The Well-Being of the EMT

Covers Lesson 1-2 of the 1994 U.S. Department of Transportation’s EMT-Basic National Standard Curriculum

**DOT OBJECTIVES**

Page numbers in parentheses refer to pages in the textbook.

**Knowledge and Attitude**

1. List possible emotional reactions that the EMT-Basic may experience when faced with trauma, illness, death, and dying. (pp. 33–37)
2. Discuss the possible reactions that a family member may exhibit when confronted with death and dying. (pp. 38–39)
3. State the steps in the EMT-Basic’s approach to the family confronted with death and dying. (pp. 38–39)
4. State the possible reactions that the family of the EMT-Basic may exhibit due to their outside involvement in EMS. (p. 36)
5. Recognize the signs and symptoms of critical incident stress. (pp. 33–37)
6. State possible steps that the EMT-Basic may take to help reduce or alleviate stress. (pp. 37–38)
7. Explain the need to determine scene safety. (pp. 39–44)
8. Discuss the importance of standard precautions (BSI). (pp. 21–23)
9. Describe the steps the EMT-Basic should take for personal protection from airborne and bloodborne pathogens. (pp. 21–33)
10. List the personal protective equipment necessary for each of the following situations: (pp. 23–33, 39–44)
    - Hazardous materials
    - Rescue operations
    - Violent scenes
• Crime scenes
• Exposure to bloodborne pathogens
• Exposure to airborne pathogens

11. Explain the rationale for serving as an advocate for the use of appropriate protective equipment. (p. 26)

Skills
1. Given a scenario with potential infectious exposure, the EMT will use appropriate personal protective equipment. At the completion of the scenario, the EMT will properly remove and discard the protective garments.
2. Given the above scenario, the EMT will complete disinfection/cleaning and all reporting documentation.

REVIEW
The first lesson, “Introduction to Emergency Medical Care,” highlighted the fact that when a person is injured or becomes ill, it rarely happens in a hospital. In fact, some time usually passes between the onset of injury or illness and the patient’s arrival at the hospital—time in which the patient’s condition may deteriorate. The modern Emergency Medical Services (EMS) system has been developed to provide what is known as prehospital care. Its purpose is to get trained personnel to the patient as quickly as possible and to provide emergency care. The EMT is a key member of the EMS team.

Distribute the scored quizzes from the last class. Review each of the questions on the quiz and clarify or address any concerns students may have about the answers.

INTRODUCTION TO CHAPTER 2

Chapter 2, “The Well-Being of the EMT,” is the second lesson in Module 1 of the DOT curriculum. Tell students that during their EMS service, they can expect to be exposed to all kinds of stress, including that which accompanies death and dying. They sometimes will also be exposed to dangerous situations. For these reasons, they must learn to use equipment and strategies that will help them stay physically safe and emotionally well.

Distribute copies of the Chapter 2 Objectives Checklist to students and ask them to look it over while you briefly paraphrase the objectives in your own words.

LECTURE

The following suggested lecture outline is based on the 1994 Department of Transportation’s EMT-Basic National Standard Curriculum. In some places, topics in that outline have been rearranged or expanded upon to enhance student understanding. The page numbers in parentheses in the outline refer to pages in the textbook. The parenthetical references in dark, heavy type are to figures, tables, and scans in the textbook.
THE WELL-BEING OF THE EMT

