



## NURSING AND SOCIAL WORKER AND PARAMEDICS ROLES IN EMERGENCY MEDICAL SERVICES (EMS)

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### Abstract:

Individuals such as paramedics, nurses, and social workers are all part of the integrated services that make up Emergency Medical Services (EMS). The purpose of this research was to compile the information that pertains to the functions that social workers, nurses, and paramedics play in emergency medical services. It is the responsibility of nurses, paramedics, and social workers to perform a variety of functions during an emergency situation. These functions include search and rescue operations, advocacy, facilitation, networking, psychosocial assessment, consulting, counseling, and liaison for referral activities. As a result of these changes, health outcomes have improved, access to services has been improved, and the number of visits to emergency departments has decreased. Building on these already established trends in paramedicine, and taking into consideration the fact that social conditions are a significant contributor to sickness and a powerful indicator of future utilization of health services, it is imperative that the social needs of patients be incorporated into the core practice of paramedics.

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**Introduction:**

24 hours a day, seven days a week (24/7), emergency medical services (EMS) are specifically planned, manned, and equipped to provide emergency care to patients in metropolitan, regional, rural, and remote settings. They are available around the clock. Traditionally, emergency medical services (EMS) have been thought of as the initial responders to traumatic and medical situations, most commonly cardiac arrests or accidents involving motor vehicles [1]. As a result of the fact that people all over the world are living longer and suffering from a greater number of chronic progressive diseases, the scope of practice for emergency medical services has expanded in order to accommodate the shifting requirements of communities. A growing demand for community-based palliative care has been brought about as a result of maturing populations and an increased tendency to pass away in the comfort of one's own home [2].

On a regular basis, paramedics interact with patients who have health and social service needs that are very complex. These patients include those who are in unstable housing and job situations, as well as those who suffer from chronic addiction and mental health issues [3]. There are some emergency calls that are not considered to be acute, and about half of the cases that paramedics respond to might not require treatment at an emergency room. In their capacity as mobile healthcare professionals who spend one-on-one time with patients, paramedics are in a position that is unparalleled in terms of their ability to comprehend and address the social issues that contribute to the health of patients [3].

The perspective of social workers is unique when it comes to aiding emergency medical service professionals in working in difficult circumstances. In addition to working in a variety of environments, such as hospitals, they specialize in a variety of areas, including care for the elderly, care for children and teens, care for the disabled, and care for families. As a combination service, it encompasses a variety of services, such as health practice, administration, policy creation and implementation, economic development, referral care planning, correction and parole, and case management [4].

**Review:**

Throughout the course of their history, paramedics have only been accountable for providing medical care prior to and during transportation to an emergency department (ED). There has been a shift in this regard: during the course of the past twenty years, paramedicine has developed in both acute

and non-acute settings. In a number of countries, paramedics who have received specialized training are responsible for conducting medical, social, and environmental assessments as well as providing preventative treatment to patients who are not transported to a hospital. In other instances, they either give patients direct referrals to follow-up treatments or transport them to alternate places. This type of medical practice is known as community paramedicine, and in the United States, it is also sometimes referred to as mobile integrated healthcare [5]. A number of nations, including Canada, the United Kingdom, the United States of America, and Australia, have community paramedicine programs in place. These programs were first created with the intention of expanding access to services for vulnerable, underserved, and rural communities [6]. In addition, extended care paramedics and paramedic practitioners are available to provide care outside of hospitals in the United Kingdom, Australia, and New Zealand among other countries. There are a variety of programs, which can be found in both urban and rural settings, and their depth and reach are dependent on the situation. Community paramedicine was found to be associated with improved health outcomes, reductions in healthcare spending, and decreased utilization of emergency departments, according to a systematic study [6]. Additionally, these programs have a tendency to boost patient satisfaction and are instances of integrated care that revolves around the patient [6].

There are certain paramedics who are not qualified to be community paramedics, and there are also some patients who do not require the comprehensive case management that is normally provided by community paramedicine. All paramedics, however, have the potential to play a part in addressing social determinants, given that a significant number of emergency calls are not considered to be of an urgent nature, are exacerbated by social variables, and are associated with gaps in primary care. (i) undertaking stronger social and environmental assessments and (ii) directly engaging with primary care teams and community-based organizations are two specific ways that core paramedic practice might be improved [7]. Both of these are examples of ways that core paramedic practice could be improved.

