SYSTEM DESIGN
OBJECTIVES:

AT THE END OF THIS UNIT, YOU SHOULD BE ABLE TO . . .

1. DESCRIBE THE COMPONENTS OF AN EMS SYSTEM;

2. PERFORM AN EVALUATION OF YOUR OWN SYSTEM USING THE EMS COMMUNITY FEATURES LIST; AND

3. LIST THE EIGHT EMS GOALS.

EMS IS . . .

. . . THE PROVISION OF FACILITIES, PERSONNEL, AND/OR EQUIPMENT FOR EMERGENCY MEDICAL CARE

15 COMPONENTS OF AN EMS SYSTEM

1. HEALTH CARE PERSONNEL
2. TRAINING
3. COMMUNICATIONS
4. TRANSPORTATION
5. CATEGORIZED HEALTH CARE FACILITIES
6. ACCESS TO SPECIALIZED MEDICAL CARE UNITS
7. UTILIZATION OF PUBLIC SAFETY AGENCIES
8. CONSUMER INVOLVEMENT IN POLICY MAKING

15 COMPONENTS OF AN EMS SYSTEM

9. PROVISION OF SERVICES WITHOUT PRIOR INQUIRY AS TO ABILITY TO PAY
10. FOLLOW-UP CARE AND REHABILITATION SERVICES
11. STANDARDIZED PATIENT RECORD-KEEPING
12. PUBLIC EDUCATION AND INFORMATION
13. INDEPENDENT REVIEW AND EVALUATION
14. DISASTER PREPAREDNESS
15. MUTUAL AID WITH NEIGHBORING EMS SYSTEMS

TRANSPORTATION

PRACTICAL CONSIDERATIONS

- VEHICLE PLACEMENT
- SECURITY OF VEHICLES
- FUEL RESUPPLY

TRANSPORTATION

1. SURFACE VEHICLES
2. AIR AMBULANCES
3. BOATS
4. NON-EMS VEHICLES
5. PRACTICAL CONSIDERATIONS

SURFACE VEHICLES

- TYPE 1 AMBULANCE
- TYPE 2 AMBULANCE
- TYPE 3 AMBULANCE
- MISCELLANEOUS SURFACE VEHICLES

PUBLIC SAFETY AGENCIES

1. POLICE
2. FIRE/RESCUE
3. MEDICAL
4. CORONER/MEDICAL EXAMINER
5. CHIEF EXECUTIVE (MAYOR, ELECTED OFFICIALS)
6. STATE/FEDERAL AGENCIES

POLICE

1. LAW ENFORCEMENT
2. AREA SECURITY
3. TRAFFIC CONTROL

FIRE/RESCUE

1. RESCUE/EXTRICATION
2. FIRE SUPPRESSION
3. FIRE PREVENTION

COMMUNITY FEATURES

1. PHYSICAL CHARACTERISTICS
2. DEMOGRAPHICS
3. MEDICAL NEEDS/DEMANDS
4. PRE-HOSPITAL PROVIDERS
5. HOSPITAL SERVICES
6. EMERGENCY COMMUNICATIONS
7. POLITICAL/ORGANIZATIONAL
8. SPECIAL FEATURES

RESOURCES
OBJECTIVES:

AT THE END OF THIS UNIT, YOU SHOULD BE ABLE TO . . .

1. EXPLAIN THE ROLE OF SEVERAL FEDERAL AGENCIES IN SUPPORTING EMS SYSTEM DEVELOPMENT; AND

2. IDENTIFY SEVERAL AGENCIES (PUBLIC AND PRIVATE) WHICH ARE LIKELY SOURCES OF RESOURCES.

WHAT ARE EMS RESOURCES?

1. GRANTS

2. TRAINING

3. PUBLICATIONS

4. TECHNICAL ASSISTANCE

HEALTH AND HUMAN SERVICES

- INVOLVEMENT DATES FROM EMS SYSTEMS ACT (1973)
- TITLE 12
- FUTURE ROLE

DEPARTMENT OF TRANSPORTATION

- HIGHWAY SAFETY ACT OF 1966
- DEVELOPED AMBULANCE SPECIFICATIONS
- DEVELOPED TRAINING COURSES
- PROVIDED BLOCK GRANTS TO STATES
- COPYRIGHTED STAR OF LIFE SYMBOL

