

Paramedics in the Hospital?

--PaACEP EMS Committee

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At the April meeting of the EMS Committee, we discussed the topic of paramedic's role, if any, in the hospital. More and more hospitals are looking at paramedics as a ready source of trained medical personnel – and given the current nursing shortage, they're looking at them *very hard*. But there are issues, oh there really are *issues* with paramedics in the hospital. In response to a referral from the PaACEP Board of Directors, we discussed the topic in some detail at our meeting. We did come up with a resolution that we approved unanimously and passed on to the Board for review:

Given the current shortage of trained staff, PaACEP recognizes the need for technicians in the Critical Care Unit and Emergency Department. If training and certification for such technicians is developed, EMT-paramedics should be given full credit for their training and experience for such certification.

Well, this doesn't tell the full story, does it? There's a lot between the lines there, but some more specific questions and answers would be helpful. So we took the issues we discussed at the meeting, formatted in a series of questions, and submitted to the state EMS office for answers. Here we go.

Q: I'm an EMS medical director. The local hospital wants to hire some of my EMTs and Paramedics: they offer more money, the medics and EMTs don't have to do any lifting, there, and get better benefits. Other than saying "do you really want to spend the rest of your life emptying bedpans" what can I do to keep my people in the field?

A:

Q: I'm an ED medical director. I know if I hire someone to work in our ED to start IVs and draw blood and do EKGs, they have to be trained, tested and certified to do these things. If I hire people who are trained as EMT-Paramedics to do these things, can I get away without having to train, test and certify them?

A:

Q: I've heard that only doctors, nurses, and LPNs with a pharmacology course can give drugs in a hospital. Is this a local hospital rule, or a State Health Department or federal regulation or law?

A:

Q: I'm a paramedic. A hospital wants to hire me to do things including giving drugs to patients in the ED. But when I look at the state EMS law, it looks like my scope of practice only covers giving drugs while I'm running on an ambulance. Is this true? If so, is there some way I can be tested and certified to give these same drugs in the hospital? How about other drugs (antibiotics, etc.)?

A:

Q: I'm a paramedic, working at Busy General Hospital. The ED is understaffed, and using R.N.s to transport patients to monitored units really slows things down. Can I transport a patient from the ED to a monitored unit without a nurse? If so, do I

need to have current ACLS certification? If so, do I need some hospital-specific arrhythmia course or certification?

A:

Q: I'm an ED medical director. The hospital CEO listened to my complaining about the nursing shortage. He said, "Just hire some paramedics, they're cheap. Agony Valley Hospital's CEO told me that we can just hire paramedics, and since by state law, they're legally allowed to start IVs, draw blood, give meds, do 12-lead EKGs, intubate people, and run codes, they just hired them to do the same things in the hospital. They're already allowed to do this under state law. We don't have to worry about any other credentialing as long as they're state-certified paramedics." Is this true? Are those hospitals employing paramedics in this way all doing it "under the table", or have exceptions to the EMS Act frequently been granted for ED techs?

A:

Q: I'm an ED medical director. I'm hiring some paramedics, but we're careful to only let them do those things for which we've tested them. And they're only doing things that any tech we hire off the street and train can do. We wanted to have them do some other skills that other techs here do, and that are within the scope of practice for paramedics, such as Foley catheters. At least Foley catheters are within the scope of practice of a paramedic, even if they've never touched one before. But what if I want them to put on fiberglass splints, which is definitely *not* part of the paramedic curriculum or scope of practice. Is it legal for me to have them do such things?

A:

Q: I'm a paramedic. Death Valley General Hospital hired me as a tech. But I really hate being called a "tech." Can't they just call me a "paramedic" just like when I'm on the ambulance? I'm proud of being a paramedic.

A:

Q: I'm a paramedic. I work in the ED at Children's Hospital of Lower Slobbovia. I have a bad back and don't plan to go back to the streets, ever. Do I need to keep up all the usual paramedic continuing education requirements to keep working at Children's? What happens if my paramedic license expires? Do I need to keep up other continuing education or recertification requirements for the hospital?

A:

Q: I'm a paramedic, and my wife is a lawyer. I work as an ED tech at St. Skidiliewczi Hospital. I have been certified to start IVs, draw blood, and do EKGs, but I'm not allowed by the hospital to intubate, give drugs, or defibrillate. The other night, we were discussing some unlikely things, but ones that worry me, and I want to make sure I'll do the right thing. OK, this is a bit long and complicated, but bear with me. Say I'm transporting a stable, non-monitored patient to the MRI scanner, which is in the hospital, but all the way on the other side. It's about a 10-minute walk from the ED. And it's me, the MRI tech, and the patient, nobody else is anywhere nearby, not even within screaming distance. But there's a crash cart there, with a defibrillator, ET tubes, laryngoscopes, drugs, everything you might need for a code. You can probably figure out where I'm going with this. The patient codes, and I've got to figure out what to do. According to the hospital, I have to call for the code team and stand there and do nothing, or maybe do basic

CPR (they weren't quite clear about this). But my wife says that the common law Doctrine of Necessity or something like that says that, since I know how to defibrillate and intubate and give drugs, I have to do everything just like I would do on the street. She says the Good Samaritan law will protect me from lawsuits. She says there's no legal protection against the hospital firing me for "exceeding my scope of practice." She said she hopes that would happen so she could sue the hospital, so we would have a wonderful set of newspaper clippings about the case from all around the country, and so we could both retire to the Cayman Islands. Is she right?

A: