UNIT TERMINAL OBJECTIVE

1-1 At the completion of this unit, the EMT-Critical Care Technician student will:

- understand his or her roles and responsibilities within an EMS system, and how these roles and responsibilities differ from other levels of providers.
- understand the role of medical direction in the out-of-hospital environment.
- understand and value the importance of personal wellness in EMS and serve as a healthy role model for peers.
- be able to identify the importance of primary injury prevention activities as an effective way to reduce death, disabilities and health care costs.
- understand the legal issues that impact decisions made in the out-of-hospital environment.
- value the role that ethics plays in decision making in the out-of-hospital environment.

COGNITIVE OBJECTIVES

At the completion of this unit, the EMT-Critical Care Technician student will be able to:

1-1.1 Define the following terms: (C-1)
  a. EMS Systems
  b. Certification
  c. Registration
  d. Profession
  e. Professionalism
  f. Health care professional
  g. Ethics
  h. Medical direction
  I. Protocols
  j. Regional EMS Council
  k. State EMS Council
  l. Regional Emergency Medical Advisory Committee
  m. State Emergency Medical Advisory Committee
  n. New York State Department of Health Bureau of Emergency Medical Services
  o. County EMS Coordinator
  p. System Medical Director
  q. Agency Medical Director

1-1.2 Describe the attributes of an EMT-Critical Care Technician as a health care professional. (C-1)
1-1.3 Explain EMT-Critical Care certification and recertification requirements in New York State. (C-1)
1-1.4 Describe the benefits of EMT-Critical Care continuing education. (C-1)
1-1.5 List current state requirements for EMT-Critical Care education. (C-1)
1-1.6 Describe examples of professional behaviors in the following areas: integrity, empathy, self-motivation, appearance and personal hygiene, self-confidence, communications, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of service. (C-1)
1-1.7 Provide examples of activities that constitute appropriate professional behavior for an EMT-Critical Care Technician. (C-2)
1-1.8 Describe how professionalism applies to the EMT-Critical Care Technician while on and off duty.
1-1.9 List and explain the primary and additional roles and responsibilities of the EMT-Critical Care. (C-2)
1-1.10 Describe the importance and benefits of quality EMS research to the future of EMS. (C-3)
1-1.11 Describe the role of the EMS physician in providing medical direction. (C-1)
1-1.12 Describe the benefits of medical direction, both on-line and off-line. (C-1)
1-1.13 Describe the relationship between a physician on the scene, the EMT-Critical Care Technician on the scene, and the EMS physician providing on-line medical direction. (C-1)

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1-1.14 Describe the components of continuous quality improvement. (C-1)
Explain the components of wellness for the EMS provider. (C-2)
1-1.15 Discuss the importance of universal precautions and body substance isolation practices and develop strategies to prevent the transmission of diseases. (C-3)
1-1.16 Describe the steps to take for personal protection from airborne and blood borne pathogens. (C-1)
1-1.17 Explain what is meant by an exposure and describe principles for management. (C-1)
1-1.18 Describe the signs and symptoms associated with Hepatitis (C-1)
1-1.19 Discuss the management of a patient with Hepatitis (C-2)
1-1.20 Describe the signs and symptoms associated with Tuberculosis. (C-1)
1-1.21 Discuss the management of a patient with Tuberculosis. (C-2)
1-1-22 Describe the signs and symptoms associated with Meningitis. (C-1)
1-1.23 Discuss the management of a patient with Meningitis. (C-2)
1-1.24 Describe the signs and symptoms associated with AIDS. (C-1)
1-1.25 Discuss the management of a patient with AIDS. (C-2)
1-1.26 Discuss the management of a patient with a sexually transmitted disease. (C-2)
1-1.27 Describe the signs and symptoms associated with Measles, Mumps and Chickenpox. (C-1)
1-1-28 Discuss the management of a patient with Measles, Mumps and Chickenpox. (C-2)
1-1.29 Identify causes of stress in EMS. (C-1)
1-1.30 Identify and describe the defense mechanisms and management techniques commonly used to deal with stress. (C-1)
1-1.31 Describe the components of critical incident stress management (CISM). (C-1)
1-1.32 Provide examples of situations in which CISM would likely be beneficial to EMT Critical Care Technicians. (C-1)
1-1.33 Given a scenario involving a stressful situation, formulate a strategy to help cope. (C-3)
1-1.34 Describe the incidence, morbidity and mortality of preventable injury and illness. (C-1)
1-1.35 Identify the human, environmental, and socioeconomic impact of preventable injury and illness. (C-1)
1-1.36 Describe the feasibility of EMS involvement in illness and injury prevention. (C-2)
1-1.37 Develop strategies for the implementation of EMS related illness and injury prevention programs in the community. (C-3)
1-1.38 Identify health hazards and potential crime areas within the community. (C-1)
1-1.39 Identify local municipal and community resources available for physical and socioeconomic crises. (C-1)
1-1.40 Identify the role of EMS in local municipal and community prevention programs. (C-1)
1-1.41 Review legal and ethical responsibilities. (C-2)
1-1.42 Identify and explain the importance of laws pertinent to the EMT-Critical Care Technician. (C-1)
1-1.43 Differentiate between licensure and certification as they apply to the EMT-Critical Care Technician. (C-1)
1-1.44 List the specific problems or conditions encountered while providing care that an EMT-Critical Care Technician is required to report, and identify in each instance to whom the report is to be made. (C-1)
1-1.45 Review the following terms: (C-1)

a. Abandonment
b. Advance directives
c. Assault
d. Battery
e. Breach of duty
f. Confidentiality
g. Consent (expressed, implied, informed, involuntary)
h. Do not resuscitate (DNR) orders
I. Duty to act
j. Emancipated minor
k. False imprisonment

l. Immunity
m. Liability
n. Libel
o. Minor
p. Negligence
q. Proximate cause
r. Scope of practice
s. Slander
t. Standard of care
u. Tort

1-1.46 Differentiate between the scope of practice and the standard of care for EMT-Critical Care practice. (C-3)
1-1.47 Discuss the concept of medical direction and its relationship to the standard of care of an EMT-Critical Care Technician. (C-1)
1-1.48 Review the four elements that must be present in order to prove negligence. (C-1)
1-1.49 Given a scenario in which a patient is injured while an EMT-Critical Care Technician is providing care, determine whether the four components of negligence are present. (C-2)
1-1.50 Given a scenario, demonstrate patient care behaviors that would protect the EMT-Critical Care Technician from claims of negligence. (C-3)
1-1.51 Explain the concept of liability as it might apply to EMT-Critical Care practice, including physicians providing medical direction and EMT-Critical Care supervision of other care providers. (C-2)
1-1.52 Review the legal concept of immunity, including Good Samaritan statutes and governmental immunity, as it applies to the EMT-Critical Care Technician. (C-1)
1-1.53 Review the importance and necessity of patient confidentiality and the standards for maintaining patient confidentiality which apply to the EMT-Critical Care Technician. (C-1)
1-1.54 Review the steps to take if a patient refuses care. (C-1)
1-1.55 Identify the legal issues involved in the decision not to transport a patient, or to reduce the level of care being provided during transportation. (C-1)
1-1.56 Review the conditions under which the use of force, including restraint, is acceptable. (C-1)
1-1.57 Explain the purpose of advance directives relative to patient care and how the EMT-Critical Care Technician should care for a patient who is covered by an advance directive. (C-1)
1-1.58 Discuss the responsibilities of the EMT-Critical Care Technician relative to resuscitation efforts for patients who are potential organ donors. (C-1)
1-1.59 Review the importance of providing accurate documentation (oral and written) in substantiating an incident. (C-1)
1-1.60 Review the characteristics of a patient care report required to make it an effective legal document. (C-1)
1-1.61 Review the premise which should underlie the EMT-Critical Care Technician's ethical decisions in out-of hospital care. (C-1)
1-1.62 Review the relationship between the law and ethics in EMS. (C-3)
1-1.63 Identify the issues surrounding the use of advance directives in making an out-of-hospital resuscitation decision. (C-1)
1-1.64 Describe the criteria necessary to honor an advance directive in your state. (C-1)