NATIONAL FIRE ACADEMY

- TWO-WEEK EMS MANAGEMENT COURSE
- TWO-DAY EMS ADMINISTRATION COURSE

DOT COURSE DEVELOPMENT

- EMT (81 HOURS)
- EMT REFRESHER
- EMT PARAMEDIC
- EMS DISPATCHER
- EMS ADMINISTRATOR

U.S. FIRE ADMINISTRATION

- ROCKVILLE REPORT
- BORN OF NECESSITY CONFERENCES
- EMS RESOURCE EXCHANGE BULLETIN
- EMS RESOURCE CENTER
- TECHNICAL SUPPORT SERVICES
- FIRE SERVICE/EMS PROGRAM MANAGEMENT GUIDE

U.S. FIRE ADMINISTRATION

- EMS MASTER PLANNING GUIDE
- HAZARDOUS MATERIALS/EMS RESPONSE GUIDE
- FIRE DEFENSE AND EMERGENCY RESPONSE PLANNING DIRECTORY
- RADIOLOGICAL/EMS RESPONSE GUIDE
- CPR MEDIA ALTERNATIVES

MEDICAL CONTROL
OBJECTIVES:

AT THE END OF THIS UNIT, YOU SHOULD BE ABLE TO . . .

1. EXPLAIN THE DIFFERENCE BETWEEN BASIC AND ADVANCED LIFE SUPPORT
2. DEFINE MEDICAL CONTROL
3. LIST THE THREE PHASES OF MEDICAL CONTROL
4. EXPLAIN THE IMPORTANCE OF THE COMPONENTS OF MEDICAL CONTROL

MEDICAL CONTROL IS . . .

. . . THE PROVISION OF ADEQUATE MEDICAL SUPERVISION DESIGNED TO INSURE QUALITY MEDICAL CARE.

MEDICAL CONTROL PHASES

1. PROSPECTIVE

2. IMMEDIATE

3. RETROSPECTIVE

MEDICAL CONTROL COMPONENTS

- EMT—PARAMEDIC TRAINING
- EMT—PARAMEDIC RETRAINING
- CONTINUING MEDICAL EDUCATION
- FIELD ALS PROTOCOLS
- STANDING ORDERS
- MEDICAL AUDITING
- INITIAL PARAMEDIC SELECTION

(CONTINUED)

MEDICAL CONTROL COMPONENTS
(CONTINUED)

- TRANSPORT PROTOCOLS
- PATIENT FOLLOW-UP
- COMMUNICATIONS PROTOCOL INPUT
- MANAGEMENT OF PARAMEDIC RECERTIFICATION
- DEALING WITH THE MEDICAL INTERVENOR
- COMPLAINT RESOLUTION

BASIC LIFE SUPPORT INVOLVES . . .

. . . THE CONTROL OR RESOLUTION OF IMMEDIATE LIFE-THREATENING PROBLEMS WITH SIMPLE SKILLS OR EQUIPMENT

ADVANCED LIFE SUPPORT INVOLVES . . .

. . . THE STABILIZATION AND/OR REVERSAL OF MEDICAL OR SHOCK CONDITIONS WITH ADVANCED SKILLS OR EQUIPMENT.

