



PARAMEDIC

Are you sure, stronger within, go ahead! We believe you. Success got here, and speed control was there in an instant star!



Introductory concepts

- Safety of the field provider is of utmost concern. Personal Protective Equipment (PPE) suitable to the incident should always be used. At minimum, protective gloves should be worn during all patient contact. PPE may include but is not limited to: eye and full body, SHAMANT suits with respirators.
- Paramedics respond to incidents at various locations (schools) and varying locations (mountains, industrial plants, etc.). The steps needed to ensure they obtain injury-free may vary from responding lifting equipment to securing complex rigging and equipment.

Major Considerations

- Always ask for lifting assistance. Back injury can occur.
- Stand at the bottom, not at the waist, when lifting patients.
- Maintain a good support base; space your feet widely enough to ensure stability.
- Never twist while lifting a patient.
- All OSHA are an even number of lifting help; never have more lifting power on one side of a patient than the other.
- Employ multiple rescuers for steep inclines.
- Use helpful equipment, such as personal stretchers.
 - Backboard: There is a hidden "injury" that could occur. We usually interact with patients and deal with them (and perhaps may want night-suits, they're not). This continued involvement of medical situations will take its toll.

resulting in loss of sleep and appetite, increased heart rate and blood pressure, increased irritability, etc. Deal with stress by recognizing it and seeking help from stress counselors.

Smile and Greet

Paramedics will be called to scenes where a loved one has died and insensitive efforts are in becoming families. When talking to families, use direct words when appropriate ("I am very sorry for your loss. We're done all we can but we cannot see him"). Be kind with the family and assist as best you can in a very difficult time. You will be met with respect ranging from thankful to anger. This is part of their grief process. The most important thing is to always tell the truth.

Smile and Nutrition

Having a good diet and healthy lifestyle is key to maintaining an active participant in the physically and mentally demanding field. Providers should get good, regular weight training and cardiovascular exercise. Always eat and hydrate well. Always performing to the best—pushed with calories, salt, and electrolyte. Eat—during a busy shift. Take time to eat a diet low in fat and salt, increase fruits, vegetables, lean meats, and grains. Break on state of food between meals. Have the "fast food" for the emergency.

ethics

- Ethics are standards that dictate how members of a professional group should conduct themselves. They speak to honesty, integrity, and diligence.

- The code of ethics adopted by physicians also applies to paramedics.
 - 1961—The World Medical Association adopted the "Oath of Geneva."
 - Paramedic oath: "First, do no harm."
 - Be truthful and honest with patients and providers.

Duty to Act

- Any paramedic transported to practice with the same level of training and competence as another paramedic within similar EMT systems (standard of care).
- Failure to do so is considered negligence.
- For negligence, paramedics are usually subject to legal action under tort law (a civil suit brought on behalf of the patient) rather than criminal law.
- There are four elements that must be present for the plaintiff to prevail.
 - **Duty to Act.** The plaintiff must establish that the paramedic had a legal duty to respond.
 - **Breach of Duty.** The paramedic must be found to have violated the level of care. There are three types of breaches:
 - Malpractice, performing a wrongful act.
 - Medication, performing a legal act in a wrongful manner.
 - Negligence, failure to perform the correct action.
 - **Harm or loss has occurred.**
 - **Proximate cause—**proves that the paramedic caused the harm or loss.

Medical Direction

- All EMS systems have a physician medical director.
- Direction is retrospective or prospective.
 - **Retrospective direction** occurs after an EMS call when the medical director reviews and comments on the paramedic's performance on the call.
 - **Prospective medical direction** occurs before or during the call. This will usually take one of two forms:
 - Online medical control: the physician and paramedic communicate during the call via radio or phone to decide a proper course of action.
 - Offline medical control: the physician takes an active role in developing paramedic protocols and **standing orders** (written medical guidelines for the paramedic to follow for common patient conditions).

Continuing Education

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

Medical-Legal Issues

Supplement, State, and Federal Agencies

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

Regulatory Agencies

- Federal and state laws governing medication.
 - Controlled substance laws may include special reporting and inventory requirements.
- State or regional councils may regulate services and professionalization of paramedics, compliance, certification.

Licensing and Certification

- Paramedics may be licensed or certified.
 - Certification grants recognition after meeting professional qualifications.
 - Licensing state or federal granting of legal authority.
 - Much confusion exists regarding the difference; states often refer to certification in their licensure processes.
 - Regardless, most paramedics practice under strict guidelines per their locality.
 - Some feel licensure is more prestigious; this is subjective.

Local Paramedic Laws

- Locally speaking, state laws that exempt individuals from legal liability following attempts to give assistance extended to a person in distress.
- Federal laws may also exist.
- These laws do not protect against gross negligence, criminal misconduct, and possibly issues relating the provider to knowingly violating the rights of others, check your local laws.
- One-duty paramedics may not be protected under these laws.

