

MOD 5 + 6 Test Review

Mod 05 Sec 01 - Legal Issues in EMS

Universal Health Care

Ensures universal comprehensive health care to all residents of Canada

Canada Health Act

5 Main Principles:

1. Public Administration
 - Public authority, non-profit
 - Records and accounts subject to audit
2. Comprehensiveness
 - All health services must be insured
3. Universality
 - All insured residents are entitled to same level of care
4. Portability
 - If a resident moves, they're still entitled to coverage from original province for a waiting period
5. Accessibility
 - Reasonable access

Legal Obligations

Universal health care establish environment health care is to be administered

Administration of legal obligations is responsibility of provinces/ territories

- Civil/ criminal law
- Regulatory agencies
- Employer (ex. EMC)

Best Protection from Liability

1. Systematic Assessments
2. Provide appropriate medical care
3. Accurate and complete documentation

Legal and Ethical Responsibilities

- Prompt response to needs of patients
- Respect
- Maintain skills and medical knowledge
 - If a paramedic's use of a skill decreases, the more frequently they should review it
- Participate in continuing education (ex. Minimum education credits every year)
- Review performance, seek improvement
- Report honestly
- Maintain patient confidentiality
- Work cooperatively with other emergency professionals

Scope of Practice

Range of duties/ skills allowed within one's practice

Typically (not exclusively) determined by on-line (direct) and off-line (indirect) medical direction

Patient Advocacy

A paramedic will not respond to direction that:

- Is inappropriate
- Outside scope of practice
- Will unnecessarily harm patient

Licensure

The privilege to practice at a carefully defined level, usually granted by a provincial government agency or self-governing professional body

Ex. COPR Exam

Certification

Recognition granted to an individual who has met predetermined qualifications and has proved competency/ completed certain level of training (usually a school or course)

Ex. Medavie Graduation Certification

Reciprocity

The process by which an agency grants certification or licensure to an individual of comparable certification, licensure, or registration from another agency

(Ex. moving provinces)

Internal Trade Act

As a paramedic practitioner registered in a Canadian province or Territory, you may submit an application for equivalency recognition and registration in a different province/ territory if you meet all the following criteria:

- You have passed the registration examination in the Canadian province where you completed your program of study
- You are current and fit to practise, and registered with a recognized provincial paramedicine regulator in another Canadian province
- You meet all the registration requirements for that province or territory

Motor Vehicle Laws

Provincial jurisdiction

Ex. Nova Scotia's Traffic Safety Act, Ontario's Highway Traffic Act + Ambulance Act

- Generally allow EMS vehicles to exceed speed limits and pass through red lights when it is safe to do so

Mandatory Reporting Requirements

Child Abuse/ Neglect

Provincial Legislation places obligation on paramedic

- Child and Family Services Act

4 Kinds of Child Abuse:

1. Physical

- Intentional use of force on child that results in injury

2. Emotional

- Serious mental or emotional harm to child
 - Parent doesn't attempt to prevent or address

3. Sexual

- Improper exposure of child to sexual contact, activity, or behaviour

4. Neglect

- Lack of care that may cause significant harm to child's development or endangers child

Adult (Spousal/ Elder) Abuse/ Neglect

Nova Scotia Protection Act

Gunshot Wounds

Gunshot Wounds Mandatory Reporting Act

- Ensure own safety first
- Disclose to local police if medical service is provided

Fatalities

Deaths

Communicable Diseases

Ex. Tuberculosis, ebola

Danger to Public

Ex. Loose animal biting people, violent person

Legal Protection for the Paramedic

Governmental Immunity

- Exemption granted to government agencies (not NS paramedics)

Good Samaritan Laws

- Immunity to certain individuals who assist at emergency scene
- Provincial jurisdiction
- Off-duty medics are held to same standard as the general public
- Does not apply to those on-duty

Blood Samples Act

- Notifies health care providers when they are potentially exposed
 - Ex. COVID

Local Laws and Regulations

- Nova Scotia Regulator of Paramedicine (NSRoP)

Insurance

- Errors and omissions insurance
- **Liability insurance**
- Personal insurance
- May be provided by employer or required to be personally purchased

Statute of Limitations

- Time limit fluctuates based on case

Contributory or Comparative Negligence

- Ex. Medical director gave wrong order
- Ex. Patient contributed to harm
 - Ex. Patient jay-walked in front of ambulance

