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I. DEFINITIONS

- A. **Ethics:** Derived from Greek word, “ethos” which means character. Codes of ethics are societal principles of conduct that people or groups of people adopt as guidelines for personal behavior that involve the study of goodness, right action and moral responsibility. It asks what choices and ends we ought to pursue and what moral principles should govern our pursuits and choices. Ethical principles do not always dictate a single “moral” course of action, but provide a means of evaluating and deciding among competing options.
- B. **Morals:** Derived from Latin root, “mos” which means custom. Beliefs and values that help a person define right and wrong to guide their personal conduct. The four main sources of personal values are: experience, culture, science, and religion.
- C. **System Core values:** The fundamental beliefs of a person or organization. These guiding principles inspire and drive our best efforts and constrain maladaptive behaviors. They should be a true reflection of the organization’s culture and aspirations for appropriate workplace conduct. The core values of the NWC EMSS stated in the System EMS Strategic plan for many years are as follows:
1. **Excellence:** The system culture embraces excellence as a core value. We are committed to providing patient care and educational experiences of exceptional quality, to achieve academic excellence, exemplary service, and superior clinical practice, quality and safety. This requires us to innovate and drive forward best-practice evidence-based care.
 2. **Commitment:** We are committed to those we serve and their individual needs are at the center of all decisions. This includes providing person-centered, efficient, humanistic and value-based care. Student achievement and customer satisfaction drive all processes.
 3. **Integrity:** We continually strive to do the right things in the right ways.
 4. **Compassion:** We genuinely care about the well-being of people.
 5. **Respect and Collaboration:** We optimize teamwork and partnerships to deliver optimal outcomes; treating everyone with dignity and respect. Each system member has equal value and an equal opportunity to contribute to system activities.
 6. **Accountability:** Each person is accountable for their own actions.
 7. **Citizenship:** The system conducts all business in adherence to applicable laws and its code of ethics.
 8. **Justice:** Individuals should be treated the same unless they differ in ways that are relevant to the situation in which they are involved. The System does not discriminate on the basis of race, color, religion, gender, national origin, ancestry, age, marital status, sexual orientation, physical or mental disability or unfavorable discharge from military service as long as the individual is otherwise qualified to perform all the essential elements of their job and scope of practice and meets eligibility requirements for licensure and/or System membership.
 9. **Fiscal responsibility and careful stewardship** of all resources is the cornerstone of business planning.
 10. **Advancing Knowledge:** We are dedicated to professional development and the process of applying and sharing knowledge. Quality education and a continuously learning System is fundamental to professional growth and clinical excellence.
- D. **Unethical behavior:** Conduct that does not conform to approved standards of social or professional behavior.

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II. PRINCIPLES OF MEDICAL ETHICS

- A. The Northwest Community EMS System (NWC EMSS) recognizes that the professional status of EMS and paramedicine is maintained and enriched by the joint willingness of individual practitioners, Provider Agencies, and System hospitals to accept and fulfill obligations to society, other medical professionals and the EMS community.
- B. The viability of the System rests on the ethical behavior as well as medical capability of each student, applicant, and member. It is necessary that each individual's conduct be based on a framework of ethical decision making as a way of life in the conduct of personal, professional, and academic affairs.
- C. In treating patients, System members shall conduct themselves at all times in a dignified and exemplary manner. They shall exercise judgments in keeping with all relevant statutes, guidelines and rules for their scopes of practice and consider not only the SOPs but other resources such as National, State, Region IX, and System policies, procedures, and memos, that may be relevant to a patient's situation.
- D. All human life has value and all people are of equal value.
- E. **Autonomy:** Right of decisional (competent) adults with no mental incapacity to make informed decisions about their own medical care. Competent (decisional) adults, emancipated minors and mature minors under strict circumstances have a right to informed consent; right to refuse care/transportation; and right to create advance directives.
- F. **Beneficence:** The fundamental responsibility of an EMS professional is to endeavor to conserve life, to alleviate suffering, to promote health, and to do good. Act in the patient's best interest.
- G. ***Primum non nocere***: Latin for "first, do no harm" from Hippocratic Oath (Nonmaleficence)
- H. **Justice:** Encourage equal quality and availability of emergency medical care to all individuals particularly the distribution of benefit and burden equally throughout society unless declared national and/or state emergencies create a state of contingency or crisis operation and clear direction is given to alter usual and customary practice.
- I. **Utilitarianism:** The most ethical choice may be the one that will produce the greatest good for the greatest number.
- J. **Veracity:** The duty to be truthful and not deceptive.

