

SICK CALL AND TEAM WELLNESS

Robert B Dunne MD FACEP

GOALS

- Educate on providing care and to members during training and deployment.
- Educate response teams on strategies for prevention of illness and injury.
- To review specific incidences of team members become ill or injured on training or deployment.

Actual Events

- JS 41 y.o. nurse, no PMH
- Lightheaded, brief syncope
- Felt better still weak.
- Options?
- Outcome

Actual Events

- KR 36 y.o. medic, no PMH
- Injured unloading
- Pain, deformity
- Femur Fracture
- Options
- Outcome

Actual Events

- LT 52 yo male
- no complaints, sick call BP 210/120
- Hx of hypertension
- Normal exam otherwise
- Options?
- Outcome

Team wellness

- Training
- At time of deployment
- On deployment

Pre-deployment Screening

- Working for more than 24 continuous hours
- Shifts lasting 12 or more hours
- Standing for 8 or more hours at a time
- Regular walking or climbing on non-level surfaces
- Dusty or dirty air
- Temperature extremes Working at night or in the dark
- Repeated lifting
- Working and/or living without basic services
- Poor sleeping environment

Pre-deployment Screening

NO. OF ATTACHED SHEETS: _____ DATE OF EXAM: _____

MEDICAL RECORD	REPORT OF MEDICAL HISTORY	DATE OF EXAM									
NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons.											
1. NAME OF PATIENT (Last, first, middle)	2. IDENTIFICATION NUMBER	3. GRADE									
4a. HOME STREET ADDRESS (Street or RFD, City or Town, State, and ZIP Code)	5. EXAMINING FACILITY										
4b. CITY	4c. STATE	4d. ZIP CODE									
6. PURPOSE OF EXAMINATION											
9. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Use additional pages if necessary)											
a. PRESENT HEALTH		b. CURRENT MEDICATION									
c. ALLERGIES (include insect bites/stings and common foods)		REGULAR OR INTERN									
8. PATIENT'S OCCUPATION		d. HEIGHT									
		e. WEIGHT									
		ARE YOU (check one)									
		<input type="checkbox"/> RIGHT HANDED									
		<input type="checkbox"/> LEFT HANDED									
10. PAST/CURRENT MEDICAL HISTORY											
CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW
Household contact with anyone with tuberculosis				Shortness of breath				Bone, joint or other deformity			
Tuberculous or positive TB test				Pain or pressure in chest				Loss of finger or toe			
Blood in sputum or when coughing				Chronic cough				Painful or "wax" shoulder or elbow			
Excessive bleeding after injury or dental work				Palpitation or pounding heart				Recent back pain or any back injury			
Suicide attempt or plans				Heart trouble				"Click" or locked knee			
Seizures				High or low blood pressure				Foot trouble			
Wear corrective lenses				Changes in your legs				Nerve injury			
Eye surgery to correct vision				Frequent indigestion				Paralysis (including infantile)			
Lack vision in either eye				Stomach, liver or intestinal trouble				Epilepsy or seizure			
Wear a hearing aid				Gas bladder trouble or gallbladder				Cut, tear, sea or air sickness			
Mutter or slurred				Jaundice or hepatitis				Frequent trouble sleeping			
Wear a brace or back support				Broken bones				Depression or excessive worry			
Scarlet fever				Adverse reaction to medication				Loss of memory or amnesia			
Rheumatic fever				Skin diseases				Nervous trouble of any sort			
Sore throats or painful joints				Tumor, growth, cyst, cancer				Periods of unconsciousness			
Frequent or severe headaches				Hemorrhoids or rectal disease				Painstaking with diabetes, cancer, stroke or heart disease			
Dizziness or fainting spells				Frequent or painful urination				X-ray or other radiation therapy			
Eye trouble				Bed wetting since age 12				Chemotherapy			
Hearing loss				Kidney stone or blood in urine				Adherence to toxic chemical exposure			
Recurrent ear infections				Sugar or albumin in urine				Plaster, pin or rod in any bone			
Chronic or frequent colds				Sexually transmitted diseases				Rare fatigue			
Severe tooth or gum trouble				Recent gain or loss of weight				Been told to cut down or戒酒 for alcohol use			
Sinusitis				Eating disorder (anorexia bulimia, etc.)				Used illegal substances			
Hay fever or allergic rhinitis				Asthma, Rheumatism, or beriberi				Used tobacco			
Head injury				Thyroid trouble or goiter							
Audilia											

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 Previous edition not usable

STANDARD FORM 3 (REV. 6-40)
 Prescribed by E.M.R.C.A.
 FORM 14 (CFR) 201-202-1



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Disease and injury prevention

