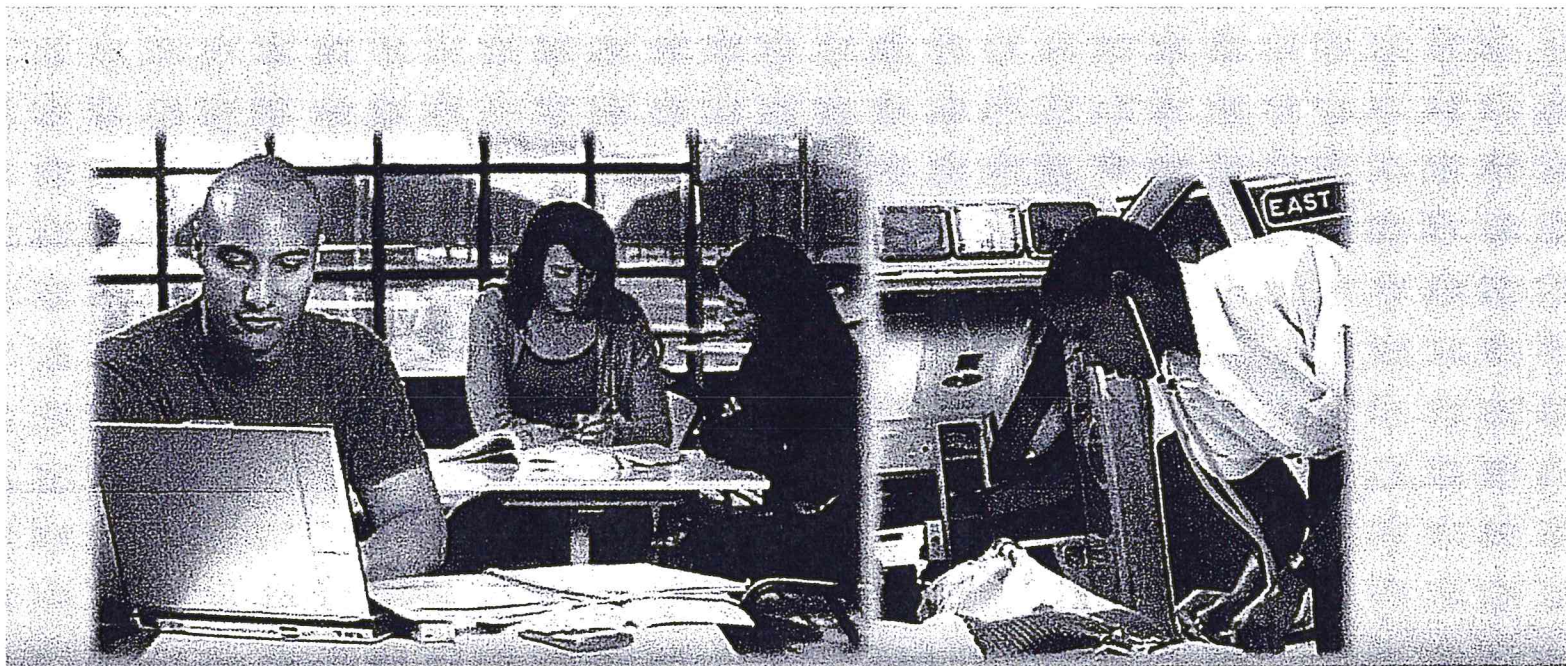


Attachment 1

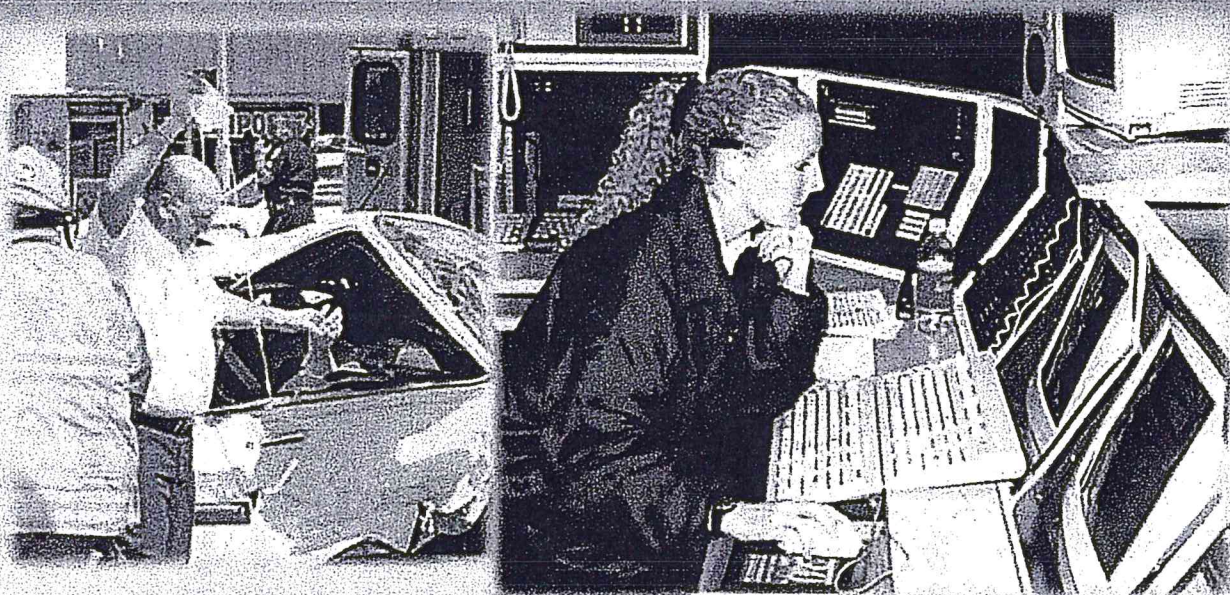
National EMS Education Standards

Emergency Medical Responder Instructional Guidelines



NATIONAL EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS

Emergency Medical Responder Instructional Guidelines



Medicine Psychiatric

EMR Education Standard

Recognizes and manages life threats based on assessment findings of a patient with a medical emergency while awaiting additional emergency response.

EMR-Level Instructional Guideline

- I. Define
- II. Assessment
 - A. General Appearance
 - B. Speech
 - C. Skin
 - D. Posture/Gait
 - E. Mental Status
 - F. Mood, Thought, Perception, Judgment, Memory, and Attention
- III. Behavioral Change
 - A. Factors That May Alter a Patient's Behavior—May Include Situational Stresses, Medical Illnesses, History, Psychiatric Problems, Alcohol or Drugs, Patient Not Taking Psychiatric Medication
 - B. Common Causes of Behavioral Alteration
 - 1. Low blood sugar
 - 2. Lack of oxygen
 - 3. Shock
 - 4. Head trauma
 - 5. Mind altering substances
 - 6. Psychiatric
 - 7. Excessive cold
 - 8. Excessive heat
 - 9. Brain infection
 - 10. Seizure disorders
 - 11. Poisoning or overdose
 - 12. Withdrawal from drugs or alcohol
 - C. Behavioral Emergencies That Can Be a Danger to the EMR, Patient or Others
 - 1. Agitation
 - 2. Bizarre thinking and behavior (i.e. hallucinations, paranoia)
 - 3. Danger to self—self-destructive behavior, suicide attempt
 - 4. Danger to others—threatening behavior, violence, weapons
 - D. Assessment for Suicide Risk
 - 1. Depression

2. Risk factors/signs or symptoms
 - a. Has the patient said or done anything that would indicate the possible risk of suicide or violence to self or others?
 - b. Certain cultural and religious beliefs
3. Important questions
 - a. How does the patient feel?
 - b. Are you thinking about hurting or killing yourself or anyone else?
 - c. Is patient a threat to self or others?
 - d. Is there a medical problem?
 - e. Is there trauma involved?
 - f. Does the patient have any weapons on self or in purse?
 - g. Interventions?

IV. Methods to Calm Behavioral Emergency Patients

