



# Working With EMS in Your School

# Situations You May Need EMS

- ❖ Usually a serious incident that requires treatment & transport
  - ❖ Altered mental status
  - ❖ Difficulty breathing
  - ❖ Anaphylaxis
  - ❖ Anxiety / Combative
  - ❖ Drug overdose
  - ❖ Seizure
  - ❖ Trauma
  - ❖ Cardiac Arrest
- ❖ Sometimes less serious however unable to contact student's emergency contact

# Transfer of Patient Care

- ❖ Patient's Name
- ❖ DOB
- ❖ History of present illness
  - ❖ Time of onset
  - ❖ Anything people witnessed - syncope, convulsions, how the injury happened.....
- ❖ What aid has been performed
  - ❖ Actions from time of onset to EMS arrival
    - ❖ Medications given, physical treatment, vital signs
- ❖ Past medical history, current medication & allergies
- ❖ Emergency Contact Information

# The EMS Provider

- ❖ 3 levels of certification that could be on your scene
  - ❖ EMT – Basic Life Support
  - ❖ AEMT – Intermediate Life Support
  - ❖ Paramedic – Advanced Life Support
- ❖ EMS providers must operate under strict VT EMS Protocols
- ❖ When EMS arrives on scene they are legally liable for all patient care
  - ❖ A doctor on scene showing credentials could assume liability

# EMS Patient Assessment

Expect EMS providers to perform their own assessment of the patient.

- ❖ To include:
  - ❖ Gathering of information of the present illness
  - ❖ Obtain a full set of vitals
  - ❖ Perform a detailed physical exam
  - ❖ Perform interventions as necessary
  - ❖ Obtaining patient's past medical Hx & emergency contacts

# Consent to Treat and/or Transport for Medical Emergency

- ❖ Patient under 18 years of age (minor)
  - ❖ Patient's parent or legal guardian consent (not just any emergency contact)
  - ❖ Implied consent – Due to patient being underage
    - ❖ What laws govern the school nurse in regards to consent?
- ❖ Patient over 18 years of age (adult)
  - ❖ Patient's consent
  - ❖ Implied consent – Patient is not A&Ox4 and/or actions considered harmful to themselves
- ❖ Uncooperative, emotional or combative patients may require police involvement

# Refusal of Transport

Who can refuse patient transport if there is a medical reason for transport?

- ❖ Patient's parent or legal guardian
- ❖ Patient over 18 years of age

EMS providers can work with the school nurses on a care plan to not transport if/when appropriate for the patient

- ❖ Examples may include....
  - ❖ Hypoglycemia – Recovering nicely after treatment
  - ❖ Seizure – Patient recovering and school nurse knows the history of the patient
  - ❖ Minor trauma - Under control and patient not in acute distress
  - ❖ Distress/Anxiety – Patient recovering and nurse feels comfortable with care plan





# Patient Privacy Considerations

- ❖ Privacy consideration should match the severity of the incident
  - ❖ Life threatening conditions may not have the most concern for privacy
- ❖ When appropriate consider some of these options:
  - ❖ Discrete entrance and exit for EMS and patient
  - ❖ Moving bystanders to another location
  - ❖ Move patient to a location minimizing bystander presence

# EMS Treatment vs Nurses Treatment

For the most part they should be the same, however....

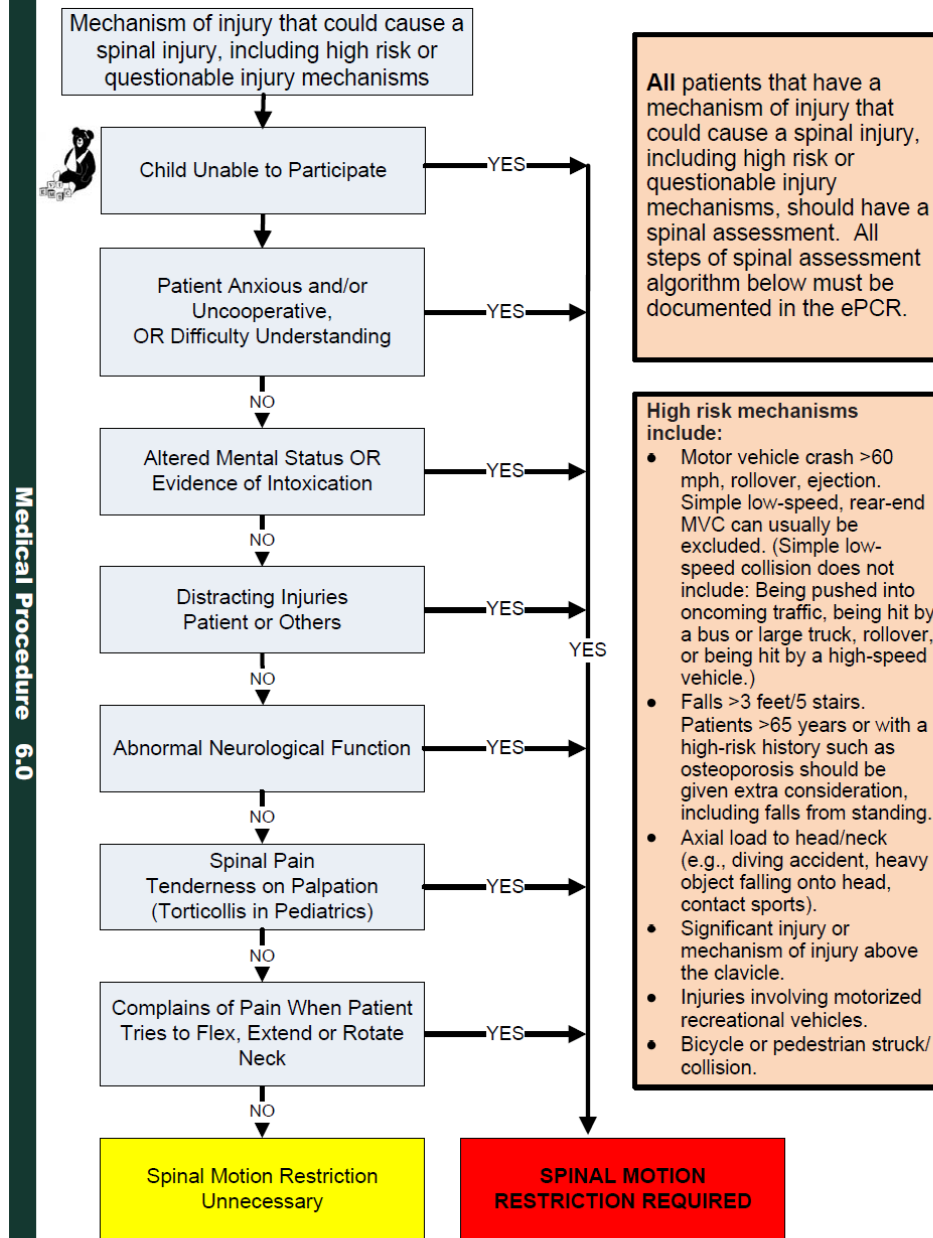
EMS must act under protocols that may differ from the nurses training, such as:

- ❖ Cardiac Arrest
- ❖ Trauma Assessment
  - ❖ Spinal Motion Assessment and Restriction

# Cardiac Arrest

- ❖ AHA - Adult CPR - 30:2
- ❖ VT EMS Statewide Protocol – High Performance CPR
  - ❖ Adult – Continuous compressions
  - ❖ Breaths – every 6 seconds 300 to 400ml
  - ❖ Transport after 5 shocks or 5 consecutive no-shocks (8 to 10 min)
  - ❖ Trauma or long down times – CPR may not be initiated
  - ❖ Possibility of a TOR (termination of resuscitation)

## 6.0 Advanced Spinal Assessment



## 4.5 Spinal Motion Restriction

### EMT/ADVANCED EMT/PARAMEDIC STANDING ORDERS

- Routine Patient Care.
- Perform advanced spinal assessment (See [Advanced Spinal Assessment Protocol 6.0](#)) to determine if patient requires spinal motion restriction.
- Maintain manual in-line stabilization during assessment, unless patient is alert and spontaneously moving neck.
- Minimize spinal movement during assessment and extrication.
- A long backboard, scoop stretcher, vacuum mattress, or other appropriate full length extrication device may be used for extrication if needed. Do not use short board or KED device, except for vertical extrication or other special situations.
- Apply adequate padding to prevent tissue ischemia and minimize discomfort.

#### If patient requires Spinal Motion Restriction:

- Apply a rigid cervical collar.
- Self-extrication by patient is allowable if patient is capable.
- Allow ambulatory patients to sit on stretcher and then lie flat. (The "standing take-down" is eliminated.)
- Position backboarded patient on stretcher then remove backboard by using log roll or lift-and-slide technique.
- Situations or treatment priorities may require patient to remain on rigid vacuum mattress or backboard, including the multi-trauma patient, combative patient, elevated intracranial pressure (See also [Traumatic Brain Injury Protocol – Adult & Pediatric 4.8](#)), or rapid transport of unstable patient.
- With the patient lying flat, secure patient firmly with all stretcher straps and leave the cervical collar in place. Instruct the patient to avoid moving head or neck as much as possible.
- Elevate stretcher back only if necessary for patient compliance, respiratory function, or other significant treatment priority.
- If patient poorly tolerates collar (e.g., due to anxiety, shortness of breath, torticollis), replace with towel roll and/or padding.
- Patients with nausea or vomiting may be placed in a lateral recumbent position. Maintain neutral head position with manual stabilization, padding/pillows, and/or the patient's arm. See also [Nausea/Vomiting Protocol 2.11](#).

#### Pediatric Patients Requiring a Child Safety Seat

For pediatric patients requiring spinal motion restriction, transport in a child safety seat per [Pediatric Transportation Policy 8.13](#).

- Apply padding and cervical collar as tolerated to minimize the motion of the child's spine. Rolled towels may be used for very young children or those who do not tolerate a collar.
- Patient may remain in own safety seat after motor vehicle crash if it has a self-contained harness with a high back and two belt paths and is undamaged. If all criteria are not met, use ambulance's safety seat.
- If the patient requires significant care (e.g. airway management) that cannot be adequately performed in a car seat, remove the patient and secure him/her directly to the stretcher.



- Long backboards do not have a role for patients being transported between facilities. If the sending facility has the patient on a long backboard or is asking EMS to use a long backboard for transport, EMS providers should discuss not using a long backboard with the sending facility physician before transporting a patient. If a long backboard is used, it should be padded to minimize patient discomfort.
- Patients with only penetrating trauma do not require spinal motion restriction.
- Caution should be exercised in older patients (e.g. 65 years or older) and in very young patients (e.g. less than 3 years of age), as spinal assessment may be less sensitive in discerning spinal fractures in these populations.

# Meet the EMS personnel in your area

- ❖ Meet the administrative staff
- ❖ Attend a department training
- ❖ Ask questions
  
- ❖ It is easier to work with people we know

VT State EMS Protocols

*visit*

[Healthvermont.gov/emergency/ems](https://healthvermont.gov/emergency/ems)

# Questions

Thank you!!

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