- Feeding and Watering
- Sleep issues
- Shift Work
- Safety, Safety, Safety

Personal packing

- Train as you fight
- Carry your own gear
- Test and inspect
- Prescriptions

How to pack

- General Tips:
 - Sleeping bag on the bottom
 - Most big packs have a special spot for it
 - Try to place heavy stuff nearer your back for better balance
 - General rule: women can center the weighty stuff towards the lower back, men a little higher (but it's a matter of personal taste)
 - Compression straps and how to make use of them

How to pack

- General Tips cont...
 - Pack the stuff you will need on the trail most, last
 - Eg.'s rain gear, compass, snacks, knife, water
 - Keep small stuff separate
 - Easier to find, harder to lose
 - ‘Staging’— make a list, lay everything out before packing

How to pack

- Keeping out the elements
 - Pack cover
 - Some come with one
 - Garbage bag can work just fine
 - Inside the pack
 - Drysacks/wetsacks
 - Garbage bags
 - Grocery bags
 - Ziploc bags

How to pack

- Making space
 - just because you got that shiny new 80L pack doesn't mean you have to fill it! (75% rule)
 - Best way to cut down on space...Don't pack it!
 - Rolling, rolling, rolling
 - things take up less space (more wrinkles though ☹)
 - Compression sacks
 - Really handy for sleeping bags
 - Clothes as well

Environmental Factors

COLD WEATHER

“Marry an outdoors woman. Then if you throw her out into the yard on a cold night,
she can still survive.” -W.C. Fields

Prevention (*better than cure*)

Use your BRAIN

Be prepared

Dress appropriately

Always be ready for a night out

Don't eat snow

Eat well and often

COLD WEATHER

Remember - **COLD**

- C**lean clothes hold heat better
- O**pen, breathable clothes prevent soaking in sweat
- L**oose, **L**ayers allow for adapting
- D**ry clothes prevent heat loss

Susceptibility Factors

- Previous cold weather injury
- Inadequate nutrition
- Alcohol and/or nicotine
- Dehydration
- Overactivity/Underactivity
- Long exposure to the cold
- Poor clothing and equip
- Sick or injured
- Acclimatization
- Ethnic/geographic origin
- Wind, cold, rain
- Age
- Discipline
- Physical stamina
- Inadequate training

Types of Cold Weather Injuries

- Hypothermia
- Frostbite
- Chilblains
- Immersion/Trench Foot
- Dehydration
- Carbon Monoxide Poisoning
- Snow Blindness
- Sunburn

Hypothermia

■ Mild

- Impaired basic function, shivering, sluggish thinking, slurred speech, stumbling

■ Moderate

- Uncontrolled shivering, mild signs worsen

■ Severe

- Shivering STOPS,

•Change Environment

- Shelter: off snow, out of water, off cold ground
- Get dry clothing on ASAP
- Add layers

•Insulate and warm

- Insulate
 - Head, neck, hands, feet
- Hot packs (wrapped) to groin, armpits
- Food and warm, sweet liquids
 - NO CAFFEINE OR EtOH
- Exercise

Frostbite

- Superficial (no permanent damage)
 - Mild tingling/numbness
 - White, waxy, cold, soft
 - Or red, painful, may peel after thawing
- Partial Thickness (damage to upper layers)



- Warm affected area (NO HOT WATER!)
 - Skin-to-skin contact
 - Warm water 104-108 F
- Protect from re-freezing and elements
- NEVER MASSAGE USE DIRECT HEAT
- Ibuprofen for pain

Guidance for Cold Weather Operations

- Clothing and Equipment
 - your 1st line of defense
- Food and Water Requirements
- Personal Hygiene and Field Sanitation
- Work Practices

Extended Cold Weather Clothing System (ECWCS)

- Do you wear it well?
 - Polypropylene undershirt/drawers
 - Field liner coat/trousers
 - Gore-tex coat/trousers
 - Cold weather boots
 - Handwear and accessories

ECWCS: Inner Layer



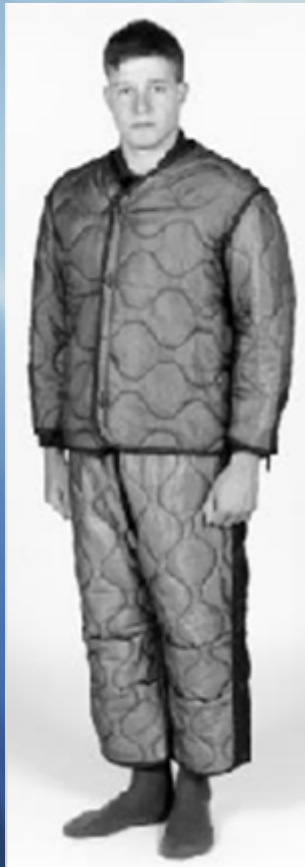
- **Polypropylene Expedition Weight Underwear**
- Primary wicking layer
- Worn directly next to the skin – no underwear!
- Zippered turtleneck for ventilation
- Temp range +40°F to -60°F

