

If You Try to be an Island, That is What You Will Become

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It was late one rainy evening, when a routine call was toned into the station – a motor vehicle collision on one of the interstates near my home, just south of the junction with another interstate. Two ambulances responded with the rescue truck. A few minutes later, dispatch informed us that there were two vehicles involved. The driver of the north-bound vehicle lost control of their vehicle and traveled across the median. As the vehicle left the median, it went airborne and hit the second vehicle on the south-bound side with a family of 4 (Dad, Mom, son and daughter) inside. On impact, the first vehicle removed the top off of the second vehicle. Bystanders reported one fatality, the father.

Arriving on-scene, there were two vehicles in the south-bound lane, with traffic at a standstill and about 20 onlookers. Many were screaming for us to hurry. There was one patient entrapped in the vehicle. I began my scene size-up, as I had done so many times before. The scene was safe, my PPE in place, several bystanders nearby, no patients seen around the vehicle, and no noticeable hazards. As I approached the vehicle, I noticed a car seat in the vehicle. There were several people standing around that area of the car. The bystanders reported that the child was entrapped, and they were not equipped to remove her. I focused my attention on the car seat and saw a young child strapped into it. I checked off the appropriate boxes, young child probably 2-3 years old, unresponsive, eyes open, staring straight ahead, airway open, breathing unlabored, radial pulse present, and so forth. I was able to cut parts of the car away and remove the child and the car seat from the vehicle.

The rescue crew, police, and fire ensured that the scene was safe. Other EMS crews attended to her mother, brother, and the driver of the other vehicle. This allowed me to focus on my patient.

As I began my assessment, I noticed how small and helpless she looked. There she was still sitting in her car seat, which looked exactly like the one we had for my two-year-old daughter. As a matter of fact, she was about the same size as my daughter, and wearing the same type of clothes my daughter was wearing at the time. I focused on my patient. We moved her to the ambulance and onto the stretcher. With the help of another paramedic we prepared to move her to a backboard in order to protect her and to give us room to treat her.

The transport to the hospital seemed a blur, a mere few minutes. Two experienced paramedics trained in the latest techniques, with the latest equipment. We had packaged her appropriately, attached the monitors, obtained vital signs, and continuously assessed her. But the only medical treatment we were able accomplish during transport was airway management.

We arrived at the trauma center. We entered the emergency department and were directed to one of the trauma rooms. We transferred her to the bed. She looked so frail, but also angelic at the same time. We gave our report to the trauma team. The trauma doctor thanked us and told us that we have given her a chance. The trauma service team had already begun their well-organized assessment and treatment. The patient's condition had not changed during her time under our care. We were informed a short time later that her injuries included a depressed skull fracture and a C1/C2 spinal fracture.

We cleared from the hospital and went on to finish our shift. The rest of the evening was unremarkable. After my shift I went home. My wife asked if I had anything interesting that evening. It is strange that the term interesting is used in EMS circles to describe a situation where someone is severely injured, ill, or in a situation that tests the skills and resolve of the individuals involved. I gave her the Reader's Digest version of what happened, and went to check on my son and daughter, who were both sleeping.

I awoke the next morning and spent the time with my son and daughter. We ran some errands, and then stopped at the squad building to pick up a few things. I stopped to talk to a few people. We were getting ready to leave the building when someone called out to me. He said, "Did you hear?" I thought that it might be about my patient. I had prayed for her several times the previous night and hoped that it was good news. I said, "What?" He said, "They harvested her." Harvesting is a slang term in healthcare referring to organ donation. In that moment, my world came crashing down. I began to cry uncontrollably, and I left the building. My children were somewhat confused, Dad was always a rock, good with split-second decisions, always confident.

While I thought that I was handling what had happened well, I was a little more pensive than usual. But I was evaluating my performance just like I had so many times before. I was an experienced paramedic; I was the guy everyone relied on. I am a guy; I do not have problems. Other people have problems, not me. What I found out was that my perception of handling my own stress was not what others saw.

At one point my wife suggested that I get some help. She let me know that my way of handling my stress was not working. At about the same time, a good friend of mine, who happened to be the EMS Medical Director called me. He asked me to come out to his house for a talk. We talked for a while about the call, her injuries, our treatment of the patient, and concerns that something else could have or should have been done. This helped me to get back on track, to get to my center again.

From this I have learned that no one is too big, too strong or too tough to seek help when you have trouble dealing with this kind or level of stress. This alpha male (or female) attitude is rampant in the EMS environment. If you try to be an island, that is what you will become. The images do not go away, but they do lose their sharpness. I've come to learn that it is far more productive to be proactive in your own stress management -- and your own safety. You can wish it will go away by itself, but it won't.

I benefitted from caring individuals who cared about me. I use this story when I teach. When I talk about her, my students will hear my voice change. I use this as a tool to convey that rescuer safety is important, and that seeking care is not a sign of weakness, but a sign of strength. I use my experiences to empathize with others that are reacting to a stressful situation. Quite often I think of my little angel, and what she did for me. By the way, her name was Morgan.