

Chapter 1

Introduction to Emergency Medical Care

History of Emergency Medical Services

- Emergency care developed during warfare at the beginning of the 20th century.
- By the 1960s, domestic emergency care lagged behind.
- Staffed emergency departments were often limited to large urban areas.
- **Accidental Death and Disability: The Neglected Disease of Modern Society (1966)**
- Recommended:
 - Development of training
 - Development of federal guidelines and policies
 - Provide emergency care and transport
 - Establish staffed emergency departments

Modern EMS

- Highway Safety Act and the Emergency Medical Act created funding
- DOT developed the first National Standard Curriculum for training EMTs in the early 1970s
- EMS established in most of the United States by 1980

Levels of Training

- Lay Rescuer
- First Responder
- EMT-Basic----- YOU
- EMT-Intermediate
- EMT-Paramedic

Components of the EMS System 1

- Access
 - Easy access in an emergency is essential.
- Administration and Policy
 - Policies and procedures are essential.
- Medical Direction and Control
 - Each EMS system must have a medical director.
 - Medical control may take place online or off-line.
- Quality Control and Improvement
 - Process used to ensure patient care meets standards.

Components of the EMS System 2

- Other physician input
 - Local, state, and national specialists provide guidance.
- State-specific statutes and regulations
 - All EMS systems are subject to state regulations.
- Equipment
 - Properly maintained equipment is essential.
- Ambulance
 - EMT-Bs must be familiar with the ambulance and its functions.

Components of the EMS System 3

- Specialty Centers
 - Focusing on care for certain types of patients
- Inter-facility Transports
 - Transportation of patients from one care facility to another
- Hospital Staff
 - EMS is part of the whole continuum of care.
- Working with Public Safety Agencies
 - EMT-Bs should understand the role of each agency.
- Training
 - Quality of care depends on training.

Providing a Coordinated Continuum of Care

- 1st Phase—access to EMS system
- 2nd Phase—out of hospital care
- 3rd Phase—emergency department care
- 4th Phase—definitive care

Roles and Responsibilities of the EMT-B

- Personal safety: Safety of crew, patient, and bystanders
- Patient assessment: Patient care based on assessment findings
- Lifting and moving patients safely
- Transport and transfer of care
- Record keeping/data collection
- Patient advocacy/confidentiality

Professional Attributes of the EMT-B

- Puts patient's needs as a priority without endangering self
- Maintains professional appearance and manner
- Performs under pressure
- Treats patients and families with understanding, respect, and compassion
- Respects patient confidentiality

Professional Appearance

- The EMT-B should maintain a professional appearance and manner.



Continuing Education

- Continuing education required to renew certification
- Keep up-to-date on new procedures and issues on local, state, and national levels
- Maintain knowledge and skills