

Hello again. I am here to discuss with you how a patient's environment can result in healthcare challenges that the EMT must navigate.

First, we look at various healthcare settings, homecare, and caregivers. We then look at how poverty and homelessness can affect a patient's health. And we conclude with a discussion on Abuse and Neglect for both children and the elderly.

Good studying.

Variety of Health Care Settings

- Assisted Living, Private residences
- Nursing homes
- Specialty rehabilitation centers
- Specialized care facilities
- Homecare
- Hospice



Copyright © MissionCIT, LLC 2020-2021 All Rights Reserved | EMS CARE™ Chapter 30 | Care for Patients with Special Challenges

So, you may receive a call for patients with special challenges in different types of dedicated care settings.

You may encounter the elderly in Assisted Living, Private residences, and Nursing homes.

In addition, there are rehabilitation centers treating all aged patients who may have experienced stroke, traumatic brain injury or spinal cord injuries.

And you may be called to specialized care facilities for patients with down syndrome, developmental, and intellectual disabilities.

Of course, Homecare settings with caregivers may substitute for any of these health care settings.

And Hospice is another specialized care venue that Justin discussed with you in lesson 3c.

The most important consideration for the EMT is knowing the environment to which you are called, the reason for the dispatch, and prepare for scenarios during travel so you have a plan of attack for the likely situation. Of course, things may be different when you arrive, but even if a part of the plan is valid, you are better prepared to begin your assessment.

Working with Caregivers

- Interaction with caregiver is an important part of patient assessment process
- They are experts on caring for these patients
- Determine patient's normal baseline status before assessment
- Ask, "What is different today?"



Copyright © MissionCIT, LLC 2020-2021 All Rights Reserved | EMS CARE™ Chapter 30 | Care for Patients with Special Challenges

Regardless of the facility to which you are responding, Interaction with caregivers is an important part of the patient assessment process.

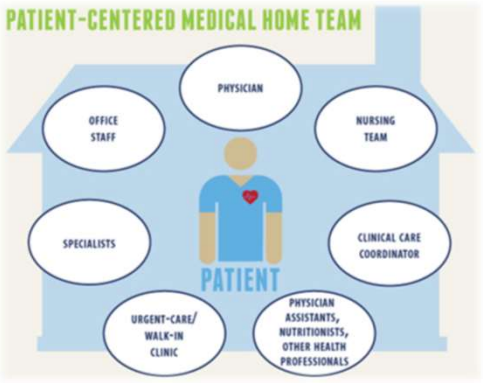
They are most often experts on caring for these patients.

Check with the caregiver to help determine the patient's normal baseline status before assessment.

Depending on the severity of the situation, ask, "What is different today?"

Home Care

- Represents a spectrum of populations
- Infants, older adults, chronic illness, developmental disabilities
- Services: Delivering meals, cleaning, laundry, maintenance, physical therapy, personal care
- EMS may be called to residence by home care provider
- Obtain baseline health status and history from home care provider



Copyright © MissionCIT, LLC 2020-2021 All Rights Reserved | EMS CARE™ Chapter 30 | Care for Patients with Special Challenges

When responding to a private residence, you may find a patient in a home care environment. These represent a spectrum of populations and disabilities.

Home care is no longer just the family attending to the needs of a loved one. Rather it has become a business on its own, with service providers delivering a suite of assistance ranging from delivering meals, cleaning, laundry, maintenance, physical therapy, and personal care.

We have already discussed assessment and interaction with caregivers. They are often the one calling EMS for

assistance.

Additionally, patients with chronic illness may have limited mobility that results in frequent falls. And there is a risk to EMTs lifting and transferring these patients as they may have diminished function or strength, making the transport preparation task more difficult.

Advanced Medical Devices in the Home

- Medical advances and insurance coverage have allowed more medical devices and care at home
- Results in more conditions that EMTs did not previously encounter
- Calls may be for a problem with the patient's device or a medical or traumatic problem unrelated to the device



Copyright © MissionCIT, LLC 2020-2021 All Rights Reserved | EMS CARE™ Chapter 30 | Care for Patients with Special Challenges

Medical advances and insurance coverage have allowed more medical devices and care at home. This may result in a situation that the EMT did not previously encounter.

Calls may be for a problem with the patient's device. Or the call may be for a medical or traumatic problem that is unrelated. Hence, begin with standard scene size-up and assessment protocols.

There can be many challenges associated with treating a patient with specialized home medical equipment which we discuss further in lessons 5 and 6.

Remember, most home care medical devices run on electricity and have limited back-up battery support, which can be life threatening during storms and outages. Be prepared for these types of calls and coordinate with medical control or the care facility for guidance if transport is necessary.

