



Standard Terminology Relating to Emergency Medical Services¹

This standard is issued under the fixed designation F1177; 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 (ϵ) indicates an editorial change since the last revision or reapproval.

1. Scope

1.1 This terminology covers standard definitions of terms which apply to all F30 standards, but which are more precise than common usage.

2. Referenced Documents

2.1 ASTM Standards:²

F1219 Guide for Training the Emergency Medical Technician (Basic) to Perform Patient Initial and Detailed Assessment (Withdrawn 2006)³

F1253 Guide for Training the Emergency Medical Technician (Basic) to Perform Patient Secondary Assessment (Withdrawn 1999)³

F1254 Practice for Performance of Prehospital Manual Defibrillation (Withdrawn 2007)³

F1255 Practice for Performance of Prehospital Automated Defibrillation

F1256 Guide for Selection and Practice of Emergency Medical Services Instructor for Basic Life Support/Emergency Medical Technician (BLS/EMT) Training Programs

F1257 Guide for Selection and Practice of Emergency Medical Services Instructor for Advanced Life Support/Emergency Medical Technician (ALS/EMT) Training Programs

F1287 Guide for Scope of Performance of First Responders Who Provide Emergency Medical Care

3. Terminology

3.1 Appropriate definitions for interpretation of terms used in ASTM Emergency Medical Services standards shall be determined in the following order:

¹ This terminology is under the jurisdiction of ASTM Committee F30 on Emergency Medical Services and is the direct responsibility of Subcommittee F30.06 on Terminology.

Current edition approved March 1, 2009. Published March 2009. Originally approved in 1988. Last previous edition approved in 2002 as F1177 – 02. DOI: 10.1520/F1177-02R09.

² For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

³ The last approved version of this historical standard is referenced on www.astm.org.

3.1.1 Specific definitions of terminology or description of terms provided in the standard. These will apply to use of the term in that standard only.

3.1.2 ASTM Standard Terminology Relating to Emergency Medical Services (F1177).

3.1.3 Taber's Cyclopedic Medical Dictionary, 16th Edition.⁴

3.1.4 Mosby's Emergency Dictionary.⁵

3.2 Definitions:

adjunct instructor—an individual with specialized subject matter expertise, who, on occasion, instructs a specific topic of a curriculum under the direction of the course instructor/coordinator. **F1256, F1257**

advanced life support—medically accepted life sustaining, invasive or non-invasive procedures; provided under the direction of a physician or other authorized health care provider.

ambulance—a vehicle for transportation of the sick and injured, equipped and staffed to provide emergency medical care during transit.

ambulance service—a qualified provider of medical transportation for patients requiring treatment or monitoring, or both, due to illness or injury.

ambulance service provider—a person or organization, either public or private, responsible for operation, maintenance, and administration of an ambulance service.

associate instructor—an individual who possesses the qualifications and education/training of a course instructor/coordinator, but, in a specific course, assumes a supportive or assisting role to the course instructor/coordinator. This individual may substitute for the course instructor/coordinator in case of necessity or, in other courses, serves as a course instructor/coordinator. **F1256, F1257**

basic life support (BLS)—medically accepted non-invasive procedures used to sustain life.

⁴ Taber's Cyclopedic Medical Dictionary, 16th Edition, F. A. Davis Company, Philadelphia, PA, 1989.

⁵ Mosby's Emergency Dictionary, C. V. Mosby Company, St. Louis, MO, 1989.

basic life support/cardiopulmonary resuscitation (BLS/CPR)—a set of skills that includes airway management, chest compressions, and others as defined by the American Heart Association. **F1254, F1255, F1287**

call rotation—a system in which emergency medical responses are allocated sequentially to multiple providers.

clinical certification—a standardized process for evaluation and recognition of an acceptable level of competence in a specific aspect of patient care. **F1256, F1257**

clinical experience—exposure to and practice in an area of patient care. **F1256, F1257**

clinical/field preceptor—an individual who supervises and evaluates the students during clinical or field experiences under the direction of the course instructor/coordinator. **F1256, F1257**

clinical medical practice—patient diagnosis and treatment, including treatment protocols, which are the purview of qualified professionals (as determined by the state or other appropriate authority).

communication resource—an entity responsible for implementation of direct medical direction, or entities responsible for response and scene two-way communication, or both (also known as medical control resource).

course administrator—an individual responsible for managing administrative details of a course, separate from actual instruction of the course. **F1256, F1257**

course instructor/coordinator (I/C)—an individual who is authorized by the appropriate entity to present and assess competence in all of the subject matter contained in a curriculum. This person also oversees all instruction in the course and makes final evaluations concerning student competence. **F1256, F1257**

definitive care—a level of therapeutic intervention capable of providing comprehensive health care services for a specific condition.

delegated practice—the medical activities of providers performed under the authority and direction of a licensed physician.

direct medical control—the process of providing immediate physician orders to EMS personnel through direct communication (also known as on-line medical control).

dispatch life support—the knowledge, procedures, and skills used by trained emergency medical dispatchers in guiding care by means of post-dispatch (pre-arrival) instruction to callers.

