The Emergency Medical Services System; EMT's and Litigation; Well-Being of the EMT; Scene Safety; Ambulance Operations; Gaining Access (Class 25)

The Emergency Medical Services System

- 911
  - Dispatchers now provide treatment coaching to callers
- First Responders
  - First on scene; first to begin definitive care
  - Can be any level of training
  - May include law enforcement, fire departments, etc.
- Ambulance Transport
  - Levels of training
    - EMT-Basic
    - EMT-Intermediate
    - EMT-Paramedic
    - Must be at least one Basic EMT
    - Ideally Paramedic staffed
- Primary Hospitals
  - Nurses, physicians, etc.
  - Emergency Departments
- Tertiary/Specialty Hospitals/Departments
  - Trauma centers
  - Burn centers
  - Pediatric centers
  - Other specialty centers

Establishment and Control of the Emergency Medical Services System

- Tennessee Legislature
  - EMS Act of 1972
    - Original empowering legislation
  - EMS Act of 1983
    - Current statute
    - Established standards for EMS providers
    - Established EMS Board
  - EMS Board
    - Thirteen members
    - Various health care/EMS/fire backgrounds
      » One (1) paramedic instructor from an accredited paramedic program licensed in this state
  - Governor
    - Appoints Commissioner of Health
    - Oversees the Tennessee Department of Health, Division of Emergency Medical
Services

• Appoints Director of EMS
  - Donna Tidwell
• Director of EMS supervises local Consultant
  - O’Neal Ellis
• The Department of Health enforces both the EMS Act of 1983 and the Regulations promulgated by the EMS Board
  - The Courts
• All of the foregoing, taken collectively, define the qualifications and expectations of Basic EMTs in Tennessee

Roles and Responsibilities of the Basic EMT

- Maintain vehicle and equipment readiness.
- Ensure safety of the EMS crew, the patient, and bystanders at the scene.
- Operate the emergency vehicle.
- Assess the patient.
- Provide emergency care.
- Safely lift and move the patient.
- Prepare oral and written reports.
- Safely transport the patient.
- Transfer patient care.
- Perform record keeping and data collection.
- Serve as the patient’s advocate.
- Provide emotional support to the patient, relatives, and others at the scene.
- Integrate the EMS service with other emergency and nonemergency services.
- Resolve emergency incidents.
- Maintain medical and legal standards.
- Provide administrative support.
- Enhance professional development.
- Develop and maintain community relations.

Professional Attributes

- Appearance
  • Neat
  • Clean
  • Positive image
- Maintains up-to-date knowledge and skills
  • Continuing education
  • Refresher courses
- Puts patient's needs as a priority without endangering self.
- Maintains current knowledge of local, state, and national issues affecting EMS.
- A calm and reassuring personality.
- Leadership ability.
- Good judgment.
- Good moral character.
- Stability and adaptability.
- Ability to listen.
- Resourcefulness and ability to improvise.
- Cooperativeness.

- Quality Improvement (also known as Continuous Quality Improvement or CQI)
  - Definition - a system of internal/external reviews and audits of all aspects of an EMS system so as to identify those aspects needing improvement to assure that the public receives the highest quality of prehospital care.
  - The role of the EMT-Basic in quality improvement
    - Documentation
    - Run reviews and audits (utmost honesty required)
    - Gathering feedback from patients and hospital staff
    - Conducting preventative maintenance
    - Continuing education
    - Skill maintenance

- Medical Direction/Control
  - A physician responsible for the clinical and patient care aspects of an EMS system.
  - Every ambulance service/rescue squad must have physician medical direction.
  - Types of medical direction/control
    - On-line
      - Telephone
      - Radio
    - Off-line
      - Protocols
      - Standing orders
  - The relationship of the Basic EMT to medical direction
    - Designated agent of the physician
    - Care rendered is considered an extension of the medical director's authority
    - Care rendered by EMT's without medical control is essentially practicing medicine without a license

The EMT and Litigation

- Courts
  - Enforce statutes and in some instances regulations
  - Create and enforce “common law”
    - Court made
    - Theory of “precedent”
- Parties to suit
  - Plaintiff (person who is allegedly injured by another’s wrongdoing)
  - Defendant (the alleged wrongdoer)
    - Who can be a defendant?
    - Always responsible for your own acts
• Supervisors are responsible for those that they supervise
• Employers are responsible for employees

Battery
- Harmful or offensive contact
- Technical battery
- Also known as malfeasance

Consent
- Means of avoiding battery/technical battery
- Three types
  • Express
  • Implied
  • Involuntary

