EMT Roles and Responsibilities, Wellbeing, Medical Legal

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EMT-B: Introduction - 1

- What you are about to do
- Who am I?
- Volunteering
- Lectures vs. “Practicals”
- Contacting me
EMT Class: “Roadmap”

- Introductory material
- CPR
- Trauma didactic and associated skills
- **Trauma patient assessment**
- Medical didactic and associated skills
- **Medical patient assessment**
- Final topics
- REVIEWS!

EMT Class: Exams

- Class Exams
  - Written quizzes
  - Written exams
  - Skill evaluations
  - Class Final Exam
  - NY State Practical Exam
  - NY State Written Exam
Outline

- History
- Different levels of EMTs
- What makes a good EMT?
- Quality issues
- Medical-Legal Issues

History

- Military: France, Civil War, Red Cross
  - Get the patient to physician!
- Non-military: Early 1900s
- WWI, WWII, Korean & Vietnam Wars
  - Led to major advances in trauma care
- Non-uniform care
  - Unorganized
  - Funeral Home Sponsored
History -- Continued

- 1966 – DOT given the responsibility to:
  - "Develop EMS standards & assist the states in developing quality EMS systems"
- Most EMS systems today are still based on the DOT model

EMT Roles & Responsibilities

- Personal Safety!
  - If not safe → Have it made safe!
- Safety of the crew, patient and bystanders
- *** Patient Assessment ***
- Patient Care
- Lifting and Moving
EMT Roles & Responsibilities-2

- Transport
- Transfer of care
- **Patient Advocacy**
  - Reporting accurately & completely to ER
  - Reporting observed & perceived needs
    - E.g. The need for a social worker

Levels of EMT Training

- CMR
- **EMT**
- AEMT
- Paramedic
Well Being of the EMT

- To take care of others, we must take care of ourselves.
- EMT training includes recognition of hazards:
  - Personal neglect
  - Health and safety hazards
  - Stress

Standard Precautions

- **Protect Yourself**
  - and your patient
- Gloves
- Eye Protection (goggles)
- Gown
- *Use common sense!*
  - *But don’t intimidate your patient!*
Proper Hand Hygiene

- Simplest yet most effective way to control disease transmission.
- Wash hands before and after patient contact.

Eye Protection and Face Shields

- Eye protection protects from blood splatters.
- Prescription glasses are not adequate.
- Goggles or face shields are best.

Source: © Dr. P. Marazzi/Photo Researchers, Inc.
General Postexposure Management

- If you are exposed to a patient’s blood or bodily fluids:
  - Turn over patient care to another EMS provider.
  - Clean the exposed area.
  - Rinse eyes if necessary.
  - Activate your department’s infection control plan.

Stress Management on the Job (1 of 2)

- EMS is a high-stress job.
- Important to know causes and how to deal with stress
- General adaptation syndrome:
  - Alarm response to stress
  - Reaction and resistance
  - Recovery—or exhaustion
Stress Management on the Job (2 of 2)

- Physiologic signs of stress
  - Increased respirations and heart rate
  - Increased blood pressure
  - Cool, clammy skin
  - Dilated pupils
  - Tensed muscles
  - Increased blood glucose level
  - Perspiration
  - Decreased blood flow to gastrointestinal tract

Stressful Situations (1 of 2)

- Dangerous situations
- Physical and psychological demands
- Critically ill or injured patients
- Dead and dying patients
  - Especially children
- Overpowering sights, smells, and sounds
Stressful Situations (2 of 2)

- Multiple patient situations
- Angry or upset patients, family, bystanders
- Unpredictability and demands of EMS
- Noncritical/non–9-1-1 patients

Death and Dying

- Death occurs:
  - Quite suddenly, or
  - After a prolonged, terminal illness
- The EMT will face death.
Death and Dying

- Stages of grieving:
  - Denial
  - Anger, hostility
  - Bargaining
  - Depression
  - Acceptance

Death and Dying

- Ask how you can help.
- Reinforce reality.
- Be honest.
- Allow the patient/family to grieve.
Traits of a Good EMT

- Physical traits - “in good shape”
- Personal traits
  - **Pleasant**
  - Sincere
  - **Adaptable - uses ingenuity**
    - For example?
    - “Self starter”
    - Emotionally stable

Traits of a Good EMT-2

- **Able to lead**
- Neat and clean
- **Controlled conversations**
- **Able to listen to others**
- **Able to work with others**
- Education - a continuous process!
  - Refreshers
  - CME
Quality Improvements