I. Personal Protection (pp. 21–33)
   A. Standard Precautions (pp. 21–23)
      1. Pathogens
         a. Organisms that cause infection
            i. Bloodborne pathogens
            ii. Airborne pathogens
      2. Occupational Safety and Health Administration (OSHA) guidelines
         a. Employers and employees share responsibility for precautions.
         b. Additional federal legislation for notification of emergency care providers if there is a potentially infectious contact.
         c. Be sure to have Standard Precautions available routinely.
   B. Personal protective equipment
      1. Protective gloves
         a. Change gloves between patients.
         b. Latex-free gloves are commonly used because of allergies to latex.
         c. Gloves (utility)—needed for cleaning vehicles and equipment
      2. Hand washing (Fig. 2-2A, p. 25)
         a. After each patient contact when gloves are removed
            i. Vigorous hand washing
            ii. Alcohol-based hand cleaners (Fig. 2-2B, p. 25)
      3. Eye and face protection
         a. Prevents splashing, spattering, or spraying fluids from entering the body through mucous membranes of the eye
         b. If prescription eyeglasses are worn, then removable side shields can be applied to them.
      4. Masks (Fig. 2-4, p. 26)
         a. Surgical type for possible blood splatter (worn by care provider)
         b. N-95 or High Efficiency Particulate Air (HEPA) respirator if patient suspected for or diagnosed with tuberculosis (worn by care provider)
         c. Airborne disease—surgical-type mask (worn by patient)
      5. Gowns
         a. Needed for large splash situations such as with field delivery and major trauma
         b. Always properly remove and discard protective garments after use.

II. Diseases of Concern (Table 2-1, p. 28)
   A. Emerging diseases and conditions
      1. West Nile virus
      2. Severe acute respiratory syndrome (SARS)
      3. Avian flu
      4. Communicable diseases of particular concern
         a. Hepatitis
         b. Tuberculosis
         c. HIV/AIDS
   B. Infection control and the law
      1. Congress and federal agencies
         a. Occupational Safety and Health Administration (OSHA)
         b. Centers for Disease Control and Prevention (CDC)
         c. Ryan White CARE Act (Fig. 2-6, p. 30)

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Point to Emphasize
Gloves are for the protection of the patient as well as of the rescuer.

Teaching Tip
Discuss the implications of a latex allergy as it applies to EMS providers and to patients.

Point of Interest
In the last few years anthrax, West Nile virus, and SARS have become public health threats and therefore have an impact on EMS.

Reading/Reference
C. Occupational exposure to bloodborne pathogens
   1. OHSA Bloodborne Standard (took effect in 1992)
      a. Summary of standard
         i. Infection exposure control plan
         ii. Adequate education and training
         iii. Hepatitis B vaccination
         iv. Personal protective equipment (Fig. 2-1, p. 23)
         v. Methods of control
         vi. Housekeeping
         vii. Labeling
         viii. Post-exposure evaluation and follow-up
   3. Ryan White CARE Act
      a. Each emergency response agency is to have a “designated officer” who is responsible for gathering facts about possible bloodborne or airborne disease exposures.
      b. Process varies depending on airborne or bloodborne.
   4. Tuberculosis compliance mandate
      a. Multi-drug resistant TB (MDR-TB)
      b. OSHA respiratory standard (1910.139)
         i. Selection and use of different kinds of respirators, including N-95 and HEPA (high-efficiency particulate air) respirator
         ii. EMS personnel are required to wear an N-95 or HEPA respirator when:
            (1) Caring for a patient suspected as having TB
            (2) Transporting in a high-risk setting in a closed vehicle
            (3) Performing a high-risk procedure such as intubation or suctioning
   5. Immunizations
      a. Tetanus prophylaxis
      b. Hepatitis B vaccine
      c. Access or availability of immunizations in the community
      d. PPD testing

III. Emotion and Stress (pp. 33–39) (Fig. 2-8, p. 36)

A. Physiological aspects of stress
   1. General adaptation syndrome—Dr. Hans Selye
      a. 1st stage—alarm reaction
      b. 2nd stage—resistance
      c. 3rd stage—exhaustion

B. Types of stress reaction
   1. Acute stress reaction
   2. Delayed stress reaction
   3. Cumulative stress reaction

C. Causes of stress (pp. 35–36)
   1. Potentially higher stress calls for EMS
      a. Multiple-casualty incidents
      b. Calls involving infants and children
      c. Severe injuries
      d. Abuse and neglect
      e. Death of a coworker
   2. The EMT will experience personal stress as well as wishing to share feelings with friends or loved ones.

Teaching Tip
Before giving examples of stress in class, ask students to name a stress in their lives and what they think might be stresses working in EMS.