ECWCS: Intermediate Layer



- **Polyester Fleece (Fiberpile) Jacket and Bib Overall (smoking jacket)**
- Primary insulation layer
- High backed bib
- Quick release suspenders
- Temp range +40°F to -60°F
- (not issued at all installations)

ECWCS: Intermediate Layer



- **Cold Weather Coat and Trouser Field Liners**
- Polyester dumbbell quilted batting
- Secondary insulation layer for extreme temperatures
- Temp range +40°F to -60°F

ECWCS: Outer Layer



- **Gore-tex Jacket and Trousers (parka, extended cold weather camouflage)**
- Provides water repellency and wind resistance
- Armpit zippers for ventilation
- Windbarrier layer around waist
- Temp range +40°F to -60°F

ECWCS

- Protects between +40°F to -60°F
- Draws perspiration away from skin and repels water to outer layer for evaporation
- Changes with wearer's needs
- No cotton or wool! (includes BDUs)

Footwear

- Intermediate Cold Wet Boot (ICWB) or Boots, Extreme Cold Weather Type 1
 - waterproof, breathable leather with Gore-Tex liner and Thinsulate thermal insulation
 - designed to keep water out, but can also keep dampness in
 - (Matterhorn/Rockies)
 - 1 pr nylon/cotton/wool socks
 - protects +40°F to -20°F

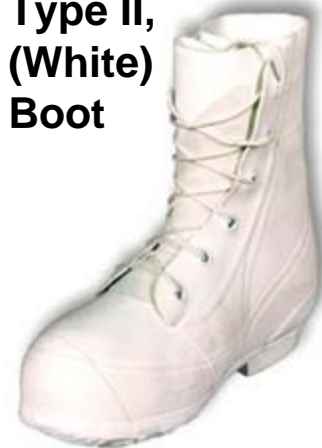


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Footwear

- The Extreme Cold Weather Boot (Vapor Barrier-VB)
 - wear when -20°F or below; protects to -40°F inactivity and -60°F activity
 - insulation consists of wool felt sealed with an outer and inner layer of rubber
 - ensure airvalve is closed
 - trousers bloused over boots
 - 1 pr wool cushion sock

**Type II,
(White)
Boot**



Handwear

- Light-duty leather glove with wool/nylon liner
 - provides inactive person with 30 minutes of protection from frostbite at 0°F
 - not waterproof; temp range +40°F to -20°F

Handwear

- **Mitten inserts and shells (Trigger Finger)**
 - 0°F or below; temp range +40°F to -60°F
 - can use trigger finger w/o inserts while firing with M16
 - do not touch cold metal, POLs with bare hands
- Mitten set, extreme cold weather
 - adjustable strap and buckle
 - wool pile
 - temp range +40°F to -60°F

Headwear

- Balaclava
- Pile cap
- Neck gaiter
- Wool scarf
- 70-80% of lost body heat escapes through the head
- When wearing kevlar, wear pile cap or balaclava underneath



Clothing/Equipment Problems

- Malfunctions occur more often during cold-weather
- Moisture from sweat or breathing can become trapped in clothing or sleeping bags
 - minimize overdressing
 - remove clothing layers upon entering heated areas or during strenuous physical activity
 - dry clothing by hanging in the tent

Clothing/Equipment Problems

- Loss of manual dexterity from wearing gloves and mittens
 - Lightweight polypro glove liners can be worn
 - Do not blow warm breath into gloves
- Metal can be dangerous to touch (contact frostbite)
- Moisture will condense on cold metal exposed to heat

Water Consumption

- 5-6 quarts of water/day
- Avoid nicotine and alcohol
- Hot juice or soup
- Protect water from freezing
- In emergency, melt snow and purify before drinking
- Dark, yellow urine is first sign of dehydration

Water Consumption

- Plastic canteen, when filled with water, will freeze quickly
 - carry canteen in interior uniform pocket or wrapped in clothing and placed in pack
- Do not fill canteen over 2/3 full to allow for expansion should ice form

Food Consumption

- Caloric intake increases 25-50%
- Calories needed
 - moderate exertion - 4500 calories/day
 - extreme exertion - 8000 calories/day
- 4 standard MREs per day
 - 3 MREs = 3600 calories
- Plan for hot chow, warm beverages or heat MRE

Food Consumption

- Frequently snack throughout the day
- Carry emergency rations
- Eat large snack at night to keep warmer during sleep and prevent shivering