- **There will be problems!**
  - This is a given!
- What to do about problems?
  - Identify problems
  - Define plans to prevent recurrence
  - Implement the plans

Quality Improvements -- 2

- Careful documentation – facilitates “call review”
- “Feedback” from patient & other EMTs
- Maintaining Equipment
- CMEs
  - New skills & “protocols”
  - **Practice rarely used skills**
    - There will be many!
Chain of Command

- **Medical Director**
- **Protocols**
  - Rules for assessing and caring for different patient conditions
  - **No set of rules will cover all situations**
  - Standing Orders (“off-line”)
  - Medical Control Options (“on-line”)

Medical-Legal Issues

- Many medical, legal and ethical considerations
- Issues/Terms you must be familiar with
Scope of Practice

- Set of rules & regulations that allow one to function as an EMT
- Defined by legislation
- **Set by Article 30 of the Public Health Law**
- Defines what the EMT can and cannot do
- Varies by state and often by region within state

Consent

- Permission is required from every patient to treat him or her
- May be withdrawn at any time
- Expressed Consent
  - Given by **adults capable of making a rational decision** about their care
Consent

- Implied Consent
  - Assumed consent
  - Assumed that the patient would agree to care
  - Examples:
    - Unconscious patient
    - Medically unstable children

Consent

- Children and Mentally incompetent adults:
  - Require parents or legal guardian
  - If in danger ("unstable")
    - Treat under the "doctrine of implied consent"
Consent

- Emancipated Minors
  - Treat as an adult even if they are “under age”
  - Laws vary
  - Classical examples:
    - Pregnant minor
    - Married person even if technically a minor
  - **When the situation changes, they go back to their minor status!**
    - For example?

Patient Refuses Care

- ➔ A very real and frequent issue that we face!
- Patient may refuse care or withdraw consent
- **Try not to leave a patient who needs care!**
- Be patient
  - Speak with patient & family
- Alleviate fears
- Remove obstacles, e.g.
  - Have a neighbor take out the mail
  - Water the plants
  - ...
Patient Refuses Care

- **If all fails, however...**
  - Patient must be mentally competent
  - Patient must be fully informed of risks of no treatment
  - Patient must sign an “RMA”
  - **Document very carefully!**
    - You still may be sued!
  - **If it isn’t written - IT DID NOT HAPPEN!**

Patient Refuses Care

- **If patient is in danger and refuses care**
  - Threaten to call police
  - Call police
    - They will assume custody of the patient and “arrest” them
    - Assumption is that patient is temporarily mentally incompetent
  - **Always follow local protocols of your service**
DNR Orders

- Many legal aspects
  - Check local policy
- Many types of Do Not _____ orders
- You must see the DNR order!
- What does a DNR really mean
- If any questions about a DNR on a call, contact “Medical Control”

Negligence

- Failure to act properly
- Requires proof of all of the following
  - EMT had the “duty to act”
  - Breach of duty
    - EMT did not provide the standard of care
  - Proximal Cause
    - The action/inaction of the EMT caused the harm
- Acts of omission → Most common cause of lawsuits
- Acts of commission
Duty to Act – Who?

- Paid EMT, on duty, dispatched to a call
- Questionable cases:
  - EMT not on duty but volunteers at scene
  - Volunteer EMT
  - Paid EMT, on duty but out of coverage area
- Many laws, vary by locality

Abandonment

- Leaving a patient without assuring that the patient has been turned over to someone of equal or greater training

**Examples:**
- A paramedic leaves a patient with an EMT when the patient requires paramedic care
- In a cardiac arrest, an EMT with a defibrillator leaves a patient with an EMT who has no defibrillator training
- You leave your patient in the ER before they are “triaged” and your ACR signed
Good Samaritan Laws

- Designed to protect bystanders and volunteers who offer assistance at emergencies
- **Encourage volunteers**
- Will not protect an individual who treats with “gross negligence” or breaks the law
  - Example
- Is volunteer EMT covered under the “Good Sam” laws?

Confidentiality

- **All information** except:
  - Where a signed release exists
  - To caregivers in the hospital
  - In court
  - Certain abuse cases

- Be very VERY careful about this!
Crime Scenes

- Keep hands off as much as possible
  - *Without compromising patient care*
- Do not disturb evidence
- Try to work as a team with crime scene staff