WELL-BEING OF THE EMT-BASIC

OBJECTIVES

1-2 Identify basic facts and terms about stress management, hazardous materials, and general principles about prehospital emergency care with at least 80% accuracy.

OBJECTIVES

- Emotional Aspects of Emergency Care
- Scene Safety
- Safety Precautions

Emotional Aspects of Emergency Care

- Death and dying
  - Denial
    - "Not me"
  - Anger
    - "Why me"

Emotional Aspects of Emergency Care

- Bargaining
  - "OK, but first let me…."
- Depression
  - "OK, but I haven't…."
- Acceptance
  - "OK, I am not afraid"

Dealing with Dying Patient's and Family Members

- Give patient respect, privacy
- Allow patient to retain dignity

Dealing with Dying Patient's and Family Members

- Permit patient to share feelings
- Family may express anger, rage and despair

Dealing with Dying Patient's and Family Members

- Listen empathetically
- Do not offer false reassurances

Dealing with Dying Patient's and Family Members

- Use gentle tone of voice
- Let patient know everything that can be done is

Dealing with Dying Patient's and Family Members

- Use reassuring touch
- Comfort the family

Stressful Situations

- Mass casualty situations
- Infant/child trauma
- Severe injuries

Stressful Situations

- Abuse/neglect
- Death/injury co-worker

Stress Management

- Recognize warning signs
  - Irritability to co-workers
  - Inability to concentrate
  - Difficulty sleeping and nightmares

Stress Management

- Recognize warning signs
  - Anxiety
  - Indecisiveness
  - Guilt

Stress Management

- Recognize warning signs
  - Loss of appetite
  - Loss of interest in sexual activities
  - Isolation
  - Loss of interest in work

Lifestyle Changes

- Helpful of "job burnout"
- Change diet
  - Reduce sugar, caffeine, alcohol
  - Avoid fatty foods
  - Increase carbohydrates

Lifestyle Changes

- Exercise
- Relax
- Balance work, play and family

Family & Friends Response to Stress Placed on the EMT-B

- Lack of understanding
- Fear of separation
- On-call situations

Family & Friends Response to Stress Placed on the EMT-B

- Unable to plan activities
- Frustration caused by wanting to share

Work Environment Changes

- Request shifts allowing more time to relax
- Request rotation to less busier one
- Seek/refer professional help

CISD: Critical Incident Stress Debriefing

- A team of peer counselors and mental health professionals who help emergency care workers deal with critical incident stress

CISD: Critical Incident Stress Debriefing

- Meeting held 24-72 hrs after incident
- Designed to accelerate recovery
  - Non-threatening environment

CISD: Critical Incident Stress Debriefing

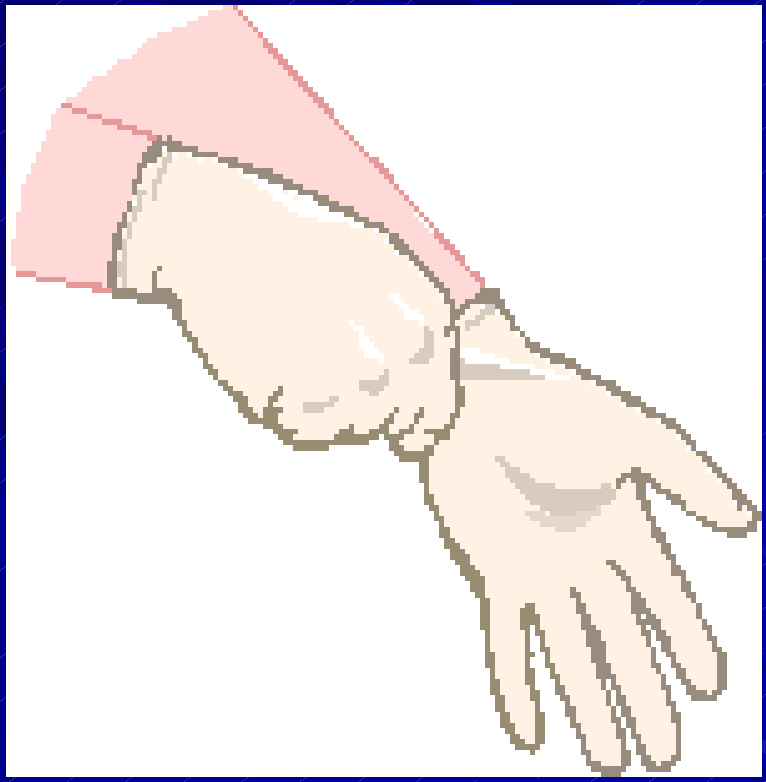
- Access to CISD
- CIS Management includes
  - Pre-incident stress education
  - On-scene peer support
  - One-on-one support

