

Pre-Lecture

I. You Are the EMT

Time: 10 Minutes

Small Activity Group

This activity initiates the EMT-B student into the legal complexities of prehospital care. Emphasis is placed on how EMT-Bs can protect themselves from these pitfalls.

Purpose

To introduce students to the legal issues that can apply to EMT-Bs in the performance of their duties.

Instructor Directions

1. Direct students to read the “You Are the EMT” scenario found at the beginning of Chapter 3.
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.
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. Medical, Legal, and Ethical Issues

Time: 5 Minutes

Slides: 1-4

Lecture/Discussion

- A. A basic principle of emergency care is to do no further harm.
- B. Providing competent emergency medical care that conforms with the standard of care will help the EMT-B avoid both civil and criminal actions.

II. Scope of Practice

Time: 5 Minutes

Slide: 5

Lecture/Discussion

DOT Ref 1-3-I

- A. Often defined by state law to describe care that the EMT-B may provide
- B. Developed by the medical director
- C. Further defined by medical director in protocols and standing orders

D. Authorization to provide medical care given by medical director

1. Telephone or radio communication (online)
2. Standing orders and protocols (off-line)

III. Standards of Care

Time: 5 Minutes

Slides: 6-8

Lecture/Discussion

A. The manner in which the EMT-B must act or behave is called a standard of care.

B. Standards are imposed by local custom.

1. For example, the conduct of an EMT-B employed by an ambulance service is to be judged in comparison with the expected conduct of other EMT-Bs from comparable ambulance services (prudent person).
2. These standards are often based on locally accepted protocols.

C. Standards are imposed by law.

1. Statutes
2. Ordinances
3. Administrative regulations
4. Case law
5. Treatment protocols
6. Violating these standards creates presumptive negligence.

D. Professions and institutions also set standards.

1. Professional standards include recommendations published by organizations and societies involved in emergency medical care.
2. Institutional standards include specific rules and procedures of the EMS service and/or ambulance service.
3. Professional standards are also imposed, such as the American Heart Association's standard for BLS and CPR.
4. In general, it is expected that anyone who offers assistance will exercise reasonable care and act prudently.

E. Standards are imposed by states.

1. Medical Practices Act
 - a. EMT-Bs are regarded as nonmedical professionals and exempt from the licensure requirements of the Medical Practices Act in most states.
 - b. Standard of care must be maintained within the state's provisions and licensing requirements.
2. Certification recognizes that the individual has met predetermined standards.
 - a. Completing course and passing testing
 - b. Meeting recertification standards

IV. Duty to Act

Time: 5 Minutes

Slide: 9

Lecture/Discussion

DOT 1-3-VIII

- A. Individual's responsibility to provide patient care.
- B. Bystanders have no duty to act.
- C. Responsibility to provide care comes from either statute or function.
- D. Legal duty to act
 - 1. Begins once an ambulance responds to a call or treatment is initiated
 - 2. May not exist if an EMT-B is off duty or out of jurisdiction, but a moral/ethical responsibility still exists

V. Negligence

Time: 5 Minutes

Slides: 10-12

Lecture/Discussion

DOT 1-3-VII

- A. Deviation from the accepted standard of care that may result in further injury
- B. Determined by the presence of four factors
 - 1. Duty: EMT has a duty to act
 - 2. Breach of duty: Something was done wrong or omitted
 - 3. Damages: Harm occurred to the patient
 - a. Physical
 - b. Psychological
 - 4. Cause: Breach of duty was responsible for damages
- C. All four factors must exist for the legal doctrine of negligence to apply.

VI. Abandonment

Time: 5 Minutes

Slide: 13

Lecture/Discussion

DOT Ref 1-3-VI

- A. Unilateral termination of care of the patient without the patient's consent and without ensuring the continuation of care by a medical professional with skills at the same level or higher; has serious legal consequences

VII. Consent

Time: 20 Minutes

Slide: 14

Lecture/Discussion

DOT Ref 1-3-III

DOT Ref 1-3-XII-D

Note: Review and present any local protocols on forcible restraint of a patient. Demonstrate any approved techniques.

