



Essential Concepts

- Safety of the field provider is of utmost concern.
- Always use personal protective equipment (PPE) available to the incident.
 - At minimum, wear protective gloves during all patient contact.
 - PPE may include face masks and even full-body biohazard suits with respirators.
- Paramedics respond to incidents at various locations (both sides) and extraneous locations (e.g., restaurants and industrial plants). The steps needed to ensure paramedics remain injury free may vary from requesting lifting assistance to acquiring complex rigging and equipment.

Safety Principles

- Always ask for lifting assistance. Back injuries and cancers.
- When lifting patients, bend at the knees, not at the waist.
- Maintain a good support base; space your feet widely enough to ensure stability.
- Never twist while lifting a patient.
- Always make sure that your lifting power is balanced. Never have more lifting power on one side of a patient than the other.
 - Employ multiple measures for steep inclines.
 - Use equipment such as powered stretchers for additional assistance.

Stress Reduction

- Stress is a hidden "injury" that ends careers.
- Over time, the continual bombardment of stressful situations takes its toll, resulting in a loss of sleep and appetite, increased heart rate and blood pressure, and increased irritability.
- Deal with stress by recognizing it and seeking help from stress counselors.

Death & Dying

Paramedics are called to scenes where loved ones have died and resuscitative efforts are (or become)徒劳的.

- When talking to families:
 - Use direct words when appropriate (e.g., "I am very sorry for your loss. We're doing all we could but we were unable to save him").
 - Always tell the truth.
- Remain with the family and assist as best you can.
- Responses can vary from thanks to anger. These are normal parts of the grief process.

Health & Nutrition

Maintain a healthy diet and lifestyle. This is key to remaining an active participant in this physically and mentally demanding field.

- Get regular weight training and cardiovascular exercise.
- Always eat and hydrate well.
 - Because of depleting to fast food during a busy shift, as it is packed with calories, salt, and unhealthy fats. Save fast food for emergencies.
 - Your diet should be low in fat and salt. Focus on fruits, vegetables, lean meats, and grains.
 - Snack on nuts and fruit between meals.

Ethics

- Ethical Standards that dictate how members of a professional group should conduct

themselves. They speak to honor, integrity, and diligence.

- The code of ethics adopted by physicians also applies to paramedics.
 - In 1948, the World Medical Association (WMA) adopted the "Oath of Geneva."
 - Paramedics must swear, "First, do no harm."
 - Be truthful and honest with patients and coworkers.

Duty to Act

Standard of care: Any paramedic is expected to practice with the same level of training and competence as similar paramedics within similar EMS systems. Failure to perform according to the standard of care is considered negligence.

- In negligence cases, paramedics are usually subject to legal action under tort law (a civil suit brought on behalf of the patient) rather than criminal law.
 - Elements that must be proven for the plaintiff to prevail:
 - Duty to act: The plaintiff must establish that the paramedic had a legal duty to respond.
 - Breach of duty: The paramedic must be found to have violated the level of care. There are three types of breaches:
 - Malfeasance: Performing a wrongful act.
 - Misfeasance: Performing a legal act in a negligent manner.
 - Nonfeasance: Failure to perform the correct action.
 - A harm or loss has occurred.
 - Proximate cause: Proof that the paramedic caused the harm or loss.

Medical Direction

All EMS systems have a physician medical director.

- Retrospective directions:** Occurs after an EMS call when the medical director reviews and comments on the paramedic's performance on the call.
- Prospective directions:** Occurs before or during the call. This direction usually takes one of three forms:
 - Online medical control:** The physician and paramedic communicate during the call (by radio or phone) to decide a proper course of action.
 - Offline medical control:** The physician takes an active role in developing paramedic protocols and standing orders (written medical guidelines for the paramedic to follow the common patient conditions).

Continuing Education

- Paramedics often take part in medical research.
- Continuing research is critical to advance the field of paramedicine.
 - Helps validate current patient care standards (protocols).
 - Helps validate new standards and medical devices.
 - Allows for data collection to improve EMS systems nationally.
- Before any research is undertaken, the medical director confers with a review body—often called an Internal Review Board (IRB)—to ensure that safety and data reporting requirements are met.

