

# Lesson 1-2

## The Well-Being of the CFR



# Objectives

## Objectives Legend

C=Cognitive P=Psychomotor A=Affective

1 = Knowledge level

2 = Application level

3 = Problem-solving level

## Cognitive Objectives

At the completion of this lesson, the CFR (CFR) student will be able to:

- 1-2.1 List possible emotional reactions that the CFR may experience when faced with trauma, illness, death, and dying. (C-1)
- 1-2.2 Discuss the possible reactions that a family member may exhibit when confronted with death and dying. (C-1)
- 1-2.3 State the steps in the CFR's approach to the family confronted with death and dying.
- 1-2.4 State the possible reactions that the family of the CFR may exhibit. (C-1)
- 1-2.5 Recognize the signs and symptoms of critical incident stress. (C-1)
- 1-2.6 State possible steps that the CFR may take to help reduce/alleviate stress. (C-1)
- 1-2.7 Explain the need to determine scene safety. (C-2)
- 1-2.8 Discuss the importance of body substance isolation (BSI). (C-1)
- 1-2.9 Describe the steps the CFR should take for personal protection from airborne and bloodborne pathogens. (C-1)
- 1-2.10 List the personal protective equipment necessary for each of the following situations:(C-1)
  - Hazardous materials
  - Rescue operations
  - Violent scenes
  - Crime scenes
  - Electricity
  - Water and ice
  - Exposure to bloodborne pathogens
  - Exposure to airborne pathogens

## Affective Objectives

At the completion of this lesson, the CFR (CFR) student will be able to:

- 1-2.11 Explain the importance for serving as an advocate for the use of appropriate protective equipment. (A-3)
- 1-2.12 Explain the importance of understanding the response to death and dying and communicating effectively with the patient's family.
- 1-2.13 Demonstrate a caring attitude towards any patient with illness or injury who requests emergency medical services. (A-3)

- 1-2.14 Show compassion when caring for the physical and mental needs of patients. (A-3)
- 1-2.15 Participate willingly in the care of all patients. (A-3)
- 1-2.16 Communicate with empathy to patients being cared for, as well as with family members, and friends of the patient. (A-3)

### **Psychomotor Objectives**

At the completion of this lesson, the CFR student will be able to:

- 1-2.17 Given a scenario with potential infectious exposure, the CFR will use appropriate personal protective equipment. At the completion of the scenario, the CFR will properly remove and discard the protective garments. (P-1,2)
- 1-2.18 Given the above scenario, the CFR will complete disinfection/cleaning and all reporting documentation. (P-1,2)

## **Preparation**

### **Motivation:**

CFRs encounter many stressful situations when providing emergency medical care to patients. These range from death and terminal illness to major traumatic situations and child abuse. CFRs will treat angry, scared, violent, seriously injured and ill patients and family members. The CFR is not immune to the personal effects of these situations. CFR will learn during this lesson what to expect and how to assist the patient, patient's family, the CFR's family, and other CFRs in dealing with the stress. This lesson discusses methods of talking to friends and family, without violating confidentiality, but as a means of helping them cope with involvement in EMS. Finally, aspects of personal safety will be discussed. It is important to realize this is only a brief overview and will be readdressed with each specific skill or topic. To put this in perspective, remember: A dead or injured CFR is of little or no use to a patient.

### **Prerequisites:**

None

### **Materials**

#### **AV Equipment:**

Utilize various audio-visual materials relating to emergency medical care. The continuous development of new audio-visual materials relating to EMS requires careful review to determine which best meet the needs of the program. Materials should be edited to ensure that the objectives of the curriculum are met.

#### **EMS Equipment:**

Eye protection, gowns, gloves, masks, forms for reporting exposures.

## **Personnel**

### **Primary Instructor:**

One EMT-B Instructor knowledgeable in critical incident stress debriefing, identifying child/elderly abuse, stages of death and dying, and aspects of scene safety.

### **Assistant Instructor:**

None required

### **Recommended Minimum Time to Complete:**

One hour

# Presentation

## Declarative (What)

- I. Emotional Aspects of Emergency Medical Care
  - A. Stressful situations
    1. Examples of situations that may produce a stress response
      - a. Mass casualties
      - b. Pediatric patients
      - c. Death
      - d. Infant and child trauma
      - e. Amputations
      - f. Violence
      - g. Infant/child/elder/spouse abuse
      - h. Death/injury of co-worker or other public safety personnel
    2. The CFR will experience personal stress as well as encounter patients and bystanders in severe stress.
  - B. Death and dying
    1. Everyone is affected by death (family, CFR, bystanders)
    2. Response is highly individualized
    3. The grieving process helps people cope with death
    4. You will interact with people in all phases of the grieving process
    5. Familiarity with the normal grieving process may provide insight to reactions.
      - a. Denial/Disbelief
        - (1) "Not me."
        - (2) Defense mechanism creating a buffer between shock of dying and dealing with the illness/injury.
        - (3) Often families will be at the denial stage, which is difficult to deal with.
      - b. Anger
        - (1) "Why me?"
        - (2) CFRs may be the target of the anger.
          - (a) Don't take anger or insults personally.
          - (b) Be tolerant.
          - (c) Do not become defensive.
          - (d) Employ good listening and communication skills.
          - (e) Be empathetic.
      - c. Bargaining
        - (1) "OK, but first let me..."
        - (2) Agreement that, in the patient's mind, will postpone the death for a short time.