- A. Consent to treat is required from every conscious, mentally competent adult before care can be started.
- B. There are three types of consent:
1. Expressed consent
 - a. The patient expressly authorizes you to provide care and transport.
 - b. The patient must be informed about the steps in all procedures as well as all related risks, benefits, and alternatives to treatment.
 - c. The patient must be of legal age and able to make a rational decision to give consent.
 2. Implied consent
 - a. Consent is assumed from the unconscious patient requiring emergency intervention.
 - b. The assumption is that the unconscious patient would consent to lifesaving interventions.
 3. Children and mentally incompetent adults
 - a. Consent for treatment must be obtained from the parent or legal guardian.
 1. Emancipation issues
 2. State regulations regarding age of minors
 3. Consent is implied if an emergency exists and a parent or guardian is not available.
 - b. Obtaining consent for/from mentally incompetent adults is complicated, so know the provisions in your area.
- C. Forcible restraint
1. Preventing an individual from taking any mental or physical action
 2. Governed by local protocols
 - a. Know whom you may restrain in your local area.
 - b. Follow protocols for restraint.
 - c. Restraints may not be removed en route.
 3. Cannot be applied to adults who appear to be in control of their senses in order to force them to submit to care or transportation

VIII. Assault/Battery

Time: 5 Minutes

Slide: 15

Lecture/Discussion

DOT Ref 1-3-IV

- A. Assault: Unlawfully placing a person in fear of immediate bodily harm without consent
- B. Battery: Unlawfully touching a patient without consent, including providing emergency care when the patient does not consent to the treatment

IX. Right to Refuse Treatment

Time: 5 Minutes
Slide: 16
Lecture/Discussion
DOT Ref 1-3-V

- A. Mentally competent patients have the right to refuse treatment.
- B. The patient may withdraw from treatment at any time. For example, an unconscious patient may regain consciousness and refuse transport to the hospital.
- C. Refusals must be made by mentally competent adults following the rules of expressed consent.
- D. When in doubt, the EMT-B should err in favor of providing care because it is a much more defensible position.
- E. The patient must be informed of and fully understand all the risks and consequences associated with refusal of treatment/transport.
- F. Documentation is a key factor in protecting the EMT-B when a patient refuses care.
 1. Obtain the signature of the individual refusing treatment on an official release form that acknowledges refusal.
 2. Document any assessment findings and emergency medical care given.
 3. Obtain a signature from a witness.
 4. Note the refusal on both the medical incident report and the run report.
 5. Inform medical control if the patient refuses to sign.
 6. Never make an independent decision not to transport.
 7. Know your local protocols.
 8. Keep a copy of the documentation in the department for future reference.

X. Good Samaritan Laws and Immunity

Time: 5 Minutes
Slide: 17
Lecture/Discussion

- A. Most states have adopted Good Samaritan laws, based on the principle that when you reasonably help another person, you should not be liable for errors and omissions in giving good faith emergency care.
- B. Such laws, however, do not protect the helper from a lawsuit.

- C. Good Samaritan Laws do not protect anyone from wanton, gross, or willful negligence.
- D. Immunity is a special protection.
 - 1. Usually reserved for governments
 - 2. May be granted to EMS providers but does not provide immunity from negligence

XI. Advance Directives

Time: 10 Minutes

Slide: 18

Lecture/Discussion

DOT Ref 1-3-II

Note: If available, provide students with copies of actual DNR forms.

- A. Written document that specifies medical treatment for a competent patient should he or she be unable to make decisions
- B. Do not resuscitate (DNR) orders
 - 1. Patient has the right to refuse resuscitative efforts.
 - 2. In general, DNR orders require a written order from one or more physicians.
 - 3. Review state and local legislation/protocols relative to DNR orders and advance directives.
 - 4. When in doubt or when written orders are not present, the EMT-B should begin resuscitation efforts.
 - 5. Patients should still receive supportive care.

XII. Ethical Responsibilities

Time: 10 Minutes

Slide: 19

Lecture/Discussion

DOT Ref 1-3-I-B

- A. Related to moral action——what is right?
- B. Make the physical/emotional needs of the patient a priority.
- C. Practice/maintain skills to the point of mastery.
- D. Critically review performances, seeking ways to improve response times, patient outcomes, and communication.
- E. Attend continuing education/refresher programs.
- F. Be honest in reporting.

XIII. Confidentiality

Time: 5 Minutes

Slide: 20

Lecture/Discussion

DOT Ref 1-3-IX

A. Confidential information

1. Patient history gained through interview
2. Assessment findings
3. Treatment rendered

B. Disclosing information without permission is considered a breach of confidentiality.

C. Releasing confidential information

1. Requires a written release form signed by the patient
2. A release is not required when:
 - a. Other health care providers need to know information to continue care.
 - b. State law requires reporting incidents such as rape, abuse, or gunshot wounds.
 - c. The information is needed to complete third-party payment billing forms.
 - d. A legal subpoena is served.

