



FIFTH CANADIAN EDITION

EMERGENCY MEDICAL RESPONDER

A SKILLS APPROACH

MEETS PARAMEDIC ASSOCIATION OF CANADA'S
NATIONAL OCCUPATIONAL COMPETENCY PROFILE

 Pearson

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*To those in EMS who have given their lives in the
line of duty and to the people who call for our help.
It's all about the patient.*

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Patient Assessment Plan

SCENE ASSESSMENT

ASSESS PERSONAL SAFETY INCLUDING:

- BSI Precautions • Scene Safety

IDENTIFY MECHANISM OF INJURY / NATURE OF ILLNESS

DETERMINE NECESSARY RESOURCES INCLUDING:

- Number of Patients • Hazardous Materials • Special Rescue Needs

PRIMARY ASSESSMENT

FORM A GENERAL IMPRESSION

ASSESS LEVEL OF CONSCIOUSNESS

ASSESS AIRWAY, BREATHING, AND CIRCULATION

UPDATE EMS

SECONDARY ASSESSMENT

USE DOTS TO EXAMINE:

- Head • Neck • Chest • Abdomen • Pelvis • Extremities

ASSESS VITAL SIGNS

PATIENT HISTORY

GATHER A SAMPLE HISTORY:

- Signs and Symptoms • Allergies • Medications • Pertinent Past History
• Last Oral Intake • Events

ONGOING ASSESSMENT

REPEAT THE PRIMARY ASSESSMENT

REPEAT THE SECONDARY ASSESSMENT, INCLUDING VITAL SIGNS

REASSESS TREATMENT AND INTERVENTIONS

CALM AND REASSURE THE PATIENT

HAND-OFF REPORT

INCLUDES:

- Patient Age and Sex • Chief Complaint • Level of Consciousness • Airway, Breathing, and Circulation Status • Secondary Assessment Findings • SAMPLE History
• Treatment/Interventions

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Preface

We have revised *Emergency Medical Responder: A Skills Approach*, Fifth Canadian Edition, extensively to meet faculty needs and to conform to the National Occupational Competency Profiles and Curriculum Blueprints of the Paramedic Association of Canada (PAC). The fifth edition, like the first four, has been adapted for the exclusive use of the Canadian emergency medical responder (EMR).

An EMR may be a member of any of the three emergency services—ambulance, fire, or police—or may be a specially trained private citizen or public employee. Around the world, the field of emergency medical services (EMS) changes constantly. This book, written specifically for Canadians, will help students learn and adapt to the contemporary practice of pre-hospital care.

PAC NATIONAL OCCUPATIONAL COMPETENCY PROFILES AND CURRICULUM BLUEPRINTS

The Paramedic Association of Canada began in the mid-1990s as a grassroots movement of practitioners across Canada. The goal of the organization was to create national standards—the National Occupational Competency Profiles and Curriculum Blueprints—that would help unify a previously fragmented profession. This initiative was accomplished after years of investigation and consensus building with the country’s pre-hospital care stakeholders. These standards for EMRs are now widely accepted across Canada and have been refined in the years since their creation.

Accordingly, we present a list of the specific Paramedic Association of Canada’s National Occupational Competency Profiles. These appear at the end of each chapter before the review questions (look for the acronym NOCPs). Before each competency is a General Competency number, and after it an indicator of the degree of competency. Please refer to the legend below to understand the degree of competency required as an EMR.

- X Practitioner must demonstrate a basic awareness of this competency, but no understanding or practical exposure is required.
- A Practitioner must demonstrate an academic understanding of this competency.

- S Practitioner must demonstrate this competency in a *simulated setting* (including skill stations and/or scenario practice). It is assumed that in competency areas 4 and 5, all items that require this degree of competency will be performed on a human subject where legally and ethically acceptable.

Note: This textbook does not include the national competencies that are not applicable to the EMR. For a list of the General Competencies, please refer to the Appendix.

APPROACH AND ORGANIZATION

The organization of *Emergency Medical Responder*, Fifth Canadian Edition, follows the needs of EMR training curricula as identified by the Paramedic Association of Canada. There is a growing community of input and participation in pre-hospital care. ILCOR standards and St. John’s Ambulance have been integral in preparing this edition.