AFFECTIVE OBJECTIVES

At the completion of this unit, the EMT-Critical Care Technician student will be able to:

1-1.65 Serve as a role model for others relative to professionalism in EMS. (A-3)
1-1.66 Value the need to serve as the patient advocate inclusive of those with special needs, alternate life styles and cultural diversity. (A-3)

1-1.67 Defend the importance of continuing medical education and skills retention. (A-3)
1-1.68 Advocate the need for supporting and participating in research efforts aimed at improving EMS systems. (A-3)
1-1.69 Assess personal attitudes and demeanor that may distract from professionalism. (A-3)
1-1.70 Advocate the need for injury prevention, including abusive situations. (A-1)
1-1.71 Exhibit professional behaviors in the following areas: integrity, empathy, self-motivation, appearance and personal hygiene, self-confidence, communications, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of service. (A-2)
1-1.72 Advocate the benefits of working toward the goal of total personal wellness. (A-2)
1-1.73 Serve as a role model for other EMS providers in regard to a total wellness lifestyle. (A-3)
1-1.74 Value the need to assess his/ her own lifestyle. (A-2)
1-1.75 Challenge him/ herself to teach wellness concept in his/ her role as an EMT-Critical Care. (A-3)
1-1.76 Defend the need to treat each patient as an individual, with respect and dignity. (A-2)
1-1.77 Assess his/ her own prejudices related to the various aspects of cultural diversity. (A-3)
1-1.78 Improve personal physical well-being through achieving and maintaining proper body weight, regular exercise and proper nutrition. (A-3)
1-1.79 Defend the need to respect the emotional needs of dying patients and their families. (A-3)
1-1.80 Advocate and practice the use of personal safety precautions in all scene situations. (A-3)
1-1.81 Advocate and serve as a role model for other EMS providers relative to body substance isolation practices. (A-3)
1-1.82 Value and defend tenets of prevention for patients and communities being served. (A-3)
1-1.83 Value personal commitment to success of prevention programs. (A-3)
1-1.84 Advocate the need to show respect for the rights and feelings of patients. (A-3)
1-1.85 Assess his/ her personal commitment to protecting patient confidentiality. (A-3)
1-1.86 Defend personal beliefs about withholding or stopping patient care. (A-3)
1-1.87 Defend the value of advance medical directives. (A-3)
1-1.88 Reinforce the patient's autonomy in the decision-making process. (A-2)
1-1.89 Given a scenario, defend an EMT-Critical Care Technician's actions in a situation where a physician orders therapy the EMT-Critical Care Technician feels to be detrimental to the patient's best interests. (A-3)

PSYCHOMOTOR OBJECTIVES

At the completion of this unit, the EMT-Critical Care Technician student will be able to:

1-1.90 Demonstrate the proper procedures to take for personal protection from disease. (P-2)

DECLARATIVE

I. Introduction to foundations of EMT-Critical Care
- A. EMS systems/ roles and responsibilities
- B. Medical direction
- C. Well-Being
- D. Illness and injury prevention
- E. Medical/ legal issues
- F. Ethics

II. EMS systems/ roles and responsibilities of the EMT-Critical Care Technician
- A. Introduction
  - 1. Role of the EMT-Critical Care Technician is quite different today from the "ambulance driver" of yesterday
  - 2. EMT-Critical Care Technician engage in a variety of professional activities
    - a. Enhance their ability to provide quality service
- B. Review current EMS system
  - 1. Network of coordinated services that provide aid and medical care to the community
    - **a. Role of the Bureau of EMS**
    - **b. Role of the State EMS Council**
    - **c. Role of the State Emergency Medical Advisory Committee**
    - **d. Role of the Regional EMS Council**
    - **e. Role of the Regional Emergency Medical Advisory Committee**
    - **f. Role of the County EMS Coordinator**
    - **g. Role of the System Medical Director**
    - **h. Role of the Agency Medical Director**
  - 2. Work as a unified whole, to meet the emergency care needs of a community
  - 3. Review of local EMS system
- C. Overview of EMT-Critical Care Technician education
  - 1. Initial education
    - a. Standardize curriculum
      - (1) Competencies
      - (2) Pre- or co-requisites
      - (3) Provided minimum content for a standardized program of study
      - (4) Includes cognitive, psychomotor, affective objectives
      - (5) Clinical **and ALS Field Internship** requirements
      - (6) Length
        - (a) Minimum hours commitment
        - **(b) Minimum competence**
    - b. Educational resources
      - (1) Facilities
      - (2) Instructors
      - (3) Equipment
      - (4) Clinical experiences
      - **(5) ALS Field Internship experience**
      - **(6) Clinical and Field Preceptors**
      - (7) References
      - (8) Texts
      - (9) Other instructional materials

c. Local enhancement
(1) Meets additional state or local needs
(2) Change to reflect current practice

2. Continuing education
a. Benefits
(1) Maintenance of core or minimal levels of knowledge
(2) Maintenance of fundamental technical/ professional skills
(3) Expansion of skills and knowledge
(4) Cognizance of advances in the profession

D. Review the process of certification/ credentials
1. Certification
a. Grants authority to an individual who has met predetermined qualifications to participate in an activity
b. A document certifying fulfillment of requirements for practice in a field
c. Usually refers to action of a non-governmental entity
d. Required by state and local authorities to practice as an EMT-Critical Care Technician
e. Unfounded general belief that “licensed professionals” have greater status than those that are “certified.”
f. A “certification” granted by the state, conferring a right to engage in a trade or profession, is in fact a “license”

2. **Credentials**
a. **Permission to provide Advanced Life Support care within a specific system (region).**
b. **Determination by a REMAC of initial and continuing qualifications of an EMT-Critical Care Technician**

