RESCUER STRESS

Giving care in an emergency can have a physical, mental and emotional impact on the rescuer. The amount of stress will vary depending on the seriousness of the incident and each rescuer's unique response to it. Consider a critical incident stress debriefing (CISD) for a very serious incident.

SIGNS AND SYMPTOMS:

PHYSICAL RESPONSE

- Rapid breathing or heart rate
- Trembling
- Sweating
- Nausea, diarrhea
- Headache, muscle ache
- Fatigue
- Difficulty sleeping
- Increased or decreased appetite

MENTAL RESPONSE

- Cannot stop thinking about the event
- Confusion, difficulty concentrating
- Nightmares

EMOTIONAL RESPONSE

- Anxiety, worry, guilt, fear, anger
- Depression, crying
- Restlessness
- Change in behavior or interactions with people

A rescuer's response to an incident is usually temporary, lasting just a few days. If the rescuer is unable to cope with the stress produced by the incident, the effects may last for weeks or even months. It can affect his or her health, family life, and work performance.

TIPS FOR STRESS MANAGEMENT:

- Eat properly.
- Avoid alcohol, drugs and caffeine.
- Exercise, and get enough rest.
- Talk about your feelings.
- Don't judge yourself for your actions.
- Obtain professional help if needed.

ESTABLISH RESPONSIVENESS

Assessment: Is the patient responsive or unresponsive?

- Tap and shout at the patient.

Action: Activate EMS.

- If unresponsive, shout for help and send a bystander to call 911 and get the AED.
- If alone, go call 911, get the AED and return to the patient as quickly as possible.
- Ensure the victim is on a firm, flat surface.

Establish response, send bystander to call 911.

A: AIRWAY

Assessment: Is the airway open?

Action: Open the airway with the head tilt/chin lift.

- Use the jaw thrust if you suspect head or neck injury.
- If you are unable to open the airway with the jaw thrust, use the head tilt/chin lift.

Head tilt/chin lift

B: BREATHING

Assessment: Is the victim breathing adequately?

- Maintain an open airway.
- Look, listen and feel for adequate breathing for 5 - 10 seconds.
  - ♦ Occasional gasping or irregular breathing is not adequate breathing.

Action: Give 2 rescue breaths.

- Pinch nose and seal victim's mouth with yours.
- Use a BVM or barrier device if available.
- 1 second each breath.
- Ensure chest rises with each breath.
- Do not over-ventilate.
- If no chest rise, reposition the head and give a second breath.

Look, listen and feel for breathing for 5-10 seconds.

Give 2 breaths.

When two rescuers are present, one should activate EMS and get an AED, while the other begins CPR. Upon return, the second rescuer should be ready to assist the first.

POSITIONING & ROLES

Rescuer 1 is positioned at the top of the patient's head. He or she should:

- Maintain an open airway and provide rescue breaths.
- Monitor compression technique and rate.
- Provide feedback on compression quality.

Rescuer 2 is positioned at the victim's side for adult and child CPR, or at the feet for infant CPR. He or she should:

- Provide chest compressions, counting out loud.
- Pause to allow for 2 rescue breaths.
- Say "Change" after 2 minutes of CPR.

Two-rescuer CPR requires practice and coordination. Rotate between the duties of chest compressions and rescue breaths every 2 minutes. When it is time to switch, end with breaths. Complete the switch within 5 seconds. Begin with compressions.

2-RESCUER CPR TECHNIQUE

There are two primary changes during 2-rescuer CPR:

1. The child and infant compression to ventilation ratio changes to 15:2.
2. Infant chest compressions are a two thumb-encircling hands technique.

Age	Ratio	2 Minutes of CPR
Adult	30:2	5 cycles
Child/Infant	15:2	10 cycles

When an **advanced airway** is in place (eg. combitube, LMA, endotracheal tube), do not pause compressions during rescue breaths. Perform compressions at a rate of 100/minute. Give rescue breaths at a rate of 1 every 6 - 8 seconds (8 - 10/minute).

2-RESCUER INFANT CPR

Use the two thumb-encircling hands technique for infant CPR.

- **Location -** The same as 1-rescuer infant CPR: just below the nipple line.
- **Depth -** The same as 1-rescuer CPR: 1/3 to 1/2 the depth of the chest.
- **Technique -** Encircle the infant's chest with your fingers. Compress the chest by pressing down on the sternum with your thumbs, and squeezing the chest between your thumbs and fingers. Your thumbs can be next to or on top of one another (for smaller infants).
- **Ratio -** 15:2. Perform 10 cycles in about 2 minutes.