Individual Cold Weather Survival Kit

- Waterproof matches and fire starters (candles)
- Signaling devices (mirror, whistle)
- Knife
- Pressure bandage, lip balm, sunglasses
- Water container (metal for use in fire)
- Compass
- Emergency rations (MREs, trail mix)
- Foil survival blanket
- 5 m of strong nylon cord
- Small flashlight

Work Practices

- Proper cold weather training for acclimatization
- Practice performing duties while wearing cold weather clothing
- Ensure cold weather clothing is in proper working condition
- Feet, hands, exposed skin must be kept dry
- Maintain proper hydration, nutrition
- Minimize periods of inactivity

Work Practices

- Command emphasis on education and training
- Appropriate use of weather data, especially the wind-chill factor (see next slide)
- Liberal use of sick call
- Provide time and locations for thorough warming and clothing changes
- Use Field Sanitation Teams and buddy checks to prevent cold injuries

HEAT

- Prevention
 - Synthetic clothing that facilitates sweating
 - Plan ahead (stops) and for the unexpected
 - Stretch, don't ignore body, rest often in shade
 - HYDRATE, HYDRATE, HYDRATE
 - Bring LOTS of water, *some* electrolytic fluids or salt

(De)Hydration

- By the Numbers

- It takes 1.5 to 2L water/day to sit on the couch
- 75% of Americans are *chronically* dehydrated
- Dehydration of 2-3% will decrease endurance capacity by 5-10%.
- A 2-3% drop in body water can trigger impaired short term memory, difficulty with basic math and problems focusing on a computer screen or print.
- Lack of water is the *number one trigger* of daytime fatigue.
- High altitude/hot weather/vigorous activity can lose up to and *additional* 4L/day
- Caffeine, sugar, some medications are diuretics: increase urination

Dehydration

- What to look for
 - Increased heart rate
 - Increased respiration
 - Decreased sweating
 - Decreased urination
 - Increased body temperature
 - Extreme fatigue
 - Muscle cramps
 - Headaches
 - Nausea
 - Confusion
- What to do ASK - MONITOR
 - Urine should be CLEAR
 - Hydrate well in advance
 - Maintain steady break regimen: more stops, less volume
 - Body can absorb maximum 250mL every 15-20 minutes
 - If increasing water intake due to environment, supplement with electrolytic/salt solutions (more on the “sparingly” side!)

Heat Illnesses

- Rest in cool, shaded area
- Fluid replacement with water and dilute electrolytic/salt solutions
- Stretch for cramping
- **AGGRESSIVELY COOL**
 - Spray with water, fan.
 - Expose skin and wet to aid cooling.
- Hydrate
- Evacuation if no response

Blisters!

“Life is short and full of blisters.”
-African Proverb

- DON'T WAIT TO TREAT!

- PREVENT THIS!

- Wear-in boots before going long-distance
- Make sure socks fit tight!
- Thin, tight layer under thicker layer
- Keep feet dry
- Tape over spots you know cause problems

- NEVER PEEL SKIN OFF!
- Upon forming use moleskin, molefoam or foam to make a donut around the blister, cover with tape.
- If out for many days may drain - Puncture on side and leave roof intact!
- Keep CLEAN and monitor, changing dressings daily

Personal Medical Kits

- The best medical kit is one that you will take EVERY time!
- Get a kit to start with the basics, waterproof case.
- Pack what you need/like
- The team is not your CVS
- Reassemble, check expiries, and be familiar with your kit!
- Repack depending on trip

Healthcare related issues

Current Needlestick Injury Statistics

- Every day, an average of 15 VHA employees receive occupational needlestick injuries.
- Tangible costs for the initial workup and treatment of each needlestick injury average about \$750.
- The intangible costs (e.g. emotional stress, decreased employee productivity, etc.) may be even greater.

Risk of Infection Following a Needlestick Exposure

- Hepatitis B: 1.9% - > 40%
- Hepatitis C: 2.7% - 10%
- HIV: 0.2% - 0.44%

Gerberding, New Engl J Med

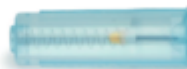
Sharps Safety

- Set up with sharps in mind
- Use retractable or other protected sharps
- Safety officer should observe and correct

NOW YOU SEE IT.



NOW YOU DON'T.



PROTECT YOURSELF AND OTHERS- USE SHARPS WITH SAFETY FEATURES

BE PREPARED. Anticipate injury risks and prepare the patient and work area with prevention in mind. Use a sharps device with safety features whenever it is available.

BE AWARE. Learn how to use the safety features on sharps devices.

DISPOSE WITH CARE. Engage safety features immediately after use and dispose in sharps safety containers.



Support for printing this poster came from an unrestricted educational grant provided by Safety Institute, Premier, Inc.

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Diseases of Special Concern

- Meningitis
 - Inflammation to the lining of the brain
 - Can be caused by viruses or bacteria
 - Usually not contagious except for *Meningococcus meningitidis*
 - Wear gloves and masks.
 - Notify a physician, if exposure suspected.

