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for Continuing Medical Education Purposes ...

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How should one define an EMS Patient?

Robert Lowe, MD FACEP FAEMS



THE CITY OF
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ANDREW J. GINTHER, MAYOR

DIVISION OF FIRE

Two Great Philosophical Questions of Human Existence

- What is the meaning of life?
- Who is an EMS patient?

Often Driven by Risk Management

- Legal Definitions
- Duty to Act
- Claims of Abandonment



Balancing the Practical

- 1st party caller
- 2nd Party Caller
- 3rd Party Caller

Our Attempt at a Definition

- The Columbus Division of Fire should consider a patient any individual who requires, seeks, or is attempting to seek medical advice, evaluation, treatment, or transportation

Our Attempt at a Definition

- 1st and 2nd party is a patient
- 3rd party
 - Seeking help for an individual -> Patient
 - Asking us to evaluate if a patient exist -> then see initial definition

The Slippery Slope

- Is this a knowledge gap or a cultural problem?
- Is this a systemic or provider Issue?
- Documentation
- Give yourself credit for what you have already done.

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Count on Their Help

- 10 Points on Bystanders Assisting at the Scene of an MCI
- James Augustine, MD

READY RESPONDER ACTION STEPS

How to Act When Seconds Count



PROTECT YOURSELF FIRST



"Stay Alert, Stay Safe"

Use S.A.F.E. Check to remember key hazards.

- S - Surroundings:** Scan for ongoing threats (violence, traffic, crowd movement)
- A - Air & Atmosphere:** Watch for smoke, gas, or chemical leaks.
- F - Fire & Fuel:** Move away from flames, spills, or explosions.
- E - Electricity & Edges:** Avoid power lines, unstable debris, or sharp wreckage.

Call 911 immediately. Provide clear information about the location, type of emergency, and number of people injured.

CHECK AND PRIORITIZE VICTIMS



"Look, Listen, Act"

- Victims that are silent or motionless may need help first.
- Check for breathing and major bleeding.
- If safe, position victims so their airway stays open.
- Use any barriers available (gloves, masks, plastic bags, Jothing) to reduce rescuer exposure

TAKE LIFE-SAVING ACTION



"Simple Actions Save Lives"

Foot ure mentions botru

Priority	What to Do
Bleeding	Pressure before panic
Breathing	Open the airway
Burns	Cool the burn
Circulation	Push at about 100 beats

COMMUNICATE WITH RESPONDERS



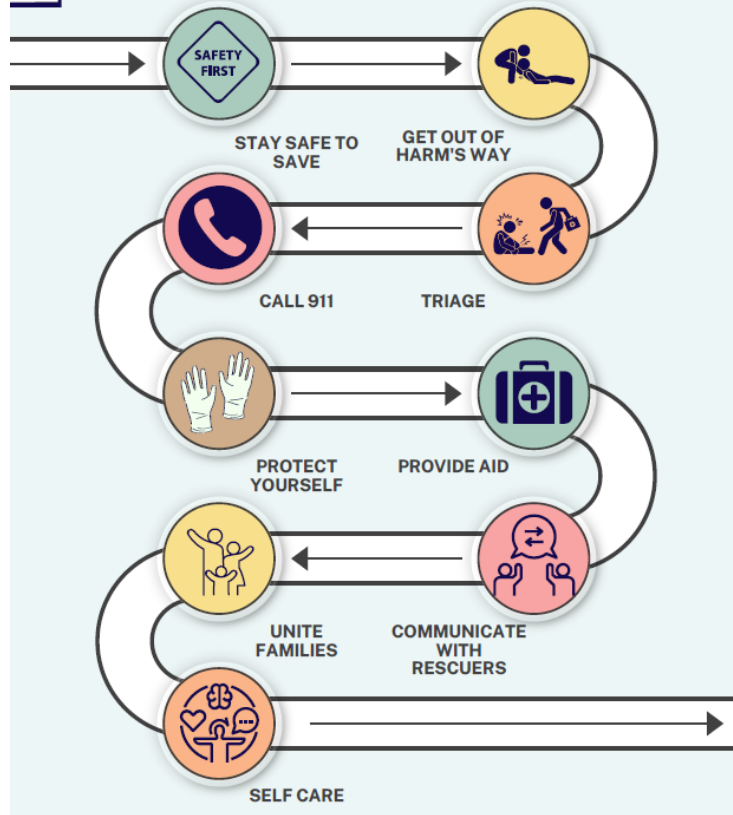
"Help the Helpers"

- Tell them how many people are hurt and what care has been provided when they arrive
- Report hazards or scene changes they should know about and who may be missing or separated

Developed by James Augustine, MD, for Domestic Preparedness Scenario 2604



POST-ATTACK BYSTANDER ACTION GUIDE





POST-ATTACK BYSTANDER ACTION GUIDE



"Stay Safe to Save"

Assess the Scene for ABC's: Before acting, ensure the environment is safe for you and others. Consider potential threats:

- **Air:** Are there toxic substances present?
- **Building:** Is there a risk of structural collapse?
- **Cars and Crowds:** Could you be struck by vehicles or caught in a stampede?
- **Destructive Weapons:** Is there an active shooter or other weapon threat?
- **Electricity:** Is there a danger of electrical hazards?
- **Fuel/Fire:** Is there a risk of burns from fire or flammable materials?

