Stress in EMS

The Well Being of the Prehospital Care Provider
South Cook County EMS
April, 2018
Objectives:

Upon completion, the user will be able to:
1. Discuss the three components of wellness
2. Discuss Stress and the body’s response to stress
3. List strategies to managing stress
4. Discuss the coping mechanisms for death and dying
5. List strategies to prevent disease transmission
Introduction

If we can’t take care of ourselves, how can we help others?

Emotional Aspects of EMS

• Death and Dying
• Sick/injured kids
• Taking care of people you know
• Abuse Cases
• Long hours
• Busy Shifts
• Stressful situations that require calm responses
Wellness

Wellness is the quality or state of being in good health. A focus on wellness is important in EMS

Components of wellness:

- Physical
- Mental
- Emotional
Physical Well Being

- Providers who are physically in shape:
  - Are less likely to become injured
  - May heal more quickly if injured
  - Have a better quality of life

- The American Heart Association’s Simple 7 are factors that have been found to improve heart health.
  - Get active, control cholesterol, eat better, manage blood pressure, lose weight, reduce blood sugar, stop smoking
Physical Well Being, cont’d

Nutrition

• Eat foods in suggested portions from six main categories.
  • Fruits
  • Vegetables
  • Proteins
  • Grains
  • Dairy or fortified soy products
  • Oils

• Each person’s requirements are different.
Physical Well Being, cont’d

Nutrition

• Plan for your shift as if you will get minimal time to rest or to eat a meal.

• Bring:
  • Bottles of water
  • Various healthy snack bars
  • Fruit

• Avoid:
  • Candy bars, caffeine, and energy drinks
Physical Well Being, cont’d

Weight Control
Staying fit is an important component for public service workers.

• The USDA’s dietary guidelines encourage:
  • Lowering calorie intake
  • Increasing physical activity
  • Making wiser food choices

• Gradual weight reduction is the key.
  • It requires planning.

• Consider the following when eating out:
  • Smaller meals or sharing a meal
  • Eating oatmeal or cereal
  • Eating a salad and half a sandwich
  • Eating baked or broiled foods
Physical Well Being, cont’d

Exercise

• Adults should engage in 30 minutes of moderate to vigorous physical activity every day.
  • Depending on your health, try to achieve your target heart rate every time you exercise.
Physical Well Being, cont’d

Smoking and Tobacco

• If you don’t smoke, don’t start!
• Everyone responds differently to smoke.
  • Some of your patients may be highly sensitive.

Options for quitting include:

• Instructions
• Electronic media (DVDs)
• Medications
• Counseling
• Psychotherapy
• Hypnotism
• Acupuncture
Mental and Emotional Well Being

Make a deliberate effort to create a healthy balance between your work and home life.

Prepare for personal time, away from work.

Become connected with your family, community and peers.
Stress

Any event that causes us to react physically, emotionally, or mentally is considered stress.

• Stress is a reaction of the body to any stressor that requires the person to adapt.

What triggers stress:

A stress response often begins with events that are perceived as threatening or demanding: A standard series of physiologic reactions are triggered.

• Prepares us for fight-or-flight response
• Most modern stressors are not solved by fighting or running away.
• You should evaluate and handle every stress event immediately, especially if it is negative in nature.
Anxiety and Stress

EMS and Stress: In EMS, there are two stressors – the one that the patient is experiencing and the one that you are dealing with as the care taker.

FACTORS FOR PATIENT’S STRESS:
• Socioeconomic background
• Fear of medical personnel
• Substance abuse
• Mental disorders
• Reaction to medications
• Age
• Financial
• Situational – severe MVA, death-dying, abuse, kids involvement, etc
EMS Stress

Stress related problems very common in EMS
Compounded by today’s fast-paced lifestyle
Can Effect:
• Job Performance
• Health
• Interpersonal relationships

ACUTE STRESSORS
• Mass-casualty incidents
• Serious injury or death of a child
• Death or Serious injury of a coworker in the line of duty
• Abuse situations
Stages of Stress Response

- Alarm Reaction
- Reaction and Resistance
- Recovery or Exhaustion
Physiological Response to Stress

- Increased Pulse and Respirations
- Increased BP
- Dilated venous vessels
- Tensed muscles
- Increased Blood Glucose
- Perspiration
- Decreased blood flow to the GI tract
Physical Response to Stress

