

Paramedic EMS Operations Study Guide

www.emsnotes.com By Forrest Munden | 2025-2026 Edition | NREMT Aligned

Section 1: Incident Command System (ICS) & NIMS

Why It Matters: ICS is tested on NREMT and used daily in MCI, fire, and hazmat responses. Know the structure, your role, and who you report to.

ICS Core Principles

- **Unity of Command:** Each person reports to only ONE supervisor
- **Span of Control:** 3-7 subordinates per supervisor (optimal: 5)
- **Modular Organization:** Expands/contracts based on incident needs
- **Common Terminology:** Everyone uses the same language
- **Integrated Communications:** Single communication plan

ICS Organizational Structure

Position	Responsibility	Color
Incident Commander (IC)	Overall incident management, sets objectives	White
Operations Section	Tactical operations, achieves objectives	Orange
Planning Section	Collects/analyzes info, documents	Blue
Logistics Section	Resources, supplies, personnel	Yellow
Finance/Admin Section	Costs, contracts, time tracking	Green

EMS Branch Positions

Position	Role
Medical Branch Director	Oversees all EMS operations at scene
Triage Officer	Directs patient sorting, assigns triage tags
Treatment Officer	Manages treatment areas (Red/Yellow/Green)
Transport Officer	Coordinates ambulance staging and patient movement
Staging Officer	Controls resource staging area

NIMS Compliance: All responders must complete IS-100, IS-200, IS-700, and IS-800 FEMA courses.

Section 2: Mass Casualty Incidents (MCI) & Triage

START Triage (Simple Triage And Rapid Treatment)

△ **30-2-Can Do:** RPM assessment takes <60 seconds per patient

Step	Assessment	Action
1. Walking?	Can patient walk?	YES → GREEN (Minor)
2. Respirations	Breathing? Rate?	NO breathing after repositioning → BLACK >30/min → RED <30/min → Continue
3. Perfusion	Radial pulse OR Cap refill	No pulse OR >2 sec → RED Pulse present AND <2 sec → Continue
4. Mental Status	Follows commands?	NO → RED YES → YELLOW

JumpSTART (Pediatric Triage - Ages 1-8)

- If not breathing: Give 5 rescue breaths before declaring BLACK
- Respiratory rate: 15-45 breaths/min is acceptable (vs 30 for adults)
- Use AVPU instead of "follows commands"
- Infants <1 year: Use developmental assessment

Triage Categories

Color	Priority	Criteria	Examples
RED	Immediate (P1)	Life-threatening, salvageable	Airway compromise, tension pneumo, severe hemorrhage
YELLOW	Delayed (P2)	Serious but can wait	Closed fractures, moderate burns, stable abdominal wounds
GREEN	Minor (P3)	Walking wounded	Minor lacerations, sprains, psychological trauma
BLACK	Expectant (P4)	Dead or unsalvageable	Cardiac arrest (in MCI), massive head trauma

Re-triage: Patients must be re-triaged at each treatment area - conditions change!

Treatment Area Setup

- **RED Area:** Closest to transport, highest staffing ratio
- **YELLOW Area:** Monitored but less intensive
- **GREEN Area:** Often self-care with minimal supervision
- **Morgue:** Separate, dignified, away from other patients

Section 3: Documentation & Legal/Ethical Considerations

PCR Documentation Standards

If you didn't document it, you didn't do it. Your PCR is a legal document.

Component	Required Elements
Chief Complaint	Patient's own words in quotes
History	SAMPLE, OPQRST, pertinent negatives
Physical Exam	Systematic findings, vital signs with times
Interventions	What you did, when, patient response
Transport	Mode, destination, changes en route
Signatures	Patient (or refusal), crew, hospital staff

Legal Concepts

Term	Definition
Negligence	Duty + Breach + Cause + Damages (all 4 required)
Abandonment	Terminating care without transfer to equal/higher level
Assault	Threatening to touch without consent
Battery	Actually touching without consent
False Imprisonment	Restraining/transporting against will without cause
Libel/Slander	Written/spoken false statements causing harm

Consent Types

- **Expressed:** Verbal or written permission
- **Implied:** Unconscious patient, life-threatening emergency
- **Involuntary:** Court order, danger to self/others, police custody
- **Minor Consent:** Parent/guardian required EXCEPT emancipated minor or life threat

Refusal of Care

△ **High-Risk Documentation:** Refusals are lawsuit magnets. Document thoroughly.