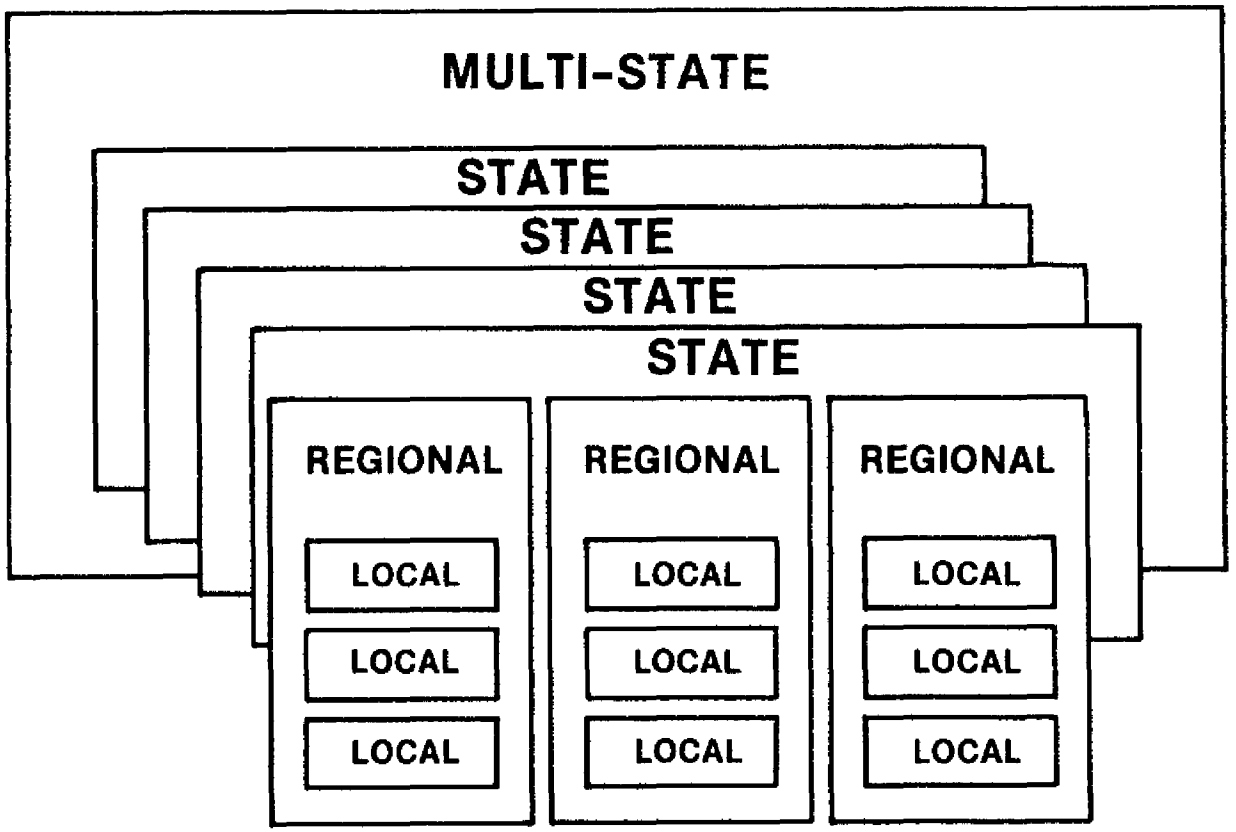
EMS COUNCILS
OBJECTIVES:

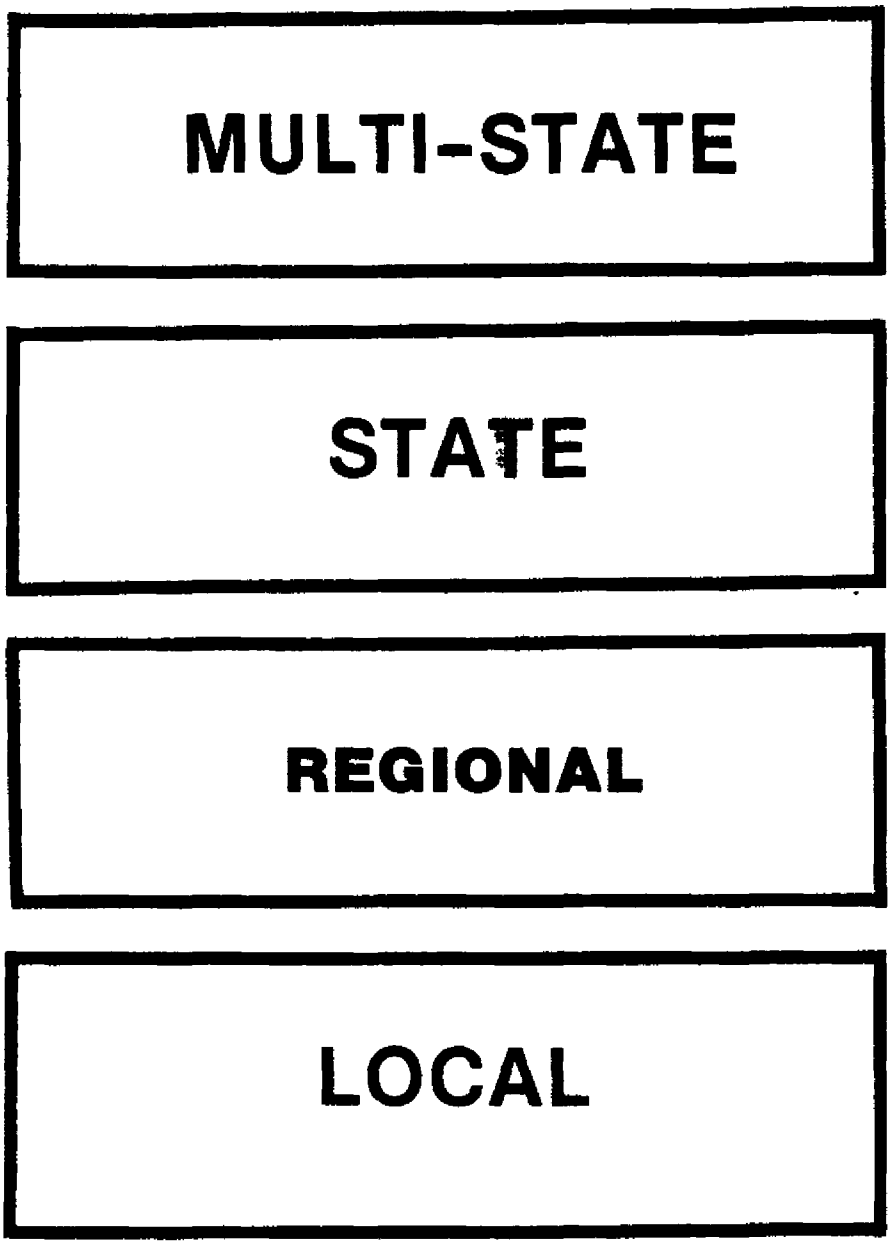
AT THE END OF THIS UNIT, YOU SHOULD BE ABLE TO . . .

