Chapter 2 - The Well-Being of the EMT

OBJECTIVES

2.1 Define key terms introduced in this chapter. Slides 17–20, 24–26, 34, 41–47, 52–53, 59–60
2.2 Describe health habits that promote physical and mental well-being. Slide 15
2.3 Given an example of a patient care situation, determine the appropriate personal protective equipment to prevent exposure to infectious disease. Slides 17–20, 24–26

continued

2.4 Describe proper procedures for hand washing and using alcohol-based hand cleaners. Slides 21–23
2.5 Discuss the health concerns related to exposure to hepatitis B, hepatitis C, tuberculosis, and AIDS. Slides 28–30
2.6 Access the Centers for Disease Control website to obtain the latest information on diseases of concern to EMS providers. Slides 32–33

continued
Chapter 2 - The Well-Being of the EMT

OBJECTIVES

2.7 Explain the essential provisions of OSHA, the CDC, and the Ryan White CARE Act as they relate to infection control in EMS. Slides 32–37

2.8 Describe the indications for use of an N-95 or HEPA respirator. Slide 26

2.9 Describe the purpose of the tuberculin skin test (TST). Slide 38

continued

OBJECTIVES

2.10 Give examples of common stressors in EMS work. Slides 47–48

2.11 Describe the stages of the stress response system, including the effect of each stage on the body. Slides 42–43

2.12 Differentiate between acute, delayed, and cumulative stress reactions. Slides 44–46

2.13 List lifestyle changes that can be used to manage stress. Slide 51

continued

OBJECTIVES

2.14 Explain the purpose of critical incident stress management (CISM). Slides 52–53

2.15 Given a scenario, recognize a patient’s or family member’s reaction to death and dying. Slides 54–55

2.16 Given a scenario involving death or dying, use effective techniques for interacting with the patient and family members. Slide 56

continued
Chapter 2 - The Well-Being of the EMT

OBJECTIVES

2.17 List indications of the potential for danger to yourself or others at the scene of an EMS call. Slide 59
2.18 Outline proper responses to incidents including hazardous materials incidents, terrorist incidents, rescue operations, and violence. Slides 60–64
2.19 Given a scenario of an emergency response involving a safety threat, describe actions you should take to protect yourself and other EMS. Slides 61–64

2.20 Identify with the feelings of a patient who has a communicable disease. Slides 28–32
2.21 Promote the importance of safety on EMS calls. Slides 58–64

MULTIMEDIA

• Slide 39 AIDS: Etiology and Pathophysiology Video
CORE CONCEPTS

• Standard Precautions, or how to protect yourself from transmitted diseases
• The kinds of stress caused by involvement in EMS and how they can affect you, your fellow EMTs, and your family and friends

CORE CONCEPTS

• The impact that dying patients have on you and others
• How to identify potential hazards and maintain scene safety

Topics

• Well-Being
• Personal Protection
• Diseases of Concern
• Emotion and Stress
• Scene Safety
Well-Being

Importance of Well-Being

- Keeping yourself prepared for demands and risks of EMT is very important
- If unable to function for any reason, patients will not get needed care

Maintaining Well-Being

- Maintain solid personal relationships
- Exercise
- Sleep
- Eat right
- Limit alcohol and caffeine intake
- Have regular checkups and keep up-to-date on vaccines
Personal Protection

Standard Precautions

- Standard precautions include steps to protect self from infectious material
- Scene size-up and protocols provide information on precautions to take
- Refer to local protocols for wearing personal protective equipment
- When in doubt, wear it!