1. Patient must have decision-making capacity
2. Patient must be informed of risks (including death)
3. Offer alternatives (call back, see physician, return)
4. Document mental status, vitals, and competency assessment
5. Get signature; if refused, document "patient refused to sign"
6. Involve medical control if questionable capacity

HIPAA & Confidentiality

- PHI (Protected Health Information): Name, DOB, SSN, address, medical info
- Share only with those with **need to know** for care
- Social media: NEVER post patient info, photos, or identifiable details
- Exceptions: Mandatory reporting (abuse, certain diseases), court orders

Section 4: Ambulance Operations & Provider Wellness

Ambulance Operations

Phase	Key Points
Daily Inspection	Lights, equipment, fuel, oxygen levels, drug expiration dates
Response	Due regard for safety, controlled intersections, proper warning device use
Scene Operations	Safe positioning, 100ft from hazmat, uphill/upwind
Transport	Smooth driving, reassess patient, notify hospital
Post-Call	Decon, restock, documentation, fuel

Driving Safety

"Due Regard": Emergency driving privileges do NOT exempt you from liability. Drive defensively.

- Come to complete stop at red lights, then proceed when safe
- Reduce speed in school zones, intersections, adverse weather
- Use spotter for backing
- Seatbelts: ALWAYS, including in patient compartment when possible
- Lights & sirens: Agency policy; know when to use vs. not

Air Medical Considerations

Factor	Consideration
Landing Zone	100×100 ft minimum, flat, clear of debris and wires
Approach	From front or sides only, NEVER from rear (tail rotor)
Altitude Effects	Gas expansion (pneumo, PASG), decreased SpO ₂
Activation Criteria	Transport time >30 min, critical trauma, specialty center need

Provider Wellness & Stress Management

You can't pour from an empty cup. Provider health = patient safety.

Type	Signs	Intervention
Acute Stress	Immediate reaction to critical incident	Defusing, peer support
Cumulative Stress	Burnout, cynicism, fatigue over time	Work-life balance, hobbies, vacation
PTSD	Flashbacks, avoidance, hypervigilance >30 days	Professional counseling, therapy
Compassion Fatigue	Emotional exhaustion, detachment	Self-care, peer support, boundary setting

Critical Incident Stress Management (CISM)

- **Defusing:** Immediate (within hours), short, informal discussion
- **Debriefing:** 24-72 hours post-incident, structured, trained facilitator
- **Peer Support:** Ongoing, trained colleagues providing support
- **EAP:** Employee Assistance Program - confidential counseling

Healthy Habits: Sleep 7-9 hrs, exercise regularly, limit caffeine, maintain relationships outside EMS, know your limits.

Section 5: Clinical Judgment Questions

Test Your Knowledge: Think through each scenario before reading the rationale.

1. You arrive at a building collapse with approximately 40 patients. You're the first paramedic unit. What is your immediate priority?

- A) *Begin treating the most critically injured patient*
- B) *Establish incident command and request resources*
- C) *Start triaging patients using START*
- D) *Set up a treatment area*

Answer: B — Establish command FIRST. Without command structure and resources, you cannot effectively manage an MCI. Announce you're assuming command, request additional resources, then begin organized triage.

2. During START triage, you find a patient with no radial pulse, respirations of 24/min, and responds to verbal commands. What color tag?

- A) *Green*
- B) *Yellow*
- C) *Red*
- D) *Black*

Answer: C (RED) — No radial pulse indicates poor perfusion = Immediate/Red. Respirations are adequate (<30) and mental status is intact, but the perfusion failure makes this a Red priority.

3. A competent adult patient with chest pain and diaphoresis refuses transport. What is your MOST important action?

- A) *Contact medical control to force transport*
- B) *Have law enforcement place patient in custody*
- C) *Document the refusal and have patient sign*
- D) *Explain risks including death, document thoroughly, offer alternatives*

Answer: D — A competent adult can refuse care. Your duty is to ensure informed refusal: explain all risks (including death), document mental status and assessment, offer alternatives, get signature if possible, and involve medical control for high-risk refusals.

4. You're transporting a critical patient when you witness a multi-vehicle accident. What should you do?

- A) *Stop and triage the accident scene*
- B) *Continue transport, notify dispatch of the accident*
- C) *Stop only if the accident appears to have critical patients*
- D) *Have your partner jump out to help while you continue*

Answer: B — You have a duty to your current patient. Stopping would constitute abandonment. Notify dispatch so they can send appropriate resources. Your patient comes first.

5. After a pediatric cardiac arrest where the child died, a crew member isolates themselves and refuses to talk. What is your best initial approach?

- A) *Respect their space and leave them alone*
- B) *Immediately refer them to a mental health professional*
- C) *Approach calmly, acknowledge the difficulty, offer support without forcing conversation*
- D) *Tell them to "shake it off" and get ready for the next call*

Answer: C — Peer support starts with presence and acknowledgment. Don't force conversation, but don't leave them completely isolated either. Option D is harmful; Option B may be needed later but isn't the first step.