Homelessness, Transient and Poverty

- Unable to provide for their basic needs including shelter and healthcare access
- Patients with mental illness or prior brain trauma
- Crime and Domestic violence victims
- Addicts
- Chronic Medical Conditions
- Prison Release back into Society



Copyright © MissionCIT, LLC 2020-2021 All Rights Reserved | EMS CARE™ Chapter 30 | Care for Patients with Special Challenges

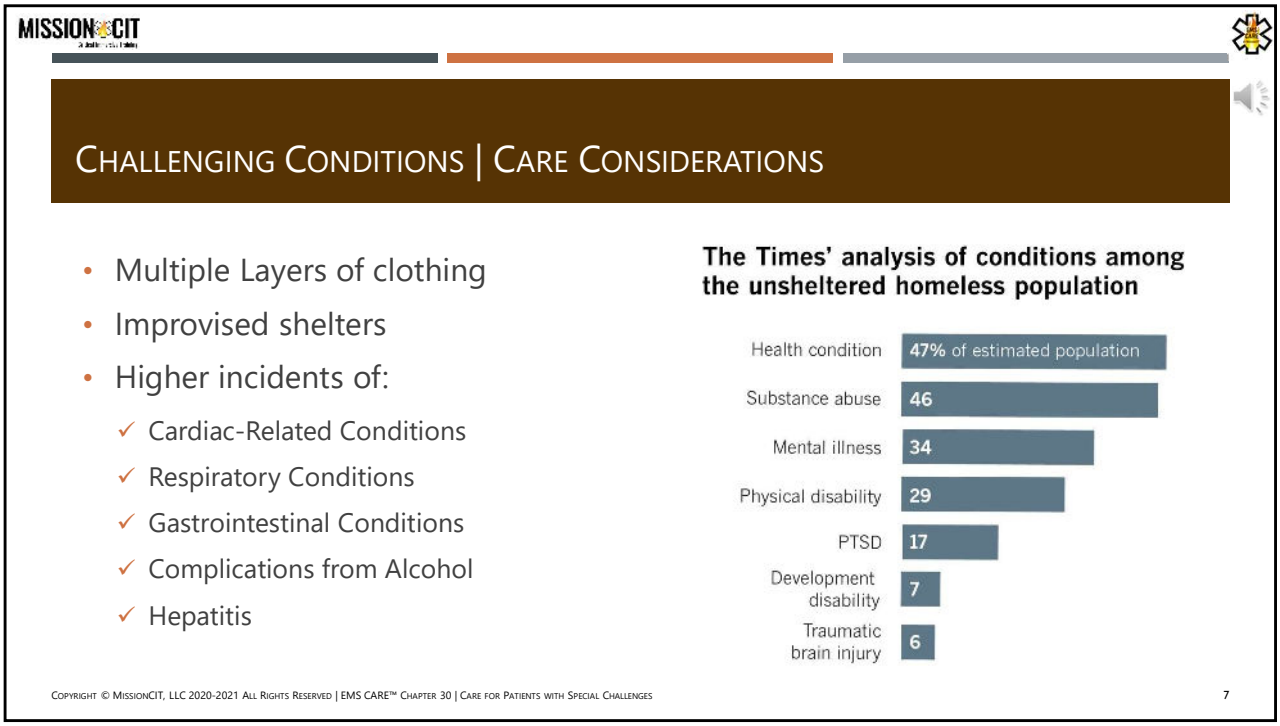
Most EMTs will be faced with a call for a homeless, transient or poverty-stricken individual. It could be on the street, in a shelter, abandoned building, or a public facility like a bus station, park, library or mall. The call may be for an adult, teen, or child.

The common thread is that a patient is unable to provide for their basic needs including shelter and healthcare. As a result, disease prevention strategies are absent which leads to an increased probability of sickness.

The individual may show signs of illnesses from poor hygiene, lack of dental care, malnutrition, lack of

medication, and exposure to the elements. The call may be from a concerned person trying to help the individual with basic needs, or it may be for an urgent situation.

During the secondary assessment, depending on the situation, you may consider that the patient may suffer from mental illness or prior brain trauma. In addition, there is a higher likelihood of the patient suffering from an addiction disorder or being a victim of domestic violence or abuse.



So, you may be faced with some additional conditions with this population. The homeless patient may be wearing multiple layers of clothing or coverings. If it is necessary to expose the homeless patient's skin, providers should try to avoid cutting or tearing the patient's clothing since they may be the only garments the individual has.