CISD: Critical Incident Stress Debriefing

- CIS Management includes
  - Spouse/family support
  - Disaster support services
  - Defusing session
  - Community outreach programs

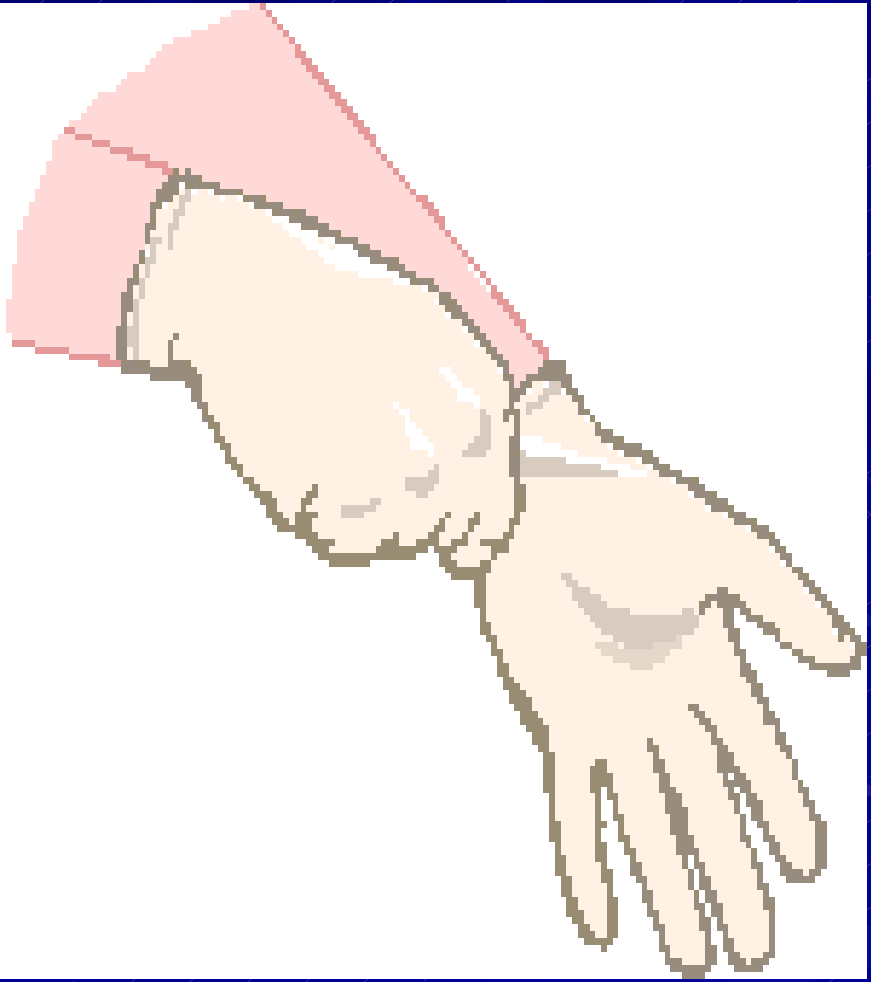
Scene Safety

- Body Substance Isolation (BSI)
  - Hand washing
  - Gloves
  - Eye protection



Scene Safety

- Body Substance Isolation (BSI)
  - –Gown
  - – Mask
    - HEPA Respirator



Hazardous Materials Incident

- Identify possible hazards
  - Use binoculars
  - Placards

Hazardous Materials Incident

- Protective clothing
  - Hazardous materials clothing
  - Self Contained Breathing Apparatus (SCBA)

Hazardous Materials Incident

- Hazardous Materials scenes are controlled by special teams from the fire dept
- EMT-B's provides care only when scene is safe and patient is decontaminated

Rescue

- Identify and reduce potential life threats
- Protective clothing

Rescue

- Dispatch rescue teams for heavy rescue

Violence

- Scenes always controlled by law enforcement

Violence

- Perpetrator of the crime may still be at the scene
  - Do not enter the scene
  - Wait for police to secure scene

Violence

- Behavior at crime scenes
- Do not disturb the scene

Safety Precautions in Advance

- Tetanus
  - Every ten years
- Hepatitis B
- PPD (purified protein derivative) test for Tuberculosis

REVIEW

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