Part 1 introduces the EMS system; addresses personal, legal, and ethical issues; and acquaints the EMR with human anatomy as a learning base for all patient assessment and treatment (as outlined in the Patient Assessment Plan). For this edition, we highlighted the importance of personal protective equipment and body substance isolation with additional emphasis on handwashing. Chapter 5 updates the EMR with pharmaceuticals as they pertain to EMR patient assessment.

Parts 2 through 6 of the new edition detail all assessments, including scene, primary, and secondary ones, as well as treatment and reporting pertaining to trauma or medical calls. We updated to reflect the fundamental shift in CPR standards from A-B-C to C-A-B. This edition reflects the fine-tuning of CPR standards set by the Heart and Stroke Foundation of Canada. While Airway, Breathing, and Circulation remain crucial for assessment and treatment of patients with a pulse, the emphasis on prompt cardiac compressions for a pulseless patient is well supported by current medical research. Additionally, this revision required careful reworking of all chapters with CPR content. Pertinent changes were made to Chapters 7, 8, and 9, as well as to chapters including patient assessment and pediatrics.

This edition presents the five links of the “Chain of Survival” for adults and children as identified by the Heart and Stroke Foundation of Canada and in accordance with CPR standards. The updated chain includes the same information but with some altered wording for each link as well as the new addition of the importance of early post-cardiac arrest care. This chain continues to emphasize the importance of immediate activation of EMS, chest compressions, defibrillation, advanced life support, and post-cardiac arrest care.

We expanded discussion on the treatment and care of bariatric patients in various chapters, as EMRs now encounter these patients more often.

FEATURES OF THE FIFTH CANADIAN EDITION

The Fifth Canadian Edition of *Emergency Medical Responder: A Skills Approach* includes several features to help students grasp the material.

Learning Objectives Each chapter begins with a general objective list of competencies as they relate to each facet of the text. These learning objectives reflect the National Occupational Competency Profiles.

Case Studies Each chapter contains one detailed scenario that describes scene safety, patient assessment, and patient care from the perspective of an on-scene emergency medical responder. Each case study walks students through all the relevant steps of the patient assessment plan. The Case Study Follow-Up appears toward the end of the chapter, after the EMR Focus.

TIP Boxes These highlighted flags appear periodically throughout the text to cue readers to important considerations during assessment and treatment. This edition showcases numerous new TIP boxes. The tips originate from longtime practitioners who offer the advice as a “trick of the trade” or “word to the wise.”

EMR Focus This feature reduces the chapter to the most salient points and insights that will be most important to students in the field.

NOCPs Relevant Paramedic Association of Canada National Occupational Competency Profiles appear at the end of each chapter prior to the review questions.

Review Questions Review questions, placed at the end of each chapter, help students remember and retain key points through practice. The fifth edition features more questions than previous versions.

Appendix The expanded index features the most current Paramedic Association of Canada National Occupational Competency Profiles. The Appendix includes both the general and the specific competencies for each area.

NEW TO THE FIFTH CANADIAN EDITION

- ◆ Chapter 2 captures updated material regarding transmittable diseases that are of concern for EMRs, as well as enhanced recommendations for cleaning activities and dealing with exposure. PTSD is discussed as it has notably increased in incidence within EMS.
- ◆ Chapter 6 offers updated information on lifting and positioning techniques, including the recovery position, as the HAINES position has fallen out of vogue due to a lack of published research to support it.
- ◆ Chapter 8 has included the upper end limits to CPR compression depth and rates.
- ◆ Chapter 19 updates the EMR approach to the control of bleeding.
- ◆ Chapter 34 discusses special rescue situations, including elevator rescues, and covers procedures for handling bariatric patients.
- ◆ All chapters and the Appendix capture current Paramedic Association of Canada National Occupational Competency Profiles.
- ◆ New photos and figures reflect current standards and procedures.

SUPPLEMENTS

Supplements for Instructors

The following instructor supplements can be downloaded from a password-protected section of Pearson Canada’s online catalogue. Navigate to your book’s catalogue page to view a list of those supplements that are available. Ask your local Pearson sales representative for details and access.

