stress.

Death and Dying
- The way people respond to death varies
  - Depends on culture and experience
- EMTs must maintain composure and professionalism
- EMTs must manage their own feelings about death
Death and Dying

- Signs of death
  - If DNR order unclear, provide emergency medical care in the absence of definitive signs of death
  - Begin emergency care if body is warm and intact
  - Always provide emergency care to possible hypothermic patients

- Definitive signs of death
  - Mortal damage
  - Rigor mortis
  - Putrefaction

Emotions of Critically Ill & Injured Patients

- Anxiety
- Pain and anger
- Depression
- Dependency
- Guilt
- Behavioral problems
Emotions of Critically Ill & Injured Patients

• Anxiety
  ➢ Response to anticipation of danger
  ➢ May present as:
    * Upset
    * Cool, sweaty skin
    * ↑ breathing rate
    * ↑ heart rate
    * Restless
    * Tense
    * Fearful
    * Shaky

Emotions of Critically Ill & Injured Patients

• Pain & anger
  ➢ Encourage patients to express their fears
  ➢ Do not allow yourself to be physically assaulted

• Depression
  ➢ Most dying patients experience some form

• Dependency
  ➢ Patients feel they are no longer in control

• Guilt
  ➢ Many patients and family experience

Emotions of Critically Ill & Injured Patients

• Behavioral problems
  ➢ Loss of contact with reality
  ➢ Distorted perception
  ➢ Regressive behavior & attitudes
  ➢ Decreased impulse control
  ➢ Delusions or hallucinations
  ➢ Personality deterioration
Caring for Critically Ill & Injured Patients

- Introduce yourself
- State that you are there to help
- Care for immediate needs
- Avoid false reassurances

Stages of Grief

- Denial
  - "This is not happening to me."
- Anger
  - "Why me?"
- Bargaining
  - "If you let him live, I will..."
- Depression
  - Sadness and despair
- Acceptance

Dealing with Dying Patient and Family

- Express compassion and understanding
  - Reassuring touch
- Respect a dying patient’s emotions
- Be honest about patient’s condition
Post-Traumatic Stress Disorder

- Warning signs
  - Exposure to a critical incident
  - Avoidance of reminders
  - Reliving the incident
  - Physical, behavioral, mental, or emotional changes
  - Persistent changes

Burnout

- Loss of interest in work because of inability to change unacceptable circumstances

Warning Signs of Stress

- Irritability
- Inability to concentrate
- Difficulty sleeping/nightmares
- Anxiety
- Guilt
- Indecisiveness
- Loss of appetite
- Loss of interest in sexual activities
- Loss of interest in work
Lifestyle Changes

- Diet
- Exercise
- Relaxation
- Balance

Needs of Family & Friends

- EMT may think family and friends do not understand his/her work

- Family may feel ignored and fear separation
  - Share your thoughts
  - Listen to their concerns

Work Environment Stressors

- Coworkers/supervisors
- Shift work
Professional Help

- Physicians
- Social workers
- Clergy
- Counselors
- EAP/MAP

Critical Incident Stress Management (CISM)

- Critical incident stress is a normal reaction to an abnormal event

CISM

- Services
  - Preincident stress education
  - On-scene support
  - 1-on-1 support
  - Disaster support services
  - Follow-up services
  - Family support
  - Community outreach
  - Wellness programs
  - CISD
Critical Incident Stress Debriefing

- Helps people express their feelings
  - Recover more quickly from critical incident
    - Death or serious injury involving people you know
    - MCI
    - Suicide of coworker
    - Death or serious injury of children
    - Any disaster
- Defuse
- Debrief

Personal Precautions

- OSHA guidelines
- CDC protocols (BSI)
- Personal protective equipment (PPE)

Infection Control

- Infections and disease transmitted by airborne and blood-borne pathogens
- Limit risk of exposure:
  - Use PPE
  - Good personal hygiene
  - Frequent hand washing
  - Clean equipment properly
Personal Protective Equipment

- Eye protection
  - When exposure to body fluids is highly likely
- Gloves
  - Before physical contact with sick or injured person
- Gowns
  - If you anticipate large splashes of body fluids
- Masks
  - Surgical
  - HEPA
  - Patient mask
- Special PPE
  - SCBA
  - Hazmat suit

Skill 2-1: Putting on Gloves

1. Pull glove onto one hand using the fingers of the other hand at the lower cuff area

Skill 2-1: Putting on Gloves

2. Pull glove tight without touching your ungloved hand to the finger/hand area of the gloved hand
Skill 2-1: Putting on Gloves

3. Put on other glove using the fingers of the gloved hand.

Skill 2-2: Removing Soiled Gloves

1. Insert a finger of one hand into the glove on the other hand
2. Pull the glove off by turning the glove inside out

Skill 2-2: Removing Soiled Gloves

3. Place fingers inside the other glove
4. Pull the second glove off by turning it inside out
Skill 2-2: Removing Soiled Gloves

5. Dispose of the gloves in an appropriate container
6. Wash your hands

Contaminated Equipment

- Anything used to treat a patient is considered contaminated
- Discard disposable equipment
- Clean
- Disinfect
- Sanitize

Specialized Training

- May be necessary to manage various emergencies
Immunizations
- Recommended:
  - Tetanus
  - Hepatitis B
  - Measles, mumps, flu
  - Others

Scene Safety
- Motor vehicle accidents
- Hazardous materials
- Violence
- Physically unsafe scenes
- Safety of patients & bystanders

Summary
- EMTs must understand various reactions to death & dying and should recognize the stages of grief
- Find healthy ways to manage stress and balance personal and professional life
Summary

- EMTs must always be alert for potential hazards
- EMTs can take a number of steps to reduce the risks of personal harm

Summary

- Risks
  - Stress
  - Emotional aspects of EMS
  - PTSD
  - Burnout
  - Stress management
  - Personal precautions
  - Scene safety