Other Provincial/ Federal Acts

- Motor Vehicle Act
- OHS Act
- Mental Health Act
- Paramedics Act
- Pharmacy Act
- Controlled Drugs and Substances Act
- Fatality Investigations

Legal Accountability of the Paramedic

Accountability

Professional

Maintenance of level, Con Ed

Legal

Abide by the law when ethical issues intertwine with legal issues

Moral

Personal ethics

Negligence

Deviation from accepted standards of care, requires whether or not there is foreseeability

- Standards are recognized by law
- For the protection of others against unreasonable risk of harm

Neglect can be intentional or unintentional

Elements of negligence include proof that the paramedic was the proximate cause of actual damages to patient

Components of Negligence Claim

4 Components:

Duty to Act

Formal contractual or informal legal obligation to provide care

Breach of Duty

An action/ inaction that violated expected standard of care

Malfeasance

Performance of a wrongful or unlawful act

Ex. Perform not in scope of practice

Misfeasance

Performance of a legal act in a harmful manner

Ex. Administer wrong drug/ dosage

Nonfeasance

Failure to perform required act/ duty

Ex. No decision made to treat patient

Actual Damages

Compensable physical, psychological, or financial harm

Acts of Omission

Failure to perform or act

Acts of Commission

Performing act that results in harm

Ex. Administering a drug that patient is allergic to

Acts of Demission

Withdrawing a treatment

Proximate Cause

An action/ inaction that immediately caused or worsened damage

Special Liability Concerns

Medical Direction

Medical director/ on-line physician (on-line medical control, OLMC) may be sued

- Gave medically incorrect orders to paramedic
- Refused to authorize administration of necessary medication
- Directed paramedic to take patient to inappropriate facility
 - Ex. hospital does not have specialized unit to treat patient's symptoms
- Negligent supervision of paramedic is proven

Borrowed Servant Doctrine

A paramedic may supervise others

- Ex. Emergency care providers (EMR, PCP, ACP) or students on practicum

Paramedic's **responsibility** is to ensure that these providers perform in a manner that is professional and medically appropriate

Civil Rights

Cannot withhold any medical care due to:

- Race
- Creed
- Colour
- Gender
- National Origin
- Socioeconomic status
- Condition
- Disease (ex. HIV/ AIDS, tuberculosis, etc.)

Otherwise can be sued

Off-Duty Paramedics

Authorization to practice is typically reserved for on-duty paramedics

- Performing procedures that require delegation from physician while off-duty may be considered practicing medicine without a license
- Off-duty = not obligated to provide care

Confidentiality

The patient has rights to confidentiality → Any medical or personal information of a patient may not be released

All records related to emergency care must be kept confidential

- Privacy Act (federal)
- Freedom of information and Protection of Privacy Act (provincial)
 - AKA Privacy Act/ Personal Information Protection Act

May be breached under special circumstances:

- Patient consent
- Medical providers in "circle of care" (necessary for treatment)
 - Ex. partner, receiving facility, online medical director
- Required by law (mandatory reporting cases)
- Third party billing requirements

Defamation

An intentional false communication that injures someone's reputation

Libel (written)

The act of injuring a person's character, name, or reputation by **false** statements

- Made in writing or through mass media
- Written with malicious intent or reckless disregard for falsity

Slander (spoken)

The act of injuring a person's character, name, or reputation by **false or malicious** statements

- Spoken with malicious intent or reckless disregard for falsity

Invasion of Privacy

Release of confidential information without legal justification regarding patient's private life

- Might reasonably expose patient to ridicule, notoriety, or embarrassment

Even if information is true, it is not a defense to invasion of privacy

Consent

The granting or permission to treat a patient

- Must be obtained before treatment (touching, assessing, administering medication)

The patient must have "decision making capacity" to give or withhold informed consent

Informed Consent

Conscious, competent patients have the right to decide what medical care they accept (generally 18+ age OR parents/ guardians give consent for children)

Generally includes:

- Nature of illness/ injury
- Nature of recommended treatments
- Risks, dangers, and benefits of treatments
- Alternative possibilities
- Dangers of refusing treatment/ transport

Patients have the right to change their mind

Expressed Consent

Verbal/ non-verbal/ written communication by a patient who wishes to receive treatment

- Calling EMS is generally considered expression of desire for treatment
- Must obtain consent for each treatment provided

Implied Consent/ Emergency Doctrine

Consent for treatment that is presumed

- For patients who are mentally, physically, or emotionally unable to give consent
 - Ex. unconscious, drunk, major distress
- Assumed that patient would want life-saving treatment

