

Managing Patient and Family Distress Associated with COVID-19 in the Prehospital care setting

Product (EMS03) Purpose

Intended to provide care instructions for the psychological challenges associated with real or perceived exposure to COVID-19. This document includes practices for therapeutic communication between the EMS provider, their patient and the patient's family to ensure that every aspect of the patient's well-being is being managed by EMS.

NOTE: this document is based on the previously approved Managing Patient and Family Distress document for healthcare developed by the Behavioral Health Working Group and has been adapted for the EMS population.

Adapted By

The Federal Healthcare Resilience Task Force (HRTF) is leading the development of a comprehensive strategy for the U.S. healthcare system to facilitate resiliency and responsiveness to the threats posed by COVID-19. The Task Force's EMS/Pre-Hospital Team is comprised of public and private-sector Emergency Medical Service (EMS) and 911 experts from a wide variety of agencies and focuses on responding to the needs of the pre-hospital community. This Team is composed of subject matter experts from NHTSA OEMS, CDC, FEMA, USFA, US Army, USCG, and non-federal partners representing stakeholder groups and areas of expertise. Through collaboration with experts in related fields, the team develops practical resources for field providers, supervisors, administrators, medical directors and associations to better respond to the COVID-19 pandemic.

Intended Audience

State, Local, Tribal, and Territorial Governments (SLTTs) Emergency Medical Services (EMS) agencies.

Expected Distribution Mechanism

EMS.gov, Stakeholder Calls, EMS stakeholder organization's membership distribution Email mechanisms, USFA website, Social Media posts

Primary Point of Contact

NHTSA Office of EMS, nhtsa.ems@DOT.gov, 202-366-5440

Date Published

April 10, 2020

* This is a non-federal website. Linking to a non-federal website does not constitute an endorsement by the U.S. government, or any of its employees, of the information and/or products presented on that site.

This guidance applies to all EMS delivery models including but not limited to; free standing, municipal third-service; fire-based, hospital-based, private, independent, volunteer, and related emergency medical service providers.

Document Developed by the Healthcare Resilience Task Force Behavioral Health Work group and Adapted by the EMS/Prehospital Team

Managing Patient and Family Distress Associated with COVID-19 in the Prehospital care setting

Tips for Emergency Medical Services Personnel

Day to day operations for Emergency Medical Services (EMS) in the prehospital care setting can cause stress and anxiety under normal conditions. During an emerging infectious disease outbreak, such as COVID-19, the number of individuals experiencing distress—and the intensity of that stress and anxiety—may be significantly amplified. This stress and anxiety can contribute to unwanted patient behaviors, increased calls from those who are anxious but not in need of emergency care, and a reluctance to follow guidance from EMS or other healthcare clinicians, which may ultimately contribute to an increase in mortality and morbidity. This document contains strategies that may be helpful in reducing patient and family stress.

The expected surge of healthcare utilization brought on by an infectious disease outbreak may make it necessary for EMS to modify their usual care practices. These modifications may be in direct contrast with the expectations that patients and families have about prehospital care and other health care, and therefore make their experience even more distressing. Listed below are steps that EMS clinicians and their medical directors can take to help patients and their families manage this distress more effectively, EMS clinicians are encouraged to adapt recommended actions based on their agencies' individual needs and practical considerations (e.g. limited resources and staff) as approved by the medical director.

Communication: Take time to hear patient concerns and worries

Patients may be scared for themselves or others, may feel guilty, stigmatized, or may be worried about not only practical issues (e.g., who will take care of dependents or pets, how will bills get paid, will they lose their job), but also if they may die from the COVID-19.

- When talking with patients, speak to them directly and talk calmly and clearly.
- Acknowledge the challenges to effective communication presented by personal protective use (PPE) (masks, face shields, and other barriers that limit non-verbal expression).
- Reassure patients that you want to minimize any discomfort or concerns they may have about the care they are receiving.
- Although there may not be clear answers or solutions, try and display openness and honesty to the best of your ability
- Have difficult conversations with family members and/or patients as needed (we cannot transport you to the hospital -or – to the hospital of your choice, you are not ill enough to go to the hospital).
- Reflect back what you have heard the patient say and identify the emotion the patient is communicating.
 - Patient: “I want my family to go to the hospital with me.”
 - Provider: “It’s normal to feel scared in this situation and it’s important for you to connect with your family but at this time it is safer for them to stay home while we take you to the hospital”. (if local hospitals have policies in place to not permit family

or visitors in the hospital, explain that as well)

- [VitalTalk](#)¹ provides practical advice about how to have difficult conversations. The site provides tips and scripts specific to [COVID-19](#)² and these resources are also all available on an [app](#)³.
- Make sure to take time to speak with family members about care and treatments.

Social Support: Help patients stay connected with their social support system

While in-person visits may not be possible, consider ways that patients can stay in contact with their social support system (e.g., family, friends, spiritual support).

- Consider strategies to promote social support for these populations:
 - *If transporting alone to healthcare facility*
 - Allow patients to bring their phone or tablet
 - Remind patient to bring necessary chargers.
 - If patient assessed and determined not to need transport
 - Do they have access to a phone or tablet to keep in touch with their social support network?
 - Do they have access to telehealth/telemedicine resources?

Resources for Patients

- [CDC Manage Anxiety and Stress](#)
- [CDC Talking with children about COVID-19](#)
- [NCTSN Parent/Caregiver Guide to Helping Families Cope with the Coronavirus Disease 2019](#)⁴
- [Mindfulness Coach](#) and [Breath2Relax](#)⁵ apps.

* This is a non-federal website. Linking to a non-federal website does not constitute an endorsement by the U.S. government, or any of its employees, of the information and/or products presented on that site.

This guidance applies to all EMS delivery models including but not limited to; free standing, municipal third-service; fire-based, hospital-based, private, independent, volunteer, and related emergency medical service providers.