Personal Protective Equipment
Personal Protective Equipment: Gloves

- Always have gloves on your person when responding
- May need to change gloves during call if they become torn or when treating multiple patients
- Due to latex allergies, many providers are now switching to non-latex gloves

Personal Protective Equipment: Gloves and Arm Covers

Hand Washing

- Hand washing is still important even if gloves were worn during patient care
- Remove jewelry and watch
- Use soap and rub hands vigorously
- Rinse well
- Pat hands dry

continued
Hand Washing

- Alcohol-based hand sanitizers can be used if soap and water are not available
- Follow up with hand washing as soon as possible

Eye Protection

- Use if at risk from splashes
Eye and Face Protection

- Use when at risk from splashes or spraying fluids

Masks and Gowns

- NIOSH-approved HEPA (High Efficiency Particulate Air) mask meeting N95 standard
- May also wear gown to protect clothing

Diseases of Concern
Hepatitis B and C

- Hardy, infectious viral disease affecting the liver
- Can live on surfaces in dried blood for several days
- Hepatitis B (HBV) deadly; killed hundreds of health care workers each year before vaccine available
- Hepatitis C (no vaccine yet) poses same risk

Tuberculosis (TB)

- Often infects lungs
- Can be highly contagious
- Can be spread through air
- Consider precautions with any patient having productive cough

HIV/AIDS

- HIV: attacks immune system, leaving patient unable to fight off infection
- AIDS: set of conditions that can result from HIV infection
- Lower risk for health care workers than hepatitis or TB
- Contact with blood usual route of infection
Emerging Conditions and Diseases

• West Nile Virus
  – Spread by mosquitoes
  – Flu-like symptoms (mild cases); infection of brain and meninges (severe cases)

• Severe Acute Respiratory Syndrome (SARS)
  – Spread through respiratory droplets
  – Fever, dry cough, difficulty breathing

Emerging Conditions and Diseases

• Influenza
  – Around for hundreds of years
  – 1918 pandemic killed 30-50 million worldwide

• Avian flu
  – Found in poultry; can affect humans

• Swine (H1N1) flu
  – Caused widespread illness and panic

Infection Control and the Law

• EMS personnel, other health care workers at high risk of coming in contact with infectious diseases

• Guidelines for workplace safety developed by OSHA and other federal, state, and local agencies
Occupational Exposure Control Plan

- OSHA standard on bloodborne pathogens (1992) requires infection control be joint responsibility of employer and employee
- EMS agencies provide training, protective equipment, and vaccinations to employees
- Employees participate in infection exposure control plan

Occupational Exposure Control Plan Content

- Adequate education and training
- Hepatitis B vaccination
- Personal protective equipment
- Methods of control
- Housekeeping
- Labeling of containers
- Post-exposure evaluation, follow-up

Ryan White CARE Act

- Allows EMS providers to seek to determine if exposure to infectious disease has occurred
- Agency’s Infection Control Officer gathers facts about exposures
**Ryan White CARE Act**

- Officer notifies EMS provider of exposure
- Agency refers EMS provider to health care professional for evaluation and follow-up

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**Immunizations**

- Immunizations for hepatitis B, other infectious diseases should be available through agency
- Regular TB testing may also be required
- Local system protocols vary

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**AIDS: Etiology and Pathophysiology Video**

Click [here](#) to view a video on the subject of AIDS.
Chapter 2 - The_Well-Being_of_the_EMT

Emotion and Stress

Stress

- Stress inevitable in EMS profession
- Recognizing signs of stress and developing strategies to deal with stress are very important to EMS career

Stages of Stress

- First stage: Alarm reaction (fight or flight)
- Second stage: Resistance (coping)
- Third stage: Exhaustion (loss of ability to resist or adapt to the stressor)
Acute Stress Reaction

- Often linked to catastrophe
- Occurs in EMTs and patients
- Signs and symptoms develop soon after incident
- Physical, cognitive, emotional, and behavioral symptoms

Acute Stress Reaction

- Normal reactions to extraordinary situation
- May require immediate intervention from physician or mental health professional

Delayed Stress Reaction

- Post-traumatic stress disorder (PTSD)
- Signs and symptoms not evident until long after incident
- Delay makes dealing with reaction much harder—patient may not recognize what is causing problem
- Requires intervention by mental health professional
Cumulative Stress Reaction