General Principles

- Remember that medical patients who may be harm to you or themselves.
- Restraints may be physical or chemical.
 - Physical restraints include restraints, straps, etc.
 - Chemical restraints are inhalable pharmaceutical agents.
- Restraints must be used cautiously and with detailed documentation.
- It is very important to follow any and local guidelines when restraining a patient. Restraint laws vary widely between jurisdictions.

General Principles

- Patients generally have a right to self-transport.
 - Must be fully versed in the ambulance and using state, regional, and/or national recommended methods.

- Cost must be fully covered in the ambulance.
- There must be no harm objects in the ambulance that can impact a patient or crewmembers in the event of a collision.
- Right exists regardless of the provider's assessment of what constitutes a "true injury."
- In general, patients with medical conditions should not be allowed to walk or otherwise exert themselves in such a way that could conceivably make their condition worse.
- Ability to tolerate a stress surface will may be determined by regional or state protocols.
- Patient destination is based on several factors:
 - Patient choice.
 - Local protocols (local centers, trauma centers, regional units, etc.).
 - Severity of condition.
 - Distance to the closest appropriate facility.

General Principles of Transport

- In most systems, a patient has the right to refuse transport under certain criteria.
 - Patient must have capacity to understand the nature of their condition along with the risks and benefits of without versus transport. Patients with behavioral emergencies (intoxicated situations, delirium, etc.) may lack the capacity to refuse care.

- Patient must be legally competent to refuse care.
 - Adults.
 - Legally emancipated minors.
 - A patient's refusal must be fully informed; the paramedic must provide the patient with facts concerning their condition and the risks of refusing; and document the interaction well.
- Refusals must always be well-documented.
- Paramedics should follow local protocols.
- Generally, a patient or legal guardian may refuse for a patient as long as the above criteria are met.

Consentation and Limitation of Resuscitation

- States may have legal guidelines under which a paramedic may initiate resuscitation and some resuscitation may be started.
 - States may provide guidance in the form of **advance directives** or **MOA** (Medical Orders for Life-Sustaining Treatment) forms.
 - States may have specific protocols for the crossing resuscitation once started if various advanced measures have been unsuccessful.
- This is a very state-specific area of paramedicine.
 - Refer carefully to state and regional guidelines and protocols.
 - Document accordance with defined guidelines.

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Paramedic Study Guide Continental

K Morrison



Paramedic Study Guide Continental:

Monthly Catalogue, United States Public Documents, 1985

Monthly Catalog of United States Government

Publications, 1998

Law and Ethics for Paramedics

Georgette Eaton, 2022-04-01 Law and Ethics for Paramedics is the first book which really grapples with the application of law and ethics in the unique situations that paramedics and other prehospital professionals find themselves. The book is clear, concise and eminently readable but most of all useful to operational ambulance clinicians and their managers. Tim Kilner, Senior Lecturer in Paramedic Science, University of Worcester, UK. Written by paramedics for paramedics, this resource provides you with all the key information you will need to know as you navigate your way through the often tricky and complicated area of law and ethics in paramedic practice. Eleven contributing authors, each with their own perspectives and clinical backgrounds, explain the essential principles and apply these across the whole of the UK. Chapters cover a range of topics including Information governance, Mental capacity, Clinical negligence, Paramedic use of social media, Assessment and treatment of children, Medicines management. Each topic is broken down into practical chunks with many chapters supported by case studies to help relate the content to paramedic practice. Sixteen case studies on topics from resuscitation to consent and useful top tips will help you develop, reflect on and consider your own ethical practice. The law and how it relates to your practice can be complex but with the help of this handy guide you will quickly gain confidence and insight into the legislation surrounding this vital aspect of paramedic practice.

Monthly Catalog of United States Government Publications, United States. Superintendent of Documents, 1966

Russian Jews on Three Continents

Larissa Remennick, 2017-07-05 In the early 1990s more than 1.6 million Jews from the former Soviet Union emigrated to Israel, the United States, Canada, Germany and other Western countries. Larissa Remennick relates the saga of their encounter with the economic marketplaces, lifestyles and everyday cultures of their new homelands, drawing on comparative sociological research among Russian Jewish immigrants. Although citizens of Jewish origin ostensibly left the former Soviet Union to flee persecution and join their co-religionists, Israeli, North American and German Jews were universally disappointed by the new arrivals' tenuous Jewish identity. In turn, Russian Jews whose identity had been shaped by seventy years of secular education and assimilation into the Soviet mainstream hoped to be accepted as ambitious and hard-working individuals seeking better lives. These divergent expectations shaped lines of conflict between Russian-speaking Jews and the Jewish communities of the receiving countries. Since her own immigration to Israel from Moscow in 1991, Remennick has been both a participant and an observer of this saga. This is the first attempt to compare resettlement and integration experiences of a single ethnic community, former Soviet Jews, in various global destinations. It also analyzes their emerging transnational lifestyles. Written from an interdisciplinary perspective, this book opens new perspectives for a diverse readership including sociologists, anthropologists, political scientists, historians, Slavic scholars and Jewish studies specialists.