Diseases of Special Concern

- Tuberculosis
 - Bacterial disease affecting the lungs
 - Detected by screening
 - Recovery 100% if identified and treated early
 - Notify supervisor of suspected exposure.

Other Diseases Causing Concern

- Syphilis
 - Can be a bloodborne disease
 - May result from needle stick
- Whooping Cough
 - Airborne disease caused by bacteria
 - Often in adults
 - New adult immunization dTp

Sleep/Shift Issues

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“Insomnia is very common. Try not to lose any sleep over it.”

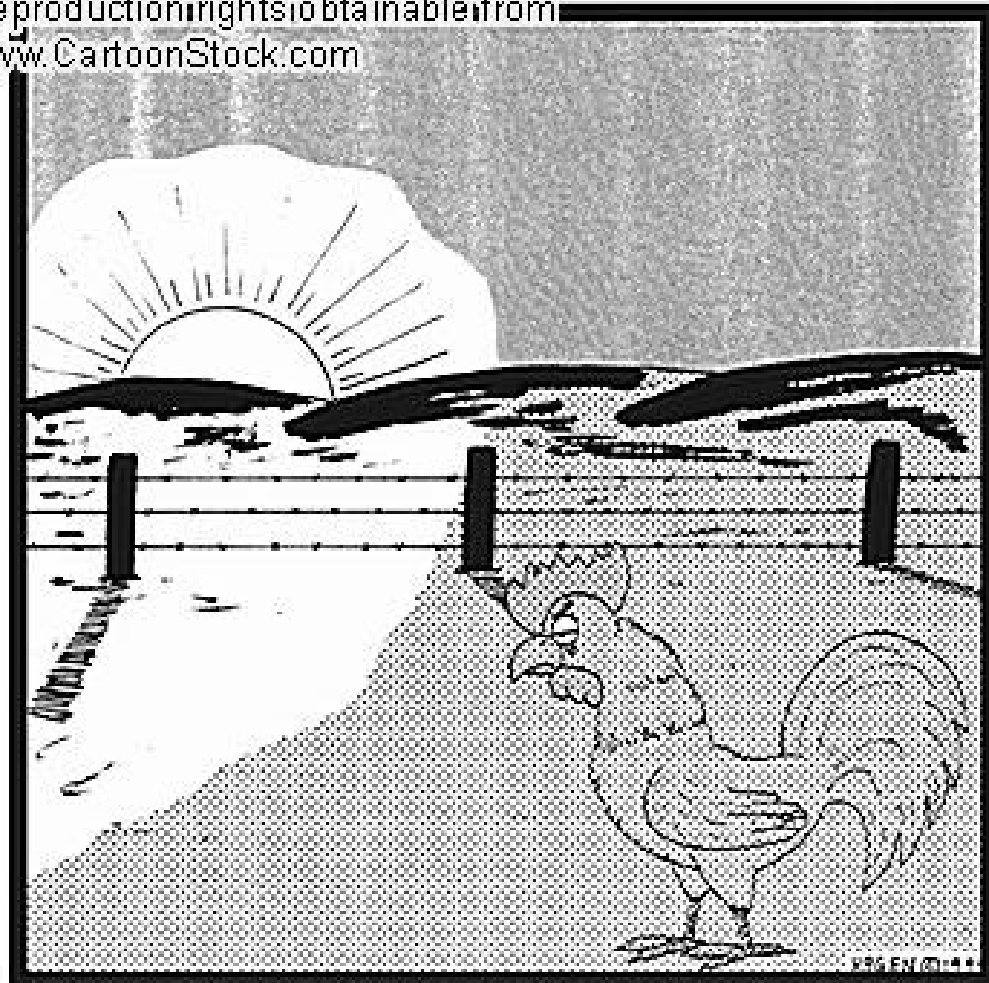
Causes: Circadian Rhythm Disorders

- Delayed & advanced sleep phase syndromes
- Shift work sleep disorder
- Jet lag

Generalized effects

- Effects are cumulative
- Excessive daytime sleepiness (ES or EDS)
- Impaired vigilance, motor performance & cognitive performance
- During & workplace accidents
- HTN, Diabetes, Obesity, Depression, MI & CVA
- Impaired immune response

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For Tim, sleeping late is not an option!

