Chapter 1

EMS Systems

Unit Summary

After students complete this chapter and the related course work, they will understand the origins and present-day structure of emergency medical care delivery systems. The emergency medical technician’s (EMT’s) roles, responsibilities, and relationship to the emergency medical services (EMS) system as well as the EMT’s role in the quality improvement process are explained, and other levels of EMS providers are described. The foundations necessary for being a competent, effective, caring, and ethical EMT are presented. The interrelationships of the National Highway Traffic Safety Administration’s 14 components of the EMS system, per the *EMS Agenda for the Future*, are outlined. Also described is the EMT’s impact on research, data collection, and evidence-based decision making, as well as the EMT’s responsibilities as a student and a practitioner.

National EMS Education Standard Competencies

Preparatory

Applies fundamental knowledge of the emergency medical services (EMS) system, safety/well-being of the emergency medical technician (EMT), medical/legal, and ethical issues to the provision of emergency care.

EMS Systems

• EMS systems (pp 12–21)

• History of EMS (pp 7–9)

• Roles/responsibilities/professionalism of EMS personnel (pp 21–23)

• Quality improvement (p 16)

• Patient safety (pp 17–18)

Research

• Impact of research on EMS care (pp 20–21)

• Data collection (pp 20–21)

• Evidence-based decision making (pp 20–21)

Public Health

Uses simple knowledge of the principles of illness and injury prevention to emergency care.

Knowledge Objectives

1. Define emergency medical services (EMS) systems. (p 3)

2. Name the four levels of EMT training and licensure. (pp 4–7)

3. Describe EMT licensure criteria; include how the Americans with Disabilities Act (ADA) applies to employment as an EMT. (pp 4–7)

4. Discuss the historic background of the development of the EMS system. (pp 7–9)

5. Describe the levels of EMT training in terms of skill sets needed for each of the following: EMR, EMT, AEMT, and paramedic. (pp 9–11)

6. Recognize the possible presence of other first responders at a scene with EMR training, some knowledge of first aid, or merely good intentions, and their need for direction. (pp 10–11)

7. Explain the guiding principles of EMS Agenda 2050. (p 12)

8. Describe how medical direction of an EMS system works and the EMT’s role in the process. (p 14)

9. Define mobile integrated healthcare and community paramedicine. (p 15)

10. Explain the purpose of the EMS continuous quality improvement (CQI) process. (p 16)

11. Characterize the EMT’s role in disease and injury prevention and public education in the community. (pp 19–20)

12. Describe the roles and responsibilities of the EMT. (pp 21–23)

13. Describe the attributes an EMT is expected to possess. (pp 22–23)

14. Explain the impact of the Health Insurance Portability and Accountability Act (HIPAA) on patient privacy. (p 23)

Skills Objectives

There are no skills objectives for this chapter.

Readings and Preparation

Review all instructional materials including ***Emergency Care and Transportation of the Sick and Injured*, Twelfth Edition**,Chapter 1, and all related presentation support materials.

• Review local EMS system certification/license policies. Include an overview of the local EMS system when discussing components.

Support Materials

• Lecture PowerPoint presentation

• Case Study PowerPoint presentation

• Slides/overheads of local EMS delivery system organization

• Any written materials pertaining to:

* Course requirements, grading, institutional policies, and other administrative issues
* Local or state EMS agency requirements or certification/registration
* Local EMT treatment guidelines or protocols
* Local skill evaluation tools

Enhancements

• Direct students to visit Navigate.

• Contact the local EMS agency for a guest speaker who can present an overview of the local/regional system.

• Provide information about EMS publications (bring in samples) and membership in various local, state, and national EMS professional organizations.

• **Content connections:** There remains some variation from state to state on the scope of EMT practice, as well as training and recertification requirements. Encourage students to regularly review the scope of practice in your state. This will enable them to determine their role on the scene without losing valuable time.