XIV. Records and Reports

Time: 5 Minutes

Slide: 21

Lecture/Discussion

Note: Provide students with a blank and a completed patient care report. Remember to delete confidential information from completed form.

A. Complete and accurate records of an emergency medical incident are an important safeguard against legal complications.

B. The courts often make the following assumptions about reports and records:

1. If an action or procedure is not recorded on the written report, it was not done.
2. An incomplete or untidy report is evidence of incomplete or inexperienced emergency medical care.

XV. Special Reporting Situations

Time: 10 Minutes

Slides: 22-23

Lecture/Discussion

DOT Ref 1-3-XII

Note: Provide students with copies of applicable local laws requiring special reporting.

A. Established by state legislation and may vary from state to state

B. Commonly required reporting situations

1. Abuse
 - a. Child
 - b. Elderly
 - c. Spousal
2. Crime
 - a. Wounds obtained by violent crime
 - b. Sexual assault

C. Drug-related injuries

D. Childbirth

E. Infectious disease exposure

F. Crime scene

1. Dispatch should notify police personnel.
2. Responsibilities of the EMT-B:
 - a. Your safety is a priority. Do not enter unless the scene is safe.
 - b. Do not disturb any item at the scene unless emergency care requires it.
 - c. Observe and document anything unusual at the scene.
 - d. If possible, do not cut through holes in clothing from gunshot wounds or stabbing.

G. Deceased

1. In most states, EMT-Bs do not have the authority to pronounce a patient dead.
2. Begin resuscitation efforts, unless patient has one of the obvious signs of death:
 - a. Rigor mortis
 - b. Mortal injury
 - c. Dependent lividity
 - d. Decomposition of the body
3. Follow local protocols.

XVI. Special Situations

Time: 5 Minutes

Slide: 24

Lecture/Discussion

DOT Ref 1-3-X

A. Donor/organ retrieval consideration

1. Requires a signed legal permission document
 - a. Separate donor card
 - b. Intent to be a donor on the reverse of patient's driver's license
2. Requires meeting the same standards of care as any other patient requesting treatment
3. EMT-B's role in organ retrieval
 - a. Identify the patient as a potential donor.
 - b. Inform medical control.
 - c. Provide care to maintain viable organs, if saving the patient's life is not possible.

B. Medical identification insignia

1. Bracelet, necklace, card
2. Indicates that the patient has a serious medical condition including:
 - a. Allergies
 - b. Diabetes
 - c. Epilepsy
 - d. Others

Post-Lecture

I. Prep Kit Activities

Time: 60 Minutes

Small Group/Individual Activity/Discussion

Note: The Prep Kit contains various student-centered end-of-chapter activities designed as enhancement to the instructor's presentation. As time permits, these activities may be presented in class. They are also designed to be used as outside/homework activities.

A. Assessment in Action

This activity is designed to assist the student in gaining a further understanding of issues surrounding the medical, legal, and ethical concerns facing an EMT-B. The activity incorporates both critical thinking and application of basic EMT-B knowledge.

Purpose

This activity allows the student an opportunity to analyze an emergency care scenario and develop responses to critical thinking questions.

Instructor Directions

1. Direct students to read the “Assessment in Action” scenario located in the Prep Kit at the end of Chapter 3.
2. Direct students to read and individually answer the quiz questions at the end of the scenario. Allow approximately 10 minutes for this part of the activity. Facilitate a class review and dialogue of the answers, allowing students to correct responses as needed. Use the quiz question answers noted below to assist in building this review. Allow approximately 10 minutes for this part of the activity.
3. You may ask the students to complete the activity on their own and turn in their answers on a separate piece of paper.