Involuntary Consent

Consent for treatment granted by court order → usually police are involved

- Commonly used for patients for mental health evaluation or patient under arrest
- May be used for patients with disease that threatens community at large

Special Consent Situations

Minors

- Usually under 18 years old
- Consent obtained from parent or legal guardian

Mentally Incompetent (Incapable) Adult

- Consent obtained from legal guardian

If parent/ legal guardian cannot be found, render treatment under implied consent

Emancipated Minors

Minors with decision-making capacity → May give informed consent

- Married
- Pregnant
- A parent
- Member of armed forces
- Financially independent living away from home

Withdrawal of Consent

A patient can withdraw consent for treatment **any time**

Informed Refusal

The patient can refuse care if they are alert/ oriented x 4 with DMC

Same steps as informed consent

***Document!!**

Release from Liability Form/ Refusal for Transport

- Patient care form must still be completed
 - Still must assess and explain situation to patient
 - Patient must be informed and have decision making capability (DMC)
- Does not legally release paramedic from liability

Refusal Checklist

- Some EMS systems have checklist to follow when patient refuses care
- Can also call medical director for second opinion → covers more liability

Clinical Context

- Patients refuse care/ transport all the time
- Forcing a patient to be transported without consent is kidnapping
- Leaving patient at home with foreseeable poor outcome is negligence
- Patients can refuse transport IF:
 - They're informed
 - Have reasonable decision making ability

Decision Making Capability (DMC)

A person's ability to make and express a reasoned choice

Important for **informed refusal**

- Alert + Oriented x4 (Aware of: Person, Place, Time, Situation)

"Decision-Specific" Assessment – Do they understand the risks of refusal

"High Stakes" Decision – Requires high degree of demonstrated capacity

3 Elements:

1. What are the options?

- Transport or no transport?
- Transport to other facilities?

2. What are the possible consequences?

- Risks of refusal of transport/ treatment
- Benefits of transport/ treatment

3. Is the decision made within a “stable set of values?”

- Good reason for refusal

Assessment of DMC:

1. History and Physical Assessment

- Medical history
- Incident that brought EMS

2. Impression

- Paramedic diagnoses
- What are the possible risks? Is it high stakes?

3. Explain

- Explain the different options and their possible consequences
 - Ex. Treatment, transport

4. Explore

- Do they show **understanding/ judgement** of the situation and possible consequences
 - Can they repeat back what you explained to show understanding?
- Is the decision made within a stable set of values?

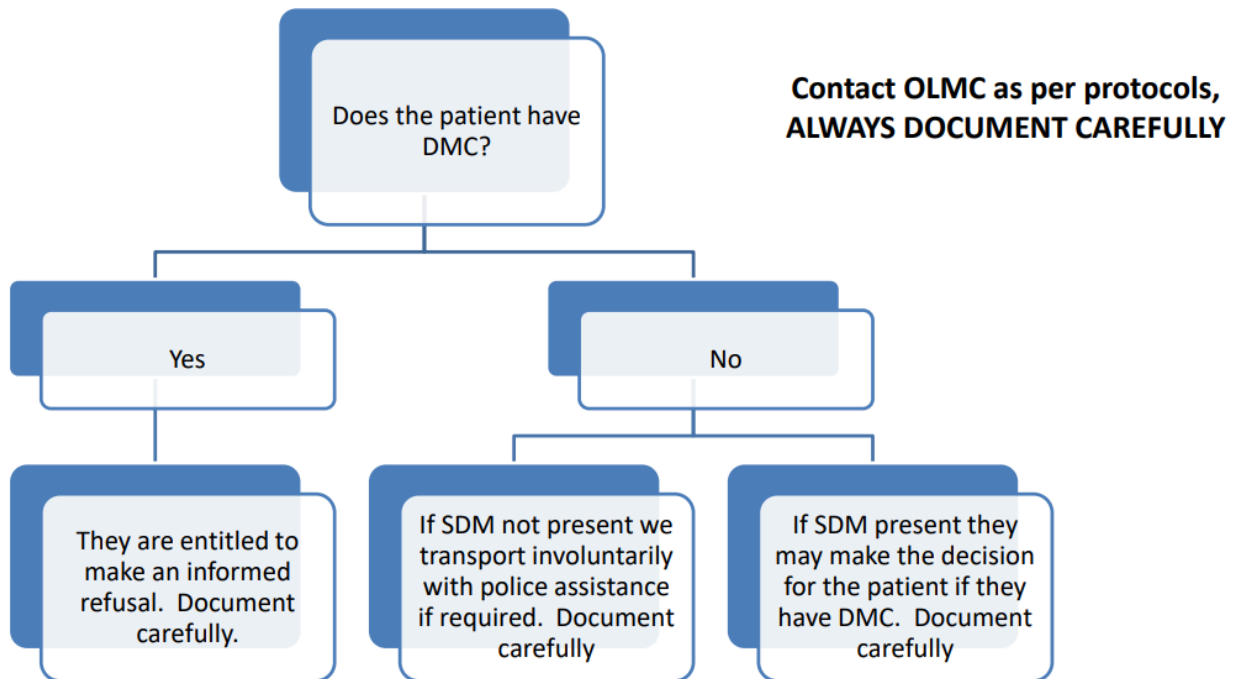
If a patient has demonstrated DMC, they are entitled to make an informed refusal

