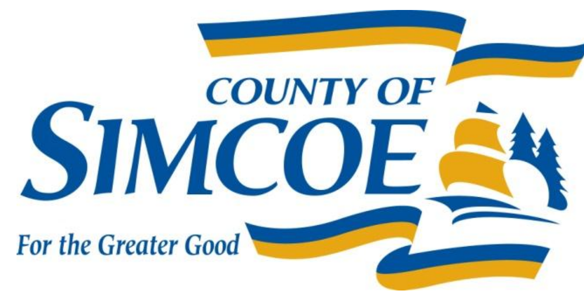

Risk Assessment; A New Perspective: Things Are Not Always What They Seem!

Prepared By:
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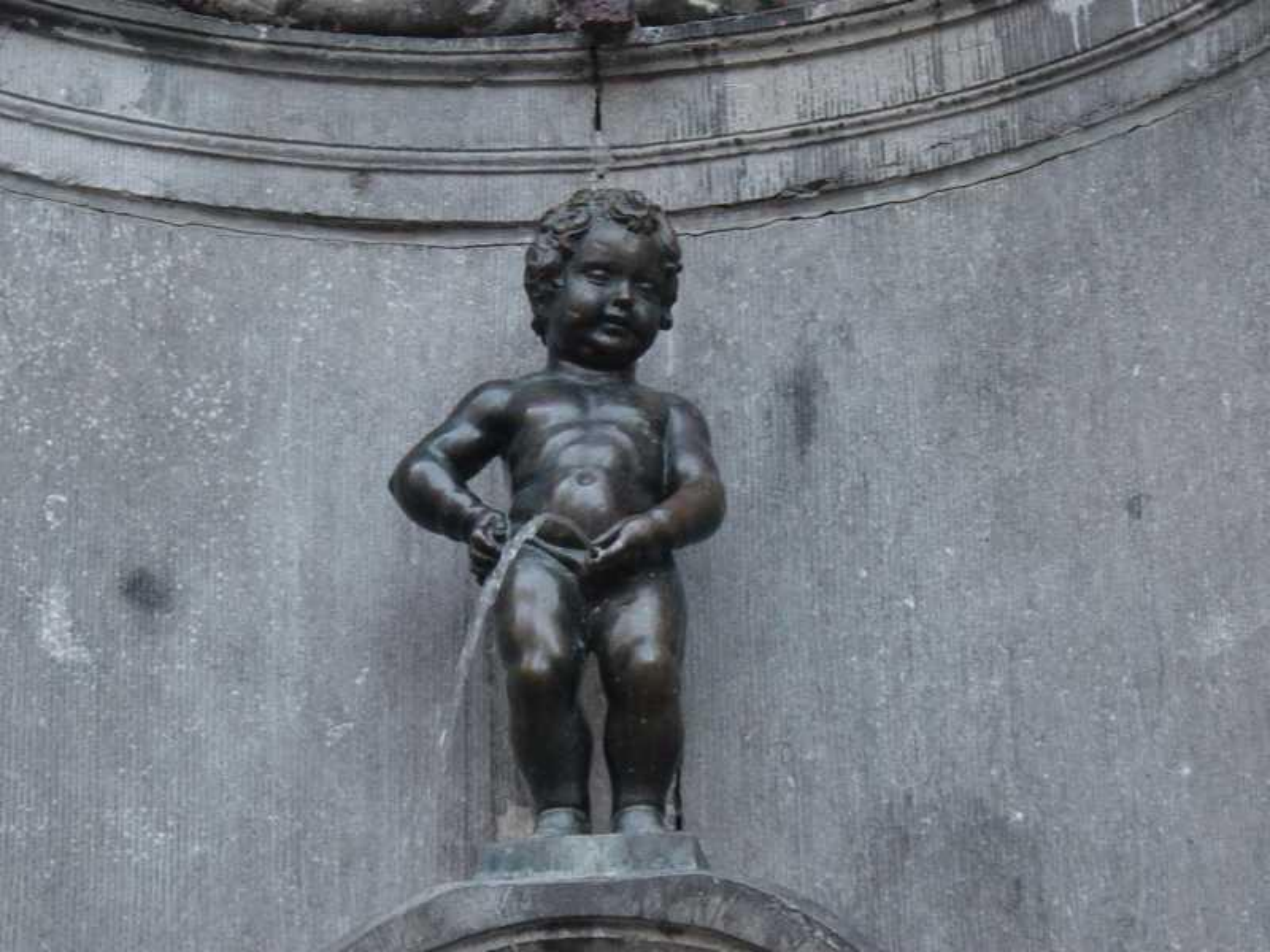
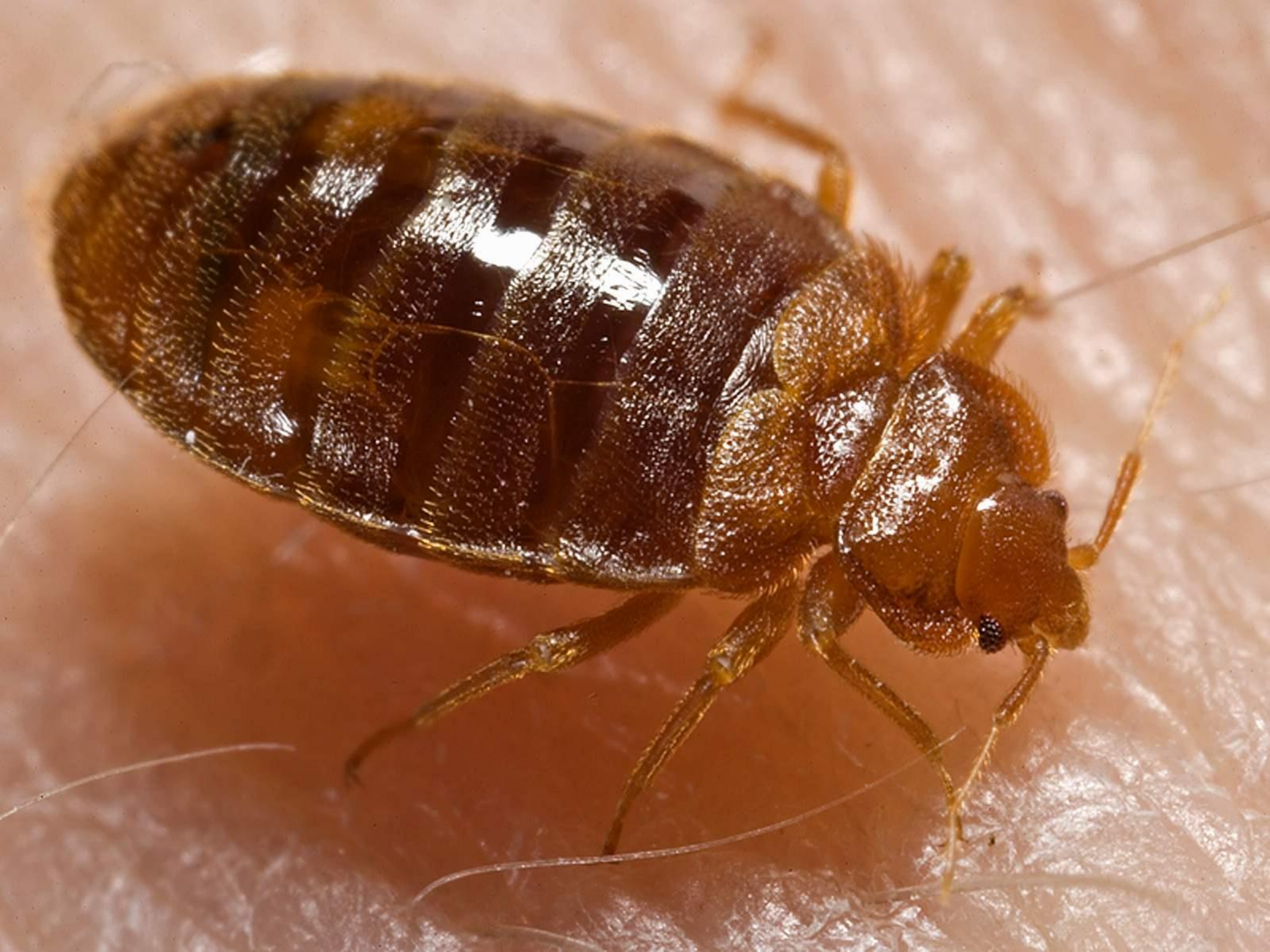