III. POLICY

- A. Acting ethically is an integral component of the NWC EMSS culture that is understood, followed and consistently enforced. The EMS System, educators, and EMS personnel are frequently faced with ethical dilemmas and need a framework within which to ask the right questions and determine the best course of action. The purpose of this policy is to deter System member misconduct, avoid conflicts of interest, keep members honest in all of their actions, provide for resolving sensitive issues, and make clear that all students and System members will be held accountable for ethical lapses.
- B. **Non-retaliation statement:** System members/leaders may not retaliate, threaten or punish anyone who, in good faith, engages in protected actions under this policy that include filing or responding to a complaint, appearing as a witness in the investigation of a complaint, or serving as an investigator of a complaint.. All forms of retaliation are prohibited, including any forms of discipline, reprisal, intimidation, or other form of retaliation for participating in any activity protected by law or this policy.
- C. Filing a groundless or malicious complaint is an abuse of this policy and will be treated as a violation.

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- D. **Confidentiality:** All complaints and investigations are treated confidentially to the extent possible and information is disclosed strictly on a need to know basis. The identity of the complainant is usually revealed to the parties involved during the investigation, and the EMS MD shall take reasonable steps to protect the complainant from retaliation during and after the investigation. All information regarding the investigation shall be retained in secure files within the EMS Administrative Director's office. On a semi-annual basis, the System shall generate a high-level report on the general nature of sustained violations within the strictest boundaries of confidentiality.
- E. **Complaint procedure and enforcement:** See the D1 Due Process: System Disciplinary Action (Suspension) and G1 Grievance Recourse Requests for Clarification/Reporting Complaints policies.
- IV. The following statements set forth the minimum level of conduct below which no System member can fall without being subject to corrective coaching and/or disciplinary action as outlined in the Due Process/Disciplinary Action and Grievance Policies.
- A. **Diversity, inclusion, cultural awareness and humility; discrimination:** All System members shall demonstrate the ability to understand, communicate with, and effectively interact with people across cultures in the course of their EMS duties. This involves understanding and respecting each person's unique needs, culture, values and preferences. All System members and leaders are expected to be culturally competent and to avoid barriers to strong cross-cultural relationships:
1. EMS emergency care shall be provided to all based on need; respecting human dignity, unrestricted and without discrimination as defined under the System's core values, nature of their health problems or ability to pay for services.
 2. All individuals will be treated fairly, openly and honestly without a change in the standard of conduct or care due to a disability, handicap or disease entity.
 3. Every reasonable accommodation (effort) will be made to provide effective alternate communication methods to individuals with a disability or handicap in order to assure a fair, consistent standard of care.
 4. In setting its policies and procedures, the System will assure access to its services by the handicapped and the disabled.
- Prohibited behaviors:**
5. **Stereotyping:** Generalizations that involve an oversimplified concept or belief about a group of individuals.
 6. **Prejudice:** Refers to a preconceived judgment or opinion. Often takes the form of ethnocentrism (the belief that one's group is superior to all others. May involve tendency to see differences as weakness.
 7. **Intimidation:** Occurs when a person belittles, frightens, discourages or inhibits other people, especially those perceived as weaker.
 8. **Collusion:** Form of exclusion. Involves cooperation with others, through which stereotypical attitudes, prevailing behaviors and/or norms are knowingly or unknowingly reinforced. Silence is the most common form of collusion.
- B. The EMS provider has an obligation to protect the public by not delegating to a person or agency less qualified, any service which requires professional competence implicit with the scope of practice encompassed in specific licensure.
- C. **Private and protected health information shall be held confidential** under the Health Insurance Portability and Accountability Act (HIPAA) and shall only be revealed as authorized by that Act and if revealing such information is necessary to prevent a client from committing a criminal act that is likely to result in imminent death or substantial bodily harm. Privileged patient information is defined as "information gained in the professional relationship that the

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client has requested be held inviolate or the disclosure of which would be embarrassing or would be likely to be detrimental to the client. See Policy C7 Confidentiality of Patient Records (HIPAA compliance) for more details.