Medico-Legal Issues

Regional, State & Federal Agencies

- Regionally, paramedics may be bound to local protocols.
- Statewide, services likely have licensing and certification requirements.
- Federally, insurance laws (Medicare/ Medicaid) and HIPAA regulations apply.

Professional Agencies

- There are federal and state laws governing medications.
 - Controlled substance laws may include special reporting and inventory requirements.
- State or regional councils may regulate the review and pre-approval of protocols (compliance investigations).

Emergency & Critical Care

- Paramedics may be licensed or certified.
 - Certifications grants recognition after meeting predetermined qualifications.
 - Licensing: State or federal granting of legal authority.
- Most countries exists regarding the difference. States often refer to certifications in their licensure processes.
 - Most paramedic practice under strict guidelines per their locality.
 - Some paramedics still practice in more prestigious sites; this is subjective.

Good Samaritan Laws

- Controlled Samaritan laws that exempt individuals from legal liability following attempts to give reasonable care to a person in distress.
- Federal laws may exist.
- These laws do not protect against gross negligence, criminal misconduct, or issues whereby the provider is flagrantly violating the rights of others. Check your local laws.
- On-duty professionals may not be protected under these laws.

Principles of Refusal

- Restraints are reserved for violent patients who may do harm to you or themselves.
- Physical restraints (straps, ties and straps). Use soft restraints with frequent position assessments.
- Chemical restraints: Injectable pharmacologic agents.
- Restraints must be used cautiously and with detailed documentation.
- It is very important to follow state and local guidelines when restraining a patient. Restraint laws vary widely between jurisdictions.

Principles of Refusal

- Patients generally have a right to refuse transport.
 - Patients must be fully aware of the ambulance not using state, regional, and/or manufacturer-recommended methods.
 - The cost must be safely secured in the ambulance.

Terminology & Documentation

- Proper use of medical terminology will:
 - Sound professional
 - Convey respect
 - Impress documentation
- Most medical terms derive from Latin or Greek.
 - The list is too extensive to include every term. See our *Medical Terminology: The Basics* and *Medical Terminology: The Study* QuickStudy guides.

- There may be no loose objects in the ambulance that can impact a patient or crewmember in the event of a collision.
- A patient's right to safe transport exists regardless of the provider's assessment of what constitutes an emergency.
- Patients with medical conditions should not be allowed to walk or otherwise exert themselves in such a way that could considerably make their condition worse.
- The ability to deviate to a more serious call may be determined by regional or state protocols.
- Patient deviation is based on:
 - Patient choice
 - Local protocols (e.g., stroke centers, trauma centers, and neonatal care)
 - Severity of the condition
 - Distance to the closest appropriate facility

Patient Refusal of Transport

- In most systems, a patient has the right to refuse transport under certain criteria.
 - The patient must have the capacity to understand the nature of their condition, along with the risks and benefits of refusal versus transport. Patients with behavioral emergencies (e.g., suicidal ideation and delusions) may lack the capacity to refuse care.
 - The patient must be legally competent to refuse care (e.g., adults and legally emancipated minors).
 - A patient's refusal must be fully informed. The paramedic must provide the patient with facts concerning their condition and the risks of refusing care.
 - Document the interaction well. Refusals must always be well documented.
 - Paramedics should follow local protocols.
 - A parent or legal guardian may refuse care for a minor as long as these criteria are met.

Restrictions & Consent of Resuscitation

- States may have legal guidelines under which a paramedic may initiate resuscitation and cease resuscitation once started.
 - States may provide guidance in the form of healthcare proxy or MOLST (Medical Orders for Life-Sustaining Treatment) forms or the equivalent.
 - States may have specific protocols for ceasing resuscitation once started of various advanced measures have been unsuccessful.
 - Resuscitation is a state-specific area of paramedicine.
 - Refer carefully to state and regional guidelines and protocols.
 - Document in accordance with the defined guidelines.

- Abbreviations are helpful for charts and reports. Inclusive use of abbreviations makes reports easier to write and sounds more professional. See our *Medical Abbreviations & Acronyms* QuickStudy guide.

Documentation

- All documentation consists of narratives of events and actions.
- It is critical that documentation be clear and concise.

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