Some Examples

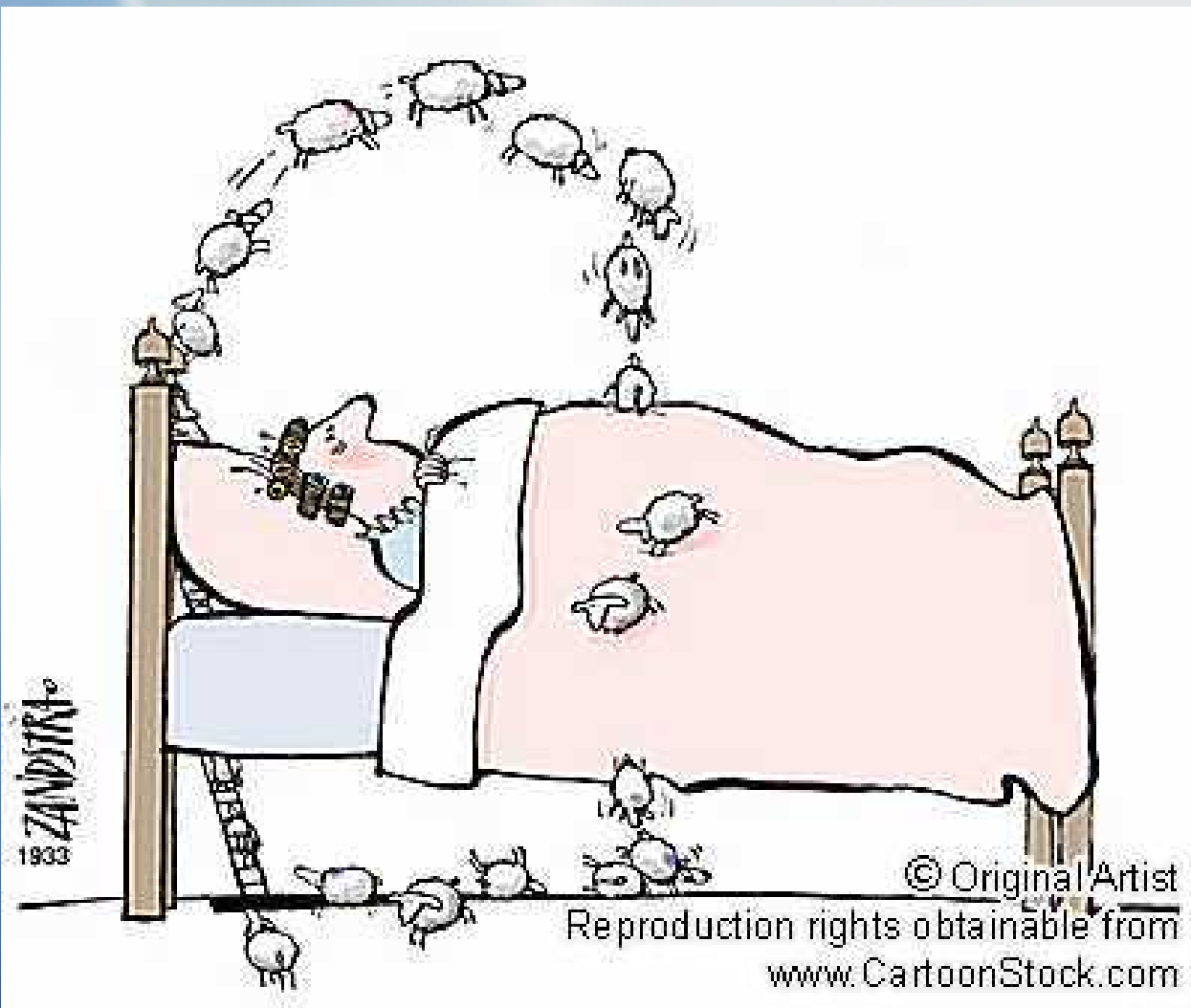
- Sleep deprived drivers, awake 17-19 hours, perform similar to BAL of 0.05; 24 hours awake equals BAL of 0.10
- Sleepy drivers cause ~1500 highway deaths per year
- Exxon Valdez, Three Mile Island & Challenger disaster probably due to sleep deprivation effects on workplace/cognitive performance

Insufficient Sleep Syndrome

- Occurs when people choose not to sleep enough (or have to due to occupation)
- Very common in both the health care and operational settings (2nd most common)
- Effects are the same as with other causes
- Outcomes could be hazardous to patients, self and others

Shift-Work Sleep Disorder

- Most common sleep disorder of medical personnel & military members
- For residents & staff, this is mostly due to overnight call & failure to catch up on sleep
- For operational settings, this is due to operational/combat demands for prolonged wake cycles



Sleep Deprivation & Patient Safety

- Does not appear to adversely affect task-oriented performance
- SD does impair decision-making involving the unexpected, innovation, revising plans, competing distraction and effective communication
- SD causes hesitancy, premature diagnosis and failure to assimilate information

Sleep Deprivation & Patient Safety

- Complex tasks that are essentially rule-based and interesting for the participant tend not to be sensitive to sleep loss
- Real-world decision making can also involve unique and unfamiliar circumstances, necessitating a wide range of other complex skills...these appear to be sensitive to SD