3. State and national certification/ recertification requirements

E. Professionalism
1. Education should help produce a professional EMT-Critical Care Technician
2. Profession
a. The existence of a specialized body of knowledge or expertise
b. Generally, self-regulating through licensure or certification verifying competence
c. Maintains standards including initial and continuing educational requirements
3. Professionalism
a. Professionals follow standards of conduct and performance for the profession
b. Adherence to a code of ethics approved by the profession
4. Health care professional
a. Conforms to the standards of health care professions
b. Provides quality patient care
c. Instills pride in the profession
d. Strives for high standards
e. Earns respect of others
f. There are high societal expectations of professionals while on and off duty
g. EMS personnel occupy positions of public trust
h. Unprofessional conduct hurts the image of the profession
i. Commitment to excellence is a daily activity
j. Image and behavior
(1) How you appear to others and to yourself is important
(2) Vital to establishing credibility and instilling confidence

(3) Highly visible role model
(4) EMT-Critical Care Technicians represent a variety of persons
(a) Self
(b) EMS agency
(c) State/ regional / county EMS office
(d) Peers

5. Attributes of professionalism applied to the role of the EMT-Critical Care Technician
a. Integrity
(1) Single most important behavior
(2) Honesty in all actions
(3) Assumed by public in the role of an EMT-Critical Care Technician
(4) Examples of behavior demonstrating integrity
(a) Tells the truth
(b) Does not steal
(c) Complete and accurate documentation
b. Empathy
(1) Identification with and understanding of the feelings, situations, and motives of others
(2) Empathy must be demonstrated to patients, families, and other health care professionals
(3) Examples of behavior demonstrating empathy
(a) Showing caring and compassion for others
(b) Demonstrating an understanding of patient and family feelings
(c) Demonstrating respect for others
(d) Exhibiting a calm, compassionate and helpful demeanor toward those in need
(e) Being supportive and reassuring of others
c. Self-motivation
(1) Internal drive for excellence
(2) Demonstrating self-direction
(3) Examples of behavior demonstrating motivation
(a) Taking initiative to complete assignments
(b) Taking initiative to improve and/ or correct behavior
(c) Taking on and following through on tasks without constant supervision
(d) Showing enthusiasm for learning and improvement
(e) Demonstrating a commitment to continuous quality improvement
(f) Accepting constructive feedback in a positive manner
(g) Taking advantage of learning opportunities
d. Appearance and personal hygiene
(1) A person's manner of carrying and presenting oneself
(2) Examples of behavior demonstrating good appearance and personal hygiene
(a) Clothing and uniform is neat, clean and in good repair
(b) Demonstrates good personal grooming
e. Self-confidence
(1) Trust or reliance on yourself
(2) Having an accurate assessment of your personal and professional

strengths and limitations

(3) Examples of behavior demonstrating self-confidence
  (a) Demonstrates the ability to trust personal judgement
  (b) Demonstrates an awareness of strengths and limitations

f. Communications
  (1) The exchange of thoughts, messages and information
  (2) Ability to convey information to others verbally and in writing
  (3) The ability to understand and interpret verbal and written messages
  (4) Examples of behavior demonstrating good communications
    (a) Speaking clearly
    (b) Writing legibly
    (c) Listening actively
    (d) Adjusting communication strategies to various situations

g. Time management
  (1) Organizing tasks to make maximum use of time
  (2) Prioritizing tasks
  (3) Examples of behavior demonstrating good time management
    (a) Is punctual
    (b) Completes tasks and assignments on time

h. Teamwork and diplomacy
  (1) Teamwork is the ability to work with others to achieve a common goal
  (2) Diplomacy is tact and skill in dealing with people
  (3) Examples of behavior demonstrating teamwork and diplomacy
    (a) Places the success of the team above self interest
    (b) Does not undermine the team
    (c) Helps and supports other team members
    (d) Shows respect for all team members
    (e) Remains flexible and open to change
    (f) Communicates with co-workers in an effort to resolve problems

i. Respect
  (1) To feel and show deferential regard for others
  (2) Showing consideration and appreciation
  (3) Examples of behavior demonstrating respect
    (a) Being polite to others
    (b) Not using derogatory or demeaning terms
    (c) Behaving in a manner to bring credit to yourself, your associations, and your profession

j. Patient advocacy
  (1) Acting in the best interest of the patient
  (2) Accepting others' right to differ
  (3) Not imposing your beliefs on others
  (4) Examples of behavior demonstrating patient advocacy
    (a) Not allowing personal (religious, ethical, political, social, legal) biases to impact patient care
    (b) Placing the needs of patients above own self-interest
    (c) Protecting patient confidentiality

k. Careful delivery of service
  (1) Delivers the highest quality of patient care with careful attention to detail
  (2) Critically evaluates performance and attitude
  (3) Examples of behavior demonstrating careful delivery of service

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(a) Mastering and refreshing skills
(b) Performing complete equipment checks
(c) Careful and safe ambulance operations
(d) Following policies, procedures, and protocols
(e) Following orders of superiors

F. Roles and responsibilities of the EMT-Critical Care Technician
1. Primary responsibilities
a. Preparation
(1) Physical, mental, emotional
(a) Positive health practices
(2) Appropriate equipment and supplies
(3) Adequate knowledge and skill maintenance
b. Response
(1) Safety
(2) Timeliness
c. Scene assessment
(1) Safety
(2) Mechanism
d. Patient assessment
e. Recognition of injury or illness
(1) Prioritization
f. Management
(1) Following protocols
(2) Interacting with medical direction physician, as needed
g. Appropriate disposition
(1) Treat and transport
(a) Ground
(b) Air
(2) Selection of the proper receiving facility
(a) Requires knowledge of the receiving facilities
(b) Hospital designation/ categorization
(c) Based on hospital resource capabilities with regard to optimal patient care
(d) Clinical capabilities and specialty availability
i) Emergency department
ii) Operating suite
iii) Post-anesthesia recovery room or surgical intensive care unit
iv) Intensive care units for trauma patients
v) Cardiac
vi) Neurology
vii) Acute hemodialysis capability
viii) Burn specialization
ix) Acute spinal cord/ head injury management capability
x) Radiological special capability
xi) Rehabilitation
xii) Clinical laboratory service
xiii) Toxicology
a) Hazardous materials/ decontamination

xiv) Hyperbarics
xv) Reperfusion
xvi) Pediatrics
xvii) Psychiatric facilities
xviii) Trauma centers
xix) High risk delivery
xx) Other
(e) Transfer agreements
(f) Payors and insurance systems
(3) Treat and transfer with medical direction
(4) Treat and refer with medical direction
h. Patient transfer
(1) Acting as patient advocate
(2) Briefing hospital staff
i. Documentation
(1) Thorough, accurate patient care reports
(2) Completed in timely manner
j. Returning to service
(1) Preparation of equipment and supplies
(2) Preparing crew
(a) Debriefing
2. Additional responsibilities
a. Community involvement
(1) Role modeling
(2) Leader activities
(3) Community activities
(4) Prevention activities
(5) Teaching in the community
(a) Helps improve health of the community
i) Injury and illness prevention
ii) Enhances compliance with treatment regimes, etc.
(b) Ensures appropriate utilization of resources through public education
i) When, where, how to use EMS
(c) Improves integration of EMS with other health care and public safety agencies
i) Creates cooperative public education efforts
(d) Enhances visibility and positive image of EMS providers
b. Supporting primary care efforts
(1) Some systems may find it beneficial to utilize EMT-Critical Care Technician in a limited role
(2) Can help improve the health of the community
(3) Prevent injuries and illnesses
(4) Enhance compliance with treatment regimes
(5) Ensure more appropriate utilization of resources through public education
(a) When, where, how to use EMS, or need hospitalization
(6) Reduce costs of overall system operation
(a) Ensure appropriate utilization of out-of-hospital and other non-