DVD/CD/Videos

PowerPoint Presentation
Chapter 2, Slides 15–35

Teaching Tip
Before giving examples of stress in class, ask students to name a stress in their lives and what they think might be stresses working in EMS.
D. Signs and symptoms of stress (pp. 36–37)

1. Two types of stress
   a. Eustress—positive form that helps people work under pressure
   b. Distress—negative stress that makes a situation overwhelming

2. Specific signs and symptoms
   a. Irritability to coworkers, family, friends
   b. Inability to concentrate
   c. Difficulty sleeping/nightmares
   d. Loss of appetite
   e. Loss of interest in sexual activities
   f. Anxiety
   g. Indecisiveness
   h. Guilt
   i. Isolation
   j. Loss of interest in work

E. Dealing with stress

1. Lifestyle changes
   a. Develop more healthful and positive dietary habits
   b. Exercise
   c. Devote time to relaxing

F. Critical incident stress management (CISM) (pp. 37–38)

1. Critical incident stress management (CISM) is a comprehensive system that includes education and resources to both prevent stress and to deal with stress appropriately when it occurs.

2. Critical incident stress debriefing (CISD) is a process in which a team of trained peer counselors and mental health professionals meet with rescuers and health care providers who have been involved in a major incident.
   a. Meeting is held within 24 to 72 hours of a major incident.
   b. Open discussion of fears and reactions
   c. All information is confidential.
   d. Defusing session can be held in first few hours after a critical incident and is usually limited to those most directly involved in the incident.

3. Follow-up after CISD is essential.
   a. Each emergency-care worker will perceive, experience, or recover from critical incident stress differently.
   b. Criticism of critical incident stress debriefing

G. Death and dying (pp. 38–39)

1. Stages
   a. Denial (“not me”)—defense mechanism creating a buffer between shock of dying and dealing with the illness
   b. Anger (“why me?”)
      i. EMTs may be the target of the anger.
      ii. Don’t take anger or insults personally.
         (1) Be tolerant.
         (2) Do not become defensive.
      iii. Employ good listening and communication skills.
      iv. Be empathetic.
   c. Bargaining (“OK, but first let me . . .”)—agreement that, in the patient’s mind, will postpone death for a short time
   d. Depression (“OK, but I haven’t . . .”)
      i. Characterized by sadness and despair
      ii. Patient is usually silent and retreats into own world.
Since September 11, 2001, more than ever, EMTs must be alert to the potential of chemical and biological exposure as part of an act of terrorism.

e. Acceptance (“OK, I am not afraid.”)
   i. Does not mean the patient will be happy about dying
   ii. The family will usually require more support during this stage than the patient.

2. Dealing with the dying patient and family members (pp. 38–39)
   a. Recognize the patient’s needs.
   b. Be tolerant of angry reactions from the patient or family member.
   c. Listen empathetically.
   d. Do not falsely reassure.
   e. Use a gentle tone of voice.
   f. Offer as much comfort as you realistically can.

IV. Scene Safety (pp. 39–44)

A. Hazardous-materials incident (pp. 39–40)
   1. Identifying possible hazards
      a. Binoculars
      b. Placards (Fig. 2-9, p. 40)
      c. Emergency Response Guidebook, published by the U.S. Department of Transportation
   2. Hazardous-materials scenes are controlled by specialized hazmat teams.
      a. Protective clothing
         i. Hazardous material suits
         ii. Self-contained breathing apparatus (SCBA)
   3. EMTs provide emergency care only after the scene is safe.
      a. Decontamination

B. Terrorist incidents
   1. Biological agents
   2. Radiation
   3. Explosive devices

C. Rescue operations (p. 41)
   1. Identify and reduce potential life threats.
      a. Electricity
      b. Fire
      c. Explosion
      d. Hazardous materials
   2. Dispatch rescue teams for specialized or heavy rescue.
   3. Protective clothing
      a. Turnout gear
      b. Puncture-proof gloves
      c. Helmet
      d. Eyewear