• Fatigue
• Change in Appetite
• GI Problems
• Headaches
• Insomnia

• Hypersomnia
• Irritability
• Inability to concentrate
• Hyperactivity
• Underactivity
Psychological Response to Stress

- Fear
- Non-responsive behavior (not responding appropriately to situation, non reactive)
- Depression
- Oversensitivity
- Anger
- Irritability
- Frustration
Warning Signs of Stress

- Irritability toward co-workers, family and friends
- Inability to concentrate
- Difficulty sleeping, increased sleeping, or nightmares
- Anxiety
- Indecisiveness
- Guilt
- Loss of appetite
- Loss of interest in work
- Loss of interest in sexual activities
- Isolation
- Increased use of alcohol
- Recreational drug use
Strategies to managing stress

• Adopt a more relaxed outlook
• Expand your social support system
• Sustain friends and interests outside EMS
• Minimize physical response to stress:
  1. Take a deep breath
  2. Periodic stretching
  3. Regular physical exercise
  4. Attempt to get enough rest and relaxation
Coping with Death and Dying

- The stages of grieving include:
  - Denial
  - Anger
  - Bargaining
  - Depression
  - Acceptance

- People who are dying generally know their situation is serious.
  - Let the dying patient know you understand and will talk about death if they wish.
  - Dying patients need to feel they still have some control over their lives.
Coping with Death and Dying, cont’d

Dealing with a Grieving Family:
• Even if there is nothing you can do for the patient, the call is not over.
  • Do not try to hide the body from the family.
  • Do not use euphemisms (substituting a milder, polite term for something that may be harsh or unpleasant)
  • Do not hurry to clear away resuscitation equipment.
  • Give the family time with their loved one.
  • Try to arrange for further support.
• Be particularly sensitive to the emotional needs of children.
  • Children up to 3 years of age may not be aware.
  • 3- to 6-year-olds believe death is temporary.
  • 6- to 9-year-olds may mask their feelings.
  • 9- to 12-year-olds may want to know details.
After the Call:

• Everyone involved in shocking calls is likely to experience some intense feelings.
  • Do not keep feelings inside.
  • Every service should have debriefing procedures.
  • Watch for PTSD after critical incidents.
• Critical incident stress management (CISM) is a resource for emergency personnel involved in particularly traumatic calls.
• Reactions are impossible to predict.
  • Give opportunities to debrief.
  • Never force someone to share their feelings or make debriefings mandatory.

Take advantage of Employee Assistance Programs (EAP’s)
Peer Support and Suicide Prevention

• EMS providers are not immune to thoughts of suicide or suicide attempts.
  • Prevention starts with recognizing that you or a colleague are becoming overwhelmed.
    • Do not disregard what you recognize or what others tell you.
    • Be aware of the signs of stress.
    • Any suicidal thoughts or attempts must be taken seriously.
Preventing Disease Transmission

Air and Blood borne pathogens exposure:
• Needle stick, broken or scraped skin and mucous membranes

Cleaning, Disinfecting, Sterilization

Body Substance Isolation/
Universal Precautions
Protection

• Follow work practices for cleaning, disinfecting, disposing of soiled materials and equipment
• Maintain good health and hygiene habits
• Maintain immunizations – Flu, tetanus, etc.....
• Periodic TB screening (yearly)
• Body Substance Isolation
• Periodic Risk Assessment
Protection, cont’d

What is the single most effective means of controlling disease transmission?

PROPER HAND WASHING!
Standard Handwashing Procedure

According to OSHA standards regarding blood borne pathogens, hand washing should be performed, at a minimum:

• Before and after every patient contact
• After removing gloves and other protective wear
• After handling blood or other body fluids
• When visibly contaminated with blood or tissues
• Before leaving the patient area
• Before and after eating, applying makeup, using the bathroom, handling contact lenses, handling equipment
Proper Handwashing

- Soap aids in the removal of pathogens.
- Warm water
- Friction
- All surfaces of the hands must be cleaned – palms, backs, between the fingers
- Nails must be cleaned
Proper Handwashing (cont’d.)

• Fingertips pointed downward – prevents water from getting on forearms and the running back down onto the hands and re-contaminating them.

• Dry paper towels are used to turn faucet on and off – prevents contamination of hands from organisms on the faucet.
Indication for hand hygiene

- When hands are visibly dirty, contaminated, or soiled, wash with non-antimicrobial or antimicrobial soap and water for a minimum of 30 seconds.

- If hands are not visibly soiled, use an antimicrobial hand sanitizer for decontaminating hands.