

# PARA104: Foundations of Paramedic Practice

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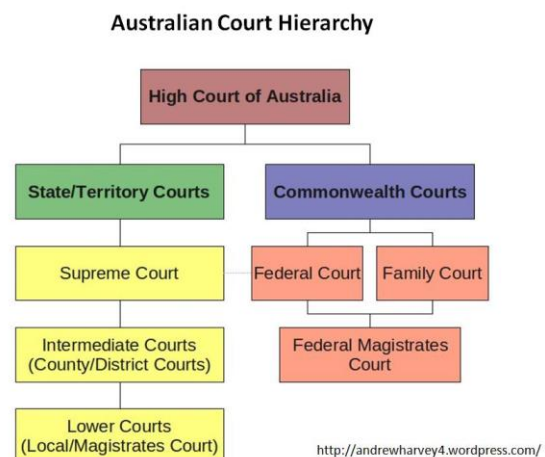
## Week 1 Lesson Information

<b>Lecture</b>	<ul style="list-style-type: none"> <li>- Introduction to the unit</li> <li>- Law relating to paramedic practice (including scope of practice, duty of care, competency standards, refusal of transport, confidentiality and not for resuscitation)</li> </ul>
<b>Tutorial</b>	<ul style="list-style-type: none"> <li>- Introductions to the unit and written assessments</li> <li>- Communication and teamwork</li> <li>- Radio communication</li> </ul>
<b>Practical</b>	<ul style="list-style-type: none"> <li>- Introduction to practical laboratory, ambulance equipment and manikins</li> </ul>
<b>CAL</b>	<ul style="list-style-type: none"> <li>- Introduction to ACU and the unit</li> <li>- Manual handling, equipment and lifting principles</li> <li>- OH&amp;S and injury minimisation</li> </ul>

## Lecture

### The Australian Court Structure

- Two forms of law – common law and legislation
- Common law is determined by judge's decisions from different cases. Includes: criminal, civil, administrative, human rights, international.
- Legislation is enacted by parliament. Is commonly referred to as an 'Act'
- 'Acts of Parliament' are created when an issue is identified and raised by Parliament.
- Laws relating to emergency services are written at the state/territory level and this is why they can vary from state to state. Some 'Acts' relevant to paramedics but it varies from state to state. These include:
  - o Emergency Services Act 2004 ACT
  - o Health Services Act 1997 NSW
  - o Ambulance Services Acts 1991 NSW, 1982 TAS, 1986 VIC
  - o Coroners Acts 1895 VIC, 1975 SA, 1958 QLD, 1997 ACT, 1980 NSW, 1996 WA
  - o Mental Health Acts 2000 NSW, 2014 VIC, 2014 ACT, 1996 WA, 1993 SA
- **Coroner's court** is at the same levels of the magistrate's court; inquisitorial in nature; requires reporting of particular deaths; coroner decides the witnesses to be called and the evidence to be examined.
- **Coroner's Act 2003** states a 'reportable death' is when:
  - o It is not known who the person is
  - o The death was a violent or otherwise unnatural death
  - o The death happened in suspicious circumstances
  - o The death was not reasonably expected to be the outcome of a health procedure
  - o The cause of the death certificate has not been issued
  - o The death was in care
  - o The death was in custody
  - o The person had not consulted a doctor within 3 months before the person's death.



## Governing Bodies in Paramedicine

- **Council of Ambulance Authorities (CAA)** is the peak body representing principal statutory providers of ambulance services in Australia, New Zealand and Papua New Guinea. United independent state and territory ambulance authorities to develop common views and approach to ambulance industry issues. It regulates professional competency standards, registration, accreditation for university courses and develops professional relationships.
- **Paramedics Australia (PA)** is national professional association representing practitioners who provide paramedic services to community. Provides national platform for development of policies and service standards through education/training standards, funding and support for registration.
- **Australian and New Zealand College of Paramedicine** – advancing through professional development, education and industry leadership
- ANZCP is leading professional body offering knowledge, events and a community.
- **National Registration (APRHA)** – commences September 2018. Protects the public and the profession. Protects who can claim to be a paramedic. Clearly defined national standards for paramedic behaviour. Clearly defined circumstances where mandatory reporting is required. Public accessible registrar of paramedics.

## Professional Behaviour and Codes of Conduct

- Code of Conduct is defined as ‘the published basis for the guidance of ethical and professional behaviour’ (Townsend & Luck, 2013, pg331). Involves guides for making ethical decisions. Professionally bound by these and must act in accordance with them. Non-compliance can lead to practice restrictions, probations, fines, job loss, charges/convictions
- Codes of conduct exist in all major state-based ambulance services in addition to codes of conduct of the individual state governments.

## Social Media and the Paramedic

- ACU policies and clinical placement organisation’s policies apply.
- As a requirement for clinical placement, you must make yourself aware of the organisation’s policy.
- It is reasonable to assume a health care professional will only use or disclose their information for the benefit of their health/welfare.
- Confidentiality can be broken in these situations: with patient consent, in an emergency, to protect a third party, in the public interest. This applies to any information gathered during the period of contact. Includes: identity, PMs, Meds, disabilities, assessment findings and treatments.
- Relevant documentation: PHCR/PCR, ePCR
- Paramedics have a legal duty to protect a patient’s privacy

## Scope of Practice in Paramedicine

- Working within the level of your qualification. Includes activities/skills which you have been educated and authorised to perform.
- Varies from state to state and within employers.
- Determined by: level of qualification, education, competence.
- Placement considerations: ensure the public recognises you as ‘inexperienced.’ Clear signage on uniform, d/w crew level of ability, in doubt don’t participate, observe.