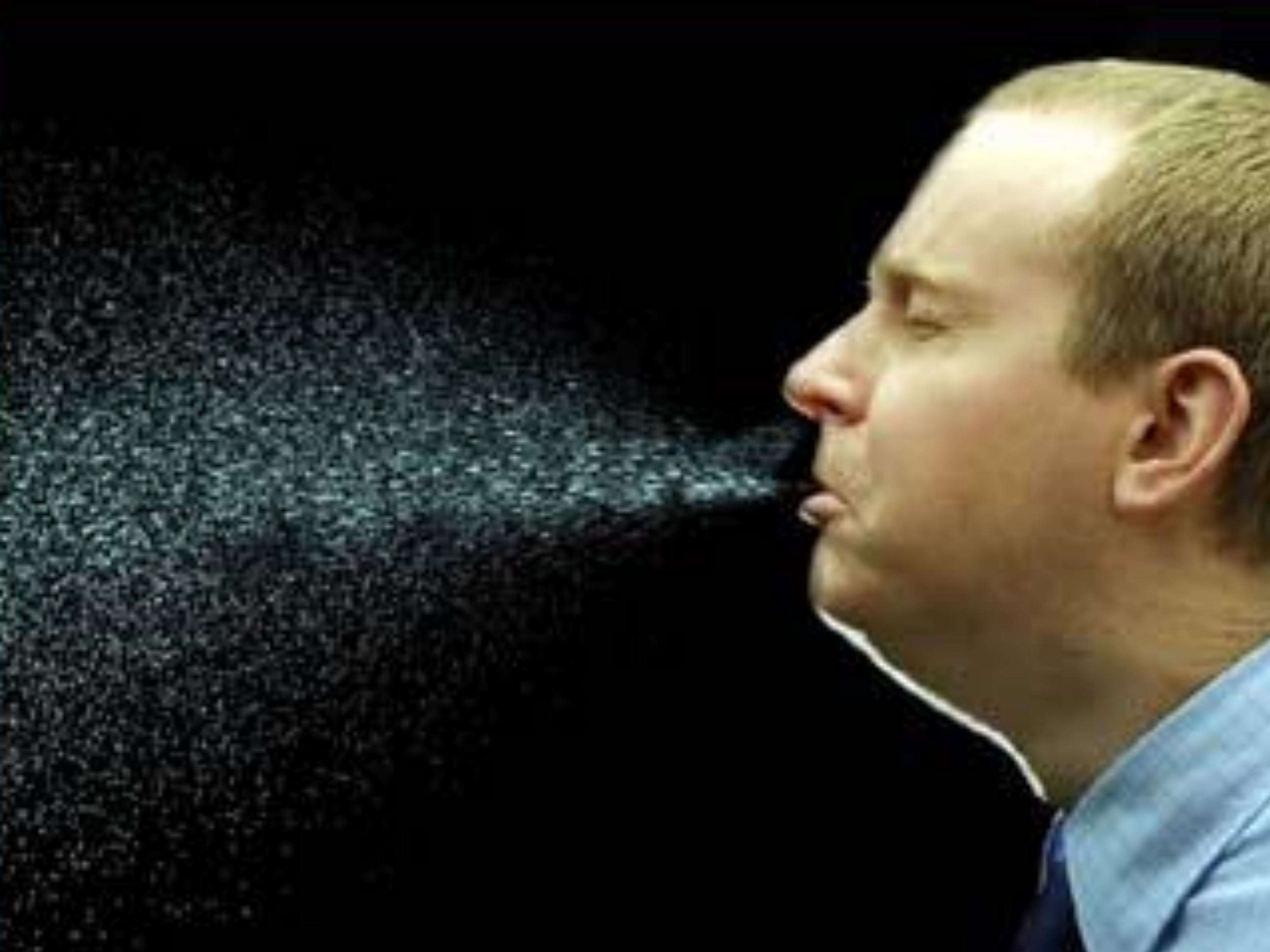
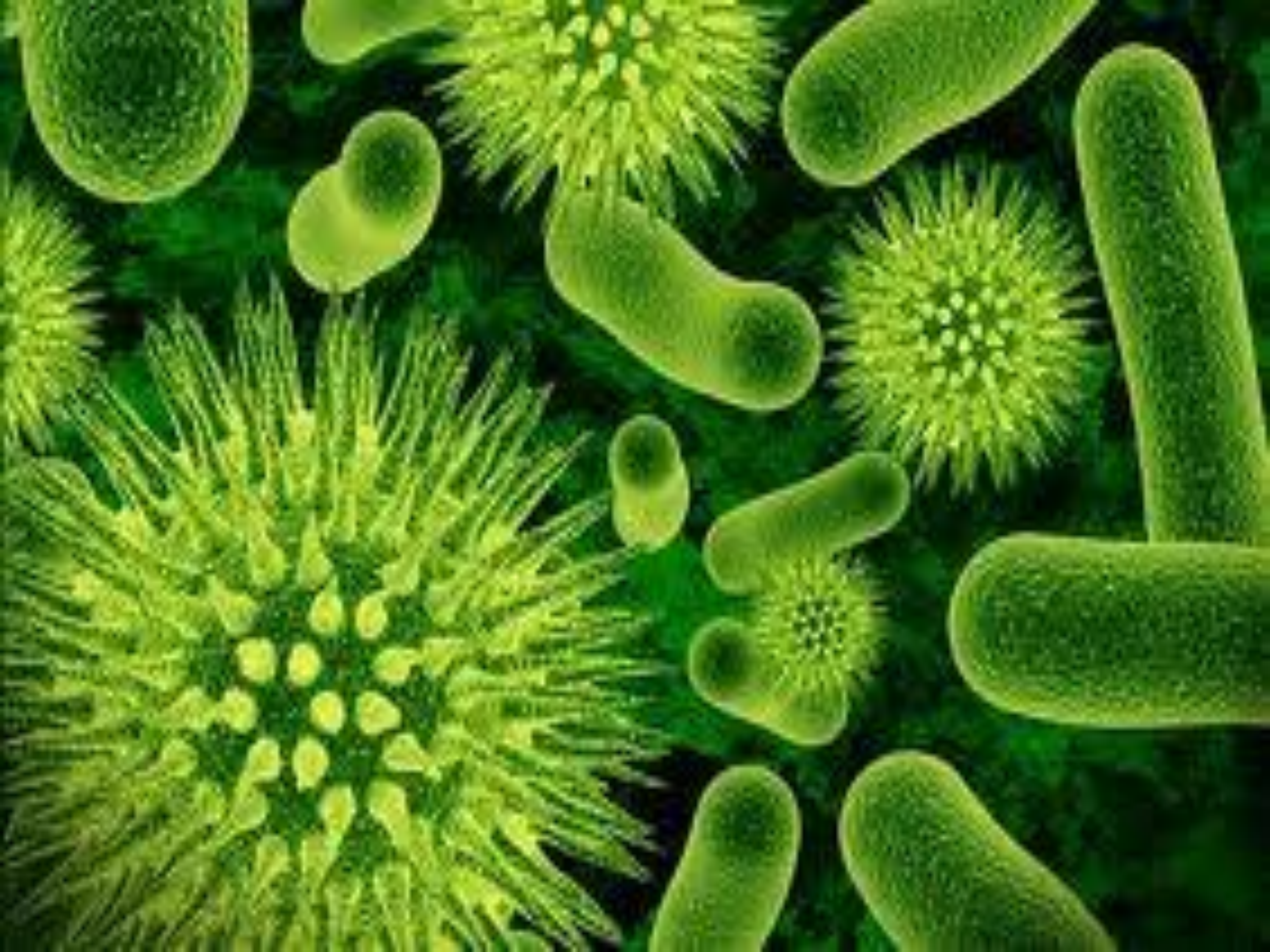
by Blue.Ice.Artwork









