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EMS Medical/Legal Curriculum

All levels of licensure

Module I Preparatory

Medical Legal and Ethical Issues

1: (Cognitive) Define the terms and discuss implication of:

Administrative Law:
The body of rules and regulations and orders and decisions created by administrative agencies of government.

Scope of practice:
The actions and care that are legally allowed to be performed by the level of licensure in the State of Michigan
A licensed EMS provider shall not provide life support at a level that is inconsistent with his or her education, licensure, and approved medical control authority protocols. (333.20956)

Duty to act:
The legal obligation to provide service.

Protocol:
A patient care standard, standing orders, policy, or procedure for providing emergency medical services that is established by a medical control authority and approved by the department (section 20919)

Protocol Deviation:
It is acknowledged that there are situations in which deviation from with written protocols, policies and procedures may be needed in the interest of patient care. In those instances, personnel must request permission for the deviation from on-line medical direction whenever possible. Thorough documentation with explanation of deviation must be on patient care record and reviewed by the medical control quality improvement program.

Standard of care:
The care that is expected to be provided by a licensed EMS provider with similar training, managing a patient in a similar situation.

Law of Consent:

Expressed: Obtained from every conscious, mentally competent adult before treatment is started.

Informed: Permission for care given after the patient has been informed of the care to be provided, and the associated risks and consequences.

Implied: Any patient with an urgent/life-threatening illness or injury who is incapable of competently objecting to treatment or transportation shall be transported by EMS for further evaluation and treatment. (333.20969)

*****Implied consent is also used in the absence of a parent or guardian to those under the age of 18.

Objection to treatment or transportation: 333.20969
This does not authorize medical treatment for or transport to a hospital of an individual who objects to the treatment or transport. However, if EMS personnel, exercising professional judgment, determine that the individual's condition makes the individual incapable of competently objecting to treatment or transport, EMS may provide treatment or transport despite the individual's objection unless the objection is expressly based on the individual's religious beliefs. (333.20969)

Competent Individual:
One who is awake, oriented, and is capable of understanding the circumstances of the current situation. One who does not appear to be under the influence of alcohol, drugs or other mind-altering substances or circumstances that may interfere with mental functioning. The patient is 18 years of age or older, or emancipated, and the patient is not a clear danger to self or others.

Emancipated Minor:
MCL 722.1-722.6/May occur by court order via a petition filed by a minor with the family division of circuit court. Emancipation also occurs by operation of law under any of the following circumstances:

- When a minor is validly married
- When a person reaches 18 years of age
- When a minor is active duty with the armed forces of the US.

Negligence:
(333.16185)"Gross negligence" means conduct so reckless as to demonstrate a substantial lack of concern for whether an injury results. The four elements needed to prove negligence: 1: Duty to Act 2: Breach of duty to act 3: Damages occurred (real and demonstrable) 4: Proximate cause (injuries suffered by the patient were the direct result of the EMTs negligence.

Abandonment:
To leave behind; Stopping treatment of the patient without transferring the care to another professional with an equal or higher level of training and licensure.

Assault:
The threat or use of force on another that causes that person to have a reasonable apprehension of imminent harmful or offensive contact.

Battery:
Battery is a harmful or offensive touching of another.

Malpractice:
See Gross Negligence

Civil Law:
Civil law seeks to resolve non-criminal disputes and damages for personal and property damage.

Damages:
The amount of money which a plaintiff may be awarded in a lawsuit.

Causation/Proximate cause:
An act from which an injury results as a natural, direct, uninterrupted consequence and without which the injury would not have occurred.

Tort:
A civil wrong which can be redressed by awarding damages.

Plaintiff:
The party who sues in a civil action; a complainant; the prosecution—that is, a state or the United States representing the people—in a criminal case.

Defendant:
The person defending or denying; the party against whom relief or recovery is sought in an action or suit, or the accused in a criminal case.

Respondeat Superior:
Respondeat superior is the legal theory that makes an employer liable for the actions of an employee committed within the scope of his/her employment.

Libel:
To defame; in written form.

Slander:
To defame; in verbal form.