- D. **EMS provider agencies, students, and licensed/certified personnel will adhere to the core values, this policy, and codes of ethical conduct that govern the medical, nursing, and EMS professions in the course of their professional EMS duties.** The NWC EMS System affirms the codes of the National Association of Emergency Medical Technicians (NAEMT), the American Nurses Association, the Emergency Nurses Association, The Firefighter Code of Ethics, The Oath of Geneva, and the American College of Healthcare Executives. See Appendix for listing of Codes. They shall
1. Tell the truth and model veracity.
 2. Treat others with respect, civility, courtesy, and dignity and conduct self in a professional and cooperative manner at all times.
 3. Work cooperatively and harmoniously with leaders, peers, and educators.
 4. Respect cultural, ethnic, and racial differences and protect the rights, privileges, and beliefs of others to reduce bias and barriers so all operate within a growth mindset within a Culture of Safety and Just Culture.
 5. Avoid threatening, profane, and/or abusive language or actions and refrain from verbal or written communication that defames any person or organization or would be considered harassment.
 6. Address concerns or conflicts with associates in a direct, prompt, yet sensitive manner in an appropriate setting. If this fails, go through proper channels to appropriately resolve the conflict.
- E. All members of the System will work harmoniously with, and sustain confidence in EMS associates, nurses, physicians and other members of the health community. They will refrain from microaggressions, "friendly fire", and negative comments regarding colleagues or their work. They will encourage and assist colleagues in the pursuit of academic and practice excellence.
- F. **Examples of prohibited behaviors** include, but may not be limited to, proof that the person
1. Is guilty of academic dishonesty in the preparation or completion of education, continuing education, and/or academic assignments. The System affirms that all members shall strive towards academic excellence and the expansion of professional knowledge. They will not engage in, assist in, nor condone cheating, plagiarism or other activities of academic dishonesty.
 2. is guilty of fraud or deceit in procuring or attempting to procure admittance into the EMS System program;
 3. has accepted or offered a bribe, kickback payoff or other improper incentive or payment to obtain, influence and/or maintain any transaction, obtain or provide a grade or evaluation, or relationship within the System.
 4. has demonstrated a gross lack of integrity;
 5. had falsified, altered, or participated in the untimely destroying of any EMS-related account, record, and/or other EMS business related document.
 6. has engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public. This may include actions that create the potential for harm through negligence or willfulness; providing patient care without proper preparation or authorization; lying, covering up or failing to report an error in the clinical setting.
 7. has violated the rules, regulations, policies, procedures, or behavioral agreements specific to the EMS System and/or any of our educational programs;

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8. has violated any law, ordinance, College or Program rule or regulation while acting as an agent of the EMS System or any of our educational programs;
9. is unfit for duty or nondecisional by reason of illness, drug/chemical use, or gross negligence;
10. is found in possession of, or has used or distributed an illegal or controlled substance, or look-alike drug;
11. is guilty of unauthorized and/or illegal possession, use or distribution of any alcoholic beverage or product;
12. has presented to EMS work or class impaired, intoxicated, under the influence and/or with the odor of drugs or alcohol on their person;
13. has brought a weapon or explosive device of any kind to class or to a clinical area;
14. is guilty of theft of EMS property or services;
15. is guilty of intentional or willful destruction of EMS property;
16. has abused College or hospital EMS technology resources, or medical equipment;
17. is guilty of assault and/or battery; hazing or harassment

G. Anti-harassment policy

1. The NWC EMSS System strives to create and maintain a work environment in which all people are treated with dignity, decency, and respect. The System is characterized by mutual trust and the absence of intimidation, oppression, or harassment of any kind. The System will seek to prevent, correct, and discipline behaviors that violate this policy.
2. **Verbal harassment** includes comments that are offensive or unwelcome regarding a person's national origin, race, color, religion, age, gender identity or expression, sexual orientation, appearance, disability, or other protected status including any negative stereotyping.
3. **Nonverbal harassment** includes distribution, display, or discussion of any written or graphic material that ridicules, denigrates, insults, belittles or shows hostility aversion or disrespect toward an individual or group because of national origin, race, color, religion, age, gender identity or expression, sexual orientation, appearance, disability, or other protected status.
4. **Sexual harassment** is a form of unlawful discrimination under Title VII of the Civil Rights Act of 1964 and is prohibited under System policy. The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual naturewhen...submission to or rejection of such conduct is used as the basis for employment, practice privileges, or educator credential decisions... or such conduct has the purpose or effect of ...creating an intimidating, hostile or offensive working environment. This type of harassment may take many forms but are considered unwelcome and offensive to the recipient.
5. **"Actionable hostile work environment** occurs when unwelcome comments or conduct unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment.
 - a. The harassing conduct must be based on a protected characteristic and the harassment must be both unwelcome and severe or pervasive to the individual (subjective standard) and to a reasonable person (objective standard).
 - b. Section 181 of the Civil Rights Act of 1866, and Section 1983 of the Civil Rights Act of 1871. The Illinois Human Rights Act also prohibits discriminatory behavior.