Monthly Catalog of United States Government Publications, Cumulative Index, United

States. Superintendent of Documents,1979 Highway Safety Literature ,1982 **An Operations Guide to Safety and Environmental Management Systems (SEMS)** Mick Will,2019-11-06 An Operations Guide to Safety and Environmental Management Systems SEMS Making Sense of BSEE SEMS Regulations gives engineers and managers a vital tool to understand prepare and manage SEMS audits before during and after they are done At the core of the book are 17 elements stemming from regulations which are broken down in parts to help management learn the compliance measures Elements are supported by practical case studies that analyze past failures and lessons learned A helpful glossary abbreviations list and additional section of references give offshore engineers and operators clear and concise direction on how to perform key actions in SEMS audits Breaks down each element of the SEMS audit to understand guidelines and lessons learned Supported with real world case studies a glossary an abbreviations list and extended references Teaches readers the purpose of regulations and what is most critical *The Medical Dept. of the U.S. Army in the World War* United States. Surgeon-General's Office,1928 *The Medical department of the United States Army in the world war v. 3, 1928* United States. Surgeon-General's Office,1928 Teacher's Manual to Accompany Frye's Geographies Alex Everett Frye,1897 *Teacher's Manual to Accompany Frye's Geography* Alex Everett Frye,1896 **Readers' Guide** ,1915 *Lloyd's Register OneOcean's Guide to Port Entry 1979 - 1980 Port Information* Lloyd's Register Foundation,1979-01-01 First published in 1971 these Guides provide invaluable information on thousands of commercial ports and terminals across the globe They are compiled and published annually by LR OneOcean whose years of global maritime experience allows them to provide expert and innovative solutions that enhance efficiency sustainability and overall industry success The Guides cover a significant geographical breadth and the most recent volume includes information on over 12 500 ports harbours and terminals worldwide These are fully indexed and contain detailed port plans and mooring diagrams **Emergency Medical Services** ,1989 The Five Continents of Theatre Eugenio Barba,Nicola Savarese,2019-02-11 The Five Continents of Theatre undertakes the exploration of the material culture of the actor which involves the actors pragmatic relations and technical functionality their behaviour the norms and conventions that interact with those of the audience and the society in which actors and spectators equally take part The material culture of the actor is organised around body mind techniques see A Dictionary of Theatre Anthropology by the same authors and auxiliary techniques whose variety concern the diverse circumstances that generate theatre performances festive or civil occasions celebrations of power popular feasts such as carnival calendar recurrences such as New Year spring and summer festivals the financial and organisational aspects costs contracts salaries impresarios tickets subscriptions tours the information to be provided to the public announcements posters advertising parades the spaces for the performance and those for the spectators performing spaces in every possible sense of the term sets lighting sound makeup costumes props the relations established between actor and spectator the means of transport adopted by actors and even by spectators Auxiliary techniques repeat themselves not only throughout different

historical periods but also across all theatrical traditions Interacting dialectically in the stratification of practices they respond to basic needs that are common to all traditions when a performance has to be created and staged A comparative overview of auxiliary techniques shows that the material culture of the actor with its diverse processes forms and styles stems from the way in which actors respond to those same practical needs The authors research for this aspect of theatre anthropology was based on examination of practices texts and of 1400 images chosen as exemplars *Scientific and Technical Aerospace Reports* ,1985 *British Medical Journal* ,1886 The Medical Department of the United States Army in the World War: Finance and supply, by E. P. Wolfe. 1928 United States. Surgeon-General's Office,1928 *A National Trauma Care System* National Academies of Sciences, Engineering, and Medicine,Health and Medicine Division,Board on the Health of Select Populations,Board on Health Sciences Policy,Committee on Military Trauma Care's Learning Health System and Its Translation to the Civilian Sector,2016-10-12 Advances in trauma care have accelerated over the past decade spurred by the significant burden of injury from the wars in Afghanistan and Iraq Between 2005 and 2013 the case fatality rate for United States service members injured in Afghanistan decreased by nearly 50 percent despite an increase in the severity of injury among U S troops during the same period of time But as the war in Afghanistan ends knowledge and advances in trauma care developed by the Department of Defense DoD over the past decade from experiences in Afghanistan and Iraq may be lost This would have implications for the quality of trauma care both within the DoD and in the civilian setting where adoption of military advances in trauma care has become increasingly common and necessary to improve the response to multiple civilian casualty events Intentional steps to codify and harvest the lessons learned within the military s trauma system are needed to ensure a ready military medical force for future combat and to prevent death from survivable injuries in both military and civilian systems This will require partnership across military and civilian sectors and a sustained commitment from trauma system leaders at all levels to assure that the necessary knowledge and tools are not lost A National Trauma Care System defines the components of a learning health system necessary to enable continued improvement in trauma care in both the civilian and the military sectors This report provides recommendations to ensure that lessons learned over the past decade from the military s experiences in Afghanistan and Iraq are sustained and built upon for future combat operations and translated into the U S civilian system

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