EMS health care resources

i) Less expensive transportation alternatives
ii) Non-hospital ED clinical providers, free standing emergency clinics, etc.

c. Advocating citizen involvement in the EMS system
(1) Improves EMS system
(a) Involvement in establishing needs, parameters
(b) Outside, objective view into quality improvement and problem resolution
(c) Creates informed, independent advocates for the EMS system

G. Importance of EMS research
1. Benefits of research
2. Quality EMS research is beneficial to the future of EMS
a. Changes in professional standards, training, equipment, procedures
b. Based on empirical data, rather than “great ideas” or “new gadget” models
3. Enhances recognition and respect for EMS professionals

III. Medical direction
A. Many services provided by EMT-Critical Care Technicians are derived from medical practices
B. EMT-Critical Care Technicians operate as “physician extension”
C. Physicians regarded as the authorities on issues of medical care
1. State Emergency Medical Advisory Committee establishes minimum statewide standards, reviews and approves regional protocols.
2. Regional Emergency Medical Advisory Committee develops regional treatment protocols, credentials ALS providers and Medical Control physicians, and provides quality improvement activities.
D. Physicians, properly educated and motivated, are a vital component of EMS
E. Role of the EMS physician in providing medical direction
1. Education and training of personnel
2. Participation in personnel selection process
3. Participation in equipment selection
4. Development of clinical protocols, in cooperation with expert EMS personnel
5. Participation in quality improvement and problem resolution
6. Provides direct input into patient care
7. Interfaces between EMS systems and other health care agencies
8. Advocacy within the medical community
9. Serve as the “medical conscience” of the EMS system
a. Advocate for quality patient care
10. Types of medical direction
a. On-line/ direct **(medical control)**
b. Off-line/ indirect (**protocols**)
F. Benefits of medical direction
1. On-line
a. Immediate and patient specific care
b. Telemetry
c. Continuous quality improvement
d. On-scene
2. Off-line
a. Prospective **(REMAC)**
(1) Development of protocols/ standing orders, training

(2) Selection of equipment, supplies and personnel
b. Retrospective **(REMAC and Agency Medical Director)**
(1) Patient care report review
(2) Continuous quality improvement
3. Interacting with a physician on the scene
a. Origins of medical direction
b. Use of standing orders
c. Direct field supervision
d. The non affiliated on-scene physician

IV. Improving system quality
A. **REMAC** Develop**ment of** a system for continually evaluating and improving care
B. Continuous quality improvement (CQI)
1. Focus on the system and not an individual
2. Fix system problems in areas such as
a. Medical direction
b. Financing
c. Training
d. Communication
e. Out-of-hospital treatment and transport
f. Inter-facility transport
g. Receiving facilities
h. Specialty care units
i. Dispatch
j. Public information and education
k. Audit and quality assurance
l. Disaster planning
m. Mutual aid
C. Dynamic process
1. Delineate system-wide problems identified
2. Elaborate on the cause(s) of the problem
3. Aid the problem and develop remedy(ies)
4. Lay out plan to correct the problem
5. Enforce the plan of correction
6. Reexamine the problem
D. Appropriate EMS research can help enhance quality improvement efforts
E. Review local REMAC Quality Improvement Program

V. The well-being of the EMT-Critical Care Technician
A. Introduction
1. Wellness has three components
a. Physical well-being
b. Mental well-being
c. Emotional well-being
2. Implementing lifestyle changes can enhance personal wellness
3. Enhancing personal wellness can serve as a role model/ coach for others
B. Stress
1. Alarm reaction
a. Fight or flight phenomenon
b. Considered to be positive; takes only seconds

- c. Prepares individual for action/ self-defense
- d. Mediated by the autonomic nervous system, coordinated by hypothalamus
- e. Pituitary gland releases adrenocorticotropic (stress) hormones
- f. Stimulates glucose production
- g. Sympathetic response
  - (1) Adrenal gland releases epinephrine and norepinephrine
- h. Physiological response
  - (1) Increased heart rate
  - (2) Increased blood pressure
  - (3) Dilated pupils
  - (4) Relaxation of bronchial tree
  - (5) Increased blood sugar
  - (6) Slowed digestion
  - (7) The reaction ends when the body realizes the event is not dangerous

2 Resistance
- a. Increased level of resistance to stressor
- b. Reaction to stressor may change with time

3 Exhaustion
- a. As stress continues, coping mechanisms are exhausted
- b. Adaptive resources utilized
- c. Resistance to all stressors declines
- d. Increased susceptibility to physical and psychological ailments
- e. Rest and recovery are needed

4. Factors that trigger the stress response
- a. Loss of something that is of value to the individual
- b. Injury or threat of injury to the body
- c. Poor health, nutrition
- d. Frustration of drives
- e Ineffective coping

5. Physiological and psychological effects of stress
- a. Normal/ healthy responses to stress
- b. Detrimental/ unhealthy responses to stress
- c. Signs and symptoms of stress
  - (1) Physical
    - (a) Chest tightness/ pain, heart palpitations, cardiac rhythm disturbances
    - (b) Difficult/ rapid breathing
    - (c) Nausea, vomiting
    - (d) Profuse sweating, flushed skin, diaphoresis
    - (e) Sleep disturbances
    - (f) Aching muscles and joints
    - (g) Headache
  - (2) Emotional
    - (a) Panic reactions
    - (b) Fear
    - (c) Anger

(d) **Denial**
(e) **Feeling overwhelmed**

(3) Cognitive
- (a) Difficulty making decisions
- (b) Disorientation, decreased level of awareness
- (c) Memory problems, poor concentration
- (d) Distressing dreams

(4) Behavioral
- (a) Crying spells
- (b) Hyperactivity
- (c) Withdrawal
- (d) Changes in eating habits
- (e) Increased smoking
- (f) Increased alcohol consumption

6. Causes of stress in EMS
   - a. Environmental stress
     - (1) Siren noise
     - (2) Inclement weather
     - (3) Confined work spaces
     - (4) Rapid scene response
     - (5) Life and death decision making
   - b. Psychosocial stress
     - (1) Family relationships
     - (2) Conflicts with supervisors, coworkers
     - (3) Abusive patients
   - c. Personality stress
     - (1) Need to be liked
     - (2) Personal expectations
     - (3) Feelings of guilt and anxiety
7. Reactions to stress
   - a. Reactions are individual and affected by
     - (1) Previous exposure to the stressor
     - (2) Perception of the event
     - (3) Experience
     - (4) Personal coping skills
   - b. Adaptation
     - (1) Dynamic evolving process
     - (2) Defense
       - (a) Adaptive function of personality
       - (b) Assists in adjusting to stressful situations that confront us
       - (c) Help to avoid dealing with problems, through denial or distortion
     - (3) Coping
       - (a) Active, confronting process
       - (b) Information gathered/ used to change or adjust to a new situation
     - (4) Problem solving
       - (a) Viewed as a healthy approach to everyday concerns
       - (b) Involves
         - 1) Problem analysis