Instructor’s Manual This manual provides an at-a-glance summary of the learning objectives for each chapter, a list of resources and equipment that may be required to teach the material in the chapter, and background information that gives an overview of the chapter content. It also offers teaching suggestions, including warm-up activities, tips and strategies, a lesson outline, and a summary and

review section that provides answers to the end-of-chapter review questions and offers suggestions for homework assignments.

Test Item File This test bank is available in Microsoft Word. It includes over 700 questions in a variety of formats, including true/false, multiple choice, and completion exercises.

PowerPoints PowerPoint presentations offer an introduction and overview of the key concepts presented in each chapter.

Image Library The Image Library is a bank of most figures and selected photos from the Fifth

Canadian Edition, which can be incorporated into your lecture presentations.

Supplements for Students

Workbook The workbook is a chapter-by-chapter study guide that includes summaries of key ideas, a comprehensive review of content using different question formats (and answer key), and case studies that test the students' analytical skills. The Skill Summary Sheets have been updated and revised for the Fifth Canadian Edition.

Acknowledgments

The authors wish to thank the authors of Brady *First Responder: A Skills Approach*, from which the first edition of this text originated. While much work was required to adapt the text to the needs of Canadian readers, the source material was, and continues to be, invaluable.

Much appreciation is offered to the EMS gang in Selkirk of the IERHA (Interlake-Eastern Regional Health Authority) for their assistance in recreating necessary photos. Thank-yous also go to the off-duty staff of the Winnipeg Fire Paramedic Service, including staff from Winnipeg EMS and the Winnipeg Fire Department, for their willingness to help recreate photo material for the text.

And, of course, thanks to our sons, Ian Mackay and Orrin Mackay, who offered technical assistance with hardware and software as well as a high degree of patience during photo sessions ... even as models. Keen long-term instructors may notice the growth and development of these lads as we have made use of their images in every edition over the past 18 years.

A sincere, albeit insufficient, thank-you is extended to the staff of Pearson Canada, who were always available to offer assistance. You were never impatient and always encouraging when work was overwhelming. It has been a pleasure to work virtually with Linda (as long as she could be with us) and Belinda, who brought a wealth of knowledge and experience to the table. Madhu Ranadive has become the strongest, most impressive link in our own chain of survival for this fifth edition. The EMR world will never know how important Madhu is to our cause.

Finally, this book would not be complete without the valuable contribution of the following reviewers, who, as key EMS players in Canada, found the time to provide much advice and feedback while the EMR manuscript was being considered for this edition:

Belinda Mitchell, CSTJ, Director of Training,
TEAM Response

Jeremy Rudrud, Lakeland College

Tristen Galinski, Northern Lakes

Colleen Rafton, Fleming College

Jeremy Stone, HeartSafe EMS

Terry Price, Northern College

Kyle Inwood, Centennial College

Shawn-Eric Poulin, College Boreal

Stephen Nicholl, Calgary Fire Department

Most of all, we are thankful to God, from whom all blessings and opportunities are provided. It is such a privilege to be part of such an important text for Emergency Medical Responder students, including the many dedicated folks at St. John Ambulance who have answered the call to be “Good Samaritans.”

Notices

Notice on Care Procedures

The material in this book contains the most current information available at the time of publication. However, national, provincial, and local guidelines concerning clinical practices, including, without limitations, those governing infection control and universal precautions, change rapidly. The reader should note, therefore, that new regulations may require changes in some procedures.

It is the responsibility of the reader to familiarize him- or herself with the policies and procedures set by national, provincial, and local agencies as well as the institution or agency where he or she is employed. The authors and publisher of this book have taken care to make certain that these procedures reflect currently accepted clinical practice; however, the recommendations cannot be considered absolute. The authors and the publisher disclaim any liability, loss, or risk resulting directly or indirectly from the

suggested procedures and theory, from any undetected errors, or from the reader's misunderstanding of the text. It is the reader's responsibility to stay informed of any new changes or recommendations made by any national, provincial, or local agency and by his or her employing institution or agency.