Ethics:
Code of morals; A Code of Ethics for EMTs, issued by the National Association of EMTs in 1978 states that if you place a patient's welfare above all else when providing medical care, you will rarely commit an unethical act.

Morals:
Concepts of right vs. wrong.

Res Ipsa Loquitor:
"The thing speaks for itself". A rebuttable presumption or inference that the defendant was negligent.

Liability:
The quality or state of being liable.

False Imprisonment:
A restraint of a person without justification or consent. False imprisonment occurs when a competent adult refuses treatment and/or transport, but the EMS provider continues.

Patient Confidentiality/HIPAA (Health Insurance Portability and Accountability Act):
Every patient has the right to privacy. State and Federal laws protect the privacy of patient health care information and gives the patient control over how the information is distributed and used. Discussion of patient's medical condition is limited to only those individuals with whom it is medically necessary to do so.

Living Wills:
A living will is a written document in which you inform doctors, family members and others what type of medical care you wish to receive should you become terminally ill or permanently unconscious.

Advanced Directives:
An advance directive is a written document in which you specify what type of medical care you want in the future, or who you want to make decisions for you, should you lose the ability to make decisions for yourself.

MI-POST:
MI POST is an optional, 1 page, 2-sided medical order with a person's wished for care in a crisis. The intended population is people with serious advanced illness or frailty. MI POST is a part of the advance care planning process that included choices about cardiopulmonary resuscitation (CPR), critical care, and other wanted care. It is intended to guide care only if the person cannot tell others what to do at that time. MI POST is signed by the patient/patient representative and their physician, nurse practitioner, or physician's assistant.
Link to MI-POST

Mandated Reporter and Child Protection Law

http://legislature.mi.gov/doc.aspx?mcl-722-623

(722.623) -Public Act 238 of 1975. **722.623 Individual required to report child abuse or neglect; report by telephone or online reporting system; written report; contents; transmitting report to centralized intake; copies to prosecuting attorney and probate court; conditions requiring transmission of report to law enforcement agency; pregnancy or presence of sexually transmitted infection in child less than 12 years of age; exposure to or contact with methamphetamine production.**

Sec. 3.

(1) An individual is required to report under this act as follows:

(a) A physician, dentist, physician's assistant, registered dental hygienist, medical examiner, nurse, person licensed to provide emergency medical care, audiologist, psychologist, marriage and family therapist, licensed professional counselor, social worker, licensed master's social worker, licensed bachelor's social worker, registered social service technician, social service technician, a person employed in a professional capacity in any office of the friend of the court, school administrator, school counselor or teacher, law enforcement officer, member of the clergy, or regulated child care provider who has reasonable cause to suspect child abuse or child neglect shall make an immediate report to centralized intake by telephone, or, if available, through the online reporting system, of the suspected child abuse or child neglect. Within 72 hours after making an oral report by telephone to centralized intake, the reporting person shall file a written report as required in this act. If the immediate report has been made using the online reporting system and that report includes the information required in a written report under subsection (2), that report is considered a written report for the purposes of this section and no additional written report is required. If the reporting person is a member of the staff of a hospital, agency, or school, the reporting person shall notify the person in charge of the hospital, agency, or school of his or her finding and that the report has been made and shall make a copy of the written or electronic report available to the person in charge. A notification to the person in charge of a hospital, agency, or school does not relieve the member of the staff of the hospital, agency, or school of the obligation of reporting to the department as required by this section. One report from a hospital, agency, or school is adequate to meet the reporting requirement. A member of the staff of a hospital, agency, or school shall not be dismissed or otherwise penalized for making a report required by this act or for cooperating in an investigation.