Scenario

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- Elderly male, SOB history of heart
- Patient in obvious respiratory distress
- O2 sat 72%, BP 200/110, R 30 shallow
- Sinus tach, crackles throughout, obtunded
- Heart and BP meds
- Working diagnosis?

Time Warp

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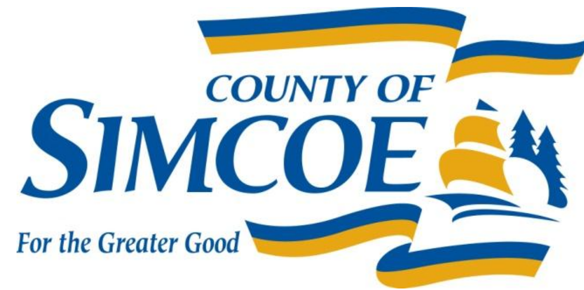
- March 16 2003
- City of Toronto Paramedic
- 37 years old
- Married
- 3 children, 2 daughters (12yrs, 2 months), son (9yrs)
- Healthy and active

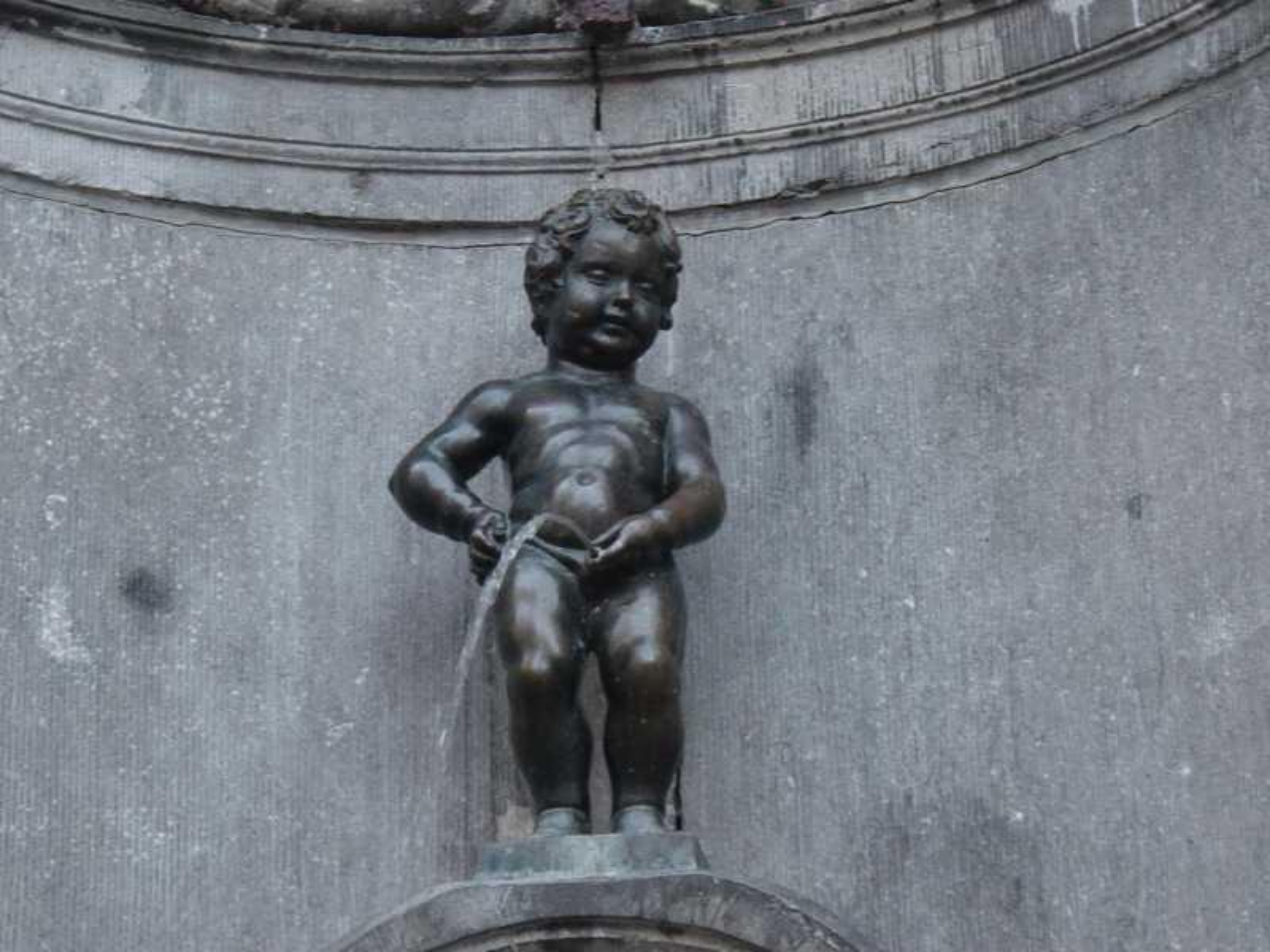
Time Warp



- North Scarborough, 24 Station
- SARS epicenter
- Night shift, March 16 2003
- Word of unknown disease in the news
- Memo about ‘Atypical Pneumonia’
- Unable to read memo
- Immediate call

Familiar?

- Call for elderly male, SOB history of heart
- Patient in obvious respiratory distress
- O2 sat 72%, BP 200/110, R 36 shallow
- Sinus tach, crackles throughout, obtunded
- Heart and BP meds
- History of fever and antibiotics
- Family relates detailed exposure history



Treatment Plan

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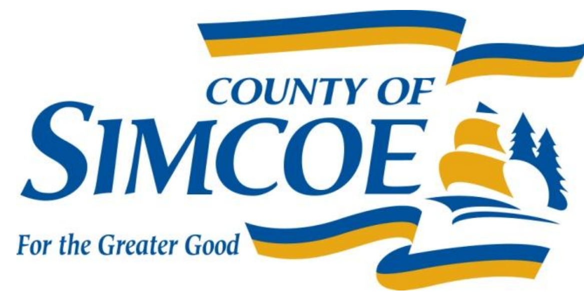
- Non-rebreather mask, 100% O2
- Monitor
- Transport
- Concern it was ‘atypical pneumonia’
- N95 mask as soon as possible
- Not intubated, no IV
- Hospital, Supervisor notified

The Next Day



- At work for final night shift
- News reports new ‘atypical pneumonia’ patient on life support in hospital
- Concern escalates for partner and I
- Consult with hospital staff, told no worry/risk
- Quarantine, isolation and/or mandatory PPE not required
- Continue to work shift

Disease Onset

- March 18 2003
- Watching hockey at home
- Myalgia develops
- Fever over 38 degrees C
- Go to hospital for assessment
- Chest X ray, blood work, then sent home
- Influenza? Antibiotics and Antiviral