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- c. The basic elements of a hostile work environment claim are:
- (1) The employee was subjected to harassing conduct;
 - (2) The conduct occurred because the employee was a member of a protected class (e.g. race);
 - (3) The conduct was unwelcome; and
 - (4) The conduct was sufficiently severe or pervasive that the employee believed that the conduct made his work environment hostile, and a reasonable person would find the employee's environment to be hostile or abusive.
- d. The conduct is not unlawful simply because it is uncomfortable or inappropriate.” Hostile Work Environment in All Its Forms, A presentation by: Richard A. Russo, Davis & Campbell L.L.C. Decatur Area Society for Human Resource Management, October 8, 2013

H. **SOCIAL MEDIA POLICY**

Social media can be a fun and rewarding way to share your life and opinions with others. However, use of social media presents certain risks and carries with it certain responsibilities. To assist you in making responsible decisions about your use of social media while a student in an NCH program or agent of the NWC EMSS, these guidelines have been established for its appropriate use.

1. Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with NCH, as well as any other form of electronic communication.
2. Before creating online content, consider the risks and rewards that are involved. Any of your content that adversely affects you, peers, System leaders, instructors, or otherwise adversely affects System members, patients or their families, people who work on behalf of System members or their legitimate business interests may result in disciplinary action up to and including termination from an educational program and/or suspension of System privileges pending due process.
3. System members are not allowed to use any unauthorized personal electronic devices while class is in session **or when responding to or caring for patients.**
4. Even if your social media activities take place completely outside of class or your EMS duties, as your personal activities should, what you post can reflect on your professionalism and the EMS System. Thus the System reserves the right to monitor postings by students, System applicants, and System members and provide feedback or corrective coaching if they violate EMS ethical principles.
5. **Be respectful:** Always be fair and courteous in your postings or content. You are more likely to resolve System-related complaints by speaking directly with the EMS MD, EMS Administrative Director, or System member with whom you have a dispute than by posting complaints to a social media outlet. Nevertheless, if you post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating, and/or that disparage patients, peers, instructors, System leaders or personnel at any System hospital or Harper College or that might constitute harassment or bullying.

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6. **Prohibited, Objectionable or Inflammatory Posts**

- a. Inappropriate postings include, but are not limited to, discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct. System members shall not post anything that is false, misleading, profane, discriminatory, libelous, vulgar, racially, sexually, or ethnically objectionable, unlawful or contains other inappropriate content, or is hateful to another person or entity or content that violates Federal Health Insurance Portability and Accountability Act (HIPAA) patient confidentiality provisions.
- b. False or defamatory statements or the publication of an individual's private health information (PHI) could result in legal liability for you and the EMS program and will subject you to disciplinary action up to and including termination of System privileges.

V. **System policies dealing with ethical issues**

- | | | |
|----|------|--|
| A. | A-1: | Abandonment vs. Prudent Use of EMS Personnel |
| B. | A-3: | Initiation of ALS or BLS Care |
| C. | A5: | Abandoned Newborn Protection |
| D. | C2: | Continuing Education Policy |
| E. | C-6: | EMS Controlled Substance Program |
| F. | C-7: | Confidentiality of Patient Records |
| G. | D-1: | Due Process: System Disciplinary Action (Suspensions) |
| H. | D3: | Drug-Pharmacologic Management |
| I. | D-5: | Illinois POLST Form and Advance Directive Guidelines |
| J. | E-1: | Emotional Illness and Behavioral Emergencies; Petition forms |
| K. | E5: | Code of Ethics |
| L. | G1: | Grievance Recourse Request for Clarification/Responding to Complaint |
| M. | I-4: | Impaired Behavior and Fitness for Duty |
| N. | R-6: | Refusal of Service |
| O. | V-2: | Violence: Suspected Child Abuse or Neglect |
| P. | V-3: | Violence: Elder Abuse and Neglect |
| Q. | V-4: | Violence: Domestic |