- Document carefully!

If a patient does not have DMC, they cannot make an informed refusal

In case of no substitute decision maker (SDM, ex. Next of kin)

- Involuntary transport → typically with police



Capacity Assessment/ **Substitute Decision Makers**

- Personal Directives Act (Advance Directives)
 - Patients who lack capacity for making health care decisions
 - Hierarchy:
 - Court Appointed Guardian
 - Nearest Adult Relative
 - Spouse (married/ common law)
 - Has power over advance directive/ can override
 - Child (who is an adult)
 - Parent
 - In loco parentis
 - Temporary parent/ guardian (ex. School principal)
 - Sibling
 - Grandparent
 - Grandchild
 - Aunt/ uncle
 - Niece/ nephew
 - Other relative
 - Public Trustee

Competency

*Never use this term, use "capacity" (DMC) instead

Right to determine one's own affairs, begins at age 18, revocable only by a court

Court decides competency, paramedics decide capacity

NOBI (No One Brought In)

Medical-Legal Concerns

- Did the patient make an **informed refusal**
 - Did they know of all the risks?
 - Did they have DMC?

Biases

- Ex. "frequent flyers"
- Could be biased to not give adequate care/ not be prompt → could be medical emergency

Documentation with Non-Transport

Include in Record:

- Reasons explained to patient why transport felt warranted
- Specific risks of non-transport relayed to patient
- Reason patient refused transport
- Patient demonstrated DMC
- What patient was told to watch for/ reasons to call back

Refusal of Service

- Patients can refuse service
- **Must be an informed refusal**
- **DMC must be demonstrated**

Legal Complications Related to Consent

Abandonment

The wrongful cessation of the patient care relationship without assurance that an equal or greater level of care with continue

- Ex. leaving patient unattended

Assault

Unlawfully placing a person in **apprehension** of immediate bodily harm without consent

- Ex. making patient afraid

Battery

Unlawful/ **unauthorized touching** of a person without consent

Ex. **Drawing blood without consent**

False Imprisonment

Kidnapping

The intentional and unjustifiable detention of a person without their consent or other legal authority

- Often seen in treatment of psychiatric patients
- May be averted by having police presence
 - Make sure of involuntary consent

Reasonable Force

The **minimal** amount of force needed to ensure that an unruly/ violent person does not cause injury to themselves or others

- Restraints generally require law enforcement involvement
- Sometimes requires transport to emergency department by police/ police in ambulance
- Maintain own safety at all times
- Ex. 4 way restraint to administer sedatives

Patient Transportation

Maintain same level of care as was initiated on scene

- Common error example:
 - Patient requires/ predicted to require ACP care, PCP attends instead en route
- Know the closest most appropriate facility/ local trip destination policies

Advance Directives

Personal Directives Act

A self-determination document that ensures that certain treatment choices are honoured when a patient is unconscious/ unable to express choices of treatment → made while patient has DMC

*Is not affected even if the patient is pregnant

Living Will

Specifies what kind of medical treatment patient should receive

DNR (Do Not Resuscitate Order)

*Only when the patient is pulseless and not breathing (dead)

Is a type of Advance Directive

Indicates which (if any) life-sustaining measures should be taken

- Not comfort measures
- Patients may want carrying levels of aggressive care despite having an active DNR

Durable Powers of Attorney for Health Care

Appoints someone to make medical care decision on patient's behalf

Organ/ Tissue Donor Cards

Indicates whether patient is an organ/ tissue donor

Organ Donation Laws:

- In Nova Scotia, all residents are presumed to be organ donors
 - Does not apply to residents under 19
 - Can be revoked at any time

MAID (Medical Assistance in Dying)

Someone who is found eligible to be able to receive assistance from a medical practitioner in ending their life.