D. Violence (pp. 41–42)
   1. The scene should always be controlled by law enforcement before EMT provides patient care. (Fig. 2-12, p. 44)
   2. Behavior at crime scene
      a. Plan
         i. Wear safe clothing.
         ii. Prepare your equipment so it is not cumbersome.
         iii. Carry a portable radio whenever possible.
         iv. Decide on safety roles.
      b. Observe
         i. Violence
         ii. Crime scenes
         iii. Alcohol or drug use
         iv. Weapons
         v. Family members
         vi. Bystanders
vii. Perpetrators
viii. Pets
c. Reacting to danger (Fig. 2-11, p. 44)
i. Retreat
   (1) Flee
   (2) Get rid of any cumbersome equipment.
   (3) Take cover and conceal yourself.
ii. Radio
iii. Reevaluate

CRITICAL DECISION MAKING: STANDARD PRECAUTIONS

Review Critical Decision Making on text page 22 and then discuss answers to questions raised in this feature.

Some of the most important decisions you will make have to do with routine things such as Standard Precautions. Many decisions about the level of precautions will be taken during the scene size-up. Others are made throughout the call. Examples include:

1. When called to a motor vehicle collision where you observe broken glass, you should expect broken skin and the potential for contact with blood—even if you don’t see wounds. Vinyl gloves to protect from blood as well as heavy-duty gloves to protect you from the broken glass are prudent.

2. When called to a nursing home for an interfacility transfer, you must reach under the patient to move the person to your stretcher. Because of the possibility of contact with urine, feces, or bed sores, you would wear vinyl gloves.

3. You are called to a patient with a sprained ankle. There are no open wounds. Guidelines indicate that no precautions are necessary, although many routinely wear gloves on all calls.

4. You are working with an advanced life-support crew treating a patient with chest pain. While there are no open wounds, the paramedic started an IV and some blood is present on the patient’s forearm from the IV start and a small amount is seen on the IV tubing. Gloves are required.

5. You are treating a patient with chest pain who suddenly becomes unresponsive. In addition to the gloves you may already be wearing, you will now need to protect your face from spatter encountered in airway and suction procedures.

[No suggested answers. For discussion: What similar situations would call for these or other Standard Precautions?]

REVIEW QUESTIONS

Check on how well students can apply what they have learned by discussing the Review Questions on page 45.

Q1: Name some of the causes of stress for an EMT and explain some ways the EMT can alleviate job-related stress.

A1: Causes of stress may include multiple-casualty incidents, injuries to infants and children, severe injuries, abuse and neglect, the death of a coworker, or personal situations.
Ways to reduce job-related stress include developing more healthful and positive dietary habits, exercising, relaxing, and changing the shift you are working or area to which you are assigned. Seek professional assistance if necessary.

Q2: Describe the purpose and process of a critical incident stress management (CISM).

A2: The purpose of a CISD is to assist emergency care workers in dealing with the stress that is related to a major incident. It is held within 24 to 72 hours after an incident. It is an open discussion of the feelings experienced during and after the call. All information is confidential. Follow-up is provided by a peer member of the team within 24 hours after the CISD.

Q3: What are the stages of grief? Why should the EMT deal with these emotions?

A3: Denial—The patient denies the fact that he or she is dying.
Anger—The patient becomes angry.
Bargaining—The patient tries to postpone death, even if only briefly.
Depression—The patient is sad or in despair over things left undone.
Acceptance—The patient is ready to die.
Understanding what families and patients go through can help EMTs deal with the stress they feel as well as their own emotions.

Q4: List the types of personal protective equipment used in Standard Precautions. Identify a condition or patient with which each one should be used.

A4: Protective gloves—controlled bleeding, suctioning, artificial ventilation, CPR
Eye protection—spashing, spattering, or spraying body fluids
Masks—infections spread by airborne droplets (measles)
Gowns—arterial bleeding, childbirth

CRITICAL THINKING

Q: 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?

A: Unless you stay safe, you will not be able to help your patient and you may suffer serious injury—or die. Retreat to a safe place and call for a response by law enforcement. Approach the patient only when they inform you that the scene is safe.

STREET SCENES

Ask a student to volunteer to read aloud to the class the case study on page 46 of the textbook. Discuss answers to the following questions at appropriate points within the scenario.

