

Paramedic EMS Operations Study Guide

2025-2026 Edition - ICS/NIMS - MCI - Documentation - Legal/Ethical - Wellness
Leadership - Resource Management - Scene Control - System Integrity

EMS Operations = ~10-15% of NREMT Paramedic exam
Tests leadership, resource management, legal/ethical decisions, documentation, crew wellness

Core Paramedic Operations Principle (2025-2026):

The paramedic is the **highest medical authority on scene until relieved**. You are responsible for patient outcomes, crew safety, scene control, accurate documentation, and system integrity.

Every decision you make either builds trust in the system or erodes it.

Section 1: Incident Command System (ICS) & NIMS

Key ICS Roles Paramedics Must Know & Fill

- **Incident Commander (IC)** - You are IC until relieved (most 911 scenes)
- **Medical Group Supervisor** - Oversees all medical operations in MCI
- **Treatment Unit Leader** - Manages treatment area & patient tracking
- **Triage Unit Leader** - Assigns priority (START or SALT)
- **Transport Unit Leader** - Coordinates ambulances & destinations
- **Staging Area Manager** - Controls incoming resources

Paramedic ICS Checklist (Every Major Scene)

1. **Assume/confirm command** → announce on radio
2. **Conduct 360° size-up** (hazards, MOI/NOI, patients, resources)
3. **Establish command post** (upwind/uphill)
4. **Request resources early** (additional ALS, air medical, supervisors)
5. **Designate areas** (staging, treatment, transport)
6. **Assign roles** (triage, treatment, transport)
7. **Track patients** (triage tags, manifest)
8. **Transfer command** when relieved (face-to-face briefing)

Unified Command: Used when fire, law, EMS, hazmat all have jurisdiction

Span of Control: Ideal 3-7 personnel per supervisor

Clear Text Communication: No 10-codes unless agency-specific

Section 2: Multi-Casualty Incidents (MCI) & Advanced Triage

START Triage (Primary - Quick)

- **Green:** Walking wounded
- **Yellow:** Delayed (serious but stable)
- **Red:** Immediate (life threats salvageable)
- **Black:** Deceased/Expectant (no respirations after airway opened)

SALT Triage (Secondary - Paramedic)

- Sort → Assess → Lifesaving interventions → Treatment/Transport
- Prioritize Red patients with highest likelihood of survival
- e.g., tension pneumo over cardiac arrest

Paramedic MCI Responsibilities

- Direct **secondary triage** (detailed assessment)
- Prioritize **ALS interventions** (advanced airway, TXA, pain control) for Red patients
- Coordinate **destination decisions** (Level I/II trauma, burn, pediatric)
- **Track patients** & communicate with receiving hospitals
- **Debrief crew** & participate in after-action review

Section 3: Documentation & Legal/Ethical Decision-Making

PCR Essentials (Paramedic Level)

- **Chronological narrative** (times critical)
- **Objective findings** (vitals trends, reassessments)
- **Interventions & patient response**
- **Medical control contacts** (patches, orders)
- **Refusals/AMA** (capacity assessment, risks explained, signature)
- **Restraint justification & monitoring**
- **Mandatory reporting triggers** (child/elder abuse, gunshot/stab wounds)

High-Risk Call	Documentation Requirements
Refusal with high-risk condition	Document capacity, risks explained, patient verbalizes understanding, witnesses/signatures
Restraint (behavioral, excited delirium)	Only if danger to self/others, soft restraints preferred, continuous monitoring, frequent reassessment
DNR/POLST/MOLST	Verify validity, honor comfort measures only, document thoroughly
Suspected abuse/neglect	Mandatory report (do NOT confront caregiver), objective documentation
Field termination	Medical control consultation, protocol criteria met, compassionate family communication

Section 4: Ambulance Operations & Crew Wellness

Ambulance Operations (Paramedic Leadership)

- **Proper staging** on scene (upstream blocking for roadway incidents)
- **Safe loading/unloading** (spinal precautions, bariatric considerations)
- **Lights & sirens justification** - only when time makes clinical difference
- **Interfacility transfer** - ensure stability, accompany if needed
- **Hazmat awareness** - recognize placards, establish zones, request specialized resources

Crew Wellness & Resilience (2025 Emphasis)

- **Recognize critical incident stress** (debrief after bad calls)
- **Rotate high-stress tasks** (e.g., CPR compressor every 2 min)
- **Hydration, nutrition, rest** during prolonged incidents
- **Peer support & CISM** (Critical Incident Stress Management)
- **Know when to step off line** (emotional fatigue, burnout signs)

Section 5: High-Yield Operations Judgment Questions

Q1: MVC with 8 patients, 3 Red, 3 Yellow, 2 Green. Only two ambulances on scene.

A: Triage Red patients by salvage probability → prioritize tension pneumo or uncontrolled bleeding over cardiac arrest.

Q2: Patient refuses transport after chest pain relieved by nitro. Family insists on transport.

A: Assess capacity → if competent, honor refusal but document risks thoroughly. If borderline, involve medical control.

Q3: Prolonged entrapment, patient in pain. You have fentanyl and ketamine.

A: Ketamine preferred (dissociative, preserves airway reflexes, hemodynamic stability). Titrate carefully.

Q4: Crew member showing signs of exhaustion after 3 back-to-back arrests.

A: Rotate them off high-acuity tasks → assign staging or transport duties. **Wellness is mission-critical.**

Quick Operations Math Example

Question: MCI with 18 patients. Protocol: 1 ALS unit per 2 critical (Red) patients. 6 Red patients. How many ALS units needed?

Solution: $6 \div 2 = 3$ ALS units (round up if partial)

Reasoning: Divide critical patients by unit capacity.

Master Paramedic Operations

Think like the Incident Commander you are:

Safety → Command → Triage → Treatment → Transport → Transfer of command

Document like it's going to court tomorrow. Lead like your crew's lives and your patients' outcomes depend on it—because they do.

Stay calm under chaos. Stay sharp with documentation. Stay human with your crew and your patients.

The system runs because paramedics like you make the hard calls right. Keep leading. We're counting on you.

Disclaimer: Not official NREMT, NAEMSP, FEMA, or EMS agency material. For study & review only. Follow local protocols and current ICS/NIMS standards.
© 2025-2026 www.emsnotes.com - By Forrest Munden