Sleep Deprivation & Patient

- SD adversely affects mood and provider-patient interactions
- SD results in poor insight into own performance, including recurrent errors
- SD may lead to difficulty/confusion with serial ordering of facts, events, commands
- SD results in decremented oral communication – speaking or receiving

Sleep Deprivation & Patient Safety

- Overall effects:
 - Adversely affects executive level function
 - Impairs insight regarding personal performance
 - Unreliable temporal memory
 - Inability to deal with surprise, the unexpected
 - Inflexible thought processes
 - Easily distracted; impaired oral communication
 - Irritable, lack of empathy

LOE – 2b; SOR – B...for all

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Baldwin



“Sure I sleep all day. She snores all night.”

Sleep Deprivation & the Operational Setting

- Two types of sleep deprivation patterns:
 - Continuous operations - >24 and divided into shifts
 - Sustained operations - >24 of continuous performance
- Both can result in fatigue
- Sustained operations result in greater sleep deprivation

Sleep Deprivation & the Operational Setting

- As in the Hospital, sleep deprivation in the operational setting has different outcomes
 - Affects circadian rhythms
 - Impairs judgment, especially complex decision-making
 - May affect operational capabilities
 - Creates delays in critical decisions
 - Adverse effects on mood (irritability, depression)

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**"MY MARRIAGE IMPROVED SINCE I DON'T WAKE UP
GROUCHY IN THE MORNING. I LET HIM SLEEP TILL NOON."**

Prevention

- Adequate sleep is the only true prevention
- Induced sleep prior to overnight operations
 - Temazepam shown to be effective in inducing sleep period and preventing effects of SD and circadian rhythm disturbance (LOE – 2b)
 - Zaleplon not effective in same study
 - Short naps – <30 minutes or 90-120 minutes can be helpful (as a treatment) (LOE – 1b)

Treatment of SD

- Most effective treatment is sleep (LOE – 1a)
 - Naps as noted
 - Night float system
- To maintain vigilance and performance in setting of SD
 - Medications can be used
 - Caffeine most often used (LOE – 1b)
 - Modafinil and dextroamphetamine also can be used (LOE – 1b)

Caffeine for SD

- DATA FROM Military Studies
- Improves target detection plus engagement/reaction time
- Some improvement in marksmanship
- Improves run times
- Improves target hits vs. number shots
- Does not improve friend vs. foe judgment
- Some improvement in major/minor lapses

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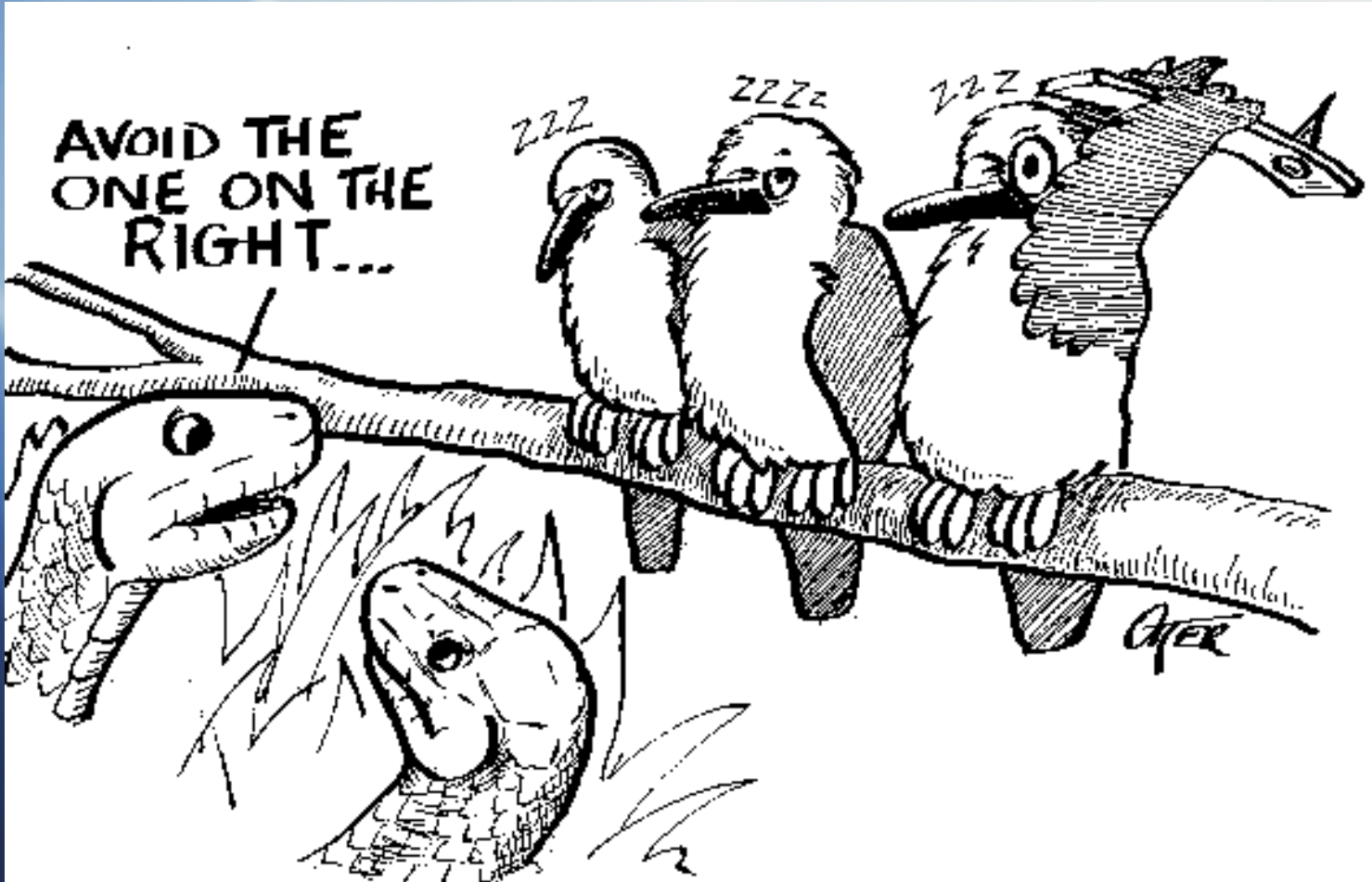
"Was I snoring again?"