Notice on Drugs and Drug Dosages

Every effort has been made to ensure that the administration and usage of drugs and/or dosages presented in this book are in accordance with nationally accepted standards. It is the responsibility of the reader to be familiar with the drugs used in his or her system, and the dosages specified by his or her medical director. The drugs presented in this book should only be administered by direct verbal or accepted order of a licensed physician.

1

CHAPTER

PART 1 Preparatory



John Mackay

Introduction to the Emergency Medical Services System

OBJECTIVES

1. Describe the components of the emergency medical services (EMS) system and the two public methods by which it can be accessed.
2. Differentiate the roles and responsibilities of the emergency medical responder (EMR) from those of the three other pre-hospital emergency care providers.
3. List six responsibilities of an EMR in accordance with the standards of an EMS professional.
4. Explain why non-discrimination is important when caring for a patient.
5. Discuss the two types of medical control and the EMR's relation to them.
6. State the specific statutes and regulations of the EMS system in your province.

I N T R O D U C T I O N

You are about to join a vitally important profession. Every year, thousands of people in Canada die or are permanently injured because they did not receive emergency care in time. As an **emergency medical responder (EMR)**, you can make a difference.

This course will help you gain the knowledge, skills, and attitude you need. To begin, your instructor will describe what you can expect in the course. He or she will inform you of required immunizations and physical exams and will outline your provincial and local certification requirements. Your instructor will also explain the implications of harassment in the classroom environment.

Section 1

EMERGENCY MEDICAL SERVICES (EMS)

An ill or injured patient may need immediate medical care to prevent permanent disability or death. Too often, those who arrive first at the emergency scene are not trained to give proper care. As a result, patients who might have been saved die.

The first 60 minutes following an accident are known as the “golden hour.” Appropriate interventions during this time can make the difference between life and death.

In general, the **emergency medical services (EMS) system** is a network of resources linked together for one purpose—to provide emergency care and transport to victims of sudden illness or injury (Figure 1–1). For example, when an emergency occurs, a citizen at the scene may recognize it and call for help. If the citizen has used a phone, he or she will receive



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Figure 1-1a Patient.



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Figure 1-1b Emergency medical responder.



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Figure 1-1c Paramedics.



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Figure 1-1d Hospital emergency department staff.

CASE STUDY

Dispatch

We were dispatched to a woman with chest pain at 426 Clifford Street. I had not been on many calls, but my partner had been on hundreds. I felt very nervous, especially with the lights and siren on.

Scene Assessment

When we approached the scene, my partner turned off the lights and siren. We grabbed protective gloves, and when we saw it was safe, we left our rig. We both kept alert for signs of danger as we approached the house.

Primary Assessment

Inside the house, we saw our patient sitting on a chair. Our general impression was that she was pale and sweaty. I also remember thinking that she looked really sick. Almost immediately, we began to assess her ABCs—airway, breathing, and circulation.

My partner gave me a look that let me know he believed the patient might be in serious condition. I radioed the dispatcher to update the incoming paramedic unit. My partner administered oxygen to the patient while keeping her and her husband calm.

You will encounter a wide range of calls as an EMR. Some may be medical calls such as this one. Others may involve trauma (injury). Is the patient's condition new or pre-existing? What events or circumstances led to your being called to the emergency? At the end of this chapter, you will learn how these EMRs handled their patient's emergency.

patient care instructions from an EMS dispatcher. When the EMRs arrive, they will assess the situation and take over care of the patient. When necessary, they will inform their dispatchers of the need for additional resources, and rescuers with higher levels of training will be called to the scene. In any case, the care will continue until the rescuers transport the patient to the hospital. There, responsibility for the patient's care will be transferred to emergency department personnel and finally to the in-hospital care system.

Classic Components of EMS

Each province in Canada has control of its own EMS system. The systems may vary from province to province and even from city to city or town to town. (Some of the provincial information provided in this text may apply to territories as well.) The Paramedic Association of Canada (PAC), along with the former

Human Resources Development Canada (HRDC), has developed national competency profiles and a blueprint curriculum that define a national scope of practice for emergency care. There are 10 classic components of any EMS system:

1. *Regulation and policy.* Each province must have laws, regulations, policies, and procedures that govern its EMS system. Each province is also required to provide leadership to local jurisdictions.
2. *Resources management.* Each province must have central control of EMS resources so that all patients have equal access to acceptable emergency care.
3. *Human resources and training.* All personnel who staff ambulances and transport patients must be trained to a minimum level as determined by the province.