Mandated Reporters: **Verbal report immediately to: 855-444-3911**

Form 3200 must be submitted within 72 hours. Link to 3200 form:
https://www.michigan.gov/documents/FIA3200_11924_7.pdf

DNR (Do Not Resuscitate):

Under state law, a do-not-resuscitate order is valid outside of a health care facility. Public Act 368 of 1978, as amended, and Acts 192 and 193 of 1996 cover Michigan's DNR policies.
*A Do Not Resuscitate Order means a document executive pursuant to Act 193, directing that in the event a patient suffers cessation of both spontaneous respiration and circulation in a setting outside of a hospital, nursing home, or mental health facility owned or operation by the Department of Community Health, no resuscitation will be initiated.
***EMS providers shall not attempt resuscitation of any individual who meets ALL of the following criteria:
1) 18 years of age or older
2) Patient has no vital signs. (No evidence of pulse or respiration)
3)Patient is wearing a do-not-resuscitate identification bracelet which is clearly imprinted with the words "Do-Not-Resuscitate Order", name and address of declarant, and the name and telephone number of

declarant's attending physician, if any **OR** the EMS provider is provided with a do-not-resuscitate order from the patient. Such an order form shall be in substantially the form outlined in Annex 1 or 2 and shall be dated and signed by all parties.
*A DNR will not be followed if the declarant or patient advocate revokes the order. An order may be revoked at any time and in any manner by which the declarant or patient advocate is able to communicate this intent. Resuscitation effort must be initiated and EMS personnel shall contact on-line Medical Control to advise them of the circumstances.
Link to PA 193 of 1996 is here:
http://www.legislature.mi.gov/(S(dgza2okhdjnf0tev22zrdejz))/documents/mcl/pdf/mcl-Act-193-of-1996.pdf

Patient Advocate:

Patient Advocate Designations are legal documents that allow individuals (called "Patients") to appoint another person or persons (a "Patient Advocate") to exercise powers over their care, custody and medical treatment decisions during any period in which they are unable to participate in making those decisions. A Patient Advocate Designation is sometimes identified as a Medical Power of Attorney or a Health Care Proxy. (333.20201)

Good Samaritan Law:

Protection of a person from liability for acts performed in good faith unless those acts constitute gross negligence. See immunity from liability. (333.20965)

EMTALA/COBRA:

Emergency Medical Treatment and Active Labor Act-Federal regulations that ensure the public's access to emergency healthcare, regardless of ability to pay.
Consolidated Omnibus Budget Reconciliation Act of 1985-prevents patient dumping

Transport Destination:

If a patient does not have a threat to life or limb, the patient will be taken to the closest appropriate facility or the facility of his/her choice. In matters of imminent threat to life or limb, transport to the closest appropriate facility.
*Closest appropriate facility may be a facility capable of providing definitive care or, if definitive care is not readily available, resuscitative care for the patient's condition in consultation with on-line medical control or as defined by protocol.

Revised Uniform Anatomical Gift Law

333.10112 Search for document of gift or other information; persons required to make search; document to be sent to hospital for documentation; failure to discharge duties; administrative sanctions.

Sec. 10112.(1) As soon as practical after any necessary medical intervention or treatment, each of the following persons shall make a reasonable search of an individual who the person reasonably believes is dead or near death for a document of gift or other information identifying the individual as a donor or as an individual who made a refusal:

(a) A law enforcement officer, firefighter, paramedic, other emergency rescuer finding the individual, or medical examiner or his or her designee. (b) If no other source of the information is immediately available, a hospital, as soon as practical after the individual's arrival at the hospital.
(2) If a document of gift or a refusal to make an anatomical gift is located by the search required by subsection (1)(a) and the individual or deceased individual to whom it relates is taken to a hospital, the

person responsible for conducting the search shall immediately send the document of gift or refusal to the hospital for documentation.
(3) A person is not subject to criminal or civil liability for failing to discharge the duties imposed by this section but may be subject to administrative sanctions.

Safe Delivery of Newborns

On June 26, 2000, Michigan enacted the Safe Delivery of Newborns law with an effective date of January 1, 2001. While targeting desperate parents, the law encourages the placement of their newborns in a safe environment as opposed to an unsafe environment. This law allows for the **safe, legal, and anonymous** surrender of an infant, from birth to 72 hours of age, to an emergency service provider (ESP).
An emergency service provider is a uniformed or otherwise identified employee or contractor of a fire department, hospital or police station that is ***inside*** the building and ***on duty***. Emergency service provider also includes a paramedic or emergency medical technician when either of those individuals is responding to a 9-1-1 call. The parent has the choice to leave the infant without giving any identifying information to the ESP. The ESP, upon accepting the infant will provide whatever care may be necessary. Following an examination at a hospital, temporary protective custody will be given to a private adoption agency for placement with an approved adoptive family, if the child is unharmed. If the examination reveals signs of abuse and/or neglect, hospital personnel will initiate a referral to Children's Protective Services for an investigation. Safe Delivery for Newborns Toolkit for Emergency Providers