2) Generation of options for action
3) Determination of course of action
(5) Mastery
(a) Ability to see multiple options/ potential solutions for challenging situations
(b) Results from extensive experience with similar situations

8. Stress management techniques
a. Reframing
b. Controlled breathing
c. Progressive relaxation
d. Guided imagery

C. Critical incident stress management (CISM)
1. Organized, formal, peer and mental health support network and process
a. Enables emergency personnel to vent feelings
b. Facilitates understanding of stressful situations
2. Components of CISM
a. Pre-incident stress training
b. On-scene support to distressed personnel
c. Individual consults
d. Defusing services immediately after a large scale incident
e. Mobilization services after large scale incident
f. Critical incident stress debriefing 24 to 72 hours after an event
g. Follow-up services
h. Specialty debriefings to non-emergency groups in the community
i. Support during routine discussions of an incident
j. Advice to command staff during large scale incident
3. Situations in which CISM should be considered
a. Line of duty injury or death
b. Disaster
c. Emergency worker suicide
d. Infant/ child death
e. Extreme threat to emergency worker
f. Prolonged incident which ends in loss or success
g. Victims known to operations personnel
h. Death/ injury of civilian caused by operations
I. Other significant event
4. Techniques for reducing crisis-induced stress
a. Rest
b. Replace food and fluids
c. Limiting exposure to incident
d. Change assignments
e. Provide post event defusing/ debriefing

D. Review preventing disease transmission
5. Occupational Safety and Health Administration (OSHA) and Centers for Disease Control and Prevention (CDC) Guidelines for blood borne pathogens
6. Terminology
a. Air/ blood borne pathogens
b. Exposure

(1) Contact with a potentially infectious body fluid substance
(2) Contact with other infectious agent
c. Cleaning, disinfection, sterilization
d. Body substance isolation, universal precautions
(1) Practices designed to prevent contact with body substances
(2) Practices designed to reduce contact with other agents
7. Common sources of exposure
a. Needle stick
b. Broken or scraped skin
c. Mucous membranes of the eyes, nose or mouth
8. Protection from air/ blood borne pathogens
a. Follow engineering and work practices
(1) Puncture resistant containers
(2) Laundry
(3) Labeling
b. Maintain good personal health and hygiene habits
(1) Hand washing
(2) General cleanliness
c. Maintain immunizations
d. Periodic tuberculosis screening
e. Body substance isolation/ universal precautions
(1) Gloves
(2) Mask, gown, eye wear
(3) Other equipment
f. Proper disposal of contaminated supplies
g. Cleaning and disinfecting of used materials/ equipment
9. Periodic risk assessment
10. Documenting and managing an exposure
a. Wash the area of contact thoroughly and immediately
b. Document the situation in which the exposure occurred
c. Describe actions taken to reduce chances of infection
d. Comply with all required reporting responsibilities and time frames
e. Cooperate with incident investigation
f. Check tuberculosis/ other screening for exposure
g. Proper immunization boosters
h. Complete medical follow-up
11. Hepatitis
a. Inflammatory condition caused by:
(1) Infectious agents
(2) Toxins
(3) Drugs
(4) Metabolic aberration
(5) Hypersensitivity or immune mechanism
b. Types of Hepatitis
(1) Hepatitis A, (HAB, infectious hepatitis)
(2) Hepatitis B, (HBV, serum hepatitis)
(3) Hepatitis C, (HCV, virus)
(4) Hepatitis D, (HDV, delta agent virus)
(5) Hepatitis E, (HEV, hepatitis E virus)

(6) Non A-Non B Hepatitis (NANB, unknown virus

c. Signs and Symptoms
  (1) Fever
  (2) Weakness
  (3) Loss of appetite
  (4) Nausea
  (5) Abdominal pain
  (6) Jaundice
  (7) Dark colored urine
  (8) Light colored urine
d. Incubation period
e. Mode of transmission
f. Management Precautions
  (1) Use disposable gloves and wash hands following contact
  (2) Sterilization of all equipment used
  (3) Red bag and label any specimens and linen
  (4) Follow-up if protective measures were not used
    (a) file exposure report
    (b) Immunization with ISG (Immune serum Globulin)

12. Tuberculosis
  a. Infectious disease caused by tubercule bacillus
  b. Signs and Symptoms
    (1) Cough
    (2) Fever
    (3) Night sweats
    (4) Weight loss
    (5) Fatigue
    (6) Hemoptysis
  c. Incubation period 4-6 weeks
  d. Mode of transmission
  f. Management Precautions
    (1) Mask and gloves
    (2) Avoid prolonged contact
    (3) Fresh air (well ventilated patient compartment)
    (4) Avoid contact with sputum
    (5) Regular PPD skin test
    (6) Chest x-ray as needed, per CDC recommendations

13. Meningitis
  a. Inflammation of the membranes of the spinal cord or brain
  b. Signs and Symptoms
    (1) Fever
    (2) Headache
    (3) Nausea and vomiting
    (4) Stiff neck
    (5) Rash
  c. Incubation period 2-10 days
  d. Management Precautions

(1) Mask (on you or patient)
(2) Gloves and wash hands after contact

14. Acquired Immune Deficiency Syndrome (AIDS)
a. Signs and Symptoms
(1) Fever with profuse night sweats
(2) Weight loss (10 - 20 lbs. per month
(3) Red/purple skin lesions
(4) Pneumonia
b. Incubation period from 2 months to 2 years or more
c. Mode of transmission
(1) Blood contact
(2) Contact with other bodily secretions
(3) Sexual contact
d. Management Precautions
(1) Ware disposable gloves when in contact with blood or body fluids
(2) Wash hands following care of the patient
15. Measles (red measles, rubeloa, hard measles)
a. Signs and Symptoms
(1) Dusky or blotchy rash (usually starts on the face and spreads to the rest of the body
(2) Fever
b. Incubation period 8-13 days
c. Mode of transmission by droplet or direct contact with body fluids
d. Management Precautions
(1) Wear gloves and mask
(2) Wash hands following care of patient
(3) vaccination
15. Mumps
a. Signs and Symptoms
(1) Fever
(2) Swelling and tenderness of salivary glans
(3) Inflammation of testes in adult males
b. Incubation period 12-26 days
c. Mode of transmission by direct contact with body fluids
d. Management Precautions
(1) Wear gloves and mask
(2) Wash hands following care of patient
(3) vaccination
15. Chickenpox (Varicella zoster virus)
a. Signs and Symptoms
(1) Skin eruptions that cover the entire body
(2) Fever
b. Incubation period 10-21 days
c. Mode of transmission through droplet/airborne secretions
d. Management Precautions
(1) Wear gloves and mask
(2) Wash hands following care of patient

(3) VZIG (Verisicullar Immune Globulin)