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It Gets Worse

- Fever to 40 C, unable to relieve
- Dizzy, week, unable to stand, diarrhea
- Hospital sends me home a second time (without quarantine)
- Symptoms worsen, SOB, return to hospital
- Lung infiltrates
- Admitted March 23, transferred to ICU
- Diagnosis, probable SARS, now confirmed with blood work to prove it

Intensive Care Unit

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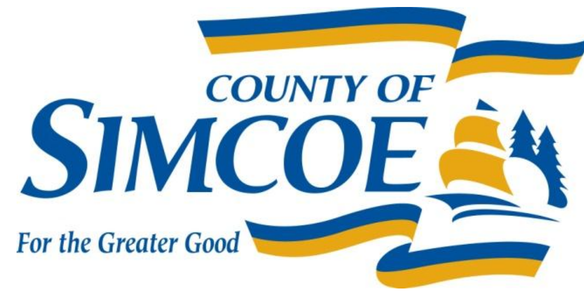
- 12 days in ICU
- Limited recall of first 5 days
- Struggling to breathe, many treatments by RT
- Thought I was going to die
- Had I had infected family and caregivers?
- Steroids improved breathing, not intubated
- Fever breaks after 10 days

Road to Recovery



- Condition improving
- Moved to SARS unit
- Chest clearing, O2 sats improving
- Missing significant family events
- Delays due to rule changes and arm problem
- April 10 released home after 19 days
- 7 days home isolation

Home Isolation

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- Easy compared to hospitalization
- See family from a distance
- Home cooking
- Sounds of home
- My own bed and bathroom
- Feeling a little better day by day
- Ends April 17 @1400, daughter @1401

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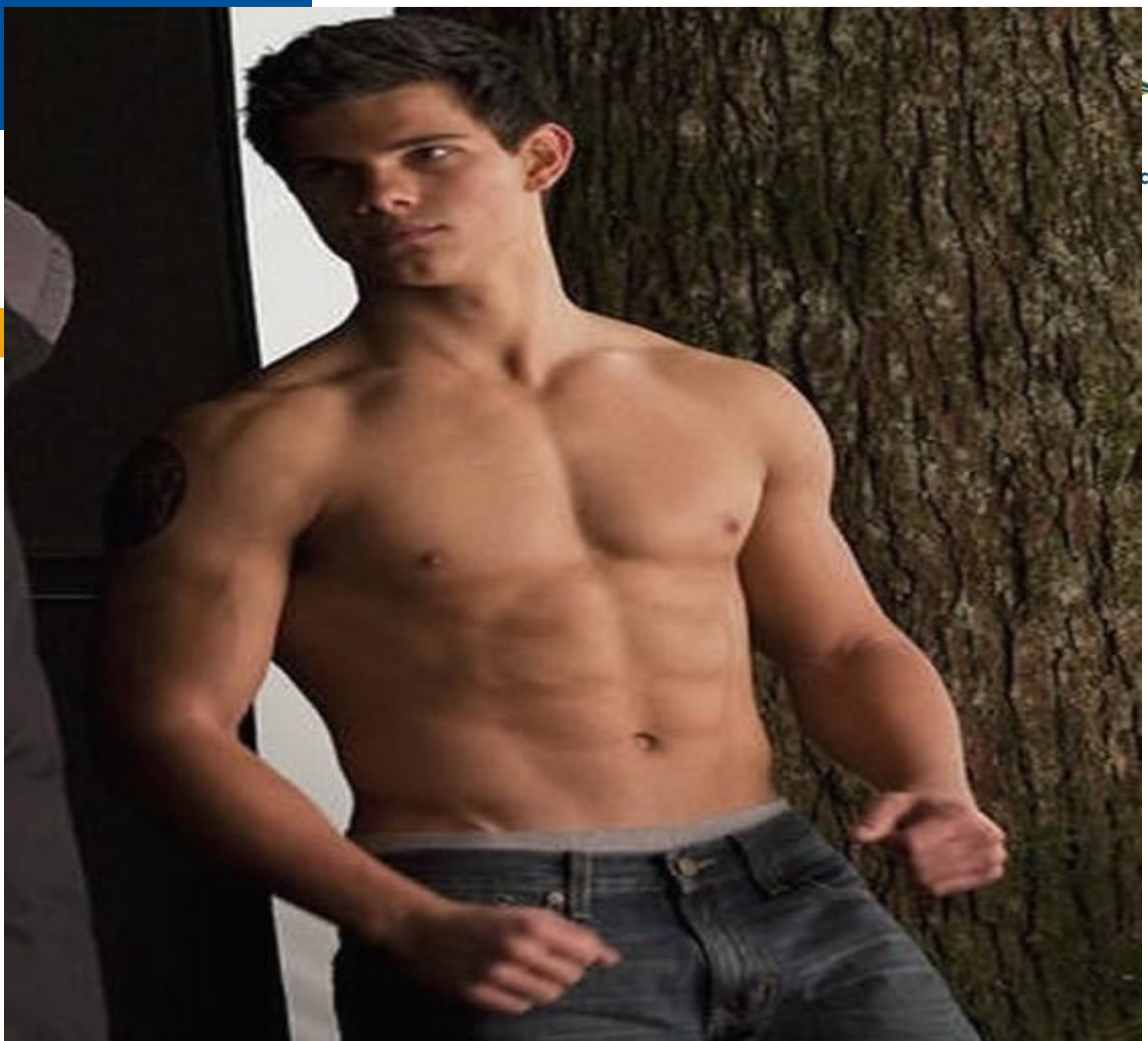
Physical Effects

- 30lb weight loss (muscle mass)
- 40lb weight gain (not muscle)
- Hair falling out, altered taste, insomnia
- Enduring SOB (cold, hot, exertion)
- Fatigue, weakness, joint pain
- Short term memory problems
- Long term effects?