Q1: Why wear protective gloves on this type of call?
A1: The patient has had facial injuries that may bring the EMT into contact with blood and other body fluids. As emphasized in the text, gloves help minimize possible exposure to bloodborne pathogens. Intact skin can offer some protection in case of accidental exposure. But in this
case, the EMT is aware of a partially healed cut on his hand, making the potential risk of exposure even greater if no gloves are worn.

Q2: What is the impact of an occupational exposure on you, your family, and your fellow EMS workers?
A2: Answers will vary. However, students should understand the devastating effects of occupational exposure, especially the possibility of transferring the disease to family members and/or fellow EMS workers. In addition, occupational exposure can cause considerable anxiety as an EMT waits to determine if he or she has actually gotten the disease. Some students may also note the side effects of prescribed medications to treat the disease.

Q3: What can you expect after exposure?
A3: Students should understand the importance of notifying their supervisor. Ask them to brainstorm what they think will occur next. Compare their responses to the actions listed in the two paragraphs following question 3—occupational evaluation at the emergency department, physical examination, baseline blood tests, and so on.

Q4: How will stress be a factor in your life for the next few months?
A4: Answers will vary, but most students will note the anxiety of awaiting test results. They may also indicate strained marital relationships and the tension created by an inability to talk to coworkers, out of either fear or embarrassment.

Q5: How important is hand washing?
A5: Answers should reflect information in the text, noting the importance of hand washing as a first-line defense against infection.

Q6: What type of Standard Precautions should EMTs always be ready to use on all EMS calls?
A6: At a minimum, all EMTs should have gloves and eye protection immediately available. Students might mention gowns and other protective gear as well.

**SKILLS DEMONSTRATION AND PRACTICE**

Provide each student with a pair of latex gloves (or nonlatex gloves if they have a latex allergy); pair of goggles, side protectors, or protective glasses; surgical mask; and surgical gown.

Explain and demonstrate the correct technique for putting on each item. Emphasize again the purpose of each item and when each should be used.

Together as a group, direct students to put on each item. Encourage students to help one another if necessary. Observe and correct errors.

**RUNNING A CALL**

Give students a chance to apply what they have learned to a real-life situation. Ask the student team that is on call for this session (see Scenarios for Learning, in the Introduction) or two volunteers to play the role of EMTs who are responding to a 911 call. Ask another three volunteers to play members of the public at the scene.
Take the two EMT players outside of the classroom and provide them with a jump kit containing two sets of nonlatex gloves, goggles or protective glasses, surgical masks, and surgical gowns. Describe the following situation to them:

You are called to an unknown emergency at a tavern. You should act appropriately on what you find there. The emphasis of the scene is on your well-being. Do not worry about actually administering patient care. We will call you to the scene in just a minute.

Have the three “members of public” come to the front of the classroom. Give them a toy gun. Determine which of them will act as the patient, the patient’s friend, and the stranger. Describe the following situation to them and the class:

All three of you are customers at a local tavern. Two of you are friends who have gotten into an argument (make up your own reason) with a stranger. You go outside to fight. The stranger pulls a small revolver from his waistband and shoots one of the friends in the abdomen. The other friend jumps on the stranger and they scuffle over the gun. Meanwhile, the bartender has called 911. When the EMTs arrive, behave as you would if you were really these people. Whoever has the toy gun should feel free to shoot the EMTs if he feels threatened.

Tell the members of the public to take their places and to start acting. Call the EMTs back into the classroom. Allow the role play to progress naturally. Intervene only if the players seem to be at a loss for what to do.

If the EMTs call for police backup, say: “OK, the police have arrived and disarmed the person with the toy gun. The scene is now safe from violence.”

Once the EMTs have put on the proper Standard Precautions, end the play. (The EMTs should not be asked to treat the “patient” since they have not yet reached this point in training.)

With the entire class, discuss the following:

• What did the EMTs do correctly to secure the scene from violence? What might have been done differently?
• What did the EMTs do correctly to protect themselves from biohazards? What might have been done differently?

ASSIGNMENTS

Have students read Chapter 3, “Medical/Legal and Ethical Issues,” before the next class. Also ask students to complete Chapter 2 of the Workbook and Brady’s Active Learning Manual.

