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"Improving health security in the Wysokie Mazowieckie county and the Šalčininkai district".

Project implemented under the INTERREG VI-A LITHUANIA-POLAND 2021 - 2027 Programme jointly with the Šalčininkai District Municipal Hospital and the Health Care Centre in Eišiškės.

SZPITAL OGÓLNY WYSOKIE MAZOWIECKIE

SZPITAL MIEJSKI REJONU SOLECZNICKIEGO

Centrum Opieki Zdrowotnej w Ejszyszkach

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EMERGENCY MEDICAL SERVICES

Principles of operation of the State Emergency Medical Services system, provision of first aid and safe transport of casualties.

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Course Objectives

Familiarizing participants with:

- Principles of correctly calling for help
- Situations requiring the intervention of Emergency Medical Service (EMS) teams
- Reasons for unjustified calls
- Basics of providing first aid



Duration of the course: 90 minutes

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A quick and appropriate response in a life-threatening situation can save a human life. The ability to correctly call the Emergency Medical Service (EMS) team and knowledge of the basic principles of providing first aid increase the casualty's chances of survival and limit the consequences of a sudden illness or injury.



EMERGENCY MEDICAL SERVICES

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Emergency medical services are an organized element of the healthcare system aimed at providing immediate medical assistance to people in a state of sudden threat to life or health, at the scene of the incident and during transport to an appropriate healthcare facility. It encompasses pre-hospital activities carried out by qualified personnel (paramedics, nurses, doctors) within the public emergency notification system.



EMERGENCY MEDICAL SERVICES

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In European countries, emergency medical services function as part of national healthcare systems. In the European Union countries, the single emergency number 112 is available, allowing for the summoning of appropriate emergency services. In Poland, in addition to the 112 number, the 999 number is still in operation, designated for calling an emergency medical serviceteam directly, in Lithuania other nr is 113.



EMERGENCY NUMBER 112

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112 is a single emergency number valid in all European Union countries. It allows for a quick call for help in situations threatening life, health, property, or safety. Calls to 112 are free of charge and accessible from both mobile and landline phones. The ability to make a call without a SIM card depends on the device and the operator's network.

The system operates 24/7. The report goes to an emergency notification centre, from where it is forwarded to the appropriate services: emergency medical services (ambulance), fire brigade, or police. **The 112** number provides a uniform and easy-to-remember emergency contact for residents and tourists in the European Union.

WHEN TO CALL FOR HELP?

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Call the Emergency Medical Service (EMS) team when there is a direct threat to life or health,e.g.:

- sudden chest pain,
- loss of consciousness,
- lack of breathing or cardiac arrest,
- severe injuries following an accident,
- severe hemorrhage (bleeding),
- convulsions (seizures),
- sudden symptoms of a stroke (drooping corner of the mouth, speech disorders, limb paresis),
- severe allergic reaction with shortness of breath,

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FREQUENCY OF EMERGENCY MEDICAL SERVICE (EMS) INTERVENTIONS (POLAND)

The frequency of interventions by emergency medical service (EMS) teams in Poland is as follows:

year	Interventions	Change
2023	2,8 mln	-
2024	over 3,1 mln	12,90%
2025	3,2 mln	3,50%

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In 2025:

- EMS teams carried out approximately 3.2 million interventions.
- This means an average of about 8.8 thousand interventions per day.
- Approximately 77.1% of all dispatches were interventions to the patient's home.