Psychological Effects

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- Depression, isolation, sadness, humiliation
- Fear of death, fear for family, fear of recurrence
- Fear of being Paramedic
- Afraid to be close with family
- Loss of control, Anger
- Post Traumatic Stress Disorder

Family Effects

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- 10 days of quarantine, no one infected
- Frustrated with inability to provide care/visit
- Fear of outcome
- Kids missed Daddy
- Endured angry outburst due to PTSD
- Did not want Dad to continue as Paramedic
- Marginalized by some family and friends

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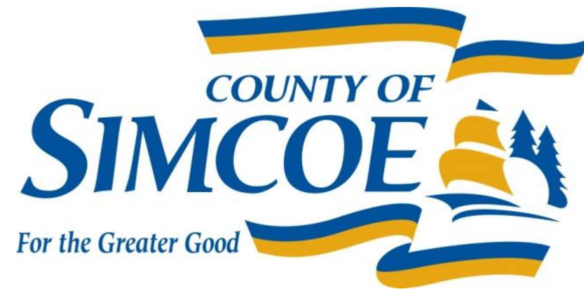
The Paramedic Experience

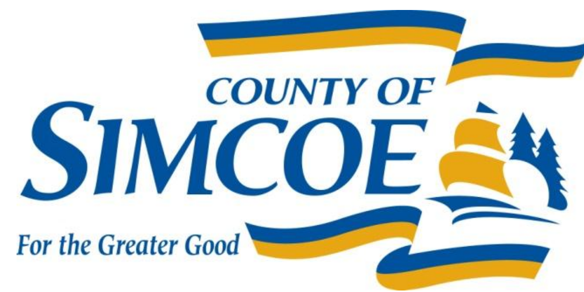
- 6 Paramedics with SARS
- Others endured quarantine and isolation
- Fear of contracting SARS/transmitting to family
- Anger and loss of control
- Stigmatized by family, friends, society
- Some have left profession

Life Changing Event

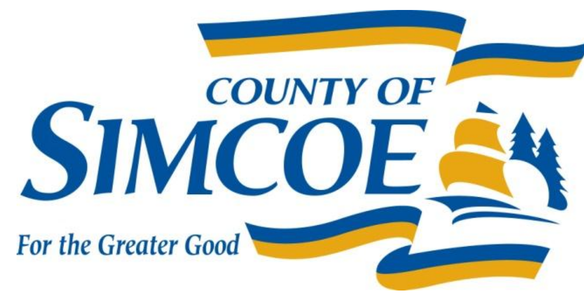


- Nothing for granted
- Gratitude, respect
- Try to take more time
- Road Paramedic to Supervisor
- Became Infection Control Practitioner
- Commitment to making change in EMS

Why?



- Why weren’t we trained to perform risk assessment for disease?
- Why weren’t we trained to use PPE?
- Why was PPE not readily available?
- Was there a failure of IC practice?
- What are the lessons learned?



I wish I knew

- How to assess for the bugs I cannot see
- Not likely to have warning (dispatch or memo)
- How to determine early and quickly
- How to take steps to prevent transmission
- I could have easily prevented something I spent 8.5 years of my life dealing with

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Risk Assessment

- Essential step of routine practice
- Key to taking steps to protect patient, self
- No gas/no glass/no fire/no wire...... familiar?
- Assess for what you cannot see, hear or feel
- Screen while remaining >2 meters from patient
- There are many clues available
- Assess and act! Prevention is key

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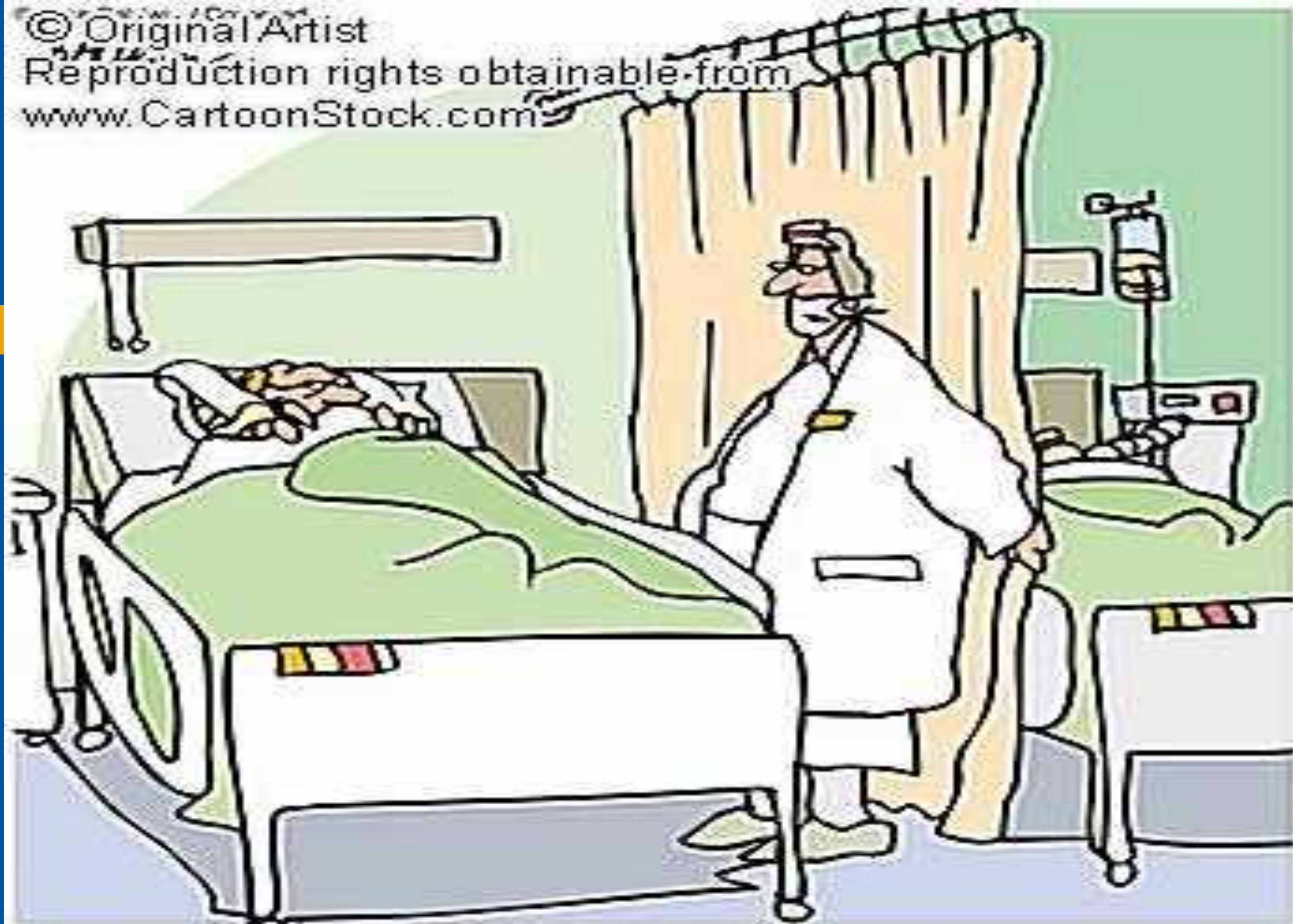
Common Signs/Symptoms

