

## Legal Issues, EMS System, and Safety Protocols

First Aid/CPR/AED Refresher Module 1

#### **Duty to Act**

- First responders have a special **responsibility to provide care** within the scope of their training
- You are protected from lawsuits if you act in **good faith** and provide care to the best of your ability within the scope of your training
- If you do not provide this standard of care, you could be found **negligent**
- V. Once care is initiated, you must remain with victim until relieved by someone of equal or higher training

\*\* Sworn Staff should activate 911 Emergency Medical Services when they recognize an incident that requires such a response. Sworn Staff **DOES**NOT need permission from supervisors or health staff prior to the activation of 911 Emergency Medical Services \*\*

#### **Gaining Consent**

. An adult has the right to refuse treatment

If the victim's untreated condition is deteriorating to a life-threatening level, you have a responsibility to act regardless of non-consent or flat refusal

Consent is implied if the victim is unconscious





#### **Maintaining Patient Confidentiality**

# Protected Information under the Health Insurance Portability & Accountability Act (HIPAA):

"Individually identifiable health information"

- Individual's past, present or future physical or mental health or condition.
- The provision of health care to the individual.
- Past, present, or future payment for the provision of health care to the individual, with identifiable information such as name, address, birth date, SSN.

"HIPPA protects the release of information, not the collection"



#### **HIPAA: Law Enforcement Purposes**

Correctional facilities may disclose protected health information to law enforcement officials for law enforcement purposes under the following circumstances:

- Required by law (Court order, subpoenas, warrants, Admin requests);
- To identify or locate a suspect, fugitive, material witness, or missing person;
- L.E.O's request for information about a victim or suspected victim of a crime;
- V. To alert L.E.O's of a person's death, if there is reason to believe the cause of death was criminal activity;
- V. When the health information is evidence of a crime that occurred on its premises;
- When a health care provider needs to inform L.E.O's about the nature, location, victim, and perpetrator of a crime.



#### San Diego Trauma System

- UC San Diego Health San Diego, Adult Level 1
- Scripps Mercy Hospital San Diego, Adult Level 1
- Rady Children's Hospital Kearny Mesa area, Pediatric Level 1
- Palomar Medical Center North County, Adult Level 2
- Scripps Memorial Hospital La Jolla, Adult Level 2
- Sharp Memorial Hospital Kearny Mesa area, Adult Level 2

\*Level 1 = Level 2 + Research/Specialist/Edu\*

Source: Health & Human Services Ageny: San Diego County Trauma System



#### **Boston Marathon - 2013**



#### Las Vegas-2017



# Critical Incident Response: Incident Command System

- Establish Incident Command
- Establish clear lines of communication
  - ✓ With EMS, other departments, other agencies
- Evacuation Points
- Safety Protocols



## **Hygiene Day**





#### **PPE & Scene Safety**

#### PPE:

- Protect routes of entry: Eyes, mouth, nose, skin
- Use a CPR mask/barrier
- Wash hands



#### **Scene Safety:**

- . Scene size-up
- **II.** Common hazards
- III. How many involved?
- IV. Identify cause of illness or injury





## **Mass Casualty/Triage**

 MINOR: Direct to a safe location away from other victims and hazards

 DELAYED: Receives treatment once all victims are classified and immediate have been treated

• **IMMEDIATE:** Receives treatment first once all victims are classified.