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FREQUENCY OF EMERGENCY MEDICAL SERVICE (EMS) INTERVENTIONS (POLAND)

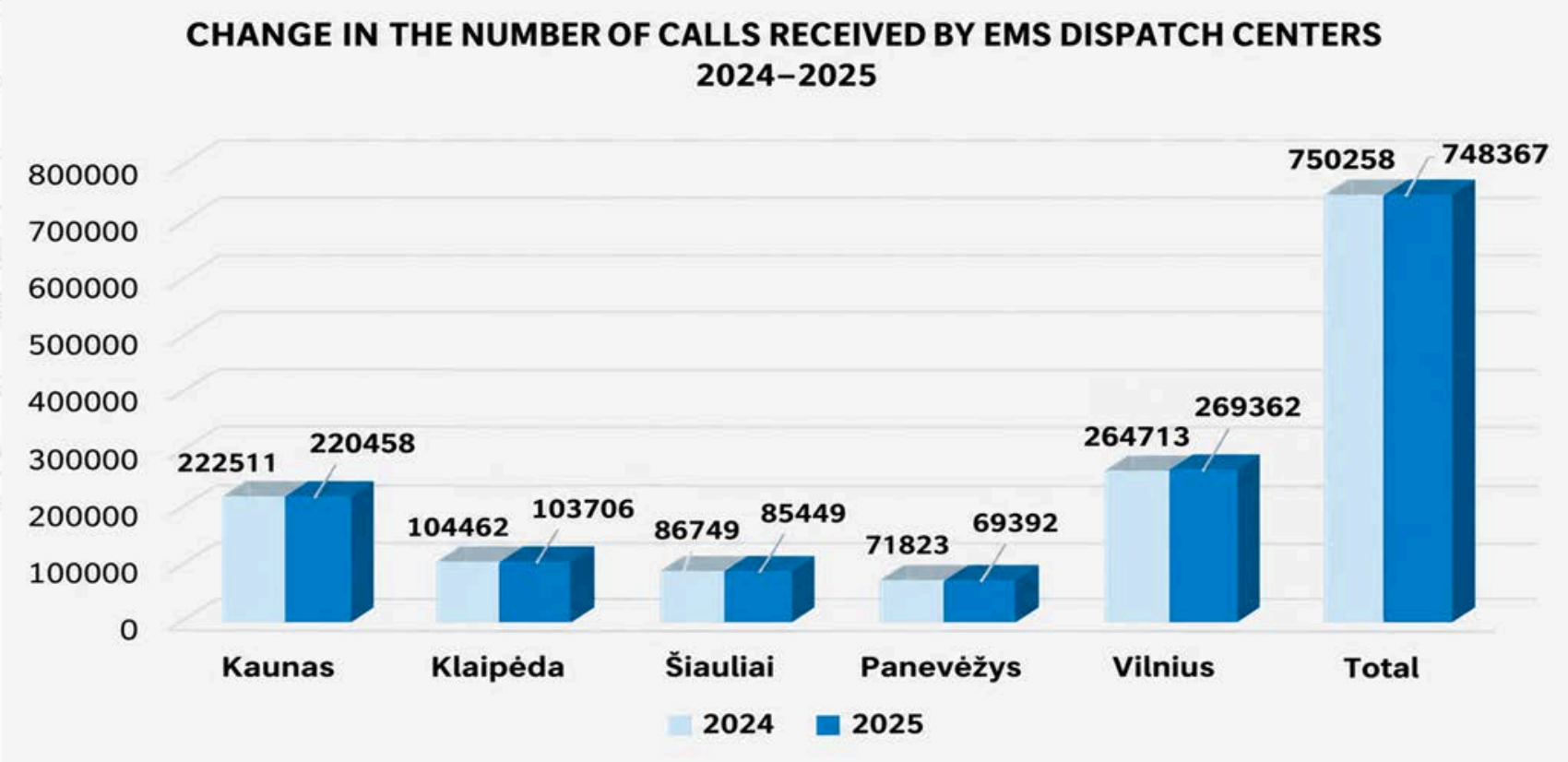
- approximately 3.2 million EMS interventions in Poland in 2025.
- 52% of patients were women.
- 48% of patients were men.

The largest percentage of interventions concerned people aged 70 and over, indicating a growing demand for emergency medical services with age.

Even a small percentage of unjustified calls means tens of thousands of unnecessary dispatches, engaging emergency medical service teams and potentially prolonging the time to reach patients in a state of sudden health emergency.