Following are suggested activities to integrate the student CD with Chapter 2 text material and classroom presentation:

• Have students read the Case Studies and answer corresponding questions.
• Students can quiz themselves by answering the multiple-choice questions.
• The games will be of special interest and help deepen student understanding of chapter content.
EVALUATION

Chapter Quiz Distribute copies of the Chapter Quiz provided in Handout 2-2 to evaluate student understanding of this chapter. Remind students not to use their notes or textbooks while taking the quiz.

TestGen You may wish to create a custom-tailored test using TestGen for Emergency Care, 11th edition to evaluate student understanding of this chapter.

Online Test Preparation (for students and instructors) Additional test preparation is available through Brady's new online product, EMT Achieve: Basic Test Preparation, at www.prenhall.com/emtachieve. Instructors can also monitor student mastery online.

REINFORCEMENT

Handouts If classroom discussion or performance on the quiz indicates that some students have not fully mastered the chapter content, you may wish to assign some or all of the Reinforcement Handouts for this chapter.

PowerPoint Presentations (for instructors) The PowerPoint material developed for this chapter offers useful reinforcement of chapter content.

Student CD Beyond what is already suggested, a wide variety of material on this CD-ROM will reinforce and expand student knowledge and skills.

Companion Website (for students) Additional review quizzes and links to EMS resources can be found at www.prenhall.com/limmer and will contribute to further reinforcement of the chapter.
## OBJECTIVES CHECKLIST

### Knowledge and Attitude

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### Skills

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CHAPTER 2 QUIZ

Write the letter of the best answer in the space provided.

____ 1. Organisms that cause infection, such as viruses and bacteria, are:
   A. toxins.  
   B. pathogens.  
   C. venoms.  
   D. poisons.

____ 2. Equipment and procedures that protect you from the blood and body fluids of the patient are referred to as:
   A. infective body fluid measures.  
   B. isolated infection controls.  
   C. preventive control substance standards.  
   D. Standard Precautions.

____ 3. Gloves, masks, and gowns are examples of:
   A. HEPA.  
   B. CDC.  
   C. PPE.  
   D. OSHA.

____ 4. The positive form of stress that helps people work under pressure and respond effectively is:
   A. distress.  
   B. anxiety.  
   C. eustress.  
   D. residual tension.

____ 5. A single incident that produces multiple patients is an:
   A. MCA.  
   B. MVP.  
   C. MCI.  
   D. MSG.

____ 6. The goal of the CISD is to:
   A. assign blame for the incident.  
   B. assist patients to recover.  
   C. assist emergency care workers in dealing with stress.  
   D. allocate funds for ambulance services.

____ 7. An initial component of the CISD, which may be held before the formal debriefing, is called a(n):
   A. resolution.  
   B. defusing session.  
   C. escape mechanism.  
   D. R&R process.

____ 8. The stage of grieving in which a patient seeks to postpone death, even for a short time, is:
   A. anger.  
   B. bargaining.  
   C. acceptance.  
   D. denial.

____ 9. It is important that the EMT follow the same path in and out of a crime scene in order to:
   A. expedite patient care.  
   B. assist the police officer in scene control.  
   C. prevent disturbing the crime scene.  
   D. thoroughly document the location of the crime.

____ 10. The agency that has issued strict guidelines detailing precautions against exposure to bloodborne pathogens is the:
   A. American Red Cross Corporation.  
   B. Centers for Disease Control and Prevention.  
   C. Occupational Safety and Health Administration.  
   D. Citizens for a Progressive America.
11. Which of the following materials is not recommended for gloves to be used when there is the potential for contact with blood and other body fluids?
   A. latex
   B. vinyl
   C. cotton
   D. synthetics

12. Personal protective equipment includes all of the following except:
   A. a HEPA respirator.
   B. vinyl gloves.
   C. cotton scrub pants.
   D. goggles.

13. In cases where TB is suspected, use a:
   A. HEPA respirator.
   B. PPD gown.
   C. cotton mask.
   D. surgical mask.

14. A situation that would usually call for the use of a gown as protection would be one involving:
   A. venous bleeding.
   B. childbirth.
   C. a patient with a diagnosis of TB.
   D. a patient with a fractured leg.