4. *Transportation.* Patients must be safely and reliably transported by ground or air ambulance.
5. *Facilities.* Every seriously ill or injured patient must be delivered in a timely manner to an appropriate medical facility.
6. *Communications.* A system for public access to the EMS system must be in place. Communication among dispatchers, ambulance crews, and hospitals must also be possible.
7. *Public information and education.* EMS personnel should participate in programs designed to educate the public. The programs should focus on injury prevention and how to properly access the EMS system.
8. *Medical control.* Each EMS system must have a physician as its medical director.
9. *Trauma systems.* Each province must develop a system of specialized care for trauma patients, including one or more trauma centres and rehabilitation programs. It must also develop systems for assigning and transporting patients to those facilities.
10. *Evaluation.* Each province must have a quality improvement system in place for continuous evaluation and upgrading of its EMS system.

Access to EMS

There are two general systems by which the public can access the EMS system: 9-1-1 and non-9-1-1. The former, often called the “universal number,” is used in many areas to access police, fire, rescue, and ambulance services. Generally, 9-1-1 calls are received at a **public safety answering point (PSAP)**. There, a dispatcher decides which resource is to be activated and alerts the appropriate service (Figure 1-2).

There are two main benefits of a universal number such as 9-1-1. First, the PSAP is generally staffed



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Figure 1-2 The emergency medical dispatcher (EMD) is an important member of the EMS team.

by trained technicians known as emergency medical dispatchers (EMDs). Sometimes trained as EMRs themselves, the EMDs may offer medical advice over the phone while the patient waits for rescuers to arrive; this is referred to as **emergency medical dispatching**. The second benefit is that a universal number minimizes delay. Callers do not have to look up a number; for example, 9-1-1 is easily remembered by even the youngest caller.

With **enhanced 9-1-1**, or E-9-1-1, the dispatcher is able to see the caller’s street address and phone number on a computer screen. Such information becomes crucial when a patient falls into unconsciousness before conveying an address. Roadway, location, and caller-specific hazards may also be recorded and updated with E-9-1-1 dispatch information.

In areas not served by 9-1-1, callers dial either a dispatch centre or the specific service they need (police, EMS, fire, etc.). Probably the most serious drawback of a non-9-1-1 system is the delay in reaching the appropriate services.

Levels of Training

Although some provinces and individual services may use unique titles, there are four nationally recognized levels of emergency medical services training: **emergency medical responder (EMR)**, **primary care paramedic (PCP)**, **advanced care paramedic (ACP)**, and **critical care paramedic (CCP)**:

1. *EMR* (Figure 1-3). The EMR is the first person on the scene with emergency training. He or she may be a police officer, firefighter, truck driver, school teacher, industrial health officer, or community volunteer. Training includes the following:
 - ◆ Airway care and suctioning
 - ◆ Patient assessment
 - ◆ Cardiopulmonary resuscitation (CPR)
 - ◆ Automated external defibrillation
 - ◆ Bleeding control
 - ◆ Stabilization of injuries to the spine and extremities
 - ◆ Care for medical and trauma emergencies
 - ◆ Use of a limited amount of equipment
 - ◆ Assisting other EMS providers
 - ◆ Other skills and procedures (for example, blood glucose check and pulse oximetry [SpO₂ monitoring] as permitted by local or provincial regulations)
2. *PCP* (Figure 1-4). The PCP can do everything the EMR does and also initiate intravenous access (IVs) and fluids; administer symptom relief drugs; perform pulse oximetry, blood glucose testing, manual defibrillation, complex immobilization procedures, and patient restraint; and staff and drive ambulances.



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Figure 1-3 EMRs may be police officers, firefighters, educators, truck drivers, industrial workers, or community volunteers.