Answers to Multiple-Choice Questions

1. Answer: A Once your ambulance responds to a call, you have a legal duty to act. The duty to act does not depend on whether someone needs treatment, but rather if they have asked for help or you have responded to them. Your certification does not legally require you to respond, but certainly it could be argued that there is both a moral and ethical duty.
2. Answer: D Undue and referred are not recognized types of consent. Informed consent means the patient has been told and has given consent. Informed consent implies the patient is able to make a rational decision.
3. Answer: A Patients have the right to refuse treatment provided they are of legal age and able to make rational decisions. To ignore her wishes, secure her to the gurney, and transport anyway may be viewed as assault and/or battery. To threaten legal action or call for law enforcement may put you at risk for assault.
4. Answer: C Patients have the right to refuse treatment, including resuscitative measures, provided they are able to communicate their wishes through a DNR or advance directive. To stop what you are doing and wait for explanations or to have someone else sign a refusal of care form is inappropriate. While someone is retrieving the DNR orders of advanced directive, continue CPR. Once the appropriate documentation is produced, CPR can be stopped.
5. Answer: D A DNR order or advance directive does not mean “provide no care.” Supportive measures should still be provided and that means oxygen, pain relief (when possible), and comfort. To leave the scene in this situation may be viewed as abandonment. If in doubt as to what to do, contact medical control. Be sure to follow your local protocols in such situations.
6. Answer: D The patient history, assessment findings, and treatment provided are all part of the confidential information obtained that cannot be released unless a legal subpoena is presented or the patient signs a written release. It would be a violation of confidentiality laws to give information over the phone, in person, or offer a copy of the run sheet without proper authorization.

Challenging Question Answer

7. Answer: While there was certainly a duty to act (they did respond) and damages did occur (the patient died), there was no clear breach of duty that could have led to the death of the patient.

B. Points to Ponder

This activity will allow you to help your students probe the more difficult situations that they will face. Use this as an opportunity to allow them to express differences of opinion and approach, while directing them to be thorough and decisive in their answers. Encourage challenges.

Purpose

To allow students an opportunity to apply critical thinking analysis to a given case study.

Instructor Directions

1. Direct students to read the “Points to Ponder” scenario found in the Prep Kit at the end of Chapter 3.
2. You may assign students to a partner or a group and direct them to review the discussion question at the end of the scenario and prepare a response. Allow approximately 10 minutes for this part of the activity. Facilitate a class dialogue centered on the discussion points. Allow approximately 10 minutes for this part of the activity.
3. You may ask students to complete the activity on their own and turn in their answers on a separate piece of paper.
4. Personally review the scenario and discussion questions based on your knowledge and experience. Develop your own key points for guiding this discussion.

Scenario

You have been working with the same partner for about six months. As you are talking he tells you that he is having some financial problems and is going to apply for a second job at the hospital. You also find out that his wife is pregnant. She is not able to work so they have lost her income and have increased expenses with the baby and her medical bills. About a week later you are securing an elderly patient to the stretcher while your partner is gathering the patient's medications from the nightstand. You happen to look just as your partner is putting an antique pocket watch into his pocket. You have never seen him with a pocket watch and suspect that it may be the patient's. What would you do? Would you ask your partner about it? Would you report it to your supervisor? What if your partner admitted stealing it but refused to give it back and said he would deny taking it?

Issues

- Ethics in EMS
- Communication with Your Partner
- Partner Relationships

C. Online Outlook

This activity requires students to have access to the Internet. This may be accomplished through personal access, employer access, or through a local educational institution. Some community colleges, universities, or adult education centers may have classrooms with Internet capability that will allow for this activity to be completed in class. Check out local access points and encourage students to complete this activity as part of their ongoing reinforcement of the basic EMT-B knowledge and skills.

Instructor Directions

1. Use the Internet and go to www.emtb.com. Follow the directions on the web site to access the exercises for Chapter 3.
2. Review the chapter activities and take note of desired or correct student responses.
3. As time allows, conduct an in-class review of the Internet activity and provide feedback to students as may be needed.
4. Be sure to check the web site before assigning this activity, as specific chapter-related activities may change from time to time.

II. Lesson Review

Time: 10 Minutes

Discussion

Note: Facilitate the review of this lesson's major topics by using the review questions as direct questions or overhead transparencies. Answers are found throughout this lesson plan with IRK references listed for each question.

- A. What is scope of practice and how it is established? (Lecture II)
- B. What is standard of care and how it is established? (Lecture III)
- C. Describe negligence as it pertains to the care given by an EMT-B. (Lecture V)
- D. List and describe the three general types of consent. (Lecture VII)
- E. What should an EMT-B do if a patient refuses care? (Lecture IX)
- F. What is an "advance directive" and does it affect the EMT-B? (Lecture XI)
- G. Describe the basic ethical responsibilities of an EMT-B. (Lecture XII)
- H. When can an EMT-B receive patient information? (Lecture XIII)
 - I. What situations may require the EMT-B to make special notifications or reports? (Lecture XV)
 - J. How should an EMT-B treat a potential organ donor? (Lecture XVI)

III. Assignments

Time: 5 Minutes

Lecture

- A. Review all materials from this lesson and be prepared for a lesson quiz to be administered (date to be determined by instructor).
- B. Read Chapter 4: *The Human Body* for the next class session.