Express
- Adults
  • Saying “yes”, nodding head in agreement, signing a document permitting treatment
- Minors
  • Generally, a child can neither refuse nor consent to treatment
  • Only parent or legal guardian may consent
  • Exceptions
    - Married
    - Emancipated
    - Living independently
    - Military
    - Rule of Sevens
      » Age 0 to 7 (incompetent)
      » Age 7 to 14 (rebuttable presumption of incompetence)
      » Age 14 and older (rebuttable presumption of competence, e.g. the “mature minor”)

Implied
- Adults
  • Unconsciousness
  • Decreased level of consciousness
  • Cannot weight the risks and benefits
  • If uncertain, probably best to choose technical battery over abandonment
- Minors
  • TCA 63-6-222
  • Common law

Involuntary
- Adult and juvenile
• TCA 33-6-103 (review behavioral emergency lecture from last semester)

• Revocation of consent
  - Competent patient may revoke at any time
  - Decision is binding even if loses consciousness later
  - Incompetent patient
    - Cannot revoke
    - May continue to treat
    - Be as certain as possible that patient is incompetent
    - If uncertain, probably best to choose technical battery over abandonment

• Revocation or refusal procedure
  - Review AMA form and process from last semester

• Abandonment
  - Leaving a patient after assuming a duty to treat
  - Turning the patient over to personnel less qualified than you

• Negligence
  - Failure to perform a legally imposed duty
  - Elements
    - Duty of due care
      - Paid EMTs are "on duty"
      - Voluntary assumption of duty
      - Good Samaritan Law
    - Breach of duty
      - Conduct falling short of that expected from the "reasonable EMT"
      - Higher standard than layperson
      - Good faith doesn't count
      - Other names for breach
        » Nonfeasance (failure to perform required act)
        » Misfeasance (incorrect performance of a required act)

• Negligence (cont.)
  - Causation
    - Defendant's conduct must be true cause of plaintiff's injury
  - Damages
    - Plaintiff must be actually harmed
    - Three types of damages
      » General (pain and suffering)
      » Special (lost wages)
      » Punitive (designed to punish the defendant for egregious conduct)

• Advance Directives
  - Patient has the right to refuse resuscitative efforts.
  - POST form (see handout)
- Do Not Resuscitate (DNR) orders
- Living wills
  - Review your service’s protocols relative to DNR orders and advance directives.
  - When in doubt or when written orders are not present, you should usually begin resuscitation efforts.

- Patient Confidentiality
  - Essentially all information you collect is deemed by federal law (“HIPAA”) to be confidential information
  - Patient history gained through interview
  - Assessment findings
  - Treatment rendered
  - Releasing or discussing confidential information
    - Requires a written release form signed by the patient.
    - THIS INCLUDES DISCUSSIONS WITH YOUR FRIENDS, SPOUSES, CO-WORKERS UNLESS PART OF CQI OR OTHER FORMAL FUNCTIONS
  - When a release is not required
    - Other health care providers need to know information to continue care.
    - State law requires reporting incidents such as rape, abuse or gun shot wounds.
    - Third party payment billing forms
    - Legal subpoena

- Special Situations
  - Potential Crime Scene/Evidence Preservation
    - Dispatch should notify police personnel
    - Responsibility of the Basic EMT
      - Emergency care of the patient is the EMT’s priority.
      - Do not disturb any item at the scene unless emergency care requires it or it poses potential harm to you or others.
      - When moving items, do so only in a manner that best preserves evidence if it can be moved safely.
      - Observe and document anything unusual at the scene.
      - If possible, do not cut through holes in clothing from gunshot wounds or stabbings.
  - Special Reporting Situations
    - Child and elder abuse

The Well-Being of the EMT

- Emotional Aspects of Emergency Care
  - Stressful situations
    - Examples of situations that may produce a stress response
      - Mass casualty situations
      - Infant and child trauma
      - Amputations
      - Infant/child/elder/spouse abuse
- Death/injury of co-worker or other public safety personnel
- Death and dying of a patient
  • The EMT will experience personal stress as well as encounter patients and bystanders in severe stress.