2: **(Cognitive) State the specific statutes and regulations in Michigan regarding the EMS system**:

PA 368 of 1968 (as amended), part 209
PA 179 of 1990 (as amended)
Administrative Rules

3**: (Cognitive) List the levels of EMS licensure in Michigan**:

Medical First Responder (known nationally as Emergency Medical Responder)
Emergency Medical Technician
Specialist/AEMT (formerly EMT Specialist)
Paramedic
EMS Instructor/Coordinator

4: (**Cognitive) List the requirements for licensure of EMS personnel in the state of Michigan**:

MFR: 60 hour course, successful completion of practical skills, successful completion of cognitive national registry exam.
EMT: 194 minimum required course hours including 32 hours clinical, successful completion of practical skills, successful completion of cognitive national registry exam.
Specialist/AEMT: EMT license, 134 minimum required course hours including 50 hours clinical, successful completion of NREMT cognitive and psychomotor exam.
Paramedic: EMT license, 1024 Minimum required course hours, including 524 classroom, 225 practical, 250 clinical, and 250 field internship hours, successful completion of NREMT cognitive and psychomotor exam.
EMS Instructor Coordinator: EMS license, 170 minimum required course hours, including 30 clinical (student teaching) hours, and successful completion of State of Michigan EMS Instructor Coordinator exam.

5: (Cognitive) State the minimum staffing requirements for each level of transporting vehicle: (333.20921)

BLS: (Basic Life Support) 1 EMT and 1 MFR (EMR)

LALS: (Limited Advanced Life Support) 1 Specialist/AEMT and 1 EMT

ALS: (Advanced Life Support) 1 Paramedic and 1 EMT

6: (Cognitive) State the laws pertaining to the driver of an authorized emergency vehicle.

(257.1-257.923), PA 300 of 1949 Sec. 603.

(1) The provisions of this chapter applicable to the drivers of vehicles upon the highway apply to the drivers of all vehicles owned or operated by the United States, this state, or a county, city, township, village, district, or any other political subdivision of the state, subject to the specific exceptions set forth in this chapter with reference to authorized emergency vehicles.

(2) The driver of an authorized emergency vehicle when responding to an emergency call, but not while returning from an emergency call, or when pursuing or apprehending a person who has violated or is violating the law or is charged with or suspected of violating the law may exercise the privileges set forth in this section, subject to the conditions of this section.

(3) The driver of an authorized emergency vehicle may do any of the following:

(a) Park or stand, irrespective of this act.

(b) Proceed past a red or stop signal or stop sign, but only after slowing down as may be necessary for safe operation.

(c) Exceed the prima facie speed limits so long as he or she does not endanger life or property.

(d) Disregard regulations governing direction of movement or turning in a specified direction.

(4) The exemptions granted in this section to an authorized emergency vehicle apply only when the driver of the vehicle while in motion sounds an audible signal by bell, siren, air horn, or exhaust whistle as may be reasonably necessary, except as provided in subsection (5), and when the vehicle is equipped with at least 1 lighted lamp displaying a flashing, oscillating, or rotating red or blue light visible under normal atmospheric conditions from a distance of 500 feet in a 360 degree arc unless it is not advisable to equip a police vehicle operating as an authorized emergency vehicle with a flashing, oscillating or rotating light visible in a 360 degree arc. In those cases, a police vehicle shall display a flashing, oscillating, or rotating red or blue light visible under normal atmospheric conditions from a distance of 500 feet to the front of the vehicle. Only police vehicles that are publicly owned shall be equipped with a flashing, oscillating, or rotating blue light that when activated is visible under normal atmospheric conditions from a distance of 500 feet in a 360 degree arc.