From the *Ethics of Choice*, David L. Thomas

It is ethical to serve, refine and advance the organization you have chosen to join, but it is unethical to harm it. You can achieve that goal by integrating the following rules:

1. It is ethical to learn everything you can about the organization of which you are a part.
2. It is ethical to learn about the needs of those served by your organization.
3. It is ethical to perform your job to the best of your ability.
4. It is ethical to speak fairly and honestly or not at all about the other members of the organization.
5. It is ethical to follow the rules.
6. It is ethical to seek correction of rules, procedures, or practices that are inconsistent with the overall purpose of the organization.
7. It is ethical to create organizational improvement.
8. It is ethical to leave an organization whose purpose is in conflict with your own.

ANA Code of Ethics for Nurses

- Provision 1. The nurse practices with compassion and respect for the inherent dignity, worth, and uniqueness of every person
- Provision 2. The nurse's primary commitment is to the patient, whether an individual, family, group, community or population.
- Provision 3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
- Provision 4. The nurse has authority, accountability, and responsibility for nursing practice, makes decisions and takes action consistent with the obligation to promote health and to provide optimum care.
- Provision 5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
- Provision 6. The nurse, through individual and collective efforts, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
- Provision 7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
- Provision 8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
- Provision 9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

Rev. 2014

Ethics in Nursing

Ethics is an integral part of the foundation of nursing. Nursing has a distinguished history of concern for the welfare of the sick, injured, and vulnerable and for social justice. This concern is embodied in the provision of nursing care to individuals and the community. Nursing encompasses the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups, and communities. Nurses act to change those aspects of social structures that detract from health and well-being. Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession but also to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive. A code of ethics makes explicit the primary goals, values, and obligations of the profession.

The Code of Ethics for Nurses serves the following purposes:

- It is a succinct statement of the ethical obligations and duties of every individual who enters the nursing profession.
- It is the profession's nonnegotiable ethical standard.
- It is an expression of nursing's own understanding of its commitment to society.

There are numerous approaches for addressing ethics; these include adopting or subscribing to ethical theories, including humanist, feminist, and social ethics, adhering to ethical principles, and cultivating virtues. The Code of Ethics for Nurses reflects all of these approaches. The words "ethical" and "moral" are used throughout the Code of Ethics. "Ethical" is used to refer to reasons for decisions about how one ought to act, using the above mentioned approaches. In general, the word "moral" overlaps with "ethical" but is more aligned with personal belief and cultural values. Statements that describe activities and attributes of nurses in the Code of Ethics are to be understood as normative or prescriptive statements expressing expectations of ethical behavior.

The Code of Ethics for Nurses uses the term *patient* to refer to recipients of nursing care. The derivation of this word refers to "one who suffers", reflecting a universal aspect of human existence. Nonetheless, it is recognized that nurses also provide services to those seeking health as well as those responding to illness, to students and to staff, in health care facilities as well as in communities. Similarly, the term *practice* refers to the actions of the nurse in whatever role the nurse fulfills, including direct patient care provider, educator, administrator, researcher, policy developer, or other. Thus the values and obligations expressed in this Code of Ethics apply to nurses in all roles and settings.

The Code of Ethics for nurses is a dynamic document. As nursing and its social context change, changes to the Code of Ethics are also necessary. The Code of Ethics consists of two components: the provisions and the accompanying interpretive statements. There are nine provisions. The first three describe the most fundamental values and commitments of the nurse; the next three address boundaries of duty and loyalty, and the last three address aspects of duties beyond individual patient encounters. For each provision, there are interpretive statements that provide greater specificity for practice and are responsive to the contemporary context of nursing. Consequently, the interpretive statements are subject to more frequent revision than are the provisions. Additional ethical guidance and detail can be found in ANA of constituent member association position statements that address clinical, research, administrative, educational, or public policy issues.

The Code of Ethics for Nurses with Interpretive Statements provides a framework for nurses to use in ethical analysis and decision-making. The Code of Ethics establishes the ethical standard for the profession. It is not negotiable in any setting nor is it subject to revision or amendment except by formal process of the House of Delegates of the ANA. The Code of Ethics for Nurses is a reflection of the proud ethical heritage of nursing, a guide for nurses now and in the future.