• Stress management
  - Recognize warning signs
    • Irritability to co-workers, family, friends
    • Inability to concentrate
    • Difficulty sleeping/nightmares
    • Anxiety
    • Indecisiveness
    • Guilt
    • Loss of appetite
    • Loss of interest in sexual activities
    • Isolation
    • Loss of interest in work
  - Life-style changes
    • Helpful for "job burnout"
    • Change diet
      - Reduce sugar, caffeine and alcohol intake
      - Avoid fatty foods
      - Increase carbohydrates
    • Exercise
    • Practice relaxation techniques, meditation, visual imagery

• Stress management (Cont.)
  - Balance work, recreation, family, health, etc.
  - EMS personnel and their family's and friends' responses
    • Lack of understanding
    • Fear of separation and being ignored
    • On-call situations cause stress
    • Can't plan activities
    • Frustration caused by wanting to share
  - Work environment changes
    • Request work shifts allowing for more time to relax with family and friends.
    • Request a rotation of duty assignment to a less busy area.
  - Seek/refer professional help (CISD)

• Critical Incident Stress Debriefing (CISD)
  - A team of peer counselors and mental health professionals who help emergency care workers deal with critical incident stress.
  - Meeting is held within 24 to 72 hours of a major incident.
    • Open discussion of feelings, fears, and reactions
    • Not an investigation or interrogation
    • All information is confidential
• CISD leaders and mental health personnel evaluate the information and offer suggestions on overcoming the stress.
- Designed to accelerate the normal recovery process after experiencing a critical incident.
  • Works well because feelings are ventilated quickly.
  • Debriefing environment is non-threatening.
- How to access local CISD system.
  • 333-5400 and ask for Glenn Faught.
  • Be sure to state that you are calling for CISD help.

- Comprehensive critical incident stress management includes:
  • Pre-incident stress education
  • On-scene peer support
  • One-on-one support
  • Disaster support services
  • Defusings
  • CISD
  • Follow up services
  • Spouse/family support
  • Community outreach programs
  • Other health and welfare programs such as wellness programs

Scene Safety

• Transmittable Infectious Diseases
  - Hepatitis
    • Viral organism
    • Spread through contact with infected body fluids and feces
    • Most common bloodborne infection
    • Common among IV drug users
    • Types A, B, C & D
    • Immunization available for Hepatitis B – GET IT!!
    • No immunization for other forms
    • Use perfect standard precautions
  - Acquired Immune Deficiency Syndrome (AIDS)
    • Viral organism (Human Immunodeficiency Virus (HIV))
    • Spread through contact with infected body fluids
    • Less likely to contract than Hepatitis
    • Immunization not currently available but may be available in the next five years
    • Use perfect standard precautions
  - Tuberculosis
    • Bacterial organism
    • Very dangerous airborne and contact transmitted disease due to evolution of drug-resistant forms
    • Use perfect standard precautions PLUS surgical mask on patient PLUS HEPA or N-95 respirator on EMT
- Severe Acute Respiratory Syndrome (SARS)
  - Viral organism
  - Airborne and contact transmission
  - Use perfect standard precautions PLUS surgical mask on patient PLUS surgical mask or N-95 respirator on EMT
  - Change of uniform is preferred.

- Standard Precautions (Body Substance Isolation or “BSI”)
  - HAND WASHING
  - Eye protection
    - If prescription eyeglasses are worn, then removable side shields should be applied to them.
    - Goggles are NOT required.
  - Gloves (vinyl or latex)
    - Needed for contact with blood or bloody body fluids.
    - Should be changed between contact with different patients.
  - Gloves (utility) - needed for cleaning vehicles and equipment
  - Gowns
    - Needed for large splash situations such as with field delivery and major trauma.
    - Change of uniform is preferred.
  - Masks
    - Surgical type for possible blood splatter (worn by care provider)
    - High Efficiency Particulate Air (HEPA) respirator if patient suspected for or diagnosed with tuberculosis (worn by care provider)
    - Airborne disease - surgical type mask (worn by patient)

- Suggested Immunizations and Testing
  - Tetanus prophylaxis
  - Hepatitis B vaccine
  - Verification of immune status with respect to commonly transmitted contagious diseases
  - Periodic tuberculin purified protein derivative (PPD) testing

- Hazardous materials
  - Identify possible hazards
  - Binoculars
  - Placards
    - *The Emergency Response Handbook*, published by the United States Department of Transportation
  - Protective clothing
    - Hazardous material suits
    - Self Contained Breathing Apparatus
- Review information from last semester

• Rescue
  - Identify and reduce potential life threats.
    • Electricity
    • Fire
    • Explosion
    • Hazardous materials
  - Protective clothing
    • Turnout gear
    • Puncture-proof gloves
    • Helmet
    • Eye wear
  - Dispatch rescue teams for extensive/heavy rescue.

• Violence
  - Scene should always be controlled by law enforcement before EMT provides patient care.
    • Perpetrator of the crime
    • Victim(s)
    • Bystanders
    • Family members
  - Behavior at crime scene.
    • Do not disturb the scene unless required for medical care or safety.
    • Maintain chain of evidence.

