

Basic History of EMS

1966 -Committee on Trauma and Shock of the National Academy of Sciences National Research Council published Accidental Death and Disability: The neglected disease of Modern Society. Brought public attention to inadequate medical care being provided to the sick and injured.

1966- National Highway Traffic Safety Administration of the Department of Transportation Highway Safety Act.

1973 -Department of health. Education and Welfare-Emergency Services Act
✓ Both acts helped to create funding sources for pre-hospital emergency care.

1970's - Establishment of local EMS systems

1980's - Emphasis placed on providing **Quality care** to the sick and injured

- Training programs for EMS providers with more class room experience and practical skills
- Certification and re-certification requirements defined

1990's - More advanced skills being performed in the field

- Use of 1st High Tech Equipment
 - Automatic Defibrillator
 - Automatic Ventilator
- More extensive protocols for providers

Emergency Medical Services system is a complex health care system made up of personnel, equipment and resources.

Pre-Hospital Care:

Lay Persons trained in CPR
First Responders
EMT-Basic (EMT-B)
EMT-Intermediate (EMT-I)
EMT-Paramedic (EMT-P)

Other Pre-Hospital Components

Dispatchers
Poison Control Centers

In Hospital Components

ED Nurse
ED Physician
Specialty Physicians

Emergency Access of EMS

- 911 -has been available since 1967 through AT&T
- Enhances 911
- Other Emergency number-still in use in some communities

EMT-B-Emergency Medical Technician

2 basic levels of care

- BLS-Basic Life Support
- ALS-Advanced Life Support

Pre-Hospital Care Personnel

Laypersons trained in CPR and or First Aid

First Responders-The First medically trained person to arrive at the scene of an emergency

- Usually work with little or no equipment
- Trained in: CPR, Bleeding Control Fx Immobilization, Comfort care measures
- 40 hour course
- Firefighters, police officers, school teachers, coaches occupational safety officers

EMT-B - A BLS Provider

- Trained to use specialized equipment
- Trained to administer selected medications
- Certified in the use of Automated Defibrillator

EMT-I -An ALS Provider

- Trained in IV and basic drug administration
- Defibrillation and cardiac drug administration

(In some areas the EMT-I is referred to as Cardiac Technician and Shock Trauma Technician)

EMT-P (Paramedic)-an ALS Provider same skill as the EMT-I plus additional training

Roles and Responsibilities of the EMT

- Personal protection
- Assess and evaluate all signs and symptoms
- Provide Medical Care
- Provide safe and efficient transportation to the hospital
- Orderly transfer of the patient
- Communication with patients and agencies involved

Quality Improvement-Quality evaluation that emphasizes and uses customer satisfaction as the Ultimate indicator of system performance. Sys. of external & internal audits & reviews of all aspects of an EMS sys. so as to identify those aspects needing improvement and to assure that the public receives the highest quality treatment of pre-hospital Care.

Medical Director - A physician who authorizes or delegates the privileges to perform medical care in the field.

Responsible for:

EMT education and Continuing education
Liaison with medical community

Quality Improvement
Setting standards for Providers

Medical Control- Physician instructions given to EMT's in the field

On - Line Medical Control- Through direct contact

Off - Line Medical Control- Through written Protocols or Standard Medical Operating Procedures