- Results from years of sustained low-level stressors
- Early signs: vague anxiety, emotional exhaustion
- Progresses to physical complaints, loss of emotional control, depression
- May present as severe withdrawal or suicidal thoughts requiring long-term psychological intervention

Causes of Stress

- Multiple casualty incident (MCI)
- Call involving infants or children
- Severe injury

- Abuse and neglect
- Death of a co-worker
- Work-related issues involving family and loved ones
Signs and Symptoms of Stress

- Irritability
- Inability to concentrate
- Lack of interest in activities
- Changes in sleep patterns/nightmares
- Changes in appetite
- Guilt
- Isolation

Think About It

- If your partner is beginning to show signs of stress, what should you do?
- What possible risk could there be to your partner, you, or a patient if stress is left unresolved?
- Do you have an obligation to act to help your partner?

Ways of Dealing with Stress

- Healthy diet
- Exercise
- Devote time to relaxing away from work
- Change shift or location for lighter call volume, different call types, more family time
Critical Incident Stress Management

- Comprehensive system
- Includes education and resources to prevent stress
- Ways to deal with stress appropriately when it occurs

Critical Incident Stress Debriefing (CISD)

- Designed to help responders “defuse” after incident
- Team of trained peer counselors and mental health professionals meet with rescuers and health care providers involved in major incident
- Helps responders deal with stress

Death and Dying

- Don’t usually see dead people except at funeral
- Don’t normally see person die
- Often most difficult part of job
- Dealing with family may be more difficult
Emotional Stages of Death and Dying

• Denial ("Not me!"
• Anger ("Why me?"
• Bargaining ("Okay, but first let me…”)
• Depression ("Okay, but I haven’t…”)
• Acceptance ("Okay, I’m not afraid.")

Dealing with Patients and Family

• Think of how you want to be treated
• Recognize patient’s needs
• Be tolerant of angry reactions from patient or family
• Listen empathetically
• Do not falsely reassure—be honest
• Offer as much comfort as you can

Scene Safety
Scene Safety

- EMS not usually a dangerous profession
- Being aware of potential dangers always a priority
- Determining scene safety will be the most important decision on any call

Potential Safety Threats at Scene

- Hazardous materials incidents
- Terrorist incidents
- Rescue operations
- Violence
- Weapons

Staging

- If not safe to approach scene, stop in a secure area away from scene
- Wait until cleared to enter by appropriate authorities
Response to Danger: Plan

- Wear safe clothing
- Prepare your equipment
- Carry portable radio whenever possible
- Decide on safety roles

Response to Danger: Observe

- Survey scene on approach
- Don’t announce arrival—turn off lights and siren
- Drive few feet past residence so you can see front and sides

Response to Danger: Observe

- Violence
- Alcohol or drug use
- Weapons
- Family members
- Bystanders
- Perpetrators
- Pets
React to Danger: Three Rs

- Retreat
- Radio
- Reevaluate

Chapter Review

- Your well-being is important.
- Safety and Standard Precautions are important decisions you will make at least once at each scene.
- Protect yourself from violence and scene hazards.
- Protect yourself from disease.
Chapter Review

• Stress may be an immediate reaction from a call or cumulative from life and EMS. Seek help.
• Treat people under stress fairly and compassionately.

Chapter Review

• You will see death and reactions to death. Each is personal to those involved. Emotional stages of death and dying are denial, anger, bargaining, depression, and acceptance.

Remember

• Scenes are dynamic and can change in an instant.
• Assessment of scene safety is an ongoing process.
• Don’t be so focused on the patient that you lose perception of what is happening around you.
Questions to Consider

• What precautions must I take if I am dealing with a patient who has an open wound?
• What can I do to help deal with stress?
• A patient who refuses to believe she has a terminal disease is in what stage of dealing with it?

Critical Thinking

• You are called to an unknown emergency at a tavern. As you approach the scene, you see a man lying supine in the parking lot, apparently bleeding profusely. Two other men are scuffling, and one seems to have a gun. What actions must you take?

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