Chapter 2

Well-Being of the Emergency First Responder

Learning Objectives

- Discuss emotional reactions that may be experienced by EFRs, patients, family members, and bystanders when faced with trauma, illness, death, and dying
- Discuss steps in your approach to a family confronted with death and dying

Learning Objectives

- Describe possible reactions that family of emergency first responders (EFR) may exhibit because of his or her involvement in emergency medical services (EMS)
- Evaluate the need for medical direction of emergency medical care of a patient with an allergic reaction
Learning Objectives

- Recognize signs and symptoms of critical incident stress
- State possible steps you may take to help alleviate stress

Learning Objectives

- Given a scenario, explain how scene safety can be determined
- Given a scenario involving the potential for exposure to communicable disease, select PPE appropriate for body substance isolation

Learning Objectives

- List PPE necessary for each of the following situations: hazardous materials, rescue operations, violent scenes, crime scenes, electricity, water and ice, and exposure to communicable pathogens
- Describe the importance of understanding responses to death and dying and communicating effectively with patient’s family
Learning Objectives

● Demonstrate empathy in all interactions with patients and their family members and friends
● Given a scenario, explain procedures for cleaning, disinfection, or disposal of all items that are potentially contaminated with infectious materials

Introduction

● Emergency first responder (EFR) 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

Introduction

● EFR; serious commitment
  ➢ On arrival at scene of emergency, EFRs will:
    • Assess risks
    • Prepare yourself
    • Intervene to help victims of injury and illness
    • Perform lifesaving procedures
Stressful Situations

- EFRs 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

Stressful Situations

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

Stressful Situations

- Amputations of limbs
- Death
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 patients, families, and bystanders

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

Preventing and Promoting Health

- Must plan for this stress to stay healthy
  - Health risks to avoid:
    - Smoking
    - Being overweight
    - Using drugs or alcohol inappropriately
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

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

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
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

Emotions of critically ill and injured patients

Individuals dying as a result of trauma, an acute medical emergency, or terminal disease experience a wide spectrum of emotions:
- Threatened
- Frightened
- Hopeless
- Helpless
- Peaceful
- Resigned
Preventing and Promoting Health

- Death and dying
  - Emotions of critically ill and injured patients
    - Anxiety
      - Response to anticipation of danger

Preventing and Promoting Health

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

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
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 dissatisfaction and regrets about their lives
    ♦ Others may be concerned about current financial, legal/family problems

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

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
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.

- 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

Promoting and Preventing Health

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

Death and dying
• 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

Stress Management
• You may have many sources of stress in your life
  ➢ Relationships, jobs, financial situations can all cause stress
  ➢ Being an EFR 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
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

- **Lifestyle Changes**
  - Once stress is recognized, make changes in your lifestyle to help you recover
    - Common for EFRs 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

- **Balance**
  - Well-being of EFRs 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
Stress Management

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

- 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.
Stress Management

- Professional help
  - You/colleague 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

- CISM
  - 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

- 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
Stress Management

- CISM
  - CISM: 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

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

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
Stress Management

- CISM
  - Defusings
    - Less formal or structured versions of CISD
    - 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

Personal Precautions

- Risks to first responders
  - 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 PPE

Personal Precautions
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

- 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

- 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
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.

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.

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).
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

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

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
Skill 2-1 Putting on Gloves
- Put on other glove using fingers of gloved hand

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
- Place fingers inside the other glove
- Pull second glove off by turning it inside out
Skill 2-2
Removal of Soiled Gloves

- Dispose of gloves in appropriate container
- Wash your hands

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

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
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 patient should be thoroughly cleaned and disinfected after each patient contact

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

- Sharps
  - Needles and contaminated medicine delivery systems
  - EMF’s will not usually have contact with these as part of their practice
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

- 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

- 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
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 EFR enters
    - Motor vehicle collisions or rescues
    - Hazardous materials
    - Violence

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 EFR can approach the patient

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
Scene Safety

- Violence
  - Crime scenes/other violent scenes present another possible hazardous situation, special concerns EFR 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

Scene Safety

- Physically unsafe scenes
  - EFR 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
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

- 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

Questions?