- d. Depression
  - (1) Characterized by sadness and despair.
  - (2) Patient is usually silent and retreats into his own world.
- e. Acceptance
  - (1) Does not mean the patient will be happy about dying.
  - (2) The family will usually require more support during this stage than the patient.
- 6. Dealing with the dying patient and family members
  - a. Patient needs include dignity, respect, sharing, communication, privacy, and control.
  - b. Allow family members to express rage, anger, and despair.
  - c. Listen empathetically.
  - d. Do not falsely reassure.
  - e. Use a gentle tone of voice.
  - f. Let the patient know that everything that can be done to help will be done.
  - g. Use a reassuring touch, if appropriate.
  - h. Comfort the family.
- C. Stress management
  - 1. Recognize warning signs
    - a. Irritability to co-workers, family, friends
    - b. Inability to concentrate
    - c. Difficulty sleeping/nightmares
    - d. Anxiety
    - e. Indecisiveness
    - f. Guilt
    - g. Loss of appetite
    - h. Loss of interest in sexual activities
    - i. Isolation
    - j. Loss of interest in work
  - 2. Life-style changes
    - a. Helpful for "job burnout"
    - b. Change diet
      - (1) Reduce sugar, caffeine, and alcohol intake
      - (2) Avoid fatty foods
    - c. Avoid alcohol
    - d. Exercise
    - e. Practice relaxation techniques, meditation, visual imagery
  - 3. Balance work, recreation, family, health, etc.
  - 4. EMS personnel and their families and friends responses
    - a. Lack of understanding
    - b. Fear of separation and being ignored
    - c. On-call situations cause stress
    - d. Frustration caused by wanting to share

5. Work environment changes
  - a. Request work shifts allowing for more time to relax with family and friends.
  - b. Request a rotation of duty assignment to a less stressful assignment.
6. Seek/refer professional help.
  - a. Mental health professionals
  - b. Social workers
  - c. Clergy
- D. Comprehensive critical incident stress management includes:
  1. Pre-incident stress education
  2. On-scene peer support
  3. One-on-one support
  4. Disaster support services
  5. Critical Incident Stress Debriefing (CISD)
  6. Follow-up services
  7. Spouse/family support
  8. Community outreach programs
  9. Other health and welfare programs such as wellness programs
- E. Critical incident stress
  1. The normal stress response to abnormal circumstances
  2. A system has been developed to assist emergency workers to cope with stressful situations.
  3. Usually consists of a team of peer counselors and mental health professionals.
  4. Designed to accelerate the normal recovery process after experiencing a critical incident.
  5. Techniques
    - a. Defusings
      - (1) Much shorter, less formal and less structured version of CISD
      - (2) Used a few hours after the event
      - (3) Last 30-45 minutes.
      - (4) Allow for initial ventilation
      - (5) May eliminate the need for a formal debriefing
      - (6) May enhance the formal debriefing.
    - b. Debriefings
      - (1) Meeting is held within 24 to 72 hours of a major incident.
      - (2) Open discussion of feelings, fears, and reactions
      - (3) Not an investigation or interrogation
      - (4) All information is confidential
      - (5) CISD leaders and mental health personnel evaluate the information and offer suggestions on overcoming the stress.



6. When to access CISD
    - a. Line of duty death or serious injury
    - b. Multiple casualty incident
    - c. Suicide of an emergency worker
    - d. Serious injury or death of children
    - e. Events with excessive media interest
    - f. Victims known to the emergency personnel
    - g. Event that has unusual impact on the personnel
    - h. Any disaster
  7. How to access the local CISD system
- II. Body Substance Isolation (BSI)
- A. CFRs must be aware of the risks associated with emergency medical care.
    1. Barrier devices or ventilation masks should be used when ventilating a patient.
    2. Personal protective equipment should be utilized as needed or required by the local system.
    3. CFRs are exposed to infectious diseases when treating patients.
      - a. Assess potential for risk
      - b. Take appropriate precautions
  - B. OSHA/state regulations regarding BSI
  - C. Infection Control
    1. Techniques to prevent disease transmission
      - a. Hand-washing/personal hygiene
      - b. Equipment replacement, cleaning, and disinfection
    2. Body substance isolation
      - a. Eye protection
        - (1) If prescription eyeglasses are worn, then removable side shields can be applied to them.
        - (2) Goggles are NOT required.
      - b. Gloves (vinyl or latex, synthetic)
        - (1) Needed for contact with blood or other body fluids.
        - (2) Must be changed between contact with different patients.
      - c. Gloves (utility) - needed for cleaning vehicles and equipment
      - d. Gowns
        - (1) Needed for large splash situations such as with childbirth and major trauma.
        - (2) Change of uniform is preferred.
      - e. Masks
        - (1) Surgical type for possible blood splatter (worn by care provider)