• **Cultural considerations:** Culture is not restricted to different nationalities. Also consider age, disability, gender, sexual orientation, marital status, work experience, and education as distinguishing factors. In focusing on work experience and education, ask students to list examples of the skills each level of provider should be able to accomplish. See Table 1-2 for examples.

Teaching Tips

• This is your first contact with your students in this course. It is essential that you model the behavior expected of your students during the course, including professional demeanor, respectfulness, appropriate grooming, and punctuality.

• Carefully consider the impact of your presentation on your students, especially in the first few class sessions. The seriousness of their becoming an EMT must be emphasized.

• This is the first information about EMS that many students will have received. It is likely that some may experience “overload” or may not fully understand how all the pieces of this overview fit together. Be sure to reinforce this information throughout the course.

• Consider an icebreaker activity for your first session, such as student introductions. For example, have students introduce themselves to a student they do not know and discuss their EMS career aspirations for 2 to 3 minutes. Then reconvene the class and explain the importance of being able to multitask and pay attention while talking to a patient. Have each student then introduce the student whom he or she just met to the rest of the class. This exercise not only serves to get the students familiar with one another, but also challenges their ability to recall the information they just learned from their classmate.

• Make sure you are familiar with the local requirements for initial certification and recertification, including continuing education and/or refresher courses.

• Provide students with a copy of a local protocol to illustrate off-line medical control.

• Ask students to go to a local public venue such as a mall and identify the location of the AEDs.

• Offer students the opportunity to become CPR and/or first aid instructors and hold a course in the community.

• This is your first opportunity to present to your students a clear picture of what EMS is and is not. Many students expect that their work will involve nonstop lifesaving.

• Discuss the realities of EMS with your students in a positive manner and continue to reinforce this point throughout the course.

Unit Activities

**Student presentations:** Each student should give a brief presentation explaining his or her reason for taking the EMT course and expectations of the course.

**Group activities:** Form groups and ask each group to describe a component of the EMS system.

**Medical terminology review:** Ask each student to describe the four levels of EMT training, continuous quality improvement (CQI), and off-line and online medical control.

Pre-Lecture

### You Are the Provider

“You Are the Provider” is a progressive case study that encourages critical thinking skills.

### Instructor Directions

**1.** Direct students to read the “You Are the Provider” scenario found throughout Chapter 1.

**2.** You may wish to assign students to a partner or a group. Direct them to review the discussion questions at the end of the scenario and prepare a response to each question. Facilitate a class dialogue centered on the discussion questions and the Patient Care Report.

**3.** You may also use this as an individual activity and ask students to turn in their comments on a separate piece of paper.

Lecture

I. Introduction

A. The text is the primary resource for the EMT course.

B. It discusses what will be expected of you during the course and what other requirements you will have to meet to be licensed or certified as an EMT in most states.

C. Students will learn the differences between first aid training, a Department of Transportation (DOT) EMR training course, and the training courses for an EMT, AEMT, and paramedic.

D. EMS is a system, and Chapter 1 discusses the system’s key components.

II. Course Description

A. EMS system:

1. Consists of a team of health care professionals

2. Provides prehospital emergency care and transport

3. Is governed by state laws

B. After you successfully complete this course, you should be eligible to take either the National Registry of EMTs exam or your state’s certification exam.

C. After you pass the certification exam, you are eligible to apply for state licensure. Licensure is the process by which states ensure applicant competency in an examination setting. It allows states to manage who can function as a health care provider.