15. An infection that causes an inflammation of the liver is:
   A. pneumonia.
   B. TB.
   C. kephosis.
   D. hepatitis.

16. The three “Rs” of reacting to danger are:
   A. run, regroup, reattack.
   B. retreat, radio, reevaluate.
   C. radio, regroup, respond.
   D. run, rest, return.

17. Hepatitis B, TB, and AIDS are the communicable diseases of greatest concern because they are:
   A. all spread through the air.
   B. potentially life-threatening.
   C. always fatal.
   D. untreatable.

18. The test that can detect exposure to tuberculosis is the:
   A. PSA test.
   B. PPD test.
   C. SAT test.
   D. Elisa test.

19. Under the Ryan White CARE Act, the officials in every emergency response organization who gather facts about possible emergency responder exposure to infectious diseases are the:
   A. reporting officers.
   B. logistics officers.
   C. designated officers.
   D. on-scene officers.

20. Vehicles holding hazardous materials should be identified with:
   A. placards.
   B. strobe lights.
   C. reflectors.
   D. warning flags.
IN THE FIELD

Review the following real-life situation. Then answer the questions that follow.

You and your partner are dispatched to the scene of a motor vehicle accident. As you approach the scene, you note that a large tanker truck has overturned in the middle of the road. The truck’s driver is trapped in the cab. You are also informed by dispatch that a bystander has reported that the truck has placards displayed on its exterior.

1. What should you do at this point?

2. If you determine that the truck carries hazardous materials, what should you do next?
CHAPTER 2 REVIEW

Write the word or words that best complete each sentence in the space provided.

1. ________________________________ ________________________________ are spread by tiny droplets sprayed during breathing, coughing, or sneezing.

2. Standard Precautions are also referred to as ________________________________ ________________________________.

3. OSHA rules state that employers must develop a written exposure control plan and must provide emergency care providers with training, immunizations, and proper ________________________________ ________________________________.

4. ________________________________ refers to the introduction of disease or infectious materials.

5. Protective eyewear should provide protection from the ________________________________ and the ________________________________.

6. EMS personnel treating a patient suspected of having TB should use a(n) ________________________________ or ________________________________ respirator.

7. The infectious disease that kills the largest number of health care workers in the United States each year is ________________________________ ________________________________.

8. The ________________________________ ________________________________ is the time between contact and first appearance of symptoms.

9. The main culprits in the transmission of many deadly infectious diseases are ________________________________ and ________________________________.

10. The ________________________________ ________________________________ Act mandates a procedure by which emergency personnel can seek to find out if they have been exposed to potentially life-threatening diseases while providing patient care.

11. Hepatitis B and HIV/AIDS are examples of ________________________________ diseases.

12. Stress has a positive form called ________________________________ and a negative form called ________________________________.

13. A(n) ________________________________ ________________________________ is a single incident in which there are multiple patients.

14. ________________________________ may be caused by a single event or may be the cumulative result of several incidents.

15. ________________________________ ________________________________, which include deep-breathing exercises and meditation, are valuable stress reducers.
16. A(n) ________________ is a process in which a team of trained peer counselors and mental health professionals meet with rescuers and health care providers who have been involved in a major incident.

17. To reduce stress, consider reducing the consumption of ________________ and ________________, which can have negative effects including anxiety and disturbance of sleep patterns.

18. It is important to realize that ________________ after a major incident is normal and should be expected.

19. When there is an accident involving chemicals or when containers holding them begin to leak, there can be a(n) ________________ - ________________, which may pose serious dangers to you as an EMT.

20. The EMT’s first priority at scenes involving violence is to be certain that the ________________ ________________.
LISTING WELL-BEING BASICS

Complete the following lists.

1. List at least five key elements of the OSHA standards designed to protect emergency responders who have been exposed to bloodborne pathogens.

2. List at least five signs and/or symptoms of stress.

3. List four types of calls that have a higher-than-normal potential for causing stress in EMS personnel.

4. List and define five emotional stages a dying patient may go through.

5. List and explain the three “Rs” an EMT should follow when reacting to a dangerous situation.
WELL-BEING BASICS TRUE OR FALSE

Indicate if the following statements are true or false by writing T or F in the space provided.

