Position Statement
EMS Patient and Practitioner Safety Bill of Rights

Statement:
NAEMT believes that all patients are entitled to high quality and safe emergency and mobile healthcare, and that all EMS practitioners are entitled to a safe, healthy and respectful work environment.

All patients have the right to receive emergency and mobile healthcare that is
- high quality and medically appropriate;
- delivered on a timely basis using recognized and accepted patient safety standards;
- delivered by appropriately trained, equipped and licensed emergency and mobile healthcare practitioners who are physically and mentally fit for duty; and
- provided under the guidance of a qualified physician medical director.

All EMS practitioners have the right to
- work in a safe and healthy workplace;
- be provided with the appropriate equipment and training to ensure the safety of their patients, themselves and their co-workers;
- work within a "just culture," values-supportive system of shared accountability in which EMS agencies are accountable for the systems they have designed and for responding to the behaviors of their staff in a fair and just manner;
- share information about patient care with their EMS agency, without fear of liability, as part of their agency's quality improvement program; and
- timely access to medical countermeasures when responding to biological or radiological events.

Background:
In every community in our nation, EMS is expected to deliver quality emergency and mobile healthcare on a 24/7 basis to their residents, as part of a continuum of health care services provided to all patients in need of emergency or unscheduled medical care. High-quality emergency and mobile healthcare is essential to improve patient outcomes, increase efficiency and reduce costs for patients with expensive medical conditions.

EMS practitioners are expected to work under difficult, unpredictable and rapidly changing circumstances. They may work long hours, in harsh environments, with limited information, assistance, supervision and resources to accomplish their mission.[i]

In the course of their work, they may be exposed to risks such as infectious disease, emotional stress, fatigue, physical violence, occupational injury, vehicle crashes, and personal liability. They are more than 2.5 times more likely than the average worker to be killed on the job,[ii] and their transportation related injury rate is five times higher.[iii]

During the course of treating patients, there is also the possibility of doing harm. In 1999, the Institute of Medicine report, *To Err is Human*, highlighted the risks to patients associated with receiving medical care. Assessing the extent of this risk due to EMS activities is difficult due to limited data. [iv]

Anecdotal data collected from E.V.E.N.T. (EMS Voluntary Event Notification Tool), an anonymous online tool for reporting patient safety, near miss events and incidents of violence against practitioners, indicates that events do occur and need to be examined. Events such as mistakes in administering drugs, unsafe driving practices, and encounters with violent patients and weapons are among the situations that compromise patient and practitioner safety.[v]

To address these issues and ensure that emergency and mobile healthcare is provided in an environment that is safe for both patients and practitioners, improvements must be made in practitioner education and equipment; EMS agency policy, practices and culture; and state laws that allow for sharing of patient information with protection from liability to support quality improvements.

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[i] *Strategy for a National EMS Culture of Safety*, Oct. 3, 2013, Page 6

[ii] Maguire BJ, Hunting KL, Smith GS, Levick NR. Occupational fatalities in emergency medical services: a hidden crisis. Ann Emerg Med. 2002 Dec;40(6):625

[iii] Maguire BJ: Transportation-related injuries and fatalities among emergency medical technicians and paramedics. Prehosp Disaster Med 2011;26(4):1–7.

[iv] *Strategy for a National EMS Culture of Safety*, Oct. 3, 2013, Page 6

[v] EVENT, CY2013 Summary Report, http://event.clirems.org/Portals/4/Near%20Miss%20Reports/2013/EVENT%20Near%20Miss%20Summary%20CY2013.pdf

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