The logistics of the scene may pose physical and social challenges as well. You may encounter a patient surrounded by boxes, newspapers, blankets and other materials. Scene size-up for EMT and patient safety is

vital. You may need to call for technical extrication if the patient is in a confined area such as a dumpster, bus stop, car or under a bench. And unfortunately, if you have to transport, It may not be possible to transport the patient's personal belongings, but leaving them behind can have significant consequences for them.

In addition, these patients also have a higher likelihood of suffering from Cardiac, respiratory and gastrointestinal conditions. In addition, there may be complications for alcohol or other addictions as well as Hepatitis. You can read more about this in the text that follows.

Cardiac-Related Conditions including Angina, myocardial infarction, endocarditis and hypertension

Respiratory Conditions including emphysema, pneumonia, bronchitis and tuberculosis may be encountered, especially if the patient is a smoker

Gastrointestinal Conditions including Gastrointestinal (GI) bleeding.

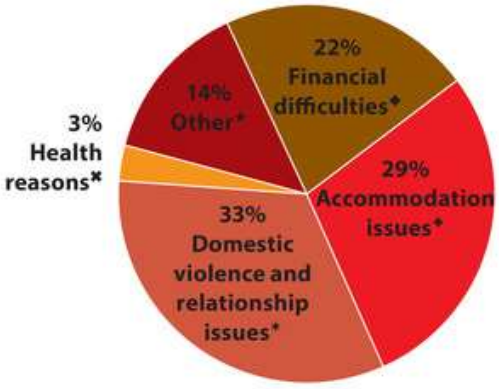
Complications from Alcohol including cirrhosis, which may lead to or contribute to a variety of complications including variceal bleeding in the esophagus and stomach, altered mental status, kidney failure, diabetes,

changes in blood counts and the ability to clot, and decreased muscle mass.

Hepatitis A, B, and C may be the result of numerous factors including the effects of the homeless lifestyle and the potential lack of hygiene.

Patient Advocacy

- Do not be judgmental; always offer dignity & respect
- Advocate for all patients
- All health care facilities must provide assessment and treatment regardless of the patient's ability to pay
- Become familiar with social services resources within your community
- Community Paramedic Programs



Copyright © MissionCIT, LLC 2020-2021 All Rights Reserved | EMS CARE™ Chapter 30 | Care for Patients with Special Challenges

So, our role as EMTs is to advocate for all patients. Remember, that all health care facilities must provide assessment and treatment regardless of the patient's ability to pay.

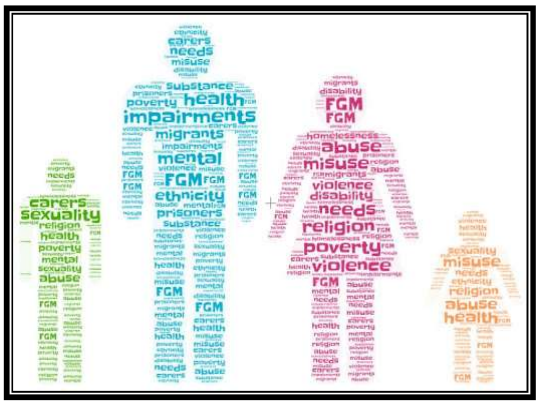
Take the time to understand your local protocols and become familiar with the social services resources within your community.

In towns with a higher homeless population, Community paramedic programs are proving very beneficial for the management and care of these patients. A community paramedic program can help identify homeless patients

who utilize emergency services on a frequent basis and determine the underlying reason for their recurrent misuse or abuse of the 911 system. Community paramedics can also provide treatment on scene, thereby potentially avoiding unnecessary transport and use of the emergency departments.

Abuse and Neglect | Vulnerable Populations

- Patients dependent on others
- Children and older adults
- More vulnerable to physical and sexual abuse, exploitation, neglect
- EMS provider obligations
- But, not your job to investigate



Copyright © MissionCIT, LLC 2020-2021 All Rights Reserved | EMS CARE™ Chapter 30 | Care for Patients with Special Challenges

There are several populations more likely to be subject to Abuse and Neglect. We have already discussed the homeless. But there are plenty of other environments where abuse and neglect may occur.

We sometimes find abuse and neglect where individuals have an unusual degree of dependence upon others. This could be children, the elderly as well as those with circumstances and conditions who may be more vulnerable to physical and sexual abuse, exploitation, or neglect.

Keep in mind in the case of child abuse or neglect, that

EMS providers have an obligation to report directly to their local child welfare service by making the phone call and filing the necessary paperwork. Your information matters and can assist law enforcement in removing children from dangerous situations and putting abusers behind bars, where they belong.

