



Susquehanna Regional EMS Council, Inc.
Serving: Broome, Tioga, and Chenango Counties

REMAC Policy Statement

Supersedes/Updates: New

No. 17-08

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Professional Ethics and
Fit for Duty

Page 1 of 2

Background:

The Susquehanna Regional Medical Advisory Committee (SREMS REMAC) is responsible for the creation of Advance Life Support Protocol for our region. Additionally, per DOH BEMS Policy Statement 95-1, Medical Control Section, “b) Each Regional Emergency Medical Advisory Committee, within the standards and guidelines established by the SEMAC: 3) may develop policies and procedures, to optimize medical control of all pre-hospital patient care activities for all EMS services providing care within its region. Such policies and procedures shall include, but are not limited to, ix) operational aspects of the provision of EMS related to improving patient care or outcome”.

A critical component to the safe execution of such protocol is that all advanced providers and, ideally, all levels of providers adhere to high standards of ethics and professionalism. Providers must be professional in the delivery of care, and must be cognizant of their high visibility both on and off duty. Maintenance of the public trust in our EMS system is vital to its success.

Purpose:

It is the responsibility of every EMS provider, volunteer or compensated, as well as every agency and agency medical director to demonstrate ethical behaviors and professionalism, and to assure that these same standards are followed by all in our region.

Policy:

Professional and ethical standards and procedures endorsed by SREMS REMAC include:

- I. Respect and integrity are core elements of our EMS System that include introductions to both patient and family, and use of each patient’s proper name during the delivery of care.
- II. Confidentiality of protected health information must be maintained at all times.
- III. Each provider must be “Fit for Duty” when reporting for an EMS shift or answering an EMS call. Being “Fit for Duty” includes being well-rested, having slept at least 6 hours within the previous 24 hours. It is strongly recommended that providers have at least 4 hours of non-work time prior to the initiation of any EMS shift. Additionally, greater than 18 hours of continuous EMS shift work should be periodically and carefully evaluated by each EMS agency as to its safety and appropriateness given that agency’s average call volume.
- IV. No provider is expected to respond or continue to respond to EMS calls unless that provider feels emotionally and physically “Fit for Duty” and should follow agency procedures for notification of agency leadership if this should not be the case. Moreover, at no time should any EMS provider offer to render care if they are in any way impaired, or might present the

- impression that they are impaired in some way. Such impairment could be due to alcohol, medications, illness, injury, or lack of rest.
- V. Informed consent by patients for care and procedures is a basic right.
 - VI. Honor and respect a patient's right to refuse care and/or transportation, and always take a fully informed patient refusal and document the same, but at no time should an EMS provider coerce or encourage a patient refusal. Reference New York State Statewide Basic Life Support Adult & Pediatric Treatment Protocols (Protocol SC-5).
 - VII. All of a patient's wishes regarding various types of treatment in various situations should be honored per NYS DOH BEMS Policy Statements and New York State Statewide Basic Life Support Adult & Pediatric Treatment Protocols, including Do Not Resuscitate (DNR) and Medical Orders for Life Sustaining Treatment (MOLST) documents presented to EMS providers.
 - VIII. Professional appearance and good personal hygiene are important for the confidence of the patient and the public.
 - IX. No EMS provider will render ALS care to themselves, friends, or family members unless operating as an agent of an EMS agency which has been properly dispatched, and subsequently completing all patient care documentation. Doing so may constitute the practice of medicine without a license, and/or the theft of restricted medical supplies and medications.
 - X. ALS supplies and equipment are only permitted on certified emergency medical vehicles, and otherwise may not be in the personal possession of any EMS provider.
 - XI. Restraint of patients should be restricted to situations where the use of physical or mechanical devices is necessary to protect the patient and/or others, including providers. Patient restraint should be used as a last resort (see New York State Statewide Basic Life Support Adult & Pediatric Treatment Protocol M-4).
 - XII. Accurate, complete and timely patient care documentation is a vital part of every EMS response, and should be completed as soon as patient care is transferred to the receiving facility, and a copy left at and/or transmitted to the receiving facility.
 - XIII. In addition to minimum professional and ethical standards listed above, agencies should consider creation of clear expectations for all of their providers, and codification of same in written policy.