The influence of paramedics doing social assessments has been studied through a number of projects and studies that have been rigorously conducted. In the city of Hamilton, Ontario, community paramedics make use of lifestyle-based risk surveys and pre-specified algorithms in order to recommend patients to preventative care [8]. An

further study demonstrated that the utilization of a clinical decision tool by paramedics to evaluate risk factors for the loss of independence in older patients and to initiate preventative care was validated. Community Referral by Emergency Medical Services is a program that has been implemented in the majority of municipalities in Ontario. This program allows any paramedic who is responding to an emergency call to initiate community paramedicine follow-up based on factors such as the risk of falls, medication non-compliance, poor hygiene, and caregiver burnout [8].

It is possible for paramedics to detect unmet social and health service requirements as well as gaps in care by conducting comprehensive assessments. While it may be acceptable to send a patient to community paramedicine in certain circumstances, paramedics who are responding to an emergency call may also consider making direct contact with other members of the patient's care team, such as family physicians and social workers. This would involve a shift in the norms of paramedicine toward shared responsibility for care continuity, as opposed to merely delivering a patient to an emergency department, where patients might not receive that degree of care coordination [9].

It may be possible for paramedics to receive training on the social services and organizations that are present in their region. Legal help, housing, food banks, shelters, detox centers, and job agencies are some examples of these types of organizations. Paramedic services could enter into agreements that would enable their staff to communicate with these agencies while they are on an emergency call and directly send patients based on criteria that have been agreed upon during the process. This would make it possible for paramedics to increase the number of alternatives they have available to them in order to address the social factors that influence health. Despite the fact that approximately forty percent of community paramedicine programs already work with community services including detoxification centers and hospitals for mental health, the majority of paramedics in Canada who respond to emergency calls do not have access to these options [9].

There have been other studies that have provided separate explanations of the function that social work plays in the pre-EMS, emergency, and post-EMS systems. During the pre-EMS stage, social workers serve as cultural liaisons; during the emergency, they provide crisis intervention with patients and their families; and the post-EMS

services that social workers provide include preventing unnecessary hospitalizations, disease that is critical, and follow-up activities [10].

In order to encourage community engagement in the requirements of the health system, cultural relevance, and results of care, social workers are necessary. A further benefit is that they make it easier to communicate feelings, symptoms, and concerns regarding diseases.

There are many different cultural and ethnic groups, and social workers try to raise awareness of the health system among these communities. Furthermore, they are aware of the self-management practices of individuals. It is the responsibility of social workers to participate in the monitoring of diseases, the encouragement of healthy behaviors, and the development of programs that provide training on well-being [10]. In the event of an emergency, social workers perform the duties of members of search and rescue teams. In addition, they are involved in the management of services and offer help in the form of safety, shelter, food, clothes, and the collection of funds. In addition to aiding victims with decision making, offering social support, acting as a liaison, providing correct information, organizing treatment from the victim's house to the hospital, and activating assistance for the victim's family members, a social worker works to help victims.

During times of crisis, social workers are responsible for communicating with many organizations that provide social assistance and disaster aid. For the benefit of the emergency community, they improve collaboration across disciplines with organizations that are professional, non-professional, online, offline, government, non-government, public, and private. Counseling, education, service coordination, follow-up, consulting, and working together with a team are some of the responsibilities that social workers are responsible for in order to help individuals find solutions to their problems [12].

In addition to providing counseling for emotional support, social workers advocate for people who suffer from posttraumatic stress disorder. [13] They provide victims with cognitive-behavioral therapy, debriefing, bereavement counseling, and psychodynamic therapy in addition to other forms of therapy.

### **Conclusion:**

These unutilized resources include not only nurses and paramedics, but also other medical professionals who, if utilized appropriately, have the potential to lessen the burden of social factors

on healthcare and to enhance the quality of care. This aligns with the culture, education, and governance tendencies that are now prevalent in the paramedic field. As the health care systems of many provinces across the United States are undergoing a process of reevaluating the role of paramedics, the time has come to incorporate the social determinants of health into the mainstream of paramedic practice. It is possible that social workers play a significant role in the many stages of emergency medical services (EMS), which include pre-emergency, emergency, and post-emergency. This could be beneficial to supplement the work that EMS professionals do on a daily basis from a variety of viewpoints, so enhancing the overall approach to emergency treatment.

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