Ambulance Operations

• Preparation for the call
  - Check equipment
    • Start-of-shift checklist
    • Replace
    • Repair
  - Check vehicle
    • Start-of-shift checklist
  - Check personnel
    • Illness
    • Injury

• Dispatch
  - Central access
  - 24-hour availability
  - Trained personnel
    • Emergency instructions to bystanders/family members now a prime mission
  - Dispatch information
    • Nature of call
• Name, location, and callback number of caller
• Location of patient
• Number of patients and severity
• Other special problems

• Tennessee driving requirements
  - Must be 19 years old (EMS rule)
  - However, most commercial insurance carriers will not provide coverage until 21 years of age
  - 3 years of operator experience (EMS rule)
  - EVOC training highly recommended
  - Seat belts
    - Must be worn by all persons in ambulance, except as needed to attend patient
    - CPR is probably best example of when seat belts would interfere with patient care
    - This includes the patient
      - Patient usually restrained by at least two belts on stretcher

• Tennessee driving requirements
  - For Hire (F) endorsement
    • Formerly known as “Special Chauffeur” license
    • Requirements
      - 18 years of age, or 16 years of age if the vehicle the applicant is hired to drive is owned by the applicant's family business to conduct deliveries of goods and products exclusively for the family business (Dept. of Safety rule)
      - 2 years of unrestricted driving experience (Dept. of Safety rule)
      - No challenge exists concerning their good character, competency, and fitness to be so employed
      - Operating a Class D Vehicle (26,000 pounds or less)
      - Successfully pass a vision test
        » 20/40 both eyes
        » Otherwise required to wear corrective lenses
      - Successfully pass a knowledge test
        » Must score 80% or higher

• En route
  - Characteristics of good ambulance drivers
    • Physically & mentally fit
    • Able to perform under stress
    • Positive attitude about abilities
    • Tolerant of other drivers
  - Know appropriateness of using lights and sirens
    • Clinical decision
    • However, exercise caution in use
    • Headlights are the most visible warning device on an emergency vehicle
- "Wig-wags"
- Select appropriate route
  - GPS systems
- Maintain safe following distance
- Drive with due regard for safety of all others
- Know the applicable laws

Authorized Emergency Vehicles
TCA 55-8-101

(2) (A) "Authorized emergency vehicle" means vehicles of the fire department, fire patrol, police vehicles or bicycles and such emergency vehicles as are designated or authorized by the commissioner or the chief of police of an incorporated city, and vehicles operated by commissioned members of the Tennessee bureau of investigation when on official business;

(B) "Authorized emergency vehicle in certain counties" means vehicles owned by regular or volunteer firefighters in any county with a population of not less than thirty-two thousand seven hundred fifty (32,750) nor more than thirty-two thousand eight hundred (32,800) according to the 1980 federal census or any subsequent federal census, when such vehicles are used in responding to a fire alarm or other emergency call;

(C) (i) "Authorized emergency vehicle" automatically includes every ambulance and emergency medical vehicle operated by any emergency medical service licensed by the department of health pursuant to title 68, chapter 140, part 5; and, notwithstanding the provisions of any law to the contrary, regulation of such ambulances and emergency medical vehicles shall be exclusively performed by the department of health, and no special authorization, approval or filing shall be required pursuant to this chapter by the commissioner of safety;

(ii) "Authorized emergency vehicle" automatically includes every rescue vehicle or emergency response vehicle owned and operated by a state-chartered rescue squad, emergency lifesaving crew or active member unit of the Tennessee Association of Rescue Squads and no special authorization, approval or filing shall be required for such vehicle pursuant to this chapter by the commissioner of safety;

Horn And Siren On Emergency Vehicles
TCA 55-9-201

(a) Every motor vehicle, when operated upon any road, street or highway of Tennessee shall be equipped with a horn in good working order capable of emitting sound audible under normal conditions from a distance of not less than two hundred feet (200'), and it shall be unlawful, except as otherwise provided in this section, for any vehicle to be equipped with or for any person to use upon a vehicle any siren, exhaust, compression or spark plug whistle or for any person at any time to use a horn otherwise than as a reasonable warning or to make any unnecessary or unreasonably loud or harsh sound by means of a horn other warning device.

(b) Every....ambulance....shall be equipped with a bell, siren, or exhaust whistle of a type approved by the department, or local police authorities in incorporated cities or towns.

Privileges Of Authorized Emergency Vehicles
TCA 55-8-104

(a) The driver of an authorized emergency vehicle, when responding to an emergency call
or when in the pursuit of an actual or suspected violator of the law or when responding to
but not upon returning from a fire alarm, may exercise the privileges set forth in this
section, but subject to the conditions herein stated.