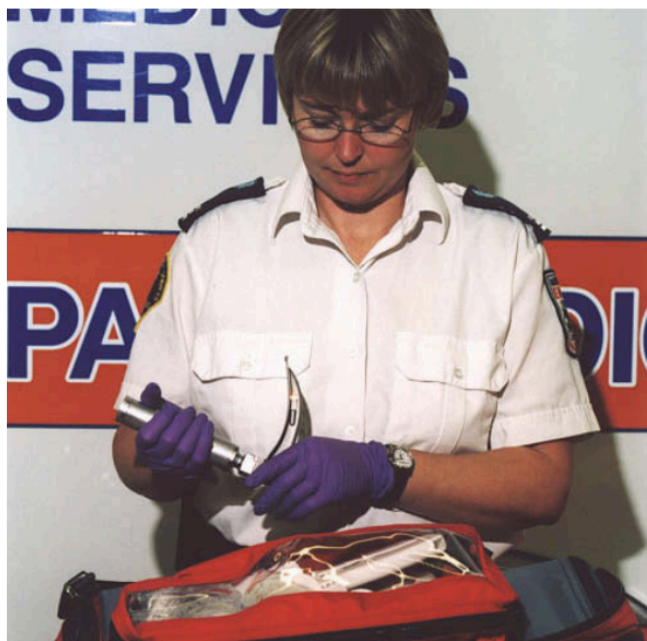
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Figure 1-4 Primary care paramedic (PCP).

3. *ACP* (Figure 1-5). The ACP can do everything an EMR and PCP can do and also perform a number of advanced techniques and administer many medications.
4. *CCP* (Figure 1-6). The CCP has the most advanced EMS training. He or she can do everything those at the three previous levels do, plus administer more medications and perform more-advanced techniques.

As an EMR, the aeromedical transport staff you encounter may be PCPs, ACPs, CCPs, nurses, or physicians.

Note that responsibilities for each level may vary from province to province. However, there exist



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Figure 1-5 Advanced care paramedic (ACP).



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Figure 1-6 Critical care paramedic (CCP).

minimum certification guidelines known as the PAC National Occupational Competency Profiles (NOCPs), which are published by PAC and accessible on the PAC website (<http://paramedic.ca/site/nocp?>).

The NOCPs were formulated in July 2001 and updated in October 2011. (Competencies pertaining to each chapter are found just before the review questions at the end of each chapter. A more comprehensive list of EMR-specific competencies can be found in the appendix that appears at the end of this text.) Although individual services and educational institutions may exceed training at the identified levels, in the future registration with PAC will be important for the portability of licensure and the maintenance of an

appropriate practitioner standard of care. You can contact PAC (<http://paramedic.ca>) to find your local professional association and get further information about all the levels of training for Canadian medics.

In-Hospital Care System

Increasingly, EMRs and paramedics provide **pre-hospital care**, or emergency medical treatment, often before and during transport to a medical facility. (In some areas, the term **out-of-hospital care** is preferred.) This reflects a trend toward providing care on the scene, with or without transport to a hospital. (Your instructor will provide information on how these terms apply to your EMS system.)

Specialized facilities to which some patients may be taken include the following:

- ◆ *Trauma centre.* For injury treatment that may exceed that of a general hospital
- ◆ *Burn centre.* For treatment of burns, often including long-term care and rehabilitation
- ◆ *Stroke centre.* For assessment and treatment of stroke patients
- ◆ *Pediatric centre.* For treatment of infants and children
- ◆ *Perinatal centre.* For high-risk pregnant patients
- ◆ *Poison centre.* For information and advice on how to treat poisoned patients

The most familiar destination for an EMS patient is the local hospital emergency department. There, a staff of physicians, nurses, and other allied health professionals stabilize the patient and prepare him or her for further care elsewhere in the hospital or to one of the specialized centres.

Section 2

THE EMR

As an EMR, you may be called to emergencies where you are the only trained rescuer on the scene. At other times, specialized rescue teams and fire personnel, as well as law enforcement personnel, may all be involved.

Your Role

After ensuring your personal safety, your primary concern as an EMR is your patient. Generally, your role includes the following:

- ◆ *Protect your safety and the safety of your crew, the patient, and bystanders.* This is your first and most important priority. Remember that you cannot help the patient if you are injured. You also do not want to endanger other rescuers by forcing them

to rescue you. Once scene safety is ensured, the patient's needs become your primary concern.