*Even if morals conflict with a patient's decision, the paramedic must perform ethically

Due Process

When a paramedic license is jeopardized due to committing an infraction

The right to a fair procedure for the action the agency proposes to take

2 Components:

Notice - the agency must notify paramedic of the actions that allegedly constitute the infraction

Opportunity to be Heard - the hearing where the paramedic can tell their side/ justify their actions

Due Regard

The reasoning that a reasonably careful person in a similar circumstance would act in the same way

Ex. You may use lights/ sirens as a means to alert other drivers, but it does not exempt you from operating your vehicle with due regard

Crime Scenes

- Involve law enforcement
- Protect self and other EMS personnel
- Initiate patient care **only** when scene is safe
- Don't touch/ move anything unless it interferes with patient care
- Preserve scene as much as possible
 - Observe and document anything moved
 - Leave gunshot/ stabbing holes intact if possible
 - When cutting away clothing, cut around holes instead of through

Documentation

Complete **promptly** after patient contact (within 30 minutes)

Be thorough, **objective**, accurate, maintain patient confidentiality, never alter patient care record\

Mod 05 Sec 02 - Ethics in Prehospital Care

Morals

Social, religious, or **personal** standards/ customs of right and wrong

Ethics

The discipline relating to rules or standards that govern the conduct of members of a particular group or profession

Law

May conflict with ethical standards

Criminal Law: Government prosecutes an individual on behalf of society for violating laws meant to protect society

Ethical Relativism

Do what is right

Each person must decide how to behave and that decision made is ok

Avoid imposing personal values and judging patients

“Allowing a person to decide how to behave and accepting whatever decision that person makes”

Codes of Ethics

Standards for a profession that address broad humanitarian concerns and professional etiquette

Usually no solid guidance on ethical problems

Paramedic Code of Ethics (Made by PAC)

Ethical Problems

Ethical Violation

Neglect/ failure to meet moral obligations to patients

Ethical Dilemma

Ethical reasons both for and against a course of action and one must be selected

- Usually a conflict between two ethical principles

Ethical Distress

Feelings of guilty, concern, or distaste after a call

What is in the patient's best interest?

Most important question for a paramedic facing an ethical challenge

4 Fundamental Ethical Principles in Prehospital Care

Beneficence

The principle of doing good for the patient

Nonmaleficence

The obligation to not harm the patient

Autonomy

A competent adult patient's right to determine what happens to their own body

Justice

The obligation to treat all patients fairly

Testing Ethics

Impartiality Test

Would you be willing to undergo this action/ procedure in the patient's place?

Universalizability Test

Would you want this action performed in all relevantly similar circumstances?

- Ex. Would I do the same for all patients with the same symptoms, in the same environment (prehospital vs. hospital)

Interpersonal Justifiability Test

Can you defend or justify your actions?

- Were they in the patient's best interest?

Resuscitation Attempts

*When in doubt, resuscitate

DNR orders/ Advanced Directives

- Reflect the patient's wishes regarding resuscitation/ what it includes
- Only apply to dead patients (pulseless + breathless)

Incompatible with Life: decapitation, transsection, signs of decomposition (rigor mortis/ lividity)

Consent

Patients of legal age have the right to decide what care they will or will not receive

Both consent for care and refusal must be informed

- Must demonstrate decision making capacity

Document carefully

Allocation of Resources

All patients are treated based on need/ well being

Triage

- Method of allocating scarce resources (ex. Multiple patients)

Obligation to Provide Care

#1 priority of paramedic - safety of self

Obligation to provide care without regard to the ability to pay

Ethical obligation to help while off-duty

Professional Relations

A paramedic answers to:

- The patient (justify treatment decisions)
- The public (expectations of conduct)
- The medical director (physician)
- The employer (EMC)

Decisions should be:

- In the patient's best interests (patient advocate)
- Based on sound judgement
- Defensible rationale
 - With clear documentation

Mod 06 Sec 01 - EMS Systems

EMS Systems

Comprehensive network of personnel, equipment, and resources established to deliver aid and emergency medical care to the community

