



NYC REMAC

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INTRODUCTION

The provision of pre-hospital medical treatment by Certified First Responders (CFRS), Emergency Medical Technicians (EMTs), and Advanced Emergency Medical Technicians (AEMTs), including Paramedics, at times includes the provision of first aid. The purpose of this guideline is to encourage more effective use of the skills of FRS, EMTs, AEMTs, and Paramedics by enabling them to perform, in accordance with Regional Protocols, specific first aid skills that are consistent with the public health and welfare. While Education Law defines the scope of and authorizes the practice of medicine in general, it does not define the scope of practice of pre-hospital medicine. Public Health Law takes precedence in regard to the provision of prehospital emergency medical care¹, and defines emergency medical service in the pre-hospital setting.² Under the Good Samaritan statute, individuals who voluntarily provide first aid or medical assistance are protected from liability in the absence of gross negligence.³ Other statutes protect members of volunteer ambulance services from liability in the provision of medical assistance in an emergency.⁴ There is no such similar statutory protection for Proprietary or Municipal Emergency Medical Services.⁵

Under current New York City regional pre-hospital care protocols, medical treatment provided in the pre-hospital setting requires subsequent transport of the patient to an appropriate medical facility except under specific circumstances.⁶ There are many instances where the pre-hospital treatment consists only of first aid, and transportation to a medical facility is not medically indicated. In an attempt to provide a useful working definition and a distinction between first aid and medical treatment, the following description is provided. It is intended that patients provided first aid, as defined by this policy, by an organized response to a request for

¹ DOH Policy Statement No. 98-05 (Responsibilities of EMS Providers & Coordination of EMS Resources) 5/23/98.

² Article 30 Section 3001 of the New York State Public Health Law defines Emergency Medical Service as "initial emergency medical assistance including, but not limited to, the treatment of trauma, burns, respiratory, circulatory, and obstetrical emergencies."

³ Under Section 3000-A of Article 30 of the New York State Public Health Law, "any person who voluntarily and without expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency outside a hospital, doctor's office or any other place having proper and necessary medical equipment, to a person who is unconscious, ill or injured, shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such person."

⁴ Article 30 Public Health Law Section 3013.

⁵ Without regulatory protection, failure to take a patient to a medical facility becomes a liability issue for the ambulance service.

⁶ REMAC BLS Protocols 400-A directs that the patient be transported to the nearest appropriate facility. Patients are permitted to Refuse Medical Assistance under FDNY-EMS Operating Guideline 106-4. General Municipal Law Article 6 Section 122(2) allows for the refusal to transport a patient when an On-line medical control physician determines that the person is not in need of emergency medical care or is not sufficiently ill or injured to necessitate transportation to a hospital by means of an ambulance.

emergency assistance would not require medical transportation to a medical facility unless requested by the patient. Proper documentation of the first aid provided would continue to be required.

DEFINITION

First aid is the immediate care provided to a suddenly ill or injured person. First aid consists of the provision of temporary assistance until definitive medical treatment is available if needed, or until the chance of recovery without medical treatment is assured.⁷ First aid includes, but is not limited to, any one-time treatment, the application of hot or cold compresses, and the application of ointment, salves, antiseptics, and dressings to minor injuries.

Medical treatment is the definitive care provided to a suddenly ill or injured person. Medical treatment consists of the provision of specific therapy for medical diagnosis by specially trained medical professionals. Medical treatment includes, but is not limited to, the suturing of any wound, treatment of fractures, application of a cast or other professional means of immobilizing an injured part, treatment of infection arising out of an injury, treatment of bruise by the drainage of blood, surgical removal of dead or damaged skin (debridement), amputation or permanent loss of use of any part of the body, treatment of second and third degree burns and the administration of medication prescribed by a physician or indicated by regional pre-hospital care treatment protocols.

Procedures that are limb-saving or life-saving in nature, such as immobilization of injured parts, control of external bleeding, automated external defibrillation, and cardiopulmonary resuscitation are considered to constitute first aid when performed by lay rescuers and medical professionals acting outside the normal and ordinary scope of their practices, but are considered to constitute medical treatment when performed by medical professionals acting within the normal and ordinary scope of their practices.

Procedures that are preventive in nature, such as blood pressure screening, health promotion and wellness activities, Tuberculosis screening, follow-up wound care and immunizations, are not considered by themselves to constitute medical treatment. Procedures that are diagnostic in nature, such as pulseoximetry, peak flow measurement, and finger stick glucose measurement, are also not considered by themselves to constitute medical treatment.

DIFFERENCES

The following specific conditions illustrate the difference between first aid and medical treatment:⁸

1. *Abrasion*: First aid is limited to cleaning a wound, soaking, applying antiseptic and nonprescription medication and bandages. Medical treatment includes examination for removal of imbedded foreign material, multiple soakings, treatment of infection, or other professional treatments and any treatment involving more than a minor spot-type injury. Treatment of abrasion occurring to greater than full skin depth is considered medical treatment.

⁷ Adapted from National Safety Council definition found in "First Aid and CPR Standard" manual, 1997.

⁸ Adapted from 30 C.F.R. 50.20-3.

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2. *Bruises*: First aid treatment is limited to a single soaking or application of cold compresses. Medical treatment includes multiple soakings, draining of collected blood, or other treatment beyond observation.
3. *Burns, Thermal and Chemical* (resulting in destruction of tissue by direct contact): First aid treatment is limited to cleaning or flushing the surface, soaking, applying cold compresses, antiseptic or nonprescription medications, and bandaging. Most first-degree burns are amenable to first aid treatment. Medical treatment includes a series of treatments including soaks, skin grafts, and surgical debridement. Most second and third degree burns require medical treatment.
4. *Cuts and Lacerations*: First aid treatment is the same as for abrasions except the application of "butterfly" closures for cosmetic purposes only can be considered first aid. Medical treatment includes the application of "butterfly" closures for non-cosmetic purposes, sutures, surgical debridement, and treatment of infection, location of the wound (face and hands) or other professional treatment.
5. *Eye Injuries*: First aid treatment is limited to irrigation, removal of foreign material not imbedded in the eye, and application of nonprescription medications. Medical treatment cases involve removal of imbedded foreign objects, use of prescription medications, or other professional treatment.
6. *Inhalation of Toxic or Corrosive Gases*: First aid treatment is limited to removal of the patient to fresh air or the one-time administration of oxygen for a period of time not to exceed five minutes (several minutes). Medical treatment consists of any treatment beyond first aid and all cases of loss of consciousness.
7. *Foreign Objects*: First aid treatment is limited to cleaning the wound, removal of any foreign object by tweezers or other simple techniques, application of antiseptics and nonprescription medications, and bandaging. Medical treatment consists of removal of any foreign object by a physician due to depth of imbedment, size or shape of object, or location of wound (face and hands).
8. *Sprains and Strains*: First aid treatment is limited to soaking, application of cold compresses, and the use of elastic bandages. Medical treatment includes application of splints, immobilization of an injured body part, a series of hot and cold soaks, or other professional treatment.

CONCLUSION

Certified First Responders (CFRs), Emergency Medical Technicians (EMTs), and Advanced Emergency Medical Technicians (AEMTs), including Paramedics, may under certain circumstances render first aid to a patient without providing medical transportation to a medical facility, although proper documentation of the first aid rendered is still required. Such circumstances include situations similar to those detailed in the examples noted above. If it appears unclear as to whether the care provided constitutes first aid or medical treatment, it should be deemed medical treatment and the patient should be medically transported to the closest appropriate medical facility, or contact with on-line medical control should be initiated.