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EMERGENCY MEDICAL SERVICES (EMS) STATISTICAL DATA (LITHUANIA)



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EMERGENCY MEDICAL SERVICES (EMS) STATISTICAL DATA (LITHUANIA)

Year	Permanent population of Lithuania	Annual number of requests received by EMS dispatch centers	Average number of requests handled by EMS dispatch centers per day	Annual number of EMS dispatches	Annual number of EMS responses resulting in medical care	Average number of EMS crews on duty per day	Average number of EMS crews on duty per day (including additional crews)
2025	2890219	748367(25.9% of the total population)	2079	662213	624850	1715	219,9 224 (including additional crews)
2024	2885891	750258 (25.9% of the total population)	2049,9	658144	647809	1770	212 218 (including additional crews)

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RESUSCITATION CASES AND OUTCOMES AMONG EMERGENCY MEDICAL SERVICES (EMS) CREWS (LITHUANIA)

Indicator	Kaunas	Vilnius	Klaipėda	Šiauliai	Panevėžys	Total
Total resuscitation attempts in 2025	740	548	351	413	175	2227
Successful resuscitations in 2025	176 (24%)	117 (21.35%)	68 (19.4%)	60 (15%)	33 (19%)	454 (20%)
Resuscitation attempts with initial VF/pulseless VT	199 (27%)	133 (24.3%)	89 (25.3%)	63 (15.3%)	37 (21%)	521 (23%)
Successful resuscitations with initial VF/pulseless VT	105 (53%)	44 (33.1%)	29 (32.5%)	33 (52.3%)	17 (46%)	228 (44%)

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False emergency calls and their consequences

Pranks, so-called "crank calls," and false reports are unacceptable and can delay help for people in real danger to life or health. Such actions are irresponsible and dangerous.

False reports may be subject to legal liability. Every call to the emergency number is recorded, and the emergency notification system saves the call recording and the caller's phone number.



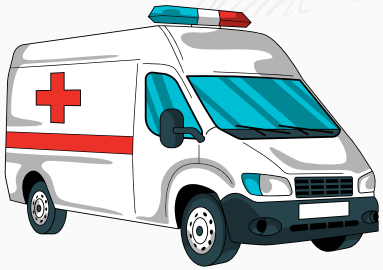
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Unjustified EMS calls

An unjustified call is the summoning of an emergency medical service team in a situation that is not life- or health-threatening. This is a phenomenon occurring in many countries around the world, as there is a belief (a myth) in society that anyone can call EMS without restrictions.

Proper assessment of the situation before calling EMS is of key importance for the efficient functioning of the emergency medical system.





WHEN NOT TO CALL EMS?

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Do not call EMS for:

- treatment of chronic ailments or diseases whose condition has not suddenly deteriorated,
- obtaining a prescription for medications or a referral to a doctor,
- transport to the hospital at the patient's request, without medical indications,
- consultations due to a mild fever, pain, or other ailments persisting for several days,
- if there are no symptoms of a sudden life threat,
- performing follow-up examinations or a routine health assessment,

Remember! An unjustified call to the Emergency Medical Service team may delay the provision of help to people in a state of direct threat to life.

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Unjustified EMS calls consequences:

- Delay in assistance for people in life-threatening conditions.
- Unnecessary engagement of the emergency medical service team.
- Increased operating costs of the healthcare system.
- Possibility of legal liability (e.g., triggering a false alarm or misleading emergency services is punishable by arrest, restriction of liberty, or a fine).
- Burdening the system and extending the waiting time for help for other patients.

In Poland, EMS teams carry out approximately 3.2 million interventions annually, therefore even a small percentage of unjustified calls can mean tens of thousands of unnecessary dispatches.

The problem of unjustified EMS calls

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Unjustified calls to emergency medical service teams pose a significant challenge to the State Emergency Medical Services system, limiting the availability of help for patients in sudden life-threatening conditions.

The role of the medical dispatcher: they can recommend contacting Primary Health Care or Night and Holiday Healthcare Services, but they do not have the ability to oblige other entities to provide services.