- (2) High Efficiency Particulate Air (HEPA) respirator (worn by provider) if patient is suspected of or diagnosed with tuberculosis. HEPA filters are primarily used in enclosed spaces - uncommon for CFR
      - (3) Airborne disease - surgical type mask (worn by patient)
    - f. Requirements and availability of specialty training
  - 3. Recommended immunizations
    - a. Tetanus prophylaxis
    - b. Hepatitis B vaccine
    - c. Tuberculin testing
    - d. Others
    - e. Access or availability of immunizations in the community
  - D. Statutes/regulations reviewing notification and testing in an exposure incident.
- III. Scene Safety
  - A. Scene safety
    - 1. Definition - an assessment of the scene and surroundings that will provide valuable information to the CFR and will help ensure the well-being of the CFR.
    - 2. Personal protection - Is it safe to approach the patient?
      - a. Crash/rescue scenes
      - b. Toxic substances - low oxygen areas
      - c. Crime scenes - potential for violence
      - d. Unstable surfaces: slope, ice, water
    - 3. Protection of the patient - environmental considerations
    - 4. Protection of bystanders - do not let the bystander become ill or injured
    - 5. If the scene is unsafe, make it safe. Otherwise, do not enter.
  - B. Personal Protection
    - 1. Hazardous materials
      - a. Identification of potential hazards
        - (1) Binoculars
        - (2) Placards
        - (3) Hazardous Materials, The Emergency Response Handbook, published by the United States Department of Transportation
      - b. CFRs provide care only after the scene is safe and containment is completed.
      - c. Hazardous materials scenes are controlled by hazardous materials teams.
      - d. Requirements and availability of specialty training
      - e. Accessing local teams

2. Motor vehicle crashes
  - a. Identify and reduce potential life threats
    - (1) Electricity
    - (2) Fire
    - (3) Explosion
    - (4) Hazardous materials
    - (5) Traffic
  - b. Dispatch rescue teams for extensive or heavy rescue
3. Violence
  - a. Violent scenes should always be controlled by law enforcement personnel, before the CFR enters the scene and provides patient care.
  - b. Actions at crime scene
    - (1) Do not disturb the scene unless required for medical care.
    - (2) Maintain a chain of evidence.

## Application

### Procedural (How)

1. The CFR will know how to access additional information on hazardous materials and infectious disease exposure, notification and follow-up.

### Contextual (When, Where, Why)

1. The CFR will use the aspects of scene safety and personal protection every day and on every emergency run.
2. While the CFR may not be a member of a hazardous material or heavy rescue team, this lesson should provide the personal incentive to seek out and attend continuing education programs relative to personal safety during hazardous material incidents, rescue situations, and violent crime scenes.
3. If the CFR fails to develop personal safety skills, his or her CFR career may come to a premature end through serious injury or death.
4. The well-being of the CFR depends upon the ability to recognize that stressful traumatic situations do occur and that the effect of those situations is felt by the patient, family members, and the CFR. In recognizing this, the CFR must be aware of internal and external mechanisms to help himself or herself, the patient, the patient's family, CFR's family, and other CFR's deal with reactions to stress.
5. The CFR will use proper communication techniques when dealing with the grieving process.

## Student Activities

### Auditory (Hearing)

1. The student should hear the instructor state methods of communicating with patients and family members of terminally ill patients.
2. The student should hear the instructor state methods of communicating with friends and family members of a dead or dying patient.

### Visual (Seeing)

1. The student should see various audio-visual materials of scenes requiring personal protection.
2. The student should see various audio-visual materials of personal protection clothing worn by hazardous material/rescue teams.
3. The student should see the gown, gloves, masks, and eye protection associated with body substance isolation (BSI).

### Kinesthetic (Doing)

1. The student should role play, talking to patients in various stressful/traumatic situations.
2. The student should practice putting on and removing gowns, gloves and eye protection gear.

### Instructor Activities

Facilitate discussion and supervise practice.  
Reinforce student progress in cognitive, affective, and psychomotor domains.  
Redirect students having difficulty with content. (Complete remediation form.)

## Evaluation

### Practical:

Evaluate the actions of the CFR students during role play, practice or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

### Written:

Develop evaluation instruments, e.g., quizzes, oral reviews, and handouts, to determine if the students have met the cognitive and affective objectives of this lesson.

## Remediation

Identify students or groups of students who are having difficulty with this subject content. Complete remediation sheet from the instructor's course guide.

# Enrichment

What is unique in the local area concerning this topic? Complete enrichment sheets from instructor's course guide and attach with lesson plan.