R 325.22177 (m) Requires that each individual operating a licensed life support vehicle during an emergency response or patient transport has completed a vehicle operation education and competency assessment.

7: **(Cognitive) Describe the differences in training necessary for each level of EMS licensure in Michigan**:

MFR/EMR: Basic Life Support, oxygen administration, splinting, back boarding, auto injector use

EMT: Basic Life Support, supraglottic airway administration, (non-intravenous) medication administration, patient transport, IV maintenance, CPAP.
Specialist/AEMT: Limited advanced life support, IV administration, pharmacology, supraglottic airway, CPAP.
Paramedic: Advanced Life Support, IV administration, endotracheal intubation, cricothyrotomy, EKG interpretation, advanced cardiac life support, Medication administration (invasive), CPAP.

8: **(Cognitive) List the requirements for maintaining an EMS license in Michigan:**

MFR/EMR: Minimum 15 CEU every 3 years.
EMT: Minimum 30 CEU every 3 years.
Specialist/AEMT: 36 CEU every 3 years, including 1 Special Considerations: Pediatric Med. Admin-Practical.
Paramedic: 45 CEU every 3 years, including 1 Special Considerations: Pediatric Med. Admin-Practical.

9: (Cognitive) State the authority for management of an emergency patient or scene of an emergency: (333.20967) http://legislature.mi.gov/doc.aspx?mcl-333-20967

- **1)** Authority for the management of a patient in an emergency is vested in the licensed health professional or licensed EMS personnel at the scene of the emergency who has the most training specific to the provision of emergency medical care. If a licensed health professional or licensed EMS personnel is not available, the authority is vested in the most appropriately trained representative of a public safety agency at the scene of the emergency. (333.20967)
- **2)** When a LSA is present at the scene of the emergency, authority for the management of an emergency patient in an emergency is vested in the physician responsible for medical control, until that physician relinquishes management of the patient to a licensed physician at the scene of the emergency.
- **3)** The scene of an emergency shall be managed in a manner that will minimize the risk of death or health impairment to an emergency patient and to other individuals who may be exposed to the risks as a result of the emergency. Public safety officials shall ordinarily consult EMS personnel or other authoritative health professionals at the scene in the determination of remediable risks.
- **4)** If an emergency has been declared, the declaration that an emergency no longer exists shall be made only by an individual licensed under this part or a health professional licensed under article 15 who has training specific to the provision of EMS in accordance with protocols established by the local medical control authority.

10: (Cognitive) Discuss the EMS provider's obligations to the emergency patient:

Duty to Act, Scope of practice, patient assessment, proper treatment, transport to appropriate facility, transfer of care.

11: (Cognitive) Discuss different methods of obtaining patient consent

Include discussion of treatment of a minor when a parent or guardian is not available.

12: (Cognitive) List the requirements and discuss the implications of securing written refusal of patient treatment and/or transport:

All patients with signs/symptoms of illness or injury shall be offered assessment, medical treatment and transport by EMS. Explain possible complication that may develop without proper care or transportation. Medical control must be contacted for patient with signs or symptoms of illness or injury, who refuse treatment/transport. Request a signature on the EMS Refusal Form and attempt to obtain witness signatures. Thorough documentation of incident, and inform the individual that if they change their mind and desire evaluation, treatment, and/or transport to a hospital, to re-contact EMS or seek medical attention.

13: (Cognitive) thoroughly discuss patient confidentiality.

14: (Cognitive) Describe and review some of the special patient situations which may result in special reports or paperwork:

Animal bites, suspected abuse/neglect (EMS obligations to report), crime, infectious disease exposure, injury reports

15: (Cognitive) Organ Retrieval:

Organs can be donated only if there is a legal signed document giving permission to harvest the organs. Identify the patient as a potential donor based on the type of injuries or illness and treatment that was rendered. Communicate with medical control, and provide emergency care as needed to help maintain vital organs.

16: (Cognitive) Discuss different scenarios regarding "Do Not Resuscitate" situations.

17: (Cognitive) State the conditions that require an EMS provider to notify local law enforcement officials:

Abuse, Crime

18: (Cognitive) Discuss the handling of a patient's possessions during transportation of the patient.