(b) The driver of an authorized emergency vehicle may: (1) Park or stand, irrespective of
the provisions of this chapter; (2) Proceed past a red or stop signal or stop sign, but only
after slowing down as may be necessary for safe operation; (3) Exceed the speed limits
so long as he does not endanger life or property; (4) Disregard regulations governing
direction of movement or turning in specified directions.

(c) The exceptions herein granted to an authorized emergency vehicle shall apply only
when such vehicle is making use of audible and visual signals meeting the requirements
of the applicable laws of this state, except that an authorized emergency vehicle need not
be equipped with or display a red light visible from the front of the vehicle.

(d) The foregoing provisions shall not relieve the driver of an authorized emergency vehicle
from the duty to drive with due regard for the safety of all persons, nor shall such
provisions protect the driver from the consequences of his reckless disregard for the
safety of others.

Operation Of Vehicles On Approach Of Authorized Emergency Vehicles
TCA 55-8-132

(a) Upon the immediate approach of an authorized emergency vehicle making use of
audible and visual signals meeting the requirements of the applicable laws of this state...
(1) The driver of every other vehicle shall yield the right-of-way and shall immediately
drive to a position parallel to, and as close as possible to, the right-hand edge or curb of
the roadway clear of any intersection and shall stop and remain in such position until the
authorized emergency vehicle has passed, except when otherwise directed by a police
officer; and.... (b) This section shall not operate to relieve the driver of an authorized
emergency vehicle from the duty to drive with due regard for the safety of all persons
using the highway.

• Hall v. Ashland City
  - Known dangerous intersection
  - Rescue vehicle proceeded through the intersection as allowed by T.C.A. 55-8-104(b)
  - Hall pulled into the intersection as forbidden by 55-8-132(a) even though apparently no
    reason why she should not have seen the rescue vehicle with lights signaling and siren
    “blaring”
  - Shows application of “due regard” clause
  - The driver of the rescue vehicle deemed to be 60% at fault as Jackson testified that
    “he considered the Wal-Mart intersection dangerous and that he was taught to
    expect that motorists might not see his vehicle”

Railroad Grade Crossings
TCA 55-8-147

(a) The driver of any motor vehicle carrying passengers for hire, or of any school bus
carrying any school child, or of any vehicle carrying explosive substances or flammable
liquids as a cargo or part of a cargo, before crossing at grade any track or tracks of a
railroad, shall stop such vehicle within fifty feet (50’) but not less than fifteen feet (15’)

11/4/2013
from the nearest rail of such railroad, and while so stopped shall listen and look in both
directions along such track for any approaching train, and for signals indicating the
approach of a train, except as hereinafter provided, and shall not proceed until the driver
can do so safely. After stopping as required herein and upon proceeding when it is safe to
do so, the driver of any such vehicle shall cross only in such gear of the vehicle that there
will be no necessity for changing gears while traversing such crossing and the driver shall
not shift gears while crossing the track or tracks.
(b) No stop need be made at any such crossing where a police officer or a traffic-control
signal directs traffic to proceed.

School Buses
TCA 55-8-151
(a) (1) The driver of a vehicle upon a highway, upon meeting or overtaking from either
direction any school bus that has stopped on the highway for the purpose of receiving or
discharging any school children, shall stop the vehicle before reaching the school bus, and
the driver shall not proceed until the school bus resumes motion or is signaled by the
school bus driver to proceed or the visual signals are no longer actuated. Subsection (a)
shall also apply to a school bus with lights flashing and stop sign extended and marked in
accordance with this subsection (a) that is stopped upon property owned, operated, or
used by a school or educational institution, if the bus is stopped for the purpose of
receiving or discharging any school children outside a protected loading zone.

Funeral Processions
TCA 55-8-183
Funeral processions properly identified by a flashing amber light on the lead vehicle or led
by a properly identified escort shall have the right-of-way on any street, highway, or road
through which they may pass, subject to the following provisions: (3) Operators of
vehicles in a funeral procession shall yield the right-of-way to an authorized emergency
vehicle giving audible signal by siren and shall yield the right-of-way when directed to do
so by a traffic officer;

Required Obedience To Traffic Laws
TCA 55-8-103
It is unlawful and, unless otherwise declared in this chapter and chapter 10, parts 1-5 of
this title with respect to particular offenses, it is a misdemeanor for any person to do any
act forbidden or fail to perform any act required in chapters 8 and 10 of this title.