EMT Code of Ethics

As adopted by the National Association of EMTs

Professional status as an Emergency Medical Services (EMS) Practitioner is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the EMS profession. As an EMS practitioner, I solemnly pledge myself to the following code of professional ethics:

To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.

To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.

To not use professional knowledge and skills in any enterprise detrimental to the public well-being.

To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.

To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other health care practitioners, patients, individuals or the community at large.

To maintain professional competence, striving always for clinical excellence in the delivery of patient care.

To assume responsibility in upholding standards of professional practice and education.

To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.

To be aware of and participate in matters of legislation and regulation affecting EMS.

To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.

To refuse participation in unethical procedures, and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Originally written by: Charles B. Gillespie, M.D., and adopted by the National Association of Emergency Medical Technicians, 1978. Revised and adopted by the National Association of Emergency Medical Technicians, June 14, 2013.

Firefighter Code of Ethics

Background

The Fire Service is a noble calling, one which is founded on mutual respect and trust between firefighters and the citizens they serve. To ensure the continuing integrity of the Fire Service, the highest standards of ethical conduct must be maintained at all times.

The purpose of this National Firefighter Code of Ethics is to establish criteria that encourages fire service personnel to promote a culture of ethical integrity and high standards of professionalism in our field. The broad scope of this recommended Code of Ethics is intended to mitigate and negate situations that may result in embarrassment and waning of public support for what has historically been a highly respected profession.

Ethics comes from the Greek word ethos, meaning character. Character is not necessarily defined by how a person behaves when conditions are optimal and life is good. It is easy to take the high road when the path is paved and obstacles are few or non-existent. Character is also defined by decisions made under pressure, when no one is looking, when the road contains land mines, and the way is obscured. As members of the Fire Service, we share a responsibility to project an ethical character of professionalism, integrity, compassion, loyalty and honesty in all that we do, all of the time.

We need to accept this ethics challenge and be truly willing to maintain a culture that is consistent with the expectations outlined in this document. By doing so, we can create a legacy that validates and sustains the distinguished Fire Service institution, and at the same time ensure that we leave the Fire Service in better condition than when we arrived.

Firefighter Code of Ethics

I understand that I have the responsibility to conduct myself in a manner that reflects proper ethical behavior and integrity. In so doing, I will help foster a continuing positive public perception of the fire service. Therefore, I pledge the following...

- Always conduct myself, on and off duty, in a manner that reflects positively on myself, my department and the fire service in general.
- Accept responsibility for my actions and for the consequences of my actions.
- Support the concept of fairness and the value of diverse thoughts and opinions.
- Avoid situations that would adversely affect the credibility or public perception of the fire service profession.
- Be truthful and honest at all times and report instances of cheating or other dishonest acts that compromise the integrity of the fire service.
- Conduct my personal affairs in a manner that does not improperly influence the performance of my duties, or bring discredit to my organization.
- Be respectful and conscious of each member's safety and welfare.
- Recognize that I serve in a position of public trust that requires stewardship in the honest and efficient use of publicly owned resources, including uniforms, facilities, vehicles and equipment and that these are protected from misuse and theft.
- Exercise professionalism, competence, respect and loyalty in the performance of my duties and use information, confidential or otherwise, gained by virtue of my position, only to benefit those I am entrusted to serve.
- Avoid financial investments, outside employment, outside business interests or activities that conflict with or are enhanced by my official position or have the potential to create the perception of impropriety.
- Never propose or accept personal rewards, special privileges, benefits, advancement, honors or gifts that may create a conflict of interest, or the appearance thereof.
- Never engage in activities involving alcohol or other substance use or abuse that can impair my mental state or the performance of my duties and compromise safety.
- Never discriminate on the basis of race, religion, color, creed, age, marital status, national origin, ancestry, gender, sexual preference, medical condition or handicap.
- Never harass, intimidate or threaten fellow members of the service or the public and stop or report the actions of other firefighters who engage in such behaviors.
- Responsibly use social networking, electronic communications, or other media technology opportunities in a manner that does not discredit, dishonor or embarrass my organization, the fire service and the public. I also understand that failure to resolve or report inappropriate use of this media equates to condoning this behavior. **(National Society of Executive Fire Officers)**

Oath of Geneva

*"I solemnly pledge myself to consecrate my life to the service of humanity;
I will give to my teachers the respect and gratitude which is their due;
I will practice my profession with conscience and dignity;
The health of my patient will be my first consideration;*