Modafinil for SD

- For SUSOPS missions up to 24h, modafinil preferred to naps
- For SUSOPS >24h, naps + modafinil are better
- Overconfidence may occur with use
- Overheating may occur
- Need to test individual response before mission

Modafinil for SD

- Useful to maintain cognitive performance
- Post-medication recovery similar to placebo
- Dosing regimens vary, but best balance is 100mg every 8 hours to max of 300mg/d
- Side effects include overconfidence at higher doses, anxiety, palpitations, tremulousness and nausea



Dextroamphetamine for SD

- Effective, maybe more so than modafinil
- More side effects than modafinil while taking and on recovery sleep
- Maintains flight skills, psychological mood and physiological activation
- Viable remedy for SUSOPS in flight crews, but no substitute for crew rest/sleep

Treatment Summary

- Caffeine is best for SD...readily available, minimal side effects, effective, no recovery sleep effects, mild positive effects on mood
- Modafinil is second best...minimal side effects in 100mg q8h dosing, effective, no recovery sleep effects, no effects on mood
- Dextroamphetamine...probably best for pilots, mild side effects, adverse recovery sleep effects, maintains flight skills, maintains mood

LOE – 1b (multiple small RCT's); SOR –B...for all

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video icon.

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***“I don’t know which is harder-- getting
Smythe started in the morning, or his
computer.”***

How to do sick call

- Times for each shift
- Share the Load
- On Call
- Documents

What equipment to have with the team at all times

- Common things are common
- Uncommon things are deadly
- BLS bag
- ALS bag
- Meds

Jump bag care and maintenance

- Managed medication inventory
- ALS drug boxes
- Use bags during training

Commonly used pharmaceuticals

- Comfort meds
- Motion sickness
- GI
- Sinus/cold/allergy
- Thing you did not know you needed

Medical record keeping

- Secure medical records
- Care sheets
- Prescriptions

Insurance issues on deployment

- Cards, numbers Phone numbers
- Team database
- Document
- Workers comp

Evacuation of team member

- Medical Intelligence
- Hospitals nearby
- Hospitals and contacts at home

Stress Management

- There are positive and negative ways of handling stress.
- Stress is unavoidable.
- Understand the effects of stress.
- Find balance in life.

Strategies to Manage Stress

- Change or eliminate stressors.
- Change partners to avoid negative or hostile personality.
- Stop complaining or worrying about things you cannot change.
- Expand your social support system.

Strategies to Manage Stress

- Minimize the physical response by:
 - Taking a deep breath
 - Stretching
 - Regular physical exercise
 - Progressive muscle relaxation

Support of team member and family

- Try to make it easy
- Keep up on the homefront
- Have a good “home team”
- Notification

Support of team member and family

- Personal preparedness at home
- Contacts
- Family plan

Follow up of a medical event

- Keep all of your paperwork
- Lesson learned
- Keep communication open

Lessons for next deployment

- Have your plan
- Teach your team
- Pack your bag
- Monitor your team mates

QUESTIONS