



## EMT Roles and Responsibilities, Wellbeing, Medical Legal

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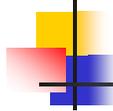
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[www.es26medic.net](http://www.es26medic.net)  
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## EMT-B: Introduction - 1

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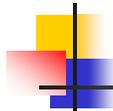
- What you are about to do
- Who am I?
- Volunteering
- Lectures vs. “Practicals”
- Contacting me



## EMT Class: “Roadmap”

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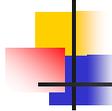
- Introductory material
- CPR
- Trauma didactic and associated skills
- **Trauma patient assessment**
- Medical didactic and associated skills
- **Medical patient assessment**
- Final topics
- REVIEWS!



## EMT Class: Exams

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



## Outline

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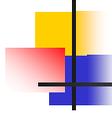
- History
- Different levels of EMTs
- What makes a good EMT?
- Quality issues
- Medical-Legal Issues



## History

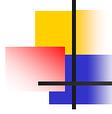
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- Military: France, Civil War, Red Cross
  - **Get the patient to physician!**
- Non-military: Early 1900s
- WWI, WWII, Korean & Vietnam Wars
  - **Led to major advances in trauma care**
- Non-uniform care
  - Unorganized
  - Funeral Home Sponsored



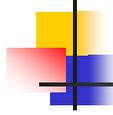
## History -- Continued

- **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

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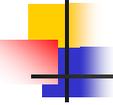
- Transport
- Transfer of care
- **Patient Advocacy**
  - Reporting accurately & completely to ER
  - Reporting observed & perceived needs
    - E.g. The need for a social worker



## Levels of EMT Training

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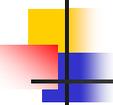
- CMR
- **EMT**
- AEMT
- Paramedic



## Well Being of the EMT

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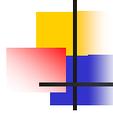
- To take care of others, we must take care of ourselves.
- EMT training includes recognition of hazards:
  - Personal neglect
  - Health and safety hazards
  - Stress



## Standard Precautions

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



## Proper Hand Hygiene

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

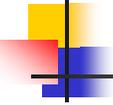


## Eye Protection and Face Shields

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- 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

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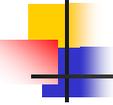
- If you are exposed to a patient's blood or bodily fluids:
  - Turn over patient care to another EMS provider.
  - Clean the exposed area.
  - Rinse eyes if necessary.
  - Activate your department's infection control plan.



## Stress Management on the Job (1 of 2)

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- 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)

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- 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)

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- 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)

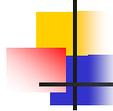
- Multiple patient situations
- Angry or upset patients, family, bystanders
- Unpredictability and demands of EMS
- Noncritical/non-9-1-1 patients

## Death and Dying

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



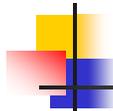
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## Death and Dying

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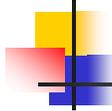
- Stages of grieving:
  - Denial
  - Anger, hostility
  - Bargaining
  - Depression
  - Acceptance



## Death and Dying

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- Ask how you can help.
- Reinforce reality.
- Be honest.
- Allow the patient/family to grieve.



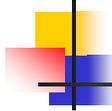
## Traits of a Good EMT

- 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

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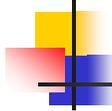
- **There will be problems!**
  - **This is a given!**
- What to do about problems?
  - Identify problems
  - Define plans to prevent recurrence
  - Implement the plans



## Quality Improvements -- 2

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- 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

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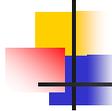
- **Medical Director**
- **Protocols**
  - Rules for assessing and caring for different patient conditions
  - **No set of rules will cover all situations**
  - Standing Orders (“off-line”)
  - Medical Control Options (“on-line”)



## Medical-Legal Issues

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



## Scope of Practice

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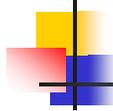
- Set of rules & regulations that allow one to function as an EMT
- Defined by legislation
- **Set by Article 30 of the Public Health Law**
- Defines what the EMT can and cannot do
- Varies by state and often by region within state



## Consent

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- 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

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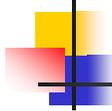
- Implied Consent
  - Assumed consent
  - → Assumed that the patient would agree to care
  - Examples:
    - **Unconscious patient**
    - Medically unstable children



## Consent

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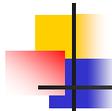
- Children and Mentally incompetent adults:
  - Require parents or legal guardian
  - ***If in danger (“unstable”)***
    - *Treat under the “doctrine of implied consent”*



## Consent

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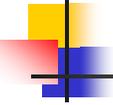
- Emancipated Minors
  - Treat as an adult even if they are “under age”
  - Laws vary
  - Classical examples:
    - Pregnant minor
    - Married person even if technically a minor
  - **When the situation changes, they go back to their minor status!**
    - For example?



## Patient Refuses Care

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- → **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
  - ...



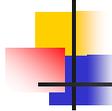
## Patient Refuses Care

- **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

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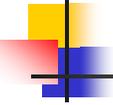
- Many legal aspects
  - → Check local policy
- Many types of Do Not \_\_\_\_\_ orders
- **You must see the DNR order!**
- **What does a DNR really mean**
- **→ If any questions about a DNR on a call, contact “Medical Control”**



## Negligence

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- 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?

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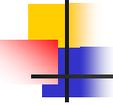
- Paid EMT, on duty, dispatched to a call
- Questionable cases:
  - EMT not on duty but volunteers at scene
  - Volunteer EMT
  - Paid EMT, on duty but out of coverage area
- → **Many laws, vary by locality**



## Abandonment

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- 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

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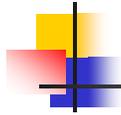
- Designed to protect bystanders and volunteers who offer assistance at emergencies
- **Encourage volunteers**
- Will not protect an individual who treats with “gross negligence” or breaks the law
  - Example
- Is volunteer EMT covered under the “Good Sam” laws?



## Confidentiality

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- **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

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- 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