Obedience To Police Officers
TCA 55-8-104
No person shall willfully fail or refuse to comply with any lawful order or direction of any
police officer invested by law with authority to direct, control or regulate traffic.

Criminal Offenses And Penalties
TCA 68-140-515
It is a Class C misdemeanor for any person to:
(1) Impersonate or fraudulently represent oneself as an emergency medical services
provider, or interfere with a properly identified emergency care provider at the scene of
an emergency or to knowingly interfere with the performance of a duly authorized and identified representative of the department engaged in regulatory activities;

(2) Knowingly and willfully summon an ambulance or report that emergency medical service is needed when such person knows that such service is not needed; or

(3) Knowingly or willfully violate or fail to comply with the provisions of this part.

- En route
  - Escorts and multiple vehicle response
    - Extremely dangerous
    - Used only if unfamiliar with location of patient or receiving facility
    - No vehicle should use lights or siren
    - Provide a safe following distance
    - Recognize hazards of multiple vehicle response
    - Don’t forget to warn family members that they should NOT follow ambulance

- En route
  - Intersection crashes
    - Roughly 50% of all crashed involving ambulances
    - Motorist arriving at intersection as light changes and does not stop
    - Multiple emergency vehicles following closely and waiting motorist does not expect more than one
    - Vision is obstructed by other vehicles

- Ambulance crash at intersection
  - Very frequent occurrence
  - Many times the result of obstructed vision
  - Loud radios now lessen the effectiveness of sirens

- Family member following ambulance
  - Other motorists yield to ambulances
  - Trailing personal vehicles do not get the same courtesy
  - Video

February 23, 2009
BY ASSOCIATED PRESS

TUCSON, Ariz.---- Police in Arizona say three people are dead after a crash involving an ambulance and two other vehicles.

Police say witnesses told investigators that a speeding car ran a red light and struck an ambulance in a Tucson intersection Sunday. The force of the collision knocked the
ambulance onto its side, and both vehicles struck a pickup truck stopped at the red light.

Police say a 71-year-old man in the ambulance, a friend of the person being transported, died at the scene. Two medics and the patient suffered minor injuries.

Police say the 20-year-old driver of the car and a 25-year-old passenger died. Two other passengers were taken to a hospital, one with life-threatening injuries and one with serious injuries.

The 18-year-old driver of the pickup suffered minor injuries.

Police are investigating whether speed and alcohol played a role in the crash.

- Much of the remaining 50% of ambulance-related accidents involve loss of control at high speed

- Accidents
  - Must report to EMS
    - Any bodily injury
    - Property damage greater than $200.00
    - 10 day time limit
    - Uniform Traffic Report

- On Scene
  - Positioning the unit
    - For safety
    - Uphill from leaking hazards
    - 100 feet from wreckage
      - Probably too far if equipment needed
    - In front of or beyond the wreckage
    - Set parking brake
    - Utilize warning lights
      - Kill siren
    - Avoid parking in a location that will hamper exit from the scene

- Transport
  - Lifting and moving safety
  - Notify dispatch
  - Notify receiving facility (discussed later)
  - Complete trip reports if adequate time

- Transfer of care at receiving facility
  - Lifting and moving safety
  - Reports
• Radio report
• Complete verbal report is given at bedside
• Trip report is completed and left prior to returning to service

Communications

• Reasons
  - Dispatch
    • Location of calls
    • Administrative functions
      - Log times
      - Relay non-patient oriented messages
      - Call for help
  - Patient oriented communications
    • Transmit assessment information to receiving hospitals
    • Receive orders

• Methods
  - Radio
  - Cell phone
  - Photography
    • Pictures of MVA
  - Telemetry
    • Radio data link
    • Fallen into disfavor

• Resources
  - Serial communications
    • 155.340
      - Uniform state-wide ambulance to hospital frequency
    • 155.205
      - Uniform state-wide ambulance dispatch frequency
    • Ambulances must wait until previous ambulance ends communication efforts
    • Time of communication increases

• Resources (Cont.)
  - Parallel communications
    • MedCom
    • Nine ultrahigh frequency "Medchannels"
    • Each ambulance assigned own channel
    • Multiple ambulances can communicate at same time if on separate channels
    • Med Com coordinates assignment of channels

• Med Com
  - Communication coordination
- **Recordation**
  - Every communication, both radio and telephone, recorded and stored for 13 months
- **Patient redirection**
  - ED closures

**Radio Language**
- “Plain talk”
- “Code talk”
  - 10 Codes
    - 10-4 – Yes
    - 10-7 – Out of service
    - 10-8 – In service
    - 10-9 – Repeat
    - 10-20 – Where are you at?
    - 10-30 – Non-emergency
    - 10-33 – Emergency
    - 10-46 – Motor vehicle accident with injuries
    - 10-65 – DOA
  - 12 Codes
    - Not used anymore
    - Hospital numbers