*I will respect the secrets which are confided in me;
I will maintain by all the means in my power the honor and noble traditions of the medical profession;
My colleagues will be my brothers;*

*I will not permit considerations of religion, nationality, race, party, politics, or social standing to intervene
between my duty and my patient;
I will maintain the utmost respect for human life from the time of conception;*

*Even under threat, I will not make use of my medical knowledge contrary to the laws of humanity.
I make these promises solemnly, freely, and upon my honor."*

Adopted by the World Medical Association in 1948

American College of Healthcare Executives Statement of Principles for Students

Students [of health administration] have the opportunity to participate in the building of a worthy, purposeful, and progressive profession. This opportunity, however, is not without obligation, for the viability of the profession will rest on the integrity as well as the capability of its members. It is necessary, therefore, that the individual's behavior be ethical as a way of life in the conduct of personal and academic affairs. In pursuing this objective, the student shall:

1. conduct self at all times in a dignified, exemplary manner.
2. abide by the procedures, rules and regulations of the educational institution.
3. respect the guidelines prescribed by each professor (instructor) in the preparation of academic assignments.
4. be objective, understanding, and fair in academic performance and relationships.
5. strive toward academic excellence, improvement of administrative skills and expansion of other professional knowledge.
6. encourage and assist colleagues in the pursuit of academic excellence, improvement or administrative skills, and expansion of other professional knowledge.
7. encourage, aid, and teach others in the principles and practice of health services administration.
8. not denigrate the work of colleagues.
9. neither engage in, assist in, nor condone cheating, plagiarism or other such activities.
10. foster and support sound programs of education and research to assure the proper direction of the profession.
11. contribute interest, support, and leadership toward the overall improvement of the community, with special emphasis on delivery of healthcare, health education and related objectives.
12. respect and protect the rights, privileges, and beliefs of others.

Northwest Community EMS System
ETHICS POLICY
Statement of Intent

I. Introduction

- A. Ethics is the study of right and wrong, human conduct, and related moral duty and values. Ethicists are interested in how personal values affect decision-making. They address questions of moral responsibility and attempt to define acts that one is obligated to perform.
- B. Emergency care providers who are frequently confronted with moral dilemmas must be able to identify ethical positions as individuals and professionals. Providers of emergency care are entrusted with the lives of other human beings. There is no higher responsibility.
- C. Concern over the welfare of others should be a care providers' highest priority after confirmation of their own safety. As a patient advocate, care providers must not permit the quality of patient care to be compromised.

II. System member responsibilities

- A. Include but are not limited to the following:
 - 1. Care and maintenance of EMS vehicles and equipment with adequate inventories of System-specified items in clean and good working order;
 - 2. Safe and timely response to the scene of an emergency;
 - 3. Quickly gaining scene control to the best of their ability;
 - 4. Establishing patient rapport;
 - 5. Patient assessment and care within their scope of practice as directed by standards of care;
 - 6. Effective communication with patients, bystanders, team members and on-line medical control;
 - 7. Safe and appropriate disposition of patients;
 - 8. Generation of a thorough and accurate medical record;
 - 9. Appreciation of limitations and willingness to seek help;
 - 10. Self-control in emergency and stressful situations;
 - 11. Dealing appropriately with those whose behavior may be altered and demonstrating interest in patient feelings;
 - 12. Respecting the privacy of others;
 - 13. Mastering a variety of complex concepts and skills and maintaining competency within their scope of practice.
- B. Many healthcare professionals no longer consider it sufficient to perform acts that merely fall within accepted legal and professional boundaries. Actions must also be morally acceptable. It is known that personal values affect one's opinions.
- C. Values cannot serve as the only guide for ethical action. Guidance is often sought from organizational policies, professional oaths, codes, and the law.
- D. It should be recognized that acting legally does not necessarily equate with acting ethically. In theory, laws should reflect the values and priorities of society, and, therefore, should constitute socially acceptable standards. But laws cannot be expected to address the countless and often complex situations that might arise in the practice of emergency care.

III. Approaches to ethical decision making

- A. **Egoism:** A person decides according to their own idea of the right choice; the most comfortable decision for the person making the choice.
- B. **Deontology:** Focuses on value of the person deciding and the duties and obligations using ethical and moral rules and principles without regard for the consequences. It does not resolve a dilemma where duty and obligations conflict.
- C. **Utilitarianism:** In all circumstances one should choose the course that has the most value (good) for all those involved.

