Chapter 2
The Well-Being of the EMT-Basic

Overview

- Emotional Aspects of Emergency Care
  - Death and Dying
  - Stressful Situations
  - Stress Management
  - Critical Incident Stress Debriefing
  - Comprehensive Critical Incident Stress Management

- Scene Safety
  - Body Substance Isolation Precautions
  - Advance Safety Precautions
  - Personal Protection

Emotional Aspects of Emergency Care

- Death and dying
  - Stages
    - Denial
    - Anger
    - Bargaining
    - Depression
    - Acceptance
Death and Dying

- Denial
  - “Not me.”
  - Defense mechanism creating a buffer between shock of dying and dealing with the illness/injury

Death and Dying

- Anger
  - “Why me?”
  - EMT-Basics may be the target of the anger
  - Don’t take anger or insults personally
  - Be tolerant
  - Do not become defensive
  - Employ good listening and communication skills
  - Be empathetic

Death and Dying

- Bargaining
  - “OK, but first let me . . .”
  - Agreement that, in the patient’s mind, will postpone the death for a short time
Death and Dying

- Depression
  - "OK, but I haven’t..."
  - Characterized by sadness and despair
  - Patient is usually silent and retreats into his or her own world

- Acceptance
  - "OK, I am not afraid."
  - Does not mean the patient will be happy about dying
  - The family will usually require more support during this stage than the patient

- Dealing with the dying patient and family members
  - Patient needs include dignity, respect, sharing, communication, privacy, and control
  - Family members may express rage, anger, and despair
    - Listen empathetically
    - Do not falsely reassure
    - Use a gentle tone of voice
    - Let the patient know everything that can be done to help will be done
    - Use a reassuring touch, if appropriate
    - Comfort the family
Anger may be misdirected toward the EMT—do not take this personally.

Stressful Situations

- Examples of situations that may produce a stress response
  - Mass casualty situations
  - Infant and child trauma
  - Amputations
  - Infant/child/elder/spouse abuse
  - Death/injury of co-worker or other public safety personnel

The EMT-Basic will experience personal stress as well as encounter patients and bystanders in severe stress.
Stress Management

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

Lifestyle Changes

- Helpful for “job burnout”
- Change diet
  - Reduce sugar, caffeine, and alcohol intake
  - Avoid fatty foods and excessive salt
- Exercise
- Practice relaxation techniques, meditation, visual imagery
- Balance work, recreation, family, health

STRESS REDUCTION TECHNIQUES

- Eat healthy
- Stop smoking
- Change work schedule
- Exercise regularly
- Rest and relax
- Balance activities
Work Environment Changes

- Request work shifts allowing for more time to relax with family and friends
- Request a rotation of duty assignment to a less busy area
- Seek/refer professional help

EMT-Basics provide emergency care only after the scene is safe and patient contamination limited.

Family Issues

- EMS personnel and his or her family's and friends' responses
  - Lack of understanding
  - Fear of separation and being ignored
  - On-call situations cause stress
  - Can't plan activities
  - Frustration caused by wanting to share
Critical Incident Stress Debriefing (CISD)

- A team of peer counselors and mental health professionals who help emergency care workers deal with critical incident stress
- Meeting is held within 24 to 72 hours of a major incident
- Open discussion of feelings, fears, and reactions
- Not an investigation or interrogation

Critical Incident Stress Debriefing (CISD)

- All information is confidential
- CISD leaders and mental health personnel evaluate the information and offer suggestions on overcoming the stress
- Designed to accelerate the normal recovery process after experiencing a critical incident
- Works well because feelings are ventilated quickly
- Debriefing environment is nonthreatening

Comprehensive Critical Incident Stress Management

- Pre-incident stress education
- On-scene peer support
- One-on-one support
- Disaster support services
- Defusing
- CISD
- Follow up services
- Spouse/family support
- Community outreach programs
Scene Safety
- Body substance isolation (BSI)
- EMT-Basic's and patient's safety:
  - Hand washing
  - Eye protection
  - Gloves
  - Gowns
  - Masks

Advance Safety Precautions
- Tetanus prophylaxis
- Hepatitis B vaccine
- Verification of immune status with respect to commonly transmitted contagious diseases
- Access or availability of immunizations in the community
- Tuberculin purified protein derivative (PPD) testing

Personal Protection
- Hazardous materials
- Identify possible hazards:
  - Binoculars
  - Placards
  - Hazardous materials, the *Emergency Response Handbook*
Personal Protection

- Protective clothing
  - Hazardous material suits
  - Self-contained breathing apparatus

Slide 25

**EMT-Basics provide emergency care only after the scene is safe and patient contamination limited.**

Slide 26

Personal Protection

- Rescue
  - Identify and reduce potential life threats
    - Electricity
    - Fire
    - Explosion
    - Hazardous materials
  - Protective clothing
    - Turnout gear
    - Puncture-proof gloves
    - Helmet
    - Eye wear

Slide 27
Dispatch rescue teams for extensive/heavy rescue.

Personal Protection
- Violence
  - Scene should always be controlled by law enforcement before EMT-Basic provides patient care
    - Perpetrator of the crime
    - Bystanders
    - Family members

Do not neglect treating a patient to preserve evidence, but preserve evidence whenever possible.
Behavior at Crime Scene
- Do not disturb the scene unless required for medical care
- Maintain chain of evidence

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