**Clinical Communication**
- Organization is key
- Must paint a picture for someone who cannot see what you are seeing
- Group like information (vitals)
- Develop routine order of reporting
- Don’t use code-talk

**Typical Basic EMT Report**
Emergently transporting a 58 y/o WM c/o sudden onset substernal chest pain radiating to the left arm and jaw. States was exerting himself doing yard work when pain began. States pain has endured for 30 minutes w/o relief. Pt. denies history of prior cardiac problems. Pt. c/o nausea without vomiting and shortness of breath. Currently pt. is AAOx3, skin cool and moist, breath sounds are clear and equal bilaterally. VS are BP 96/68, P 118 and irregular, R 32 and adequate. We have applied high flow oxygen. ETA is 5 minutes transporting emergency.

**Typical Basic EMT Report (Cont.)**
Emergently transporting (traffic)
58 y/o WM (demographic information)
c/o sudden onset substernal chest pain radiating to the left arm and jaw. (chief complaint)
States was exerting himself doing yard work when pain began. States pain has endured for 30 minutes w/o relief. (history of present illness)
Pt. denies history of prior cardiac problems. (past medical history)
Pt. c/o nausea without vomiting and shortness of breath. Currently pt. is AAOx3, skin cool and moist, breath sounds are clear and equal bilaterally. (assessment findings)
VS are BP 96/68, P 118 and irregular, R 32 and adequate. (vital signs)
We have applied high flow oxygen. (interventions)
ETA is 5 minutes (estimated time of arrival)
transporting emergency. (traffic again)

Record Keeping

Record keeping
- Rule 1200-12-1-.15 AMBULANCE SERVICE RECORDS.
  - Each ambulance service and invalid vehicle operator, licensed or permitted by the Tennessee Department of Health and Environment shall maintain records that include, but are not limited to, Dispatch and Run Records shall be provided for every call to which an ambulance responds or when a patient is evaluated, treated, or transported; including information in accordance with the following requirements:

Record keeping
- Tennessee Minimum Data Sets
  - Dispatch records
    - Date
    - Time the call is received
    - Time dispatched
    - Unit dispatched
    - Time of arrival on scene
    - Time of arrival at the destination
    - Time available for return to service
    - Responding or attending personnel by name and level of licensure
    - Cross-reference to any ambulance run report number
    - Traffic
      » Emergency
      » Non-emergency
      » Scheduled transfer

Record keeping
- Tennessee Minimum Data Sets (Cont.)
  - Run reports
    - Patient name (if known)
    - Age
    - Gender
    - Location from which the patient was transported
    - Approximate times of the medical incident, initiation of transport, and arrival at the hospital
    - Chief complaint or description of the illness or injuries
    - Vital signs
- Patient condition
- Care and treatment provided at the scene or during transport
- Name(s) and professional license level of the attending personnel
- Ambulance unit
- Ambulance service

**Record keeping**
- Tennessee Minimum Data Sets (Cont.)
  - Run reports (Cont.)
    - The receiving facility should receive any records or copies of physicians' orders for scope of treatment (POST) that may accompany the patient.
    - Should circumstances or other emergencies preclude the submission of the report at the time of arrival at the emergency department, the report shall be submitted in not less than twenty-four hours from time of transport.
    - If circumstances or other emergencies preclude the submission of the report at the time of arrival at the emergency department, the attending personnel must give a verbal report of above information to receiving personnel at health care facility with that individual signing for receipt of verbal report before attending personnel leave the health care facility.

**"Don'ts"**
- Leave gaps in time
- Omit important information
- Create conflicts/contradictions within document
- Accusations
- Admit wrongdoing
- Wrongfully alter documents
- Create late entries
- Document unclear orders without follow-up
- Destroy original records
- Scribble
- Use exclamation marks, circle, highlight or underline information
- Criticize conduct or qualifications
- Use unorthodox abbreviations
- Use pencils

**"Do's"**
- Include clinically relevant information (2) Concurrent
  - Chronological order
    - Timing is critical
  - Be Objective
  - Record important observations about the scene, e.g., suicide note, weapon, etc.
  - Write legibly
  - Be complete
  - Be specific
  - Be accurate
- Include pertinent negatives
  - “No exit wound noted”
- Note the source of sensitive information when documenting
  - “Patient’s father states patient is HIV positive”
- Use proper spelling and grammar
- Correct errors properly
  - Correct errors properly
  - Draw a single horizontal line through the error, initial it and write the correct information beside it
  - DO NOT
    - Erase
    - Obliterate
    - White-Out
    - Write Over
  - Improperly corrected errors may be construed as “cover-up”