VI. Illness and injury prevention
- A. Epidemiology
  - 1. Incidence, morbidity, mortality
    - a. Injury surpassed stroke as third leading cause of death
    - b. Estimated lifetime cost of injuries >$114 billion
    - c. Estimated 19 hospitalizations and 254 emergency department visits for each injury death
  - 2. Effects of early release from hospital on EMS services
    - a. Implications are increased access on EMS services for supportive care and intervention
  - 3. Related terminology
    - a. Injury
      - (1) Defined as intentional or unintentional damage to the person resulting from acute exposure to thermal, mechanical, electrical or chemical energy or from the absence of such essentials as heat or oxygen
    - b. Injury risk
      - (1) Defined as real or potential hazardous situations that put individuals at risk for sustaining an injury
    - c. Injury surveillance
      - (1) Defined as ongoing systematic collection, analysis and interpretation of injury data essential to the planning, implementation and evaluation of public health practice, closely integrated with the timely dissemination of these data to those who need to know
      - (2) The final link in the surveillance chain is the application of these data to prevention and control
    - d. Primary injury prevention
      - (1) Defined as keeping an injury from ever occurring
    - e. Secondary and tertiary prevention
      - (1) Defined as care and rehabilitation activities (respectively) that are preventing further problems from an event that has already occurred
    - f. Teachable moment
      - (1) Defined as the time after an injury has occurred when the patient and observers remain acutely aware of what has happened and may be more receptive to teaching about how the event or illness could be prevented
    - g. Years of productive life
      - (1) Defined as the calculation by subtracting age of death from 65
- B. Feasibility of EMS involvement
  - 1. EMS providers are widely distributed amid the population
  - 2. EMS providers often reflect the composition of the community
  - 3. In a rural setting, the EMS provider may be the most medically educated individual
    - a. More than 600,000 EMS providers in the United States
  - 4. EMS providers are high-profile role models
  - 5. EMS providers are often considered as champion of the customer
  - 6. EMS providers are welcome in schools and other environments
  - 7. EMS providers are considered authorities on injury and prevention
- C. Implementation of prevention strategies
  - 1. Patient care considerations
    - a. Recognize signs/ symptoms of suspected abuse

(1) Recognition of abusive situations
(2) Resolving conflict without violence

2. Recognize signs/ symptoms of exposure to
   a. Hazardous materials
   b. Temperature extremes
   c. Vector
   d. Communicable disease
   e. Assault, battery
   f. Structural risks
3. Recognizing need for outside resource
   a. Municipal
   b. Community
   c. Religious
4. Education
   a. On-scene education
      (1) Recognize/ sense possible recurrence
         (a) Effective communications
         (b) Recognizing the teachable moment
         (c) Non-judgmental
         (d) Objective
         (e) Sense of timing
         (f) Consideration of ethnic, religious and social diversity considerations
      (2) Informing individuals how they can prevent recurrence
      (3) Informing individuals on use of protective devices
   b. Community education
      (1) Population served
         (a) Ethnic
         (b) Cultural
         (c) Religious
         (d) Language
         (e) Learning disabled
         (f) Physically challenged
5. Resources identified for
   a. Devices
   b. Child protective services
   c. Sexual abuse
   d. Spousal abuse
   e. Elder abuse
   f. Food, shelter, clothing
   g. Employment
   h. Counseling
   i. Alternative health care
      (1) Free clinic
   j. Alternative means of transportation
   k. After-care services
   l. Rehabilitation
   m. Grief support
   n. Immunization programs

- o. Vector control
- p. Disabled
- q. Day care
- r. Alternative modes of education
- s. Work-study programs
- t. Mental health resources and counseling

VII. Medical/ legal issues

A. Review

1. Legal duties and ethical responsibilities
   - a. Legal duties are to the patient, medical director, and public
     - (1) Set by statutes and regulations
     - (2) Based on generally accepted standards
   - b. Ethical responsibilities as a professional
     - (1) Principles that identify conduct deemed morally desirable
     - (2) Ethical responsibilities include
       - (a) Responding to the physical and emotional needs of every patient with respect
       - (b) Maintaining mastery of skills
       - (c) Participating in continuing education/ refresher training
       - (d) Critically reviewing performance and seeking improvement
       - (e) Reporting honestly and respecting confidentiality
       - (f) Working cooperatively and with respect for other emergency professionals
     - (3) NAEMT Code of Ethics exemplifies ethical guidelines for the EMT-Critical Care Technician
2. Failing to perform the job appropriately can result in civil or criminal liability
3. The best legal protection is provision of appropriate assessment and care coupled with accurate and complete documentation
4. Laws differ from state to state and area to area - get competent legal advice

B. Review of the legal system

1. Types of law
   - a. Legislative law
     - (1) Enacted at federal, state and local levels by legislative branches of government
     - (2) Product of Congress, city councils, district boards, and general assemblies
   - b. Administrative law
     - (1) Regulations developed by a governmental agency
     - (2) Agency has the authority to enforce rules, regulations, and statutes
   - c. Common law
     - (1) “Case” or “judge-made” law
     - (2) Derived from society’s acceptance of customs or norms over time
   - d. Criminal law
     - (1) Area of law in which the federal, state, or local government prosecutes individuals on behalf of society for violating laws designed to safeguard society
     - (2) Violation punished by fine, imprisonment or both
   - e. Civil (tort) law

(1) Area of law dealing with private complaints brought by a plaintiff against a defendant for an illegal act or wrongdoing (tort)
(2) Enforced by bringing a civil lawsuit in which the plaintiff requests the court to award damages

2. How laws affect the EMT-Critical Care Technician
   a. Scope of practice
      (1) Range of duties and skills an EMT-Critical Care Technician is allowed and expected to perform when necessary
      (2) Usually set by state law or regulation and by local medical direction
      (3) Possessing and administering controlled substances
         (a) Public Health Law Article 30
         (b) Public Health Law Article 33
         (c) State EMS Code Part 800
         (d) New York State Rules and Regulations Part 80
         (e) NYS-EMS Policy Statements
   b. Medical direction
      (1) Required for EMT-Critical Care Technician practice
      (2) May be off-line or on-line, depending on state and local requirements
      (3) Each system should have a policy to guide EMT-Critical Care Technicians in dealing with on-scene physician
   c. Medical practice act
      (1) Legislation that governs the practice of medicine; varies from state to state
      (2) May prescribe how and to what extent a physician may delegate authority to an EMT-Critical Care Technician to perform medical acts
   d. Licensure and/ or certification
      (1) Certification
         (a) Grants recognition to an individual who has met predetermined qualifications to participate in an activity
         (b) Issued by the New York State Department of Health
      (2) Credentials
         (a) **Permission to provide Advanced Life Support care within a specific system (region).**
         (b) **Determination by a REMAC of initial and continuing qualifications of an EMT-Critical Care Technician**
      (3) Both are required by state to practice as an EMT-Critical Care Technician
   e. Motor vehicle laws
      (1) New York State Vehicle and Traffic Law
         (a) § 114-b Emergency Operations
         (b) § 101 Definition of Authorized Emergency Vehicles
         (c) § 1104 Privileges and Responsibilities of Authorized Emergency Vehicles
      (2) Driver is not relieved from the duty to drive with Due Regard for the safety of all persons
      (3) Driver is not protected from the consequences of his/her reckless disregard for the safety of other
      (4) NYS-EMS Policy Statement on use of lights and siren

f. Mandatory reporting requirements **(report to physician)**
   (a) Child abuse and neglect; elderly abuse; spouse abuse
   (b) Sexual assault
   © Gunshot and stab wounds
   (b) Animal bites
   (e) Communicable diseases
   (1) Content of report and to whom it must be made is set by law, regulation or policy
g. Protection for the EMT-Critical Care Technician
   (1) Infectious disease exposure notification
   (2) Immunity statutes
      (a) Governmental immunity
      (b) Good Samaritan laws
   (3) Special crimes against an EMT-Critical Care Technician
      (a) **Assault in the second degree (Penal Law, § 120.05 and 120.08);** Assault of an EMT-Critical Care Technician while performing duties
      (b) **Obstructing governmental administration in the second degree (Penal Law § 195.05);** Obstruction of EMT-Critical Care Technician ~~activity~~ **in the performance of his/her duty**