Get Out of Harm's Way

If possible, relocate yourself and others away from immediate dangers to a safer location.



Call 911 Immediately

Ensure someone contacts 911, providing clear details about the situation.



POST-ATTACK BYSTANDER ACTION GUIDE

Triage the Injured

Assess those around you to determine who needs immediate attention. Remember, quietness can indicate severe injury, as those critically hurt may be unable to call for help.



"Glove Up for Safety"

If available, wear gloves to protect yourself and work more effectively.

"Stop the Bleed & Start the Breath"



- **Control Bleeding:** Apply direct pressure to wounds. If bleeding from a limb doesn't stop, use a tourniquet above the injury.
- **Assist Breathing:** For someone struggling to breathe, you can perform rescue breathing without mouth-to-mouth contact. Use your hand to seal the person's mouth and breathe through your hand.
- **Perform Chest Compressions:** If there's no pulse, begin chest compressions at a rate of 100 beats per minute.
- **Treat Burns:** Cool and clean burn areas. Cool only the burn, but keep the rest of the person warm to prevent hypothermia.



"Unite to Assist"

Keep family members together to assist rescue personnel with the reunification process.



POST-ATTACK BYSTANDER ACTION GUIDE

“Share & Assist”

When emergency personnel arrive, inform them of the actions you've taken and any observations about the victims' conditions.



“You Matter Too”

After helping in an emergency, check yourself for injuries or symptoms like cuts, bruises, dizziness, or breathing issues. Clean minor wounds and seek medical attention if needed.

Emotions like anxiety or guilt are normal. Take time to decompress, hydrate, and rest. Talk to trusted friends or professionals about your experience, and seek help if you notice ongoing stress, nightmares, or emotional distress.

Stay mindful of new physical or emotional symptoms in the days after the event. Practice self-care with activities that help you relax and recharge. Remember: taking care of yourself ensures you can continue to help others.

How Should We Let it Go with a LEO? Avoid On-Scene Conflicts with Police

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Seems Simple Enough...

- 70 year old widowed male, living alone
- Home health RN visiting for a “check in”
- Patient makes a statement that he is so tired of pain that he should just kill himself
- Handgun is seen under his pillow
- RN leaves and calls 911



Changing Paradigms

- Medical oversight consult + police logic
- It's not a crime to make a comment of despair
- No threat to anyone else
- Pt is alone and in his own residence
- Avoid escalating the situation
 - Threat to law enforcement officers
 - Threat to pt
 - Suicide by law enforcement officers



A Different Flavor of Despair

- 38 year old female, depressed
- Intentional overingestion of temazepam pills
- Family called 911
- Pt is somnolent with slurred speech
- Refusing care and EMS transport
- City PD officer clears off the scene



And Then Things Get Interesting

- Another officer threatens to handcuff paramedic field supervisor and take him into custody if EMS transports the patient
- Medical oversight consult
- Turns out...the “officer” is apt security guard
- County sheriff’s deputy is called to scene
- And...



Sanity & Safety Prevails

- Security guard is escorted off property
- Patient is transported to ED via EMS
- Case reviewed in city public safety advisory council
- City PD reinforces duty to support EMS
 - Safety on scene



Take Home Points

- Paradigms are changing in risk mitigation
- Law enforcement & EMS
 - Serve the same citizenry
 - Have differing liability challenges
 - Pt abandonment v false imprisonment
- Have the conversations before the scenes
- Use case examples – yours AND others
- Make sure the frontline knows what you know



TULSA



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OKLAHOMA CITY



... let me tack on
one more LEO case



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- 52 yo male with obvious stroke finds
- Vitals normal
- No family/friends available
- Adamantly refuses transport
- LEO co-dispatched
- Patient fails capacity evaluation
- Medic: “we gotta take him”
- LEO: “mmm...says he doesn't want to go, and he's A&Ox4”

- Now what?



Remember:

- Medical control can often help
- Everyone want to do the right thing
- Different rules, training, frame of reference
- Best sorted out from the top down ***ahead of time***
- If you're keeping your crew safe and doing what's right for the patient, that's all anyone should ask
- Document, document, document





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