- A. Acknowledge That the Person Seems Upset. Restate That You Are There to Help
- B. Inform the Patient About What You Are Doing
- C. Ask Questions in a Calm, Reassuring Voice
- D. Maintain a Comfortable Distance
- E. Encourage the Patient to State What Is Troubling Him
- F. Do Not Make Quick Moves
- G. Respond Honestly to Patient's Questions
- H. Do Not Threaten, Challenge, or Argue With Disturbed Patients
- I. Tell the Truth; Do Not Lie to the Patient
- J. Do Not "Play Along" With Visual or Auditory Disturbances of the Patient
- K. Involve Trusted Family Members or Friends
- L. Be Prepared to Stay at Scene for a Long Time; Always Remain With the Patient
- M. Avoid Unnecessary Physical Contact; Call Additional Help if Needed
- N. Use Good Eye Contact
- O. Avoid Threatening Postures
- P. Other Assessment Techniques to Keep in Mind
 1. Always try to talk patient into cooperation
 2. Do not belittle or threaten patients
 3. Be calm and patient
 4. Reassure the patient
 5. Lower distressing stimuli, if possible
 6. Avoid restraints unless necessary
 7. Treat the patient with respect
 8. Protect the patient and yourself

V. Emergency Medical Care

- A. Scene Size-Up, Personal Safety
- B. Establish Rapport
 1. Interviewing techniques
 - a. Acknowledge that you are listening by
 - i. nodding
 - ii. stating phrases such as, "go on" or "I understand"

- b. Be supportive and empathetic
 - i. "I understand that made you angry, sad, upset, etc."
 - c. Limit interruptions
 - d. Respect patient's territory, limit physical touch
 - 2. Avoid threatening actions, statements, and questions
 - 3. Approach slowly and purposefully
 - C. Patient Assessment
 - 1. Ability to make decisions
 - 2. Delusions, hallucinations
 - 3. Unusual worries, fears
 - 4. Anxiety, depression, elation, agitation
 - D. Calm the Patient—Do Not Leave the Patient Alone, Unless Unsafe Situation; Consider Need for Law Enforcement
 - E. Assist Other EMS Responders With Restraint If Necessary

VI. Consider Age-Related Variations for Pediatric and Geriatric Assessment and Management

- A. Pediatric Behavioral Emergencies -- teenage suicide concerns
- B. Geriatrics -- suicide issues/depression common