SOB
Fever
Myalgia
Hemoptysis
Diarrhea
Neurological

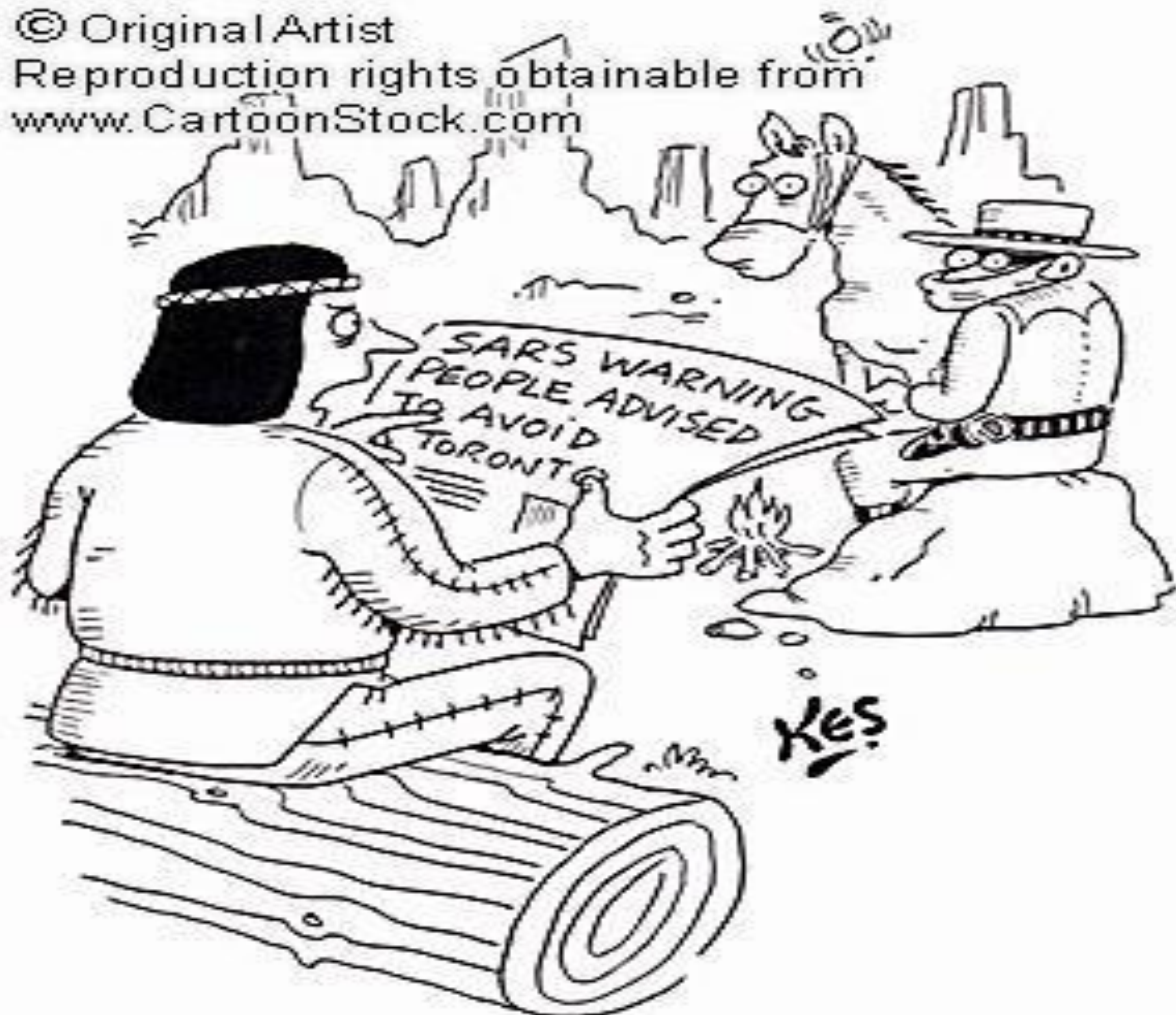
Cough
Headache
Weight Loss
Jaundice
Rash
Recent Travel

A Few More Factors

- Degree of contact
- Degree of contamination
- Is procedure likely to generate splash or spray?
- Is a high risk procedure to be performed?
- Patient's level of co-operation
- Difficulty of procedure
- Environmental conditions