- Documentation of patient refusal (“AMA” Against Medical Advice)
  - Competent adult patients have the right to refuse treatment
  - Before the EMT-Basic leaves the scene, however, he should:
    - Try again to persuade the patient to go to a hospital
    - Ensure the patient is able to make a rational, informed decision, e.g., not under the influence of alcohol or other drugs, or illness/injury effects
    - Inform the patient why he should go and what may happen to him if he does not
      - Probably prudent to warn of both death and permanent disability
    - Consult medical direction as directed by local protocol

- Documentation of patient refusal (“AMA” Against Medical Advice) (Cont.)
  - If the patient still refuses, document any assessment findings and emergency medical care given, then have the patient sign a refusal form
  - Have a family member, police officer or bystander sign the form as a witness. If the patient refuses to sign the refusal form, have a family member, police officer or bystander sign the form verifying that the patient refused to sign
  - Complete the trip report
    - Complete patient assessment
    - Document care you would have provided to the patient
    - Statement that you explained to the patient the possible consequences of failure to accept care, including potential death
    - Offer alternative methods of gaining care
    - State and document willingness to return

- ALWAYS have your sunglasses
- Even at night
- Even on overcast days
- Even on coroner’s calls

Gaining Access

• Fundamentals of Extrication
  - Non-rescue EMS
    • Those providing clinical care to the patient
    • Administer necessary care to the patient before and during extrication
    • Assure that the patient is removed in a way to minimize further injury
    • Working with others
      - The non-rescue EMS provider will need to work together with the providers of rescue
      - The non-rescue EMT-Basic should cooperate with the activities of the rescuers, but not allow their activities to interfere with patient care

• Fundamentals of Extrication
  - Rescue EMS
    • Those responsible for extrication
    • In some instances, the EMS providers are also the rescue providers
    • A chain of command should be established to assure patient care priorities
      - Administer necessary care to the patient before and during extrication and assure that the patient is removed in a way to minimize further injury
      - Patient care precedes extrication unless delayed movement would endanger life of the patient or rescuer

• Equipment
  - Personal safety
    • The number one priority for all EMS personnel
    • Protective clothing that is appropriate for the situation should be utilized
  - Patient safety
    • Following the safety of the EMS responders, the next priority is the safety of the patient
    • The patient should be informed of the unique aspects of extrication
    • The patient should be protected from broken glass, sharp metal and other hazards, including the environment
      - One of the better ways is to cover the patient with heavy blankets
        » Moving blankets
        » Military wool blankets
  •
• Equipment (Cont.)
  - Hydraulic equipment
    • Hurst tool (Jaws of Life)
      - Cuts
      - Spreads
      - Lifts
    • Rams
  - Stabilizing equipment
    • Cribbing
    • Jacks and stabilizing bars
  - Cutting equipment
    • Saws
      - Chain
      - Sawzall
    • Handtools
      - Bolt cutters
  - Lifting equipment
    • Hurst tool
    • Pneumatic bags
  - Leverage equipment
    • Crowbars
    • Lever bars
  - Lighting equipment
    • Should have stands available
      -

• Getting to the Patient
  - Simple access
    • Does not require equipment
    • Try opening each door
    • Roll down windows
    • Have patient unlock doors
    • Not-quite-so-complex access
      - Window punch
      - ALWAYS COVER PATIENT
• Getting to the Patient
  - Complex access
  • Requires use of tools, special equipment
    - Basic Vehicle Rescue
    - Trench
    - Confined space
      » The first Tennessee paramedic to lose his life in the line of duty was
        overcome by CO in a confined space rescue
    - High Angle
    - Water
    - Or multiple of the above

• Golden rule of extrication
  - Remove the debris or entrapment from around the patient, not move the patient
    around the debris or entrapment

• General rules of extrication
  - Use the proper tools properly
  - Always stabilize the vehicle
  - Always expect the unexpected
  - Don’t lose your focus in the organized chaos of extrication
• Removing the Patient
  - Maintain cervical spine stabilization
  - Complete initial assessment
  - Provide critical interventions
  - Immobilize spine securely
    • KED/XP-1
    • Rapid extrication considerations
      • Move the patient, not the immobilization device
  - Use sufficient personnel
  - Choose path of least resistance
  - Continue to protect patient from hazards

• Following removal
  - Full assessment
  - Stabilizing care
  - Full immobilization
  - Transport