The scale of the phenomenon: in 2023, approx. 1.89 million EMS dispatches (58%) did not concern states of direct life threat.

Causes: they most often result from limited access to primary healthcare and attempts to obtain faster medical assistance.

The problem of unjustified EMS calls

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Consequences: extending the time to reach patients in a state of sudden life threat and an unnecessary financial and organizational burden on the system.

Worth noting: approximately 32% of calls are correctly assessed by dispatchers and do not result in sending an ambulance, which shows the significant role of medical triage of calls.

Important:
Reducing the number of unjustified EMS calls is crucial for improving the accessibility and efficiency of the emergency medical system.



FIRST AID TRAINING

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Principles of proper EMS calls

The effectiveness of emergency services largely depends on the correct and conscious reporting of the incident by the person calling for help. During the conversation with the operator, staying calm and providing clear, brief information is of key importance.

If you witness a situation posing a threat to life or health:
Do not hesitate! Call 112 immediately.
Your quick reaction can save someone's life.



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What to tell the dispatcher during an emergency call:

- In a situation of health or life threat, call 112 immediately - the emergency number in the European Union,
- Provide your personal details if the operator asks for them,
- State where you are, provide the exact address: city, street, house/apartment number, floor, intercom code, or a characteristic landmark,
- Describe what happened, specify the number of casualties and their condition (whether they are conscious, whether they are breathing),
- Answer the operator's questions and do not hang up until the dispatcher ends the call.

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PRINCIPLES OF PROVIDING FIRST AID



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First aid is a set of actions taken in the event of an accident, injury, or sudden illness, aimed at saving life, limiting the consequences of the incident, and preventing the deterioration of the casualty's condition until the arrival of emergency services.

Effective provision of first aid is based on a simple, ordered procedure algorithm, which increases the safety of both the casualty and the person providing help.

The first minutes after the incident occurs often determine the casualty's prognosis, therefore a quick and correct reaction is of crucial importance.



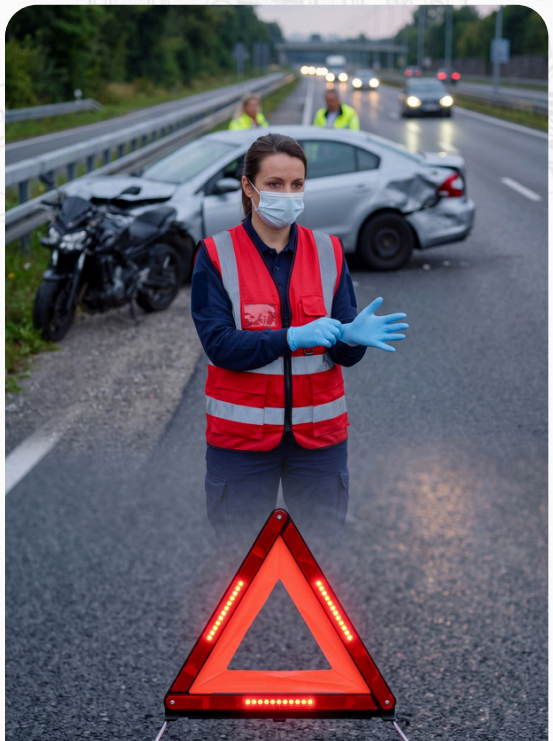
STEP 1

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Assess safety and secure the scene of the incident

First, check if the scene of the incident is safe for you and the casualty. If there is a threat (e.g., fire, traffic, electricity), try to eliminate it or do not expose yourself to danger.

Put on disposable gloves and a mask if available – your own safety is a priority!



STEP 2

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Assessing the casualty's consciousness

Approach the casualty and check for consciousness - ask loudly: **"Hello! Can you hear me?"** and gently shake their shoulders. Observe the casualty's reaction - body movements, verbal responses, opening eyes, blinking.

Do not check for a pulse – an untrained person only assesses breathing.

When checking consciousness, do not shake the casualty's head or neck.