1. Keeping yourself safe is your first priority when providing medical care as an EMT.  
   
2. Diseases are caused by pathogens, which may be spread through the air or by contact with blood and/or body fluids.  
   
3. In the practice of prehospital emergency care, all body fluids must be considered infectious.  
   
4. Under OSHA guidelines, employers and employees share responsibility for precautions against exposure to bloodborne pathogens.  
   
5. Recent legislation has made it possible for emergency care providers to be notified if a patient with whom they have had contact turns out to be infected by a disease or virus.  
   
6. It is imperative that the EMT changes gloves between every patient contact.  
   
7. Because EMTs wear protective gloves while with patients, hand washing is not essential immediately after each call.  
   
8. An N-95 or HEPA respirator should be worn after contact with an HIV-positive patient.  
   
9. In some jurisdictions, when a patient is suspected of having an infection spread by droplets, a surgical-type mask may be placed on the patient if he is alert and cooperative.  
   
10. TB is highly contagious.  
   
11. HIV/AIDS presents a greater risk to health care workers than hepatitis and TB.  
   
12. Clean and sanitary conditions of the emergency response vehicles and work sites are the responsibility of both the EMT and the employer.  
   
13. According to CDC guidelines, exposure to airborne pathogens may occur when you share “air space” with a TB patient.  
   
14. An EMT exposed to bloodborne pathogens should seek medical attention within 4 weeks after the exposure.  
   
15. If a contaminated patient is brought into an ambulance, the vehicle should be considered contaminated and should not be used again until it is thoroughly decontaminated.  
   
16. Emergencies are rarely stressful.  
   
17. Cases of abuse and neglect occur only in the lower socioeconomic levels of society.  
   
18. It is critical that CISD does not become a method for investigation of the events of a call.  
   
19. The CISM process cannot help to accelerate the recovery process.  
   
20. If a CISD debriefing is thorough, follow-up is not essential.
HANDOUT 2-2: Chapter 2 Quiz


HANDOUT 2-3: In the Field

1. Before approaching the truck, you should, from a safe distance, use binoculars to try to identify the placards on the truck. Check the DOT’s Hazardous Materials: The Emergency Response Guidebook to see what the placards indicate.
2. If the placards indicate the truck carries hazardous materials, call for assistance from appropriate specialized teams before attempting to assist the driver. Provide basic emergency care only after the scene is secured and patient contamination is limited. Follow your local protocols concerning protective clothing.

HANDOUT 2-4: Chapter 2 Review

1. Airborne pathogens
2. Infection control
3. Personal protective equipment
4. Contamination
5. Front; sides
6. N-95; HEPA
7. Hepatitis B
8. Incubation period
9. Blood; body fluids
10. Ryan White CARE
11. Bloodborne
12. Eustress; distress
13. Multiple-casualty incident
14. Stress
15. Relaxation techniques
16. Critical incident stress debriefing
17. Alcohol; caffeine
18. Stress
19. Hazardous-materials incident
20. Scene is safe

HANDOUT 2-5: Listing Well-Being Basics

1. Infection exposure control plan; adequate education and training; hepatitis B vaccination; personal protective equipment; methods of control; housekeeping; labeling; post-exposure evaluation and follow-up
2. Irritability with family, friends, or coworkers; inability to concentrate; difficulty in sleeping; nightmares; loss of appetite; loss of interest in sexual activity; anxiety; indecisiveness; guilt; isolation; loss of interest in work
3. Multiple-casualty incidents; calls involving infants or children; severe injuries; abuse and neglect; death of a coworker
4. Denial (“not me”); anger (“why me?”); bargaining (“OK, but first let me . . .”); depression (OK, but I haven’t . . .”); acceptance (“OK, I’m not afraid.”)
5. Retreat—get away from the scene of danger; radio—call for assistance and to warn others of danger; reevaluate—have heightened alertness when reentering a secured scene; be ready for the danger to reappear

HANDOUT 2-6: Well-Being Basics True or False