1. EXPLAIN THE BENEFITS TO THE EMERGENCY PROGRAM MANAGER OF MEMBERSHIP IN EMS COUNCILS

2. LIST THE ORGANIZATIONS TYPICALLY REPRESENTED ON EMS COUNCILS

THE FOUR LEVELS OF EMS COUNCIL ACTIVITY





THE FOUR LEVELS OF EMS COUNCIL ACTIVITY

BENEFITS OF COUNCIL PARTICIPATION

1. COORDINATION
2. FUND RAISING
3. LEGISLATIVE ACTIVITIES
4. EMS PROVIDERS
5. PROBLEM-SOLVING

EMS COUNCIL MEMBERSHIP

1. EMS PROVIDERS
2. PUBLIC SERVICE ORGANIZATIONS
3. MISCELLANEOUS
   - COMMUNITY LEADERS
   - CIVIC GROUPS
   - ATTORNEYS
   - MEDIA REPRESENTATIVES
   - OTHERS

LEGAL ISSUES
OBJECTIVES:

AT THE END OF THIS UNIT, YOU SHOULD BE ABLE TO . . .

1. DEFINE PERTINENT LEGAL TERMS;

2. EXPLAIN GUIDELINES FOR THE APPLICATION OF CONSENT AND ABANDONMENT LAWS TO EMERGENCY CASES; AND

3. EXPLAIN THE IMPORTANCE FROM A LEGAL STANDPOINT OF TIMELY, COMPLETE, AND ACCURATE RECORDS.

LEGAL ENVIRONMENT

- LAWS CHANGE DUE TO COURT RULINGS AND LEGISLATIVE ACTIVITY
- LAWS OFTEN DIFFER FROM STATE TO STATE
- LAWS REQUIRE PROFESSIONAL INTERPRETATION

THREE TYPES OF LAW

1. ADMINISTRATIVE LAW

2. CIVIL LAW

3. CRIMINAL LAW

CONSENT

- CONSENT OCCURS WHEN A PATIENT GIVES PERMISSION TO BE TREATED
- THE TWO TYPES OF CONSENT ARE:
  - IMPLIED
  - EXPRESS
- CONSENT MAY BE REVOKED BY THE PATIENT AT ANYTIME

IMPLIED CONSENT

A PATIENT MAY IMPLY CONSENT . . .

1. BY NOT RESISTING TREATMENT, OR
2. BY COMPLYING WITH DIRECTIONS, OR
3. BY ANY ACTIONS WHICH INDICATE READINESS TO ACCEPT HELP.

EXPRESS CONSENT

THE TWO FORMS OF EXPRESS CONSENT ARE . . .

1. ORAL

2. WRITTEN

GOOD SAMARITAN CONCEPT

IN MOST STATES, TO BE A GOOD SAMARITAN YOU MUST . . .

1. **ACT IN GOOD FAITH**
2. **ACT IN A REASONABLE MANNER**
3. **ACT WITHOUT COMPENSATION**

ABANDONMENT

SEVERING A MEDICAL RELATIONSHIP WITH A PATIENT BUT WITHOUT THE PATIENT'S CONSENT CONSTITUTES ABANDONMENT

MEDICAL ISSUES

OBJECTIVES:

AT THE END OF THIS UNIT YOU SHOULD BE ABLE TO...