- ◆ *Gain access to the patient.* In some emergencies, you may need to move one patient in order to gain access to a more critically injured one. At other times you may require the assistance of other agencies to help you reach your patient.
- ◆ *Assess the patient to identify life-threatening problems.* Always perform a primary assessment to help you identify threats to life. Such problems may include a blocked airway, a heart attack, or severe bleeding.
- ◆ *Alert additional EMS resources.* In cases where a patient needs medical care or transport to a medical facility, you must remain with the patient until other EMS personnel take over.
- ◆ *Provide care based on assessment findings.* While you are waiting for EMS resources to arrive, you must provide patient care based on the needs you identify during patient assessment.
- ◆ *Assist other EMS personnel.* When this is requested, it may include accompanying them during transport and assisting with lifting and handling at the hospital. *Community paramedicine* is being developed across the country. While there are no NOCPs pertaining to the EMR in this regard, you will likely be called to assist where paramedics are practising in the community.
- ◆ *Participate in record keeping and data collection as required.* You are legally required to document your calls. One benefit of this is that, if a patient refuses care, your documentation can safeguard you.
- ◆ *Act as a liaison for other public safety workers.* These may include local, provincial, or federal law enforcement personnel, fire department personnel, other EMS providers, and other community support agencies.

Your Responsibilities

The responsibilities of an EMR vary from one province to another. However, they always include ensuring scene safety and maintaining a professional attitude and appearance and up-to-date skills. Specifically, you should do the following:

- ◆ *Guard your personal health and safety.* Drive safely at all times. Use a seat belt whenever you drive or ride in a vehicle. Remove yourself from such hazards as gas leaks, fires, chemical spills, and so on, and follow the directions of specialized rescuers at those scenes. Never enter a crime scene or an angry crowd until it has been controlled by the police. Locate or create a safe area in which you can care for patients. Wear high-visibility clothing and stay away from high-traffic areas. Redirect traffic as needed. Always wear the proper personal protective equipment, including, when appropriate, a hard hat and leather gloves. (See Chapter 2 for details.)

- ◆ *Maintain a caring attitude.* Often, you will arrive at an emergency scene to find the patient, family, and bystanders in panic or pandemonium, which are normal reactions in an emergency. Provide reassurance and comfort. Identify yourself, assure those present that you will begin to stabilize the patient, and let them know that more help is on the way.
- ◆ *Maintain your composure.* Many calls will be routine and patient care will be simple. However, some will involve life-threatening or emotionally charged problems. In those cases, it is critical that you stay calm so you can get an accurate picture of the scene and properly establish your priorities. Rather than trying to do everything yourself, delegate tasks as appropriate.
- ◆ *Keep your appearance neat, clean, and professional.* Excellent personal grooming and a crisp, clean appearance help instill confidence in patients. Being clean also helps protect your patients from contamination by dirty hands or soiled clothing. Respond to every call in complete uniform or other appropriate clothing. Project a positive image. Remember that you are on a medical team. Your appearance can send the message that you are competent and trustworthy. Promoting awareness of the EMS system and profession is your responsibility.
- ◆ *Maintain socioeconomic and cultural sensitivity.* Patients come from many ethnic backgrounds, have unique customs, and have different religious beliefs. You need to be aware of this diversity so that you do not inadvertently offend a patient or his or her family during the course of your duties. This would put a barrier between you and the patient. Earning trust includes having some understanding of people's uniqueness.
- ◆ *Keep your knowledge and skills up to date.* New research often shows us better ways of doing things. Take every opportunity to continue your education, including participating in quality assurance programs and refresher courses offered through your local EMS system.
- ◆ *Keep your knowledge of local, provincial, and national issues affecting the EMS system up to date.* Attend conferences and read professional journals dedicated to EMS issues.

You will be expected to accept and uphold the responsibilities of an EMR in accordance with the standards of an EMS professional. As an EMR, you will come into contact with people of different genders, ages, cultures, and socioeconomic backgrounds. It is your responsibility to meet the standard of care for all your patients. The Canada Health Act states that all people should have equal access to health care. Discriminating against or stereotyping patients may interfere with your ability to properly assess them.