"The patient in the next bed is highly infectious. Thank God for these curtains."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SARS WARNING
PEOPLE ADVISED
TO AVOID
TORONTO
Kes
" You misread it..It doesn't say 'avoid Tonto' ! "

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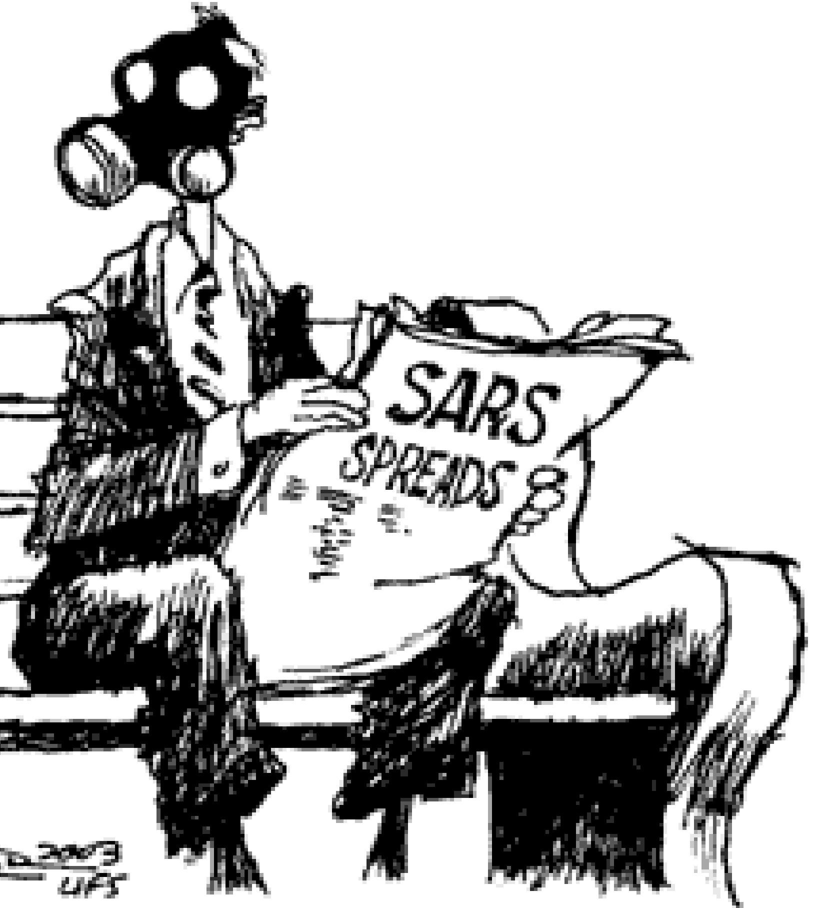
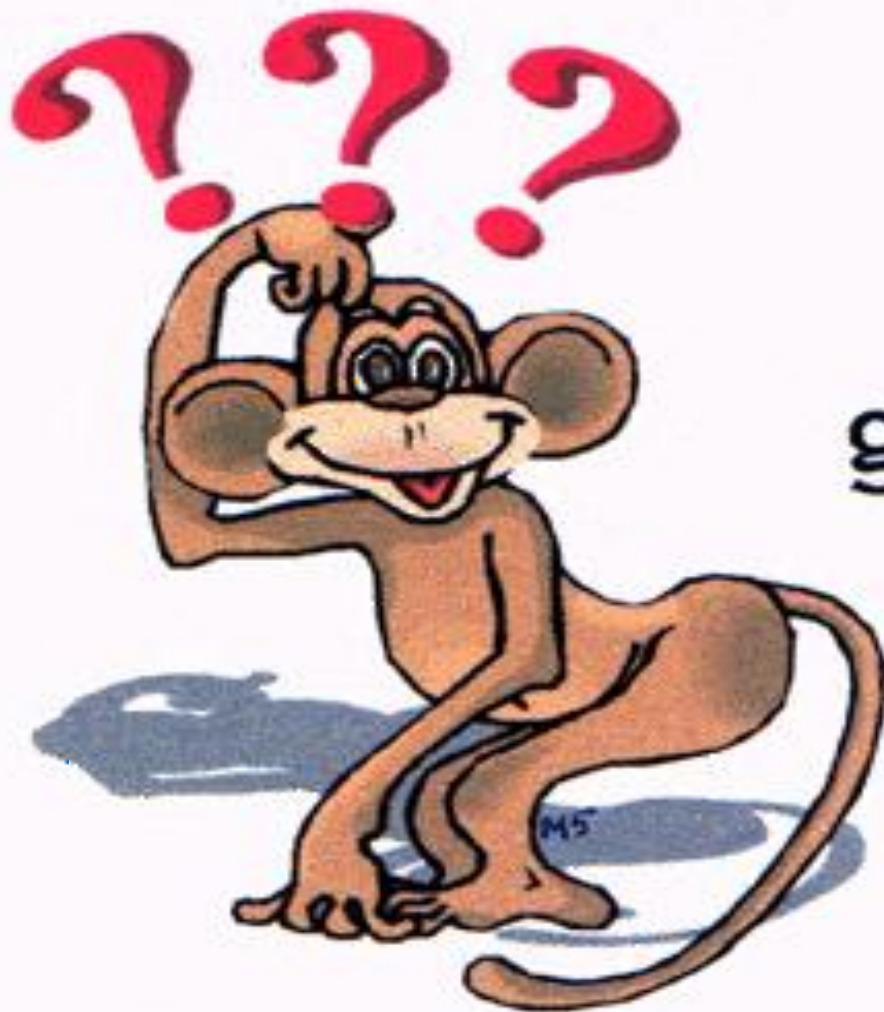
这个夏天过去了


STILL WORRIED ABOUT TERRORISTS?
NO... CANADIANS
SARS SPREADS



Questions are guaranteed in life; Answers aren't.

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