NON-SALVAGEABLE: Deceased

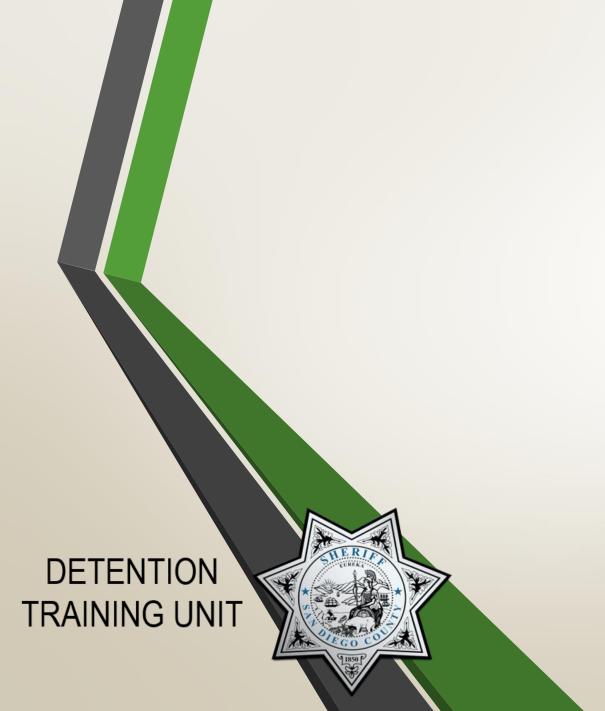


## **Triage Cards**



## **VICTIM ASSESSMENT:**

**Initial Assessment and Focused Survey** 



#### **Victim Assessment**

#### **Performing Primary/Initial Assessment:**

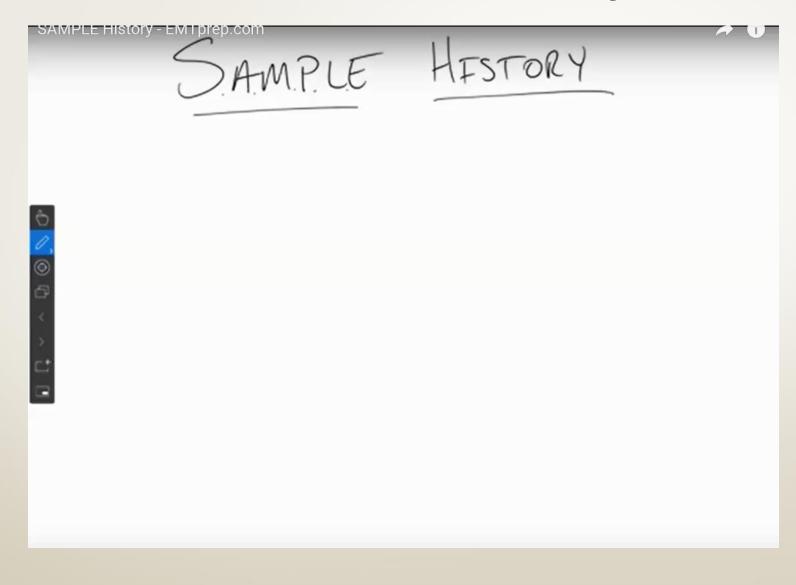
- Check for major bleeding (Arterial Bleeding)
- Check airway and breathing
- Treat for shock

#### **Performing Secondary Assessment/Focused Survey:**

- Check vital signs
- Check skin color, temperature, pulse, respiratory rate.
- Check head to toe looking for bruising, bleeding, broken bones, etc.



## S.A.M.P.L.E. History



#### **Obtaining Patient History**

Obtain patient history by observing and asking questions on the following subjects:

#### S.A.M.P.L.E:

S: Signs and symptoms

A: Allergies

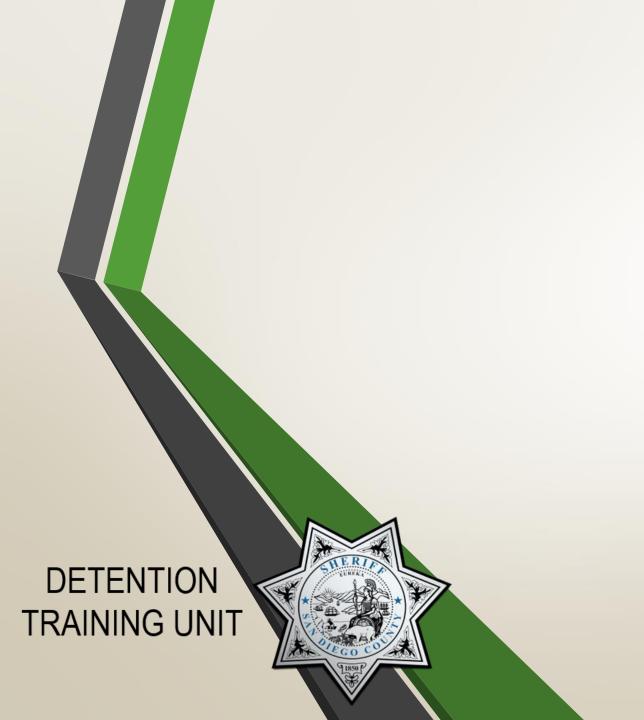
M: Medication

P: Past medical history

L: Last oral intake (Food / Medicine)

**E:** Events leading to present illness





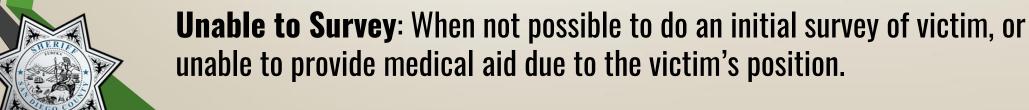
# **Emergency Patient Movement**

#### **Emergency Patient Movement**

\*NEVER MOVE A VICTIM UNLESS IT IS ABSOLUTELY NECESSARY\*

**Imminent Danger:** Danger outweighs the risk of further injury from being moved.

- Burning vehicle,
- Burning victim,
- Traffic approaching, etc.





#### **Patient Movement cont.**

**Plan Ahead:** Perform a quick scene safety survey.

- Is the scene safe to approach?
- How are you going to move the victim?
- Where are you moving the victim to?
- What are you going to do after moving the victim?

**Communicate with the Victim**: Tell them why you are moving them and to where. Reassure the victim and keep them as calm as possible.





## **Blanket Drag**



## Chair



#### One Rescue Lift





## **Emergency Movement Tools**