D. In most states, there are four training and licensure levels:

1. EMR

2. EMT

3. AEMT

4. Paramedic

E. The EMT course includes four types of learning activities:

1. Reading assignments

2. Step-by-step demonstrations of hands-on skills

3. Summary skills sheets

4. Case presentations and scenarios

III. EMT Training: Focus and Requirements

A. EMTs are the backbone of the EMS system in the United States.

B. They provide emergency care to the sick and injured.

IV. Licensure Requirements

A. Requirements differ from state to state. Generally, the requirements to be licensed and employed as an EMT are as follows:

1. High school diploma or equivalent

2. Proof of immunization against certain communicable diseases

3. Successful completion of a background check and drug screening

4. Valid driver’s license

5. Successful completion of a recognized health care provider BLS/cardiopulmonary resuscitation (CPR) course

6. Successful completion of a state-approved EMT course

7. Successful completion of a state-recognized written certification exam

8. Successful completion of a state-recognized practical certification exam

9. Demonstration of the mental and physical ability necessary to safely and properly perform all the tasks and functions described in the defined role of an EMT

10. Compliance with other state, local, and employer provisions

B. Americans with Disabilities Act (ADA) of 1990

1. Protects people who have a disability from being denied access to programs and services that are provided by state or local governments

2. Prohibits employers from failing to provide full and equal employment to the disabled

3. Title I of the ADA

a. Protects EMTs with disabilities who are seeking employment

b. May require modifying the work environment or how the job is performed

C. Personal background, in accordance with state criminal requirements (States have various requirements prohibiting individuals who have committed either misdemeanors and/or felonies from becoming EMS providers.)

V. Overview of the EMS System

A. History of EMS

1. Origins of EMS:

a. Volunteer ambulances in World War I

b. Field care in World War II

c. Field medic and rapid helicopter evacuation in Korean conflict

2. EMS as we know it today originated in 1966 with the publication of *Accidental Death and Disability: The Neglected Disease of Modern Society* (more commonly known as “The White Paper”).

3. Emergency Medical Services Act of 1973 created funding sources and programs to develop improved systems of prehospital emergency care.

4. DOT published the first EMT training curriculum in the early 1970s.

5. The American Academy of Orthopaedic Surgeons prepared and published the first EMT textbook in 1971.

6. Efforts are under way to standardize levels of EMS education nationally.

a. In the late 1970s, the DOT developed a recommended National Standard Curriculum.

b. During the 1980s, many areas enhanced the EMT National Standard Curriculum by adding EMTs with advanced levels of training who could provide key components of ALS care and advanced life-saving procedures.

c. In the 1990s, the NHTSA developed the *EMS Agenda for the Future*, a document with a plan to standardize the levels of EMS education and providers.

d. In 2019, NHTSA revised the *EMS Agenda for the Future* and published *EMS Agenda 2050.*

VI. Levels of Training

A. Federal level

1. The National EMS Scope of Practice Model provides guidelines for EMS skills. This document provides overarching guidelines for the minimum skills each level of EMS provider should be able to accomplish.

B. State level

1. Laws regulate EMS provider operations.

C. Local level

1. The medical director provides daily oversight and support to EMS personnel.

D. Public BLS and immediate aid

1. Millions of laypeople are trained in BLS/CPR.

2. Increased availability of public access AEDs

E. Emergency medical responders

1. Generally are first responders such as law enforcement officers and firefighters

2. EMR training provides these individuals with the skills necessary to initiate immediate care and assist EMTs upon their arrival.

3. Focuses on providing immediate BLS and urgent care with limited equipment.

F. Emergency medical technicians

1. The EMT course requires approximately 150 to 200 hours.

2. The EMT possesses the knowledge and skills to provide basic emergency care.

3. On arrival at the scene, the EMT assumes responsibility for the assessment, care, package, and transport of the patient.

G. Advanced emergency medical technicians (AEMTs)

1. The AEMT course adds knowledge and skills in specific aspects including:

a. IV therapy

b. Advanced airway adjuncts

c. Administration of a limited number of medications

H. Paramedics

1. Extensive course of training:

a. Course hours range from 1,000 to more than 1,300 hours, divided between classroom and internship training.

b. The course may be offered within the context of an associate’s or bachelor’s degree college program.