1. DISCUSS SEVERAL DISASTER MEDICAL ISSUES
2. DEFINE TRIAGE AND LIST ITS OBJECTIVES
3. DESCRIBE THE HANDLING OF MEDICAL INTERVENORS
4. LIST TWO ALS MEDICAL ISSUES

MEDICAL ISSUES

1. TRIAGE

2. MEDICAL CONTROL

3. ADVANCED LIFE SUPPORT

TRIAGE IS . . .

. . . THE ASSESSMENT AND CLASSIFICATION OF PATIENTS IN ORDER TO PROVIDE EFFICIENT AND EFFECTIVE TREATMENT AND TRANSPORTATION

TRIAGE GOALS

1. QUICK PATIENT ASSESSMENT
2. IMMEDIATE LIFE-SUSTAINING CARE
3. TAGGING AND SORTING
4. PRIORITY TREATMENT AND TRANSPORTATION

SORTING STATION FUNCTIONS

1. SECONDARY TRIAGE
2. ADDITIONAL TREATMENT
3. SORT FOR TRANSPORT

ALS ISSUES

1. EQUIPMENT INTERFACE
2. DOCUMENTATION
3. PERSONNEL INTEGRATION

GENERAL FEATURES OF MEDICAL RECORDS

1. WRITTEN
2. ACCURATE
3. TIMELY
4. LEGIBLE
5. COMPLETE
6. PERTINENT

COMMAND POST

EMS FUNCTIONS:

- NOTIFY TRAUMA CENTER
- DESIGNATE: CHIEF MEDICAL COORDINATOR
  TRIAGE OFFICER
  DISASTER STAGING AREA OFFICER
  TRANSPORTATION OFFICER
  HOLDING AREA
  FIRST AID AREA
  AMBULANCE STAGING AREA
- NOTIFY: CORONER/MEDICAL EXAMINER

COMMAND POST

MAJOR EMS RESPONSIBILITIES

1. COORDINATION (MANPOWER & EQUIPMENT)
2. COMMUNICATION
3. CENTRALIZED SCENE MEDICAL COMMAND
4. CONTROL (TRIAGE & EVALUATION)

MEDICAL CONTROL IS . . .

. . . THE PROVISION OF ADEQUATE MEDICAL SUPERVISION TO ENSURE QUALITY MEDICAL CARE

MEDICAL INTERVENOR . . .

. . . IS ANY ON-SCENE MEDICAL PERSON (DOCTOR, NURSE, EMT) WHO IS *NOT* PART OF YOUR EMS SYSTEM

MEDICAL INCLUDES:

. . . HOSPITALS, DOCTORS, NURSES, STATE/COUNTY, HEALTH & MENTAL HEALTH DEPARTMENTS, RED CROSS, CORONER/MEDICAL EXAMINER, ETC.

HANDLING THE MEDICAL INTERVENOR

1. STOP THE INTERVENTION

2. POSITIVELY IDENTIFY

3. REFER TO COMMAND POST AND CHIEF MEDICAL COORDINATOR

PROTOCOL COMPATIBILITY

1. STREAMLINES USE OF ALS EQUIPMENT

2. REDUCES MEDICAL CONTROL PROBLEMS

COMMUNICATIONS

OBJECTIVES

AT THE END OF THIS UNIT YOU SHOULD BE ABLE TO:

1. LIST TYPES OF EMS COMMUNICATIONS EQUIPMENT

2. DESCRIBE ONE USEFUL EMS COMMUNICATIONS CONCEPT

COMMUNICATIONS

1. INTERPERSONAL

2. ELECTRONIC

INTERPERSONAL COMMUNICATIONS

EMERGENCY PROGRAM MANAGER SHOULD:

- MAKE A SPECIAL EFFORT TO COMMUNICATE WITH OTHER EMERGENCY SERVICES PERSONNEL
- LEARN EMS TERMS

ELECTRONIC COMMUNICATIONS

1. PHONE
2. RADIO
3. SYSTEMS AVAILABLE
4. COMMUNICATIONS RESOURCES

MUTUAL AID
OBJECTIVES

AT THE END OF THIS UNIT YOU SHOULD BE ABLE TO:

1. DEFINE MUTUAL AID

2. CITE THREE MUTUAL AID PRACTICAL CONSIDERATIONS

MUTUAL AID:

. . . AN AGREEMENT TO PROVIDE RECIPROCAL EMS SERVICE BETWEEN NEIGHBORING AREAS ON AN "AS NEEDED" BASIS.

MUTUAL AID

PRACTICAL CONSIDERATIONS

- EQUIPMENT INVENTORY
- FORMAL AGREEMENTS
- LOST/DAMAGED EQUIPMENT
- OPERATIONAL COMMAND
- POST-DISASTER CRITIQUE