



# Standard Guide for Training Emergency Medical Technician (Basic) to Prepare Patients for Medical Transportation<sup>1</sup>

This standard is issued under the fixed designation F 1328; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon ( $\epsilon$ ) indicates an editorial change since the last revision or reapproval.

## 1. Scope

1.1 This guide establishes the minimum training standard for preparing ill or injured patients of all ages for medical transportation.

1.2 This guide is one of a series that together describe the minimum training standard for the emergency medical technician (basic).

## 2. Referenced Documents

### 2.1 ASTM Standards:

F 1031 Practice for Training the Emergency Medical Technician (Basic)<sup>2</sup>

F 1219 Guide for Training the Emergency Medical Technician (Basic) to Perform Patient Initial and Detailed Assessment<sup>2</sup>

### 2.2 Other Documents:<sup>2</sup>

Standards and Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care. Reprinted from Journal of the American Medical Association, latest edition

## 3. Terminology

### 3.1 Definitions of Terms Specific to This Standard:

3.1.1 *management*—the step(s) that constitute action taken by the emergency medical technician (basic) for a patient in need of assistance due to a real or perceived traumatic or medical condition.

## 4. Significance and Use

4.1 This guide establishes the minimum national standard for training the emergency medical technician (basic) to prepare the ill and injured patient of all ages for medical transportation. This guide does not preclude additions to or modification of these as authorized by local medical direction.

4.2 This guide shall be used by those who wish to identify the minimum training standard for the emergency medical technician (basic) as it relates to moving, lifting, and transporting patients.

4.3 This guide shall be used as the basis to revise Practice F 1031.

4.4 Every person who is identified as an emergency medical technician (basic) shall have been trained to this standard.

4.5 This guide must be used in conjunction with Practice F 1031, Guides F 1219, and JAMA Standards and Guidelines.

## 5. General Guidelines

5.1 All emergency medical technicians (basic) shall be trained to accomplish the following:

5.1.1 All patients must be reassessed frequently and at least prior to and following every therapeutic intervention.

5.1.2 Patients may have more than one problem and these problems should be dealt with in the order of their severity.

5.1.3 Patients with life-threatening conditions which cannot be resolved in the field should be immediately transported in accordance with local protocol.

5.1.4 Patients shall be treated in a professional, caring, and reassuring manner.

5.1.5 The emergency medical technician (basic) is responsible for facilitating the delivery of definitive care by a higher level of care in both the field or hospital in the most expedient manner available.

5.1.6 Depending upon the patient's condition ALS intercept should be considered.

5.1.7 Transport should not be unnecessarily delayed. During transport the patient should be continuously reassessed. The patient's problem and status should be reported to the receiving hospital or medical control as soon as possible without compromising patient care. Patients should be transported in a safe manner.

5.1.8 The emergency medical technician (basic) shall provide all pertinent patient information to the receiving facility.

5.1.9 Upon completion of patient care responsibilities the emergency medical technician (basic) will prepare the ambulance and/or equipment and supplies to be ready to care for the next patient.

## 6. Position for Examination and Transport

6.1 The emergency medical technician (basic) shall be trained to place each patient in the position most comfortable to that patient. Exceptions are dictated by the following clinical situations:

<sup>1</sup> This guide is under the jurisdiction of Committee F30 on Emergency Medical Services and is the direct responsibility of Subcommittee F30.02 on Personnel Training and Education.

Current edition approved Oct. 10, 2000. Published January 2001.

Originally published as F 1328-90. Discontinued

<sup>2</sup> *Annual Book of ASTM Standards*, Vol 13.02.

- 6.1.1 spinal and head injury,
- 6.1.2 rapid extrication, HAZMAT
- 6.1.3 shock,
- 6.1.4 musculoskeletal injuries,
- 6.1.5 obstetrical emergencies,
- 6.1.6 unconscious patient, and
- 6.1.7 dangerous or disruptive patient, or both.

## **7. Lifting and Moving**

7.1 Utilizing proper body mechanics, the emergency medical technician (basic) must be able to safely lift and move patients with the following methods:

- 7.1.1 log roll,
- 7.1.2 straddle lift,
- 7.1.3 single and multiple rescuer lifts and carries, and

- 7.1.4 patient drags.
- 7.2 The emergency medical technician (basic) must be able to move patients utilizing the following mechanical devices:

- 7.2.1 stair chair,
- 7.2.2 scoop stretcher,
- 7.2.3 short/long board,
- 7.2.3.1 vehical extrication vests (KED, XP ect.)
- 7.2.4 simple stretcher,
- 7.2.5 standard ambulance cot,
- 7.2.6 improvised device, and
- 7.2.7 splinting devices.

## **8. Keywords**

- 8.1 EMT; Emergency Medical Technician (basic); preparation for medicine transportation; training.

*ASTM International takes no position respecting the validity of any patent rights asserted in connection with any item mentioned in this standard. Users of this standard are expressly advised that determination of the validity of any such patent rights, and the risk of infringement of such rights, are entirely their own responsibility.*

*This standard is subject to revision at any time by the responsible technical committee and must be reviewed every five years and if not revised, either reapproved or withdrawn. Your comments are invited either for revision of this standard or for additional standards and should be addressed to ASTM International Headquarters. Your comments will receive careful consideration at a meeting of the responsible technical committee, which you may attend. If you feel that your comments have not received a fair hearing you should make your views known to the ASTM Committee on Standards, at the address shown below.*

*This standard is copyrighted by ASTM International, 100 Barr Harbor Drive, PO Box C700, West Conshohocken, PA 19428-2959, United States. Individual reprints (single or multiple copies) of this standard may be obtained by contacting ASTM at the above address or at 610-832-9585 (phone), 610-832-9555 (fax), or service@astm.org (e-mail); or through the ASTM website (www.astm.org).*