Note that If the EMS provider encounters a possible abuse situation, it is advisable not to confront the caregiver, parent or guardian. It is not your job to investigate the situation in any way. Pay attention to specific details and document all findings and report to authorities as on the following slides.

Abuse and Neglect | What Is it

- Child Abuse
- Elder Abuse
- Physical, Sexual, Emotional Abuse
- Mandatory Reporting Laws
- Child Welfare Information Gateway
- CT EMS Protocols 6.1; 6.13



Copyright © MissionCIT, LLC 2020-2021 All Rights Reserved | EMS CARE™ Chapter 30 | Care for Patients with Special Challenges

10

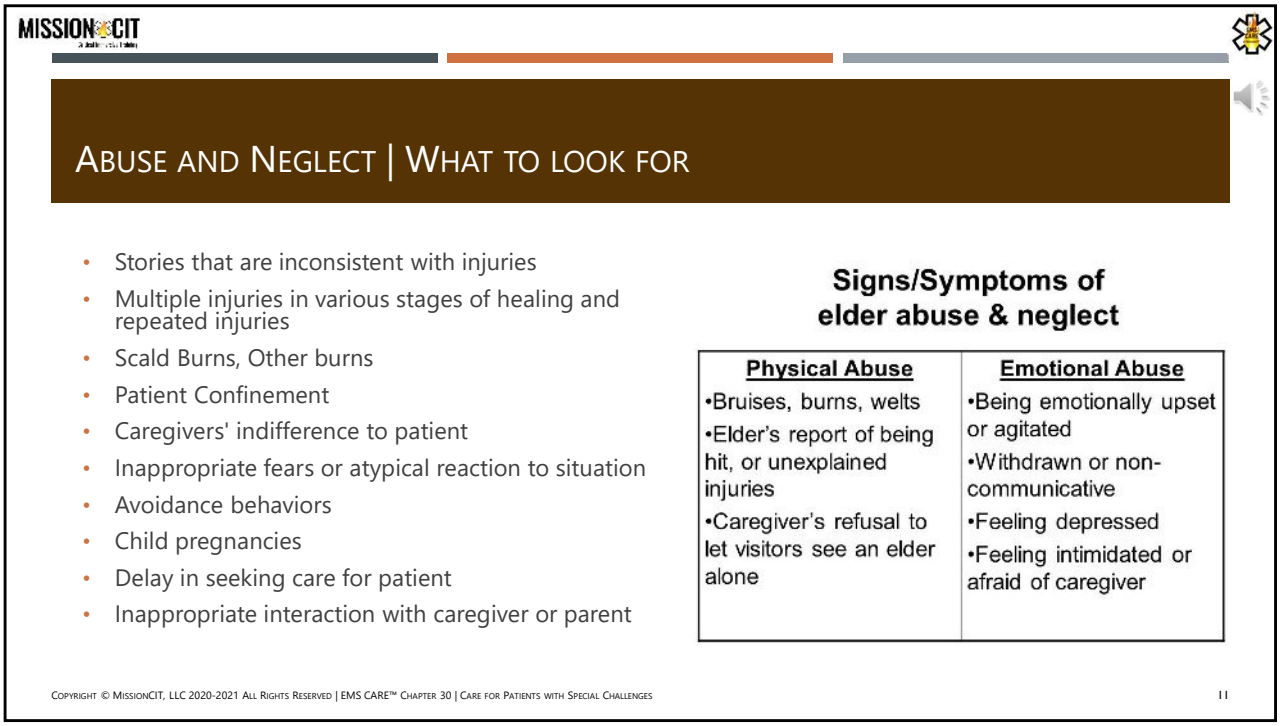
According to the CAPTA Reauthorization Act of 2010, child abuse is described as “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation”; or “An act or failure to act which presents an imminent risk of serious harm.”

And according to the CDC, Elder abuse is an intentional act or failure to act that causes or creates a risk of harm to an older adult. An older adult is someone age 60 or older. The abuse often occurs at the hands of a caregiver or a person the elder trusts.

Every state has mandatory reporting laws for those working in healthcare, including EMS and fire personnel. In some states, there are two entities to which to report child abuse and neglect, depending upon the circumstances and state law. These are child protective services, child welfare and law enforcement. Check with the laws in your state and be familiar with which entity to contact. Be prepared to provide a complete report based on local requirements

To view the specifics of your state's mandatory reporting laws, go to the Child Welfare Information Gateway

In Connecticut, witnessing violence qualifies as child abuse and neglect and therefore mandates a report. Connecticut statewide ems protocol 6.1 for abuse and neglect of children and the elderly, provides a comprehensive process for assessment, special considerations, and reporting. Be sure to review it. Also, know that there is a separate report to DCF for child abuse and another number for abuse to elders. If unsure, contact local police or medical control.

