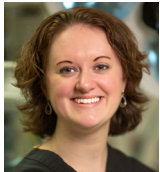


Embracing Femininity in a Pandemic

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When I became an EMT in 2007, I could count on one hand the female paramedics I knew from working in the emergency room (ER) of a community hospital across the street from my high school. Female psych patient transports required a female provider in back, and because of how few women in EMS there were, some days the same paramedic would reappear half a dozen times. Those women were total badassess in my mind – they held their own, were wicked smart, quick with a joke, and could literally pull their own weight.

Later on in college as an 18-year-old female paramedic student in New York City, I quickly realized how naïve I was to the prevailing EMS culture. I was told by a preceptor that “women are supposed to be nurses, and men are supposed to be paramedics, so you might as well just quit medic school right now.” I had a signet ring worn by three generations of women in my family resized to fit on my pinky, as wearing it on my ring finger attracted attention from men who believed I was married and therefore more desirable. I learned how to weightlift so my partners wouldn’t be averse to working with a woman in the pre-powerlift stretcher era. I took up reading automotive magazines and watching local sports so I could make conversation across the daily gender and generational gaps. Most of all, I learned to show no emotion, even after a patient attempted to stab me with a knife enroute to the hospital one afternoon.

I continued to work as a paramedic, graduated as one of the few women in my biomedical engineering class, was accepted to medical school, and spent hundreds of hours becoming a state and nationally certified EMS educator. I earned my flight paramedic board certification which allowed me to take a highly coveted position as a critical care transport paramedic, and went on to become a resident emergency physician, still working shifts as a paramedic until I was granted my own medical license.

As I finish an EMS fellowship and become an EMS Medical Director, I feel like I am finally in a position that I feel safe enough – respected enough – to show others that it’s okay to not be okay. That it takes more far courage to say, “I need help” than “Yeah, I’m fine.” To say we need a safety net for rough calls and to diffuse the cumulative occupational stress we endure.

This winter I teamed up with a paramedic supervisor and we began to craft a program called the EMS Code Lavender. Code Lavender started in a Hawaiian hospital¹ as a way for healthcare providers to recognize and begin to heal from traumatic situations and unexpected deaths. During a Code Lavender, a multidisciplinary team meets staff real-time, and while the team composition varies across institutions, all utilize some

sort of lavender aromatherapy for the sense of calm and tranquility it’s believed to bring. To overcome operational challenges unique to EMS, we framed it in two parts: a consistent way to recognize and reach out to staff after acute events and a long-term wellness initiative. We formulated a set of initial criteria for notifying the Code Lavender Team about a call and hoped by making it analogous to using criteria to call a major trauma code, the program would be less threatening and remove the sense of “tattling” on each other. A webpage was created so that all the wellness and mental health resources already available to staff, though rarely known about, were in one location. We printed stickers with a QR code that links to the page for providers to put on the back of their ID badge. Finally, we created a Google Voice number for notifications to go to. We planned to screen the notifications to determine if it was appropriate to reach out to providers via text or phone call, or if a Code Lavender needed to be activated for an immediate in-person response. Our grand plans involved rolling the program out in May during a series of department-wide training days.

Then COVID-19 hit, blowing our seemingly brilliant plans right out of the water. Within a week, we realized we were soon-becoming an epicenter in the COVID-19 outbreak. If there ever was a time to hopefully get buy in about acknowledging and embracing mental health, surely it would be during a pandemic with no realistic end in sight. We sent out an email explaining the program to staff, hurriedly gave out the stickers, and made the notification line live within several days. Much of the medical response to COVID-19 has evolved on a daily basis, the EMS Code Lavender response has evolved as well. In addition to maintaining daily peer contact with providers who are quarantined, we gathered items for care packages and purple teddy bears to give to those under strict isolation precautions. We started weekly happy hours via Zoom as a way for folks to laugh and breathe together while enjoying a seltzer or adult beverage of their choice. We bought a supply of chalk for the therapeutic graffiti of EMS bay sidewalks to create visual reminders of the love, community, and gratitude that surrounds us.

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SECTION REPORT WOMEN IN EMERGENCY MEDICINE

I would like to believe that on some level, helping to spearhead this effort as a woman has made it more inviting and warmer. Channeling what I hope someday to be maternal love, to make it non-threatening and genuine. I admittedly have paused before I hit send on emails to the EMS staff, cringing, wondering about if what I'm writing is too "personal", or "touchy-feely" or "emotional". Then I think, so what if it is? Since when did saying, "I care about you as a fellow human" become taboo? I have endured what EMS is like without feelings and femininity, and I know that

my EMS reality right now, even in the midst of the worst medical nightmare of my lifetime, is something I am so very proud of. ●

References:

1. Karlamangla S. As health workers deal with mass shootings and fires, more hospitals are looking to help them cope. *Los Angeles Times*. 01/02/2018, 2018. <https://www.latimes.com/local/california/la-me-in-code-compassion-20180102-htmlstory.html>

SINCE WHEN DID SAYING, "I CARE ABOUT YOU AS A FELLOW HUMAN" BECOME TABOO?



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