Out of Hospital Components

- Members of community
- Communications system
- EMS providers
- Public utilities (road work/ ferries set up for EMS)
- Poison control centres
- Fire rescue, hazmat

In Hospital Components

- Emergency nurses
- Emergency/ specialty physicians
- Ancillary Services (support staff, physio, RT, etc.)
- Rehab services
- Paramedics

BLS (Basic Life Support)

EMR, PCP, MFR, Lifeguards

ALS (Advanced Life Support)

PCP, ACP, CCP

- IV therapy, drug therapy, intubation (IGEL), defibrillation

Tiered Response/ Deployment

Sends multiple levels of emergency care personnel to a single incident based on need

Ex. BLS arrives first, ALS arrives later if needed

Components of EMS System

- Medical direction
- Public information and education
- Communications
- Education and certification
- Patient transport
- Receiving facilities
- Mutual aid + mass casualty preparation
- QI and QA
- Research
- System financing
- Certification and licensing of personnel

Medical Direction

Physician/ medical director is legally responsible for all clinical and patient care aspects of the system

- Assign delegated medical acts
- Medical care by paramedics = extension of physician's license

Online Medical Direction

Call/ radio in real time

When a qualified physician gives direct orders to a prehospital care provider

Offline Medical Direction

Standing orders, protocols, medical policies, procedures, and practices the medical director has set up in advance (performed before contacting medical director)

- Protocols
- Clinical practice guidelines
- Algorithms for how to treat certain disorders

Prospective:

- Guidelines on personnel and supply selection
- Training and education
- Protocol development (policies and procedures)

Retrospective:

- Auditing
- Peer review
- Quality assurance

4 T's

Protocols are designed around:

- Triage
- Treatment
- Transport
- Transfer

Single Control Centre

Communicate and control the movement of all emergency units within EMS system

Emergency Medical Dispatcher

- Send ambulances to scenes
- Ensure system resources are constantly ready
- Must be medically and technically trained

System Status Planning

- Locate and implement plans for quick and reliable continuous response coverage
- Organizes and places units for optimization

Types of Ambulances

Type 1

- Conventional cab and chassis, module body is mounted
- No passageway

Type 2

- **Standard van**
- Raised roof

Type 3

- Specialty van
- Forward cab, integral body
- Passageway

Trauma Centre Designation

Tertiary

- Highest level
- Regional referral centre for critically injured patients
- 24 hours trauma response team

District

- Trauma centre in smaller communities OR support a tertiary centre
- 24 hour response for resuscitation and care for trauma patients

Primary

- Smaller rural medical centre/ nursing station
- Initial triage
- Mainly minor cases

Mutual Aid and Mass Casualty Preparation

Formalized agreement

- Ensures help is available when needed
- Often interprovincial → NS is encompassed by Medavie, which runs EMS in the Maritimes
- Disaster plan for catastrophes
 - Practiced frequently

Quality Improvement (QI)

Formal approach to the analysis of performance and systematic efforts to improve it

- Leadership
- Information and analysis
- Strategic quality planning
- Human resources development and management
- EMS process management
- EMS system results
- Satisfaction of patients and stakeholders

Quality Assurance (QA)

Maintain continuous monitoring and measurement of the quality of clinical care

Continued Quality Improvement (CQI)

Refine and improve an EMS system

- Emphasizes customer satisfaction

New Medications

Introduced based on rules of evidence:

- Theoretical basis for change with ample research
- Clinical importance
- Practical, affordable, teachable

Peer Review

EMS personnel review each others' actions and interactions with patients

Mod 06 Sec 02 - Ambulance Operations

Standards

Regulatory Agencies

- Generic, minimum standards
- Affordable
- Politically feasible

Gold Standard

- Local regulations are more detailed
- Higher standard

Checking Ambulances

Use a checklist

- Ambulance, equipment, supplies checked at the beginning of each shift

Air Medical Transport (Medevac)

Fixed Wing

- Long distances
 - Bring patients to/ from hospital

Rotorcraft/ Rotorwing (Helicopters)

- Rural areas → on scene response
- Rapid inter-hospital transport of critically ill or injured patients

Advantages:

- Rapid transport
- Access to rural/ remote areas
- Access to specialty units
- Personnel with specialized skills
- Specialty supplies

Disadvantages:

- Weather, altitude, airspeed limitations
- Expensive

Indications:

- Clinical criteria, MOA
- Difficult access
- Time/ distance factors