IV. **System philosophy and values**

- A. We believe that the physical, emotional, and spiritual aspects of each individual play an important role in the healing process. Every patient encountered is a unique entity with different alterations from health that require interventions based on their particular needs.
- B. We are dedicated to preserving the value, dignity, and quality of life for all patients served without regard to race, religion, sex, age, creed, handicap, or ability to pay.
- C. Our service is characterized by a reverence for life, belief in a patient's right to care when he or she is ill or injured, but also their right to die with dignity and in peace.
- D. The primary mission of the NWC EMSS is to provide quality emergency care to the communities we serve. We continue to strive for preeminence through a philosophy of total quality, continuous improvement, and advocating the appropriate use of technology and research to compassionately meet emergency care needs.
- E. We provide out-of-hospital care to all persons who may experience acute illness or injury anywhere within the geographic boundaries established for primary and secondary responses by our member providers as set forth by the Illinois EMS Act and the Rules and Regulations promulgated pursuant to the Act.
- F. As dedicated stewards, we strive to maximize the use of available resources and minimize the financial burden on all providers and customers of our services.
- G. We are committed to participating in area-wide planning which impacts EMS in Illinois.
- H. We are committed to providing comprehensive educational programs to prepare Emergency Medical Dispatcher, EMT, Paramedic, PHRN, and ECRN students with the necessary expertise to provide or direct quality patient care consistent with the philosophy and standards established by the EMS Medical Director, medical, and academic communities.
- I. We are committed to providing timely continuing education offerings to all System participants to acquaint them with new advances in prehospital practice, to reinforce prior learning, and to measure continued competence.

V. **Situations that may protect someone from being held accountable**

- A. **Excusable ignorance of consequences:** A reasonable person could not have foreseen the consequences of a particular action.
- B. **Constraints:** A situation in which one is forced to perform an unethical act against his/her wishes. Example: law enforcement personnel prevent an EMT from initiating resuscitation at a crime scene.
- C. **Uncontrollable circumstances:** Example: a patient dies from injuries sustained in a crash while being transported in an ambulance, and the accident is not the fault of the EMT.
- D. **Lack of alternatives:** An individual is lacking either the ability or the opportunity to do the right act.

VI. **Code of ethics interpretive statements**

- A. The EMS System is maintained and enriched by the willingness of the individual and System to accept and fulfill obligations to society and other medical professionals.
- B. The fundamental responsibility of EMS is to conserve life, alleviate suffering, and promote health.
- C. The EMSS does not use professional knowledge or skill in any enterprise detrimental to the public good.
- D. The EMSS respects and holds private all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.
- E. EMSS providers understand and uphold the laws and perform the duties of citizenship. As professionals, they have a particular responsibility to work with other citizens and professionals in promoting efforts to meet the health needs of the public.
- F. EMSS members maintain professional competence and demonstrate concern for the competence of other members of the profession.

- G. EMSS members assume responsibility for defining and upholding standards of professional practice and education.
- H. EMSS members assume responsibility for their individual professional actions and judgments and know and uphold the laws that affect their practice.
- I. The EMSS has a responsibility to participate in the study and action with respect to matters of legislation affecting EMS.
- J. EMSS members adhere to standards of personal ethics that reflect positively upon the whole professional body.
- K. Members of the EMSS may contribute to research relating to a commercial product or service, but do not leverage professional influence in advertising, promoting, or selling products wherein a conflict of interest may be alleged.
- L. Members of the EMSS who advertise professional services do so in conformity with the dignity of the profession.
- M. The EMSS has an obligation to protect the public by not delegating to a person less qualified any service that requires the professional competence of a System member.
- N. EMSS members work harmoniously with, and sustain confidence in, EMTs, nurses, physicians and other team members.
- O. The EMSS refuses to participate in unethical practices or procedures and assumes the responsibility for exposing incompetent or unethical conduct in others to the appropriate authorities.

System members believe in

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| 1. being accountable. | 6. collaborating with others. |
| 2. being an advocate. | 7. committing to quality. |
| 3. demonstrating good use of resources. | 8. promoting innovation. |
| 4. embracing life-long learning. | 9. providing leadership. |
| 5. acting with integrity. | 10. generating commitment. |