C. Legal accountability of the EMT-Critical Care Technician
   1. Responsible to act in a reasonable and prudent manner
   2. Responsible to provide a level of care and transportation consistent with education/ training
   3. Negligence can result in legal accountability and liability
      a. Components of negligence
         (1) Duty to act
            (a) May be a formal contractual or an informal duty
            (b) Duty may be undertaken voluntarily by beginning to care for a patient
            (c) Duties include
               i) Duty to respond and render care
               ii) Duty to obey laws and regulations
               iii) Duty to operate emergency vehicle reasonably and prudently
               iv) Duty to provide care and transportation to the expected standard
               v) Duty to provide care and transportation consistent with the scope of practice and local medical protocols
               vi) Duty to continue care and transportation through to its appropriate conclusion
         (2) Breach of duty
            (a) Standard of care
               i) Exercising the degree of care, skill, and judgement which would be expected under like or similar circumstances by a similarly trained, reasonable EMT-Critical Care Technician in the location involved
               ii) Standard of care is established by court testimony and reference to published codes, standards, criteria and

guidelines applicable to the situation

1) **Public Health Law Article 30**
2) **State EMS Code (Part 800)**
3) **Standardized Curriculum**
4) **Regional Protocols**

(b) Breach of duty may occur by
i) Malfeasance - performing a wrongful or unlawful act
ii) Misfeasance - performing a legal act in a manner which is harmful or injurious
iii) Non-feasance - failure to perform a required act or duty
(c) In some cases, negligence may be so obvious that it does not require extensive proof
i) Res ipsa loquitur - the injury could only have been caused by negligence
ii) Negligence per se - negligence is shown by the fact that a statute was violated and injury resulted
(3) Damage to patient or other individual (i.e., the plaintiff)
(a) Proof that the plaintiff suffered compensable physical or psychological damages, such as
i) Medical expenses
ii) Lost earnings
iii) Conscious pain and suffering
iv) Wrongful death
(b) Punitive (punishing) damages could be awarded
i) Awarded to punish gross negligence or willful and wanton misconduct
ii) Punitive damages are usually not covered by malpractice insurance
(4) Proximate cause
(a) The action or inaction of the EMT-Critical Care Technician was the cause of or worsened the damage
(b) The fact that the EMT-Critical Care Technician's act or inaction would result in the damage must have been reasonably foreseeable by the EMT-Critical Care Technician
(c) Usually established by expert testimony
b. Defenses to negligence
(1) Good Samaritan laws
(a) Do not generally protect providers from acts of gross negligence, reckless disregard, or willful or wanton conduct
(b) Do not generally prohibit the filing of a lawsuit
(c) May provide coverage for paid or volunteer providers
(d) Varies from state to state
(2) Governmental immunity
(a) Trend is toward limiting protection
(b) May only protect governmental agency, not provider
(c) Varies from state to state
(3) Statute of limitations
(a) Limit the number of years after an incident during which a lawsuit can be filed
(b) Set by law and may differ for cases involving adults and children
(c) Varies from state to state
(4) Contributory negligence
(a) Plaintiff may be found to have contributed to his or her own injury

(b) Damages awarded may be reduced or eliminated based on the plaintiff's contribution to his or her injury
(5) Liability insurance
4. Special liability concerns
a. Liability of the EMT-Critical Care Technician medical director
(1) On-line
(a) Direct supervision regarding patient care
(2) Off-line
(a) Provided by use of protocols, including standing orders
(b) Indirect supervision
b. Liability for "borrowed servants"
(1) Liability for actions of EMT-Basic supervised by the EMT-Critical Care Technician
(2) Depends on degree of supervision and control given to the EMT-Critical Care Technician
c. Civil rights
(1) May not discriminate in providing service to a patient by reason of race, color, sex, national origin, or, in some cases, ability to pay
(2) Patients should be provided with appropriate care regardless of disease condition (e.g., AIDS/ HIV, other communicable disease, etc.)
d. Off-duty EMT-Critical Care Technician
(1) May not have authority to perform EMT-Critical Care Technician procedures which require delegation from a physician
(2) Varies from state to state
5. Protection against negligence claims
a. Appropriate education/ training and continuing education
b. Appropriate medical direction, on- and off-line
c. Accurate, thorough documentation
d. Professional attitude and demeanor
D. Patient relationships
1. Confidentiality
a. Confidential information
(1) Patient history
(2) Assessment findings
(3) Treatment rendered
b. Release of information
(1) Requires written permission from patient or legal guardian
(2) Permission not required for release of select information
(a) To other providers with a need to know in order to provide care
(b) When required by law
(c) When required for third party billing
(d) In response to a proper subpoena
c. Improper release of information or release of inaccurate information can result in liability
(1) Invasion of privacy
(a) Release, without legal justification, of information on a patient's private life which might reasonably expose the individual to ridicule, notoriety or embarrassment
(b) The fact that the information is true is not a defense

(2) Defamation - making an untrue statement about someone's character or reputation without legal privilege or consent of the individual

(a) Libel
i) False statements about a person made in writing or through the mass media
ii) Made with malicious intent or reckless disregard for the falsity of the statements
(b) Slander
i) False verbal statements about a person
ii) Made with malicious intent or reckless disregard for the falsity of the statements

2. Consent
a. Conscious, competent patients have the right to decide what medical care and transportation to accept
(1) Patient must be of legal age and able to make a reasoned decision
(2) Patient must be properly informed
(a) Nature of the illness or injury
(b) Treatment recommended
(c) Risks and dangers of treatment
(d) Alternative treatment possible and the risks
(e) Dangers of refusing treatment (including transport)
(3) Conscious, competent patient can revoke consent at any time during care and transport
b. Types of consent
(1) Expressed consent
(a) Patient directly agrees to treatment and gives permission to proceed
(b) Consent can be expressed non-verbally by action or allowing care to be rendered
(2) Informed consent - consent given based on full disclosure of information
(3) Implied consent
(a) Consent assumed from a patient requiring emergency intervention who is mentally, physically or emotionally unable to provide expressed consent; sometimes called emergency doctrine
(b) Is effective only until patient no longer requires emergency care or regains competence to make decisions
(4) Involuntary consent
(a) Treatment allowed in certain situations granted by authority of law
(b) Patients held for mental health evaluation or as directed by law enforcement personnel who have the patient under arrest
c. Special consent situations
(1) Minors
(a) In most states, a person is a minor until age 18, unless emancipated
(b) Emancipation may include
i) Minors who are married, parents, or in the armed services
ii) Individual living independently and self-supporting (e.g., college student not living at home or receiving financial

aid from parents)