EMS region—a defined geographic area used for EMS planning, development, and coordination.

emergency medical dispatcher (EMD)—a trained public safety telecommunicator with additional training and specific emergency medical knowledge essential for the efficient management of emergency communications.

emergency medical facility—a physical structure, excluding mobile vehicles, which has been approved by the appropriate regulatory authority to receive emergency patients and which is equipped and staffed to evaluate and treat patients with life threatening conditions.

emergency medical services—the provision of services to patients requiring immediate assistance due to illness or injury, including access, response, rescue, prehospital and hospital treatment, and transportation.

emergency medical services (EMS) system—a coordinated arrangement of resources (including personnel, equipment, and facilities) organized to respond to medical emergencies, regardless of the cause.

health care provider—an organization, institution, or individual authorized to provide direct patient care.

indirect medical direction—the physician management of all clinical aspects of an EMS system, including but not limited to planning, training, implementation, and evaluation (also known as off-line medical control).

intervener physician—a licensed M.D. or D.O., having not previously established a doctor/patient relationship with the emergency patient, who is willing to accept responsibility for patient care, and who can provide proof of a current medical license.

medical direction—physician responsibility for the development, implementation, and evaluation of the clinical aspects of an EMS system.

medical protocol—preestablished physician authorized procedures or guidelines for medical care of a specified clinical situation, based on patient presentation (also known as standing orders).

medical transportation services—the moving of patients from one location to another. Specific services include any or all of the following: emergency and non-emergency medical response and transportation; scheduled and non-scheduled interfacility transfers, medical standbys, long-distance medical transfers, air medical response and transport (helicopter and fixed wing aircraft); and stretcher and wheelchair transport services.

medical transportation system—a sub-system of the emergency medical services system consisting of an organization or collection of medical transport services which provide transportation, treatment, and observation of patients for a specific geographic area.

mutual aid—the furnishing of resources, from one individual or agency to another individual or agency, including but not limited to facilities, personnel, equipment, and services, pursuant to an agreement with the individual or agency, for use within the jurisdiction of the individual or agency requesting assistance.

off-line medical director—a physician responsible for all aspects of an EMS system dealing with the provision of medical care (also known as System Medical Director).

on-line medical physician—a physician immediately available for communication of medical direction to non-physician prehospital care providers in remote location.

pertinent patient information—information obtained from all available resources that relates to the patient’s condition and problems. This information must be continuously updated. All information must be recorded and reported.

F1219, F1253

practical skills instructor—an individual who assists with practical skills instruction under the direction of the course instructor/coordinator.

F1256, F1257

prehospital emergency medical services—a sub-system of the emergency medical services system which provides medical services to patients requiring immediate assistance due to illness or injury, prior to the patients’ arrival at an emergency medical facility.

prehospital provider—all personnel providing emergency medical care in a location which is remote from facilities which are capable of providing definitive medical care.

sequential response—the assignment, according to local protocols, of emergency medical resources with varying levels of care capability to the scene of an illness or injury based on information received from previously arrived, medically trained, on-scene responders. A sequential response differs from a simultaneous response.

simultaneous response—the assignment of multiple emergency medical resources to the scene of an illness or injury based on initially available information and local opera-

tional policies. These may have varying levels of care capability (for example ALS and BLS, ground and air). Subsequent care or transportation, or both, of the patient is provided by the unit which most closely meets the patient’s needs. A simultaneous response differs from a sequential response.

standing orders—a type of medical protocol which provides specific written orders for actions, techniques, or drug administration when communication has not been established for direct medical direction.

tiered response—a predetermined, protocol driven, level of medical care and vehicle operation mode based on multiple levels of resource response. The two types of tiered response are sequential response (q.v.) and simultaneous response (q.v.).

trauma care system—a subsystem within the EMS system designed to manage the treatment of the trauma patient.

vehicle operation mode—the manner of operation of an emergency medical vehicle, involving the use of warning devices and the exercise of driving privileges legally allowed for emergency vehicles.

wilderness setting—situations in which the delivery of patient care by EMS providers is adversely affected by logistical complications, such as: an environment that is physically stressful or hazardous to the patient, rescue personnel, or both; remoteness of the patient’s location, such that it causes a delay in the delivery of care to the patient; or lack of adequate medical supplies, equipment, or transportation. **F**

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