2. Training covers a wide range of ALS skills:

a. Endotracheal intubation

b. Emergency pharmacology

c. Cardiac monitoring

d. Other advanced assessment and treatment skills

VII. Components of the EMS System

A. The *EMS Agenda 2050 Components of an EMS System*: A People-Centered EMS System

1. Comprehensive, quality, convenient care

2. Evidence-based clinical care

3. Efficient, well-rounded care

4. Preventive care

5. Comprehensive and easily accessible patient records

B. Public access

1. Easy access to help in an emergency is essential.

2. The 9-1-1 system is the public safety access point.

3. Trained dispatchers obtain information and dispatch the ambulance crew and other equipment and responders.

4. An emergency medical dispatch (EMD) system has been developed to assist dispatchers in providing callers with vital medical instructions until EMS arrival.

5. New mobile apps allow laypeople trained in CPR to be alerted of a cardiac arrest in their area and the location of the nearest public AED.

C. Human resources

1. Focuses on the people who deliver the care

2. The *EMS Agenda 2050* encourages the creation of an environment where talented people want to work and turn their passion into a rewarding career.

D. Medical direction

1. The physician medical director authorizes EMTs to provide medical care in the field.

2. The medical director is the ongoing working liaison between the medical community, hospitals, and the EMTs in the service.

3. Appropriate care is described in standing orders and protocols.

a. Protocols are described in a comprehensive guide delineating the EMT’s scope of practice.

b. Standing orders are part of protocols and designate what the EMT is required to do for a specific complaint or condition.

4. Providers are not required to consult medical direction before implementing standing orders.

5. Medical control can be off-line or online.

a. Off-line (indirect)

i. Standing orders, training, supervision

b. Online (direct)

i. Physician directions given over the phone or radio

E. Legislation and regulation

1. Each EMS system, medical direction, and training program has latitude; however, its training, protocols, and practices must follow state legislation, rules, regulations, and guidelines.

2. A senior EMS official is usually in charge of necessary administrative tasks such as scheduling, personnel, budgets, purchasing, and vehicle maintenance, and the daily operations of ambulances and crews.

F. Integration of health services

1. Prehospital care should be continued in the emergency department to ensure that the patient receives comprehensive continuity of care.

**G. Mobile integrated health care (MIH)**

1. Method of delivering health care that utilizes the prehospital spectrum.
2. MIH evolved with the goal to facilitate improved access to health care at an affordable price.
3. Health care is provided within the community, rather than at a physician’s office or hospital, by an integrated team of health care professionals.
4. This branch of health care is causing the evolution of additional training levels for EMS providers.

a. One aspect is community paramedicine, in which experienced paramedics receive advanced training to equip them to provide services within a community.

b. In addition to the patient care services a paramedic would typically provide, services provided by community paramedics may include:

 i. Performing health evaluations

ii. Monitoring chronic illnesses or conditions

iii. Obtaining laboratory samples

iv. Administering immunizations

H. Information systems

1. Computer systems are used to document patient care.

2. Electronically stored information can be used to improve care.

I. Evaluation

1. The medical director maintains quality control.
2. Adopting a Just Culture

a. Promotes a learning culture that holds employees accountable for behavioral choices by balancing fairness and accountability

**J**. **Continuous quality improvement (CQI)**

1. Reviews and performs audits of the EMS system to identify areas of improvement and/or assign remedial training

2. Minimizing errors is the goal.

3. Utilizes a plan-do-study-act cycle

K. Patient safety

1. Minimize medical errors that occur as a result of a rules-based failure, a knowledge-based failure, or a skill-based failure (or any combination of these).

2. Requires the efforts of both the EMS agency and EMS personnel

L. System finance

1. Finance systems vary depending on which organization is involved.

2. Personnel may be paid, volunteer, or a mix of the two.

3. EMTs may be asked to:

a. Gather insurance information from patients.

b. Secure signatures on certain documents such as HIPAA notifications.

c. Obtain written permission from patients to bill their health insurance company.