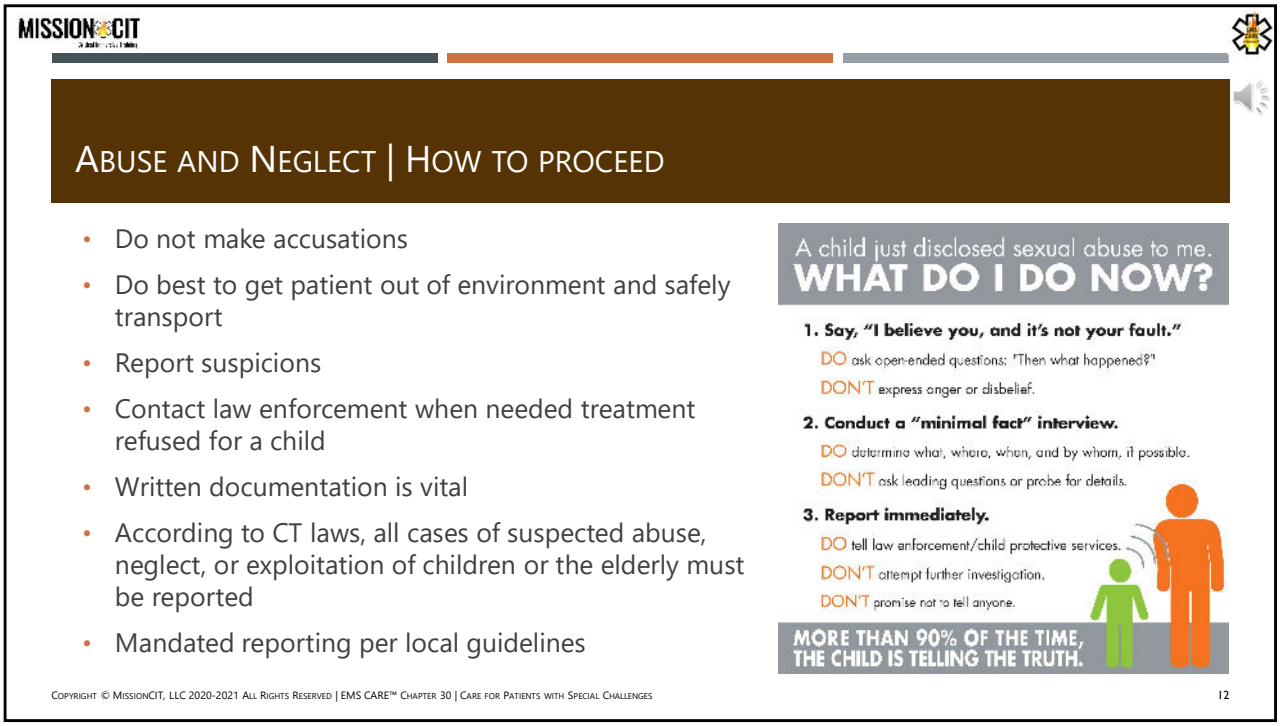


EMTs should be alert for the possibility of abuse during scene size-up, history taking, and assessment. Some of the telltale signs that may indicate abuse and neglect include:

1. Stories that are inconsistent with injuries
2. Multiple injuries in various stages of healing and repeated injuries
3. Scalds or other burns
4. Patient Confinement
5. Caregivers' indifference to patient
6. Inappropriate fears or atypical reactions to the

situation.

7. Avoidance behaviors.
8. Child pregnancies
9. Delay in seeking care for the patient, and
10. Inappropriate patient interaction with a caregiver or parent.



So, due to the seriousness of these situations, we consolidate the steps an EMT must follow when abuse is suspected.

1. Do not make accusations.
2. Do your best to get a patient out of the environment and safely transport.
3. Report suspicions according to the requirements of your jurisdiction.
4. If a parent or guardian refuses treatment of a minor child whom you feel needs medical attention, contact law enforcement immediately.

5. Written documentation is vital because the “story” often changes as an investigation proceeds.
6. According to Connecticut laws, all cases of suspected abuse, neglect, or exploitation of children or the elderly must be reported. This applies even in cases when the patient is not transported. And
7. Mandated reporters must report orally to the DCF Hotline or a law enforcement agency within 12 hours of suspecting that a child has been abused or neglected. They then must submit a written report to DCF within 48 hours of making the oral report.

Be sure to know your local reporting requirements and procedures.

We have now reached the end of this Lesson on Abuse and Neglect. Justin will be with you next to discuss Tracheostomy Care and Respiratory Assistance Devices.

Good Studying.