(c) Unemancipated minors are not able to give or withhold consent - consent of parent, legal guardian or court-appointed custodian is usually required

(d) Emergency doctrine applies to minors when parent or guardian cannot be contacted

(2) Mentally incompetent adults

(a) If there is a legal guardian, consent may be given or withheld by the guardian

(b) Emergency doctrine applies if no one legally able to give consent can be contacted

(3) Prisoners or arrestees

(a) Court or police who have custody may authorize emergency treatment

(b) Usually limited to care needed to save life or limb

(4) Refusal of care or transport

(a) Patient must be conscious and able to make a reasonable decision

(b) Make multiple attempts to convince the patient to accept care

(c) Enlist the help of others to convince the patient

(d) Assure that the patient is informed about the implication of the decision and potential for harm

(e) Consult medical direction

(f) Request patient and a disinterested witness to sign a "release from liability" form

(g) Advise the patient that he or she may call again for help if needed

(h) Attempt to get family or friends to stay with the patient

(i) Document situation and actions thoroughly on patient care report

(5) Decisions not to transport

(a) Involve medical direction

(b) Thoroughly document reasons for decision

d. Legal complications related to consent

(1) Abandonment

(a) Terminating care when it is still needed and desired by the patient, and without assuring that appropriate care continues to be provided by another qualified provider

(b) May occur in the field or when a patient is delivered to the emergency department

(2) False imprisonment

(a) May be charged by a patient who is transported without consent or who is restrained without proper cause or authority

(b) May be a civil or criminal violation

(3) Assault

(a) Threatening, attempting or causing fear of offensive physical contact with a patient or other individual (for example, threatening to restrain a patient unless he or she quiets down)

(b) May be a civil or criminal violation

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(4) Battery
(a) Unlawful touching of another person without consent (for example, drawing a patient's blood without permission)
(b) May be a civil or criminal violation

3. Use of force
a. Unruly or violent patients
b. Use of restraints
c. Involve law enforcement, if possible
d. Use only force considered to be “reasonable” to prevent harm to the patient or others
e. Must never be punitive

4. Transportation of patients
a. Level of care during transportation
(1) Level of personnel attending the patient
(2) Complications resulting from changing the level of care delivered
b. Use of emergency vehicle operating privileges
(1) Must operate in conformity to laws, regulations and policies
(2) Must operate in a manner which safeguards the patient, crew and public

E. Resuscitation issues
1. Withholding or stopping resuscitation
a. Procedure should be established by local protocols
b. Role of medical direction should be clearly delineated

2. Advance directives
a. Status depends on state laws and local protocols
b. Written patient statements of preference for future medical treatment
(1) **Non-Hospital Do Not Resuscitate (DNR)**
(a) Written Non-Hospital DNR order
(b) Standard DNR bracelet
(c) Public Health Law Article 29-b
(2) Health Care Proxy and Living Wills
(a) Not for prehospital consideration
(b) Notify Medical Control and Receiving Hospital of their existence
c. Authority granted in part by the Patient Self-Determination Act of 1990 **and Chapter 370 of the Laws of 1991**
d. Medical direction must establish and implement policies for dealing with advance directives
(1) Policy should specify EMT-Critical Care Technician care for the patient with an advance directive
(2) Must provide for reasonable measures of comfort to the patient and emotional support to family and loved ones

3. Potential organ donation
a. Identify the patient as a potential donor
b. Establish communication with medical direction
c. Provide emergency care that will help maintain viable organs

4. Death in the field
a. Follow state or local protocols
b. Consult medical direction for guidance

F. Documentation

1. Importance
    a. If it is not written down, it was not done
    b. Memory is fallible - claims may not be filed until years after an event
2. Maintained at least for extent of statute of limitations

VIII. Ethics
A. Introduction
1. Ethical dilemmas are present in out-of-hospital care
2. Ethical dilemma today may be decided by law tomorrow
B. Ethics review
1. Ethics defined
    a. Socrates: “How should one live?”
    b. Larger issue than EMT-Critical Care Technician practice
        (1) Morals relate to social standards
        (2) Ethics relate to personal standards
2. Answering ethical questions
    a. Emotion should not be a factor
    b. The question should be answered with reason
    c. Answer must not be based on what people think is wrong or right
        (1) The individual must answer the question for him/ her self
    d. Never do what is morally wrong
3. The need for an out-of-hospital ethical code
4. How ethics impact individual practice
    a. A personal code
    b. The importance of reflecting on one’s own practice
        (1) “An unexamined life is not worth living”
5. How ethics impact institutional practice
C. Ethical tests in healthcare
1. Fundamental question
    a. What is in the patient’s best interest?
    b. Determining what the patient wants
        (1) Patient statement
        (2) Written statement
        (3) Family input
    c. The role of “good faith” in making ethical decisions
2. Global concepts
    a. Provide patient benefit
    b. Avoid harm
    c. Recognize patient autonomy
3. Resolving ethical dilemmas when global concepts are in conflict
    a. Within healthcare community
        (1) Establishment of norms (standards of care)
        (2) Research and treatment protocols
        (3) Prospective and retrospective reviews of decisions
    b. Within the public
        (1) Creation of laws protecting patient rights
        (2) Use of advance directives, etc. to make patient wishes known

D. Ethical issues in contemporary EMT-Critical Care Technician practice
  1. Decisions surrounding resuscitation
    a. What the patient really wants
    b. When in doubt, resuscitate
    c. Resuscitation after an advance directive is found
  2. Confidentiality
    a. A fundamental right
    b. Ethics and confidential information
      (1) Legally required
        (a) Does this supersede ethical considerations?
        (b) What if the public health would benefit?
  3. Consent
    a. Patient right to make decisions regarding health care
      (1) “Fundamental element of the patient-physician relationship”
      (2) AMA code of medical ethics
    b. Ethics of implied consent
      (1) Does the patient understand the issues at hand?
      (2) Can the patient make an informed decision in his/ her best interest
  4. Applications of ethical principles to patient care situations
    a. Care in futile situations
      (1) Defining futile
      (2) Who makes the decision?
    b. Obligation to provide care
      (1) Good Samaritan
      (2) Inability to pay
      (3) Isn’t in the “health plan”
      (4) Patient “dumping”
      (5) Economic triage
    c. Advocacy
    d. EMT-Critical Care Technician accountability
      (1) Patient
      (2) Physician medical director
      (3) System/ HMO protocols
    e. Role as physician extender
      (1) The physician orders something which
        (a) The EMT-Critical Care Technician believes is contraindicated
        (b) The EMT-Critical Care Technician believes is medically acceptable but not in the patient’s best interests
        (c) The EMT-Critical Care Technician believes is medically acceptable but morally wrong

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