4. In 2020, the Centers for Medicare and Medicaid Services (CMS) implemented a pilot program called Emergency Triage, Treat, and Transport (ET3).

a. ET3 strives to reimburse EMS systems for providing the right patient care at the right time.

b. Set up a payment model for patient transport to alternative destinations, such as urgent care centers or doctors’ offices, or on-scene treatment with no transport

M. Education systems

1. EMS instructors are licensed in most states.
2. Most EMS training programs must adhere to national standards established by two accrediting organizations: Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and Commission on Accreditation of Allied Health Education Programs (CAAHEP).

3. Information and skills in emergency medical care change constantly. Refresher training and continuing education are important, as are computer-based or manikin-based self-education exercises.

N. Prevention and public education

1. Aspects of EMS where the focus is on public health

2. Public health examines the health needs of entire populations with the goal of preventing health problems.

3. EMS works with public health agencies:

a. Primary prevention focuses on strategies that will prevent the event from ever happening—for example, educating the community on pool safety and car seat installation.

b. Secondary prevention occurs after the event has already happened—for example, use of helmets and seat belts. The key question is, how can we decrease the effects of the event?

O. EMS research

1. Helps determine the shape and impact of EMS on the community

2. Evidence-based medicine (EBM)

a. Focuses on procedures that have proven useful in improving patient outcomes

3. Many EMS systems and states consult the National Model EMS Clinical Guidelines from the National Association of State EMS Officials.

a. Guidelines are based on a review of current research and expert consensus.

VIII. Roles and Responsibilities of the EMT

A. EMTs are health care professionals, whether paid or volunteer.

B. Roles and responsibilities of an EMT:

1. Keep vehicles and equipment ready for an emergency.

2. Ensure the safety of yourself, your partner, the patient, and bystanders.

3. Operate the emergency vehicle.

4. Be an on-scene leader.

5. Perform an evaluation of the scene.

6. Call for additional resources as needed.

7. Gain patient access.

8. Perform a patient assessment.

9. Give emergency medical care to the patient while awaiting the arrival of additional medical resources.

10. Give emotional support to the patient, the patient’s family, and other responders.

11. Maintain continuity of care by working with other medical professionals.

12. Resolve emergency incidents.

13. Uphold medical and legal standards.

14. Ensure and protect patient privacy.

15. Give administrative support.

16. Constantly continue your professional development.

17. Cultivate and sustain community relations.

18. Give back to the profession.

C. Professional attributes

1. Integrity: adhering to a code of fair and honest behavior

2. Empathy: being aware of and thoughtful toward the needs of others

3. Self-motivation: discovering problems and solving them without someone directing you

4. Appearance and hygiene: using your persona to project a sense of trust, professionalism, knowledge, and compassion

5. Self-confidence: knowing what you know *and* knowing what you do not know; being able to ask for help

6. Time management: performing or delegating multiple tasks while ensuring efficiency and safety

7. Communications: understanding others and making yourself understood to others

8. Teamwork and diplomacy: being able to work with others; knowing your place within a team; communicating while giving respect to the listener

9. Respect: placing others in high regard or importance; understanding that others are more important than you

10. Patient advocacy: constantly keeping the needs of the patient at the center of care

11. Careful delivery of care: paying attention to detail; making sure that what is being done for the patient is done as safely as possible

D. Most patients will treat you with respect, but some will not. Yet every patient is entitled to compassion, respect, and the best care you can provide.

E. As health care professionals, EMTs are bound by patient confidentiality.

1. Patient privacy must be protected.

2. Findings or disclosures made by the patient should be discussed only:

a. With those treating the patient

b. In limited situations, as required by law, with the police or other social service agencies

F. Protection of patient privacy has drawn national attention with the passage of the Health Insurance Portability and Accountability Act (HIPAA).

Post-Lecture

## Assessment in Action

A. Assessment in Action is available in the Navigate course.