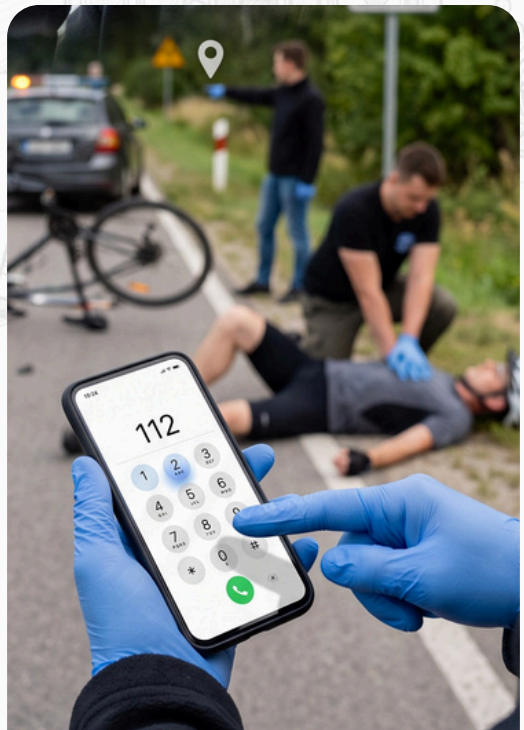
STEP 3

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Call for help

Call the emergency number 112 and provide the exact location, describe what happened, specify the number of casualties and their condition, and also provide your personal details - if requested by the dispatcher.

Stay on the line until the end of the call (listen to the operator's instructions and perform the recommended actions).



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STEP 4

Open the airway

Place the casualty on their back, then use one hand to tilt the head back, and use the other to lift the chin. Make sure the mouth and nose are not blocked by the tongue or vomit.

STEP 5

Check the casualty's breathing

Lean over the casualty's face: observe the movement of the chest, listen and feel for breathing for a max. of 10 seconds. If there is no breathing - start CPR immediately. If breathing is present - place the casualty in the recovery position, monitor their health condition.





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CPR

Cardiopulmonary Resuscitation.

Cardiopulmonary resuscitation (CPR) is a set of activities undertaken on a person with sudden cardiac arrest, aimed at maintaining blood circulation and ventilation until spontaneous circulation is restored or actions are taken over by the Emergency Medical Service Team.

CPR should be started as soon as possible after recognizing sudden cardiac arrest, because every minute of delay reduces the casualty's chances of survival.

Early initiation of CPR is one of the most important elements of the chain of survival.



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STEP 6

Chest compressions

Start compressions immediately after recognizing the lack of normal breathing. Place your hands in the center of the chest, one on top of the other. Arms straight, shoulders over the hands. Compress 5 - 6 cm at a rate of 100 – 120/minute. Do not interrupt compressions for more than 10 seconds.

STEP 7

Rescue breaths

Tilt the head back, pinch the nose, give 2 rescue breaths (1 second each). Observe if the chest rises. No reaction? Continue CPR in a ratio of 30:2 until the arrival of EMS or the recovery of signs of life.





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AED
AUTOMATED EXTERNAL DEFIBRILLATOR



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AED

In the event of sudden cardiac arrest, it is very important to start CPR as soon as possible and to use an AED defibrillator, if the device is available.

An AED is a device that:

- independently analyzes the heart rhythm,
- informs the user about the necessity to deliver a shock,
- guides the person providing help using voice prompts,

The **AED** is safe - it does not threaten the rescuer or the casualty if you follow the instructions. It can also be used on children (with pediatric pads, if available).

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Cardiopulmonary resuscitation (CPR) in children and infants



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Cardiopulmonary resuscitation (CPR) in children and infants

Sudden cardiac arrest (SCA) in children and infants is an immediate life-threatening condition that requires immediate resuscitation efforts. In contrast to adults, in whom the most common cause of SCA is cardiovascular disease, cardiac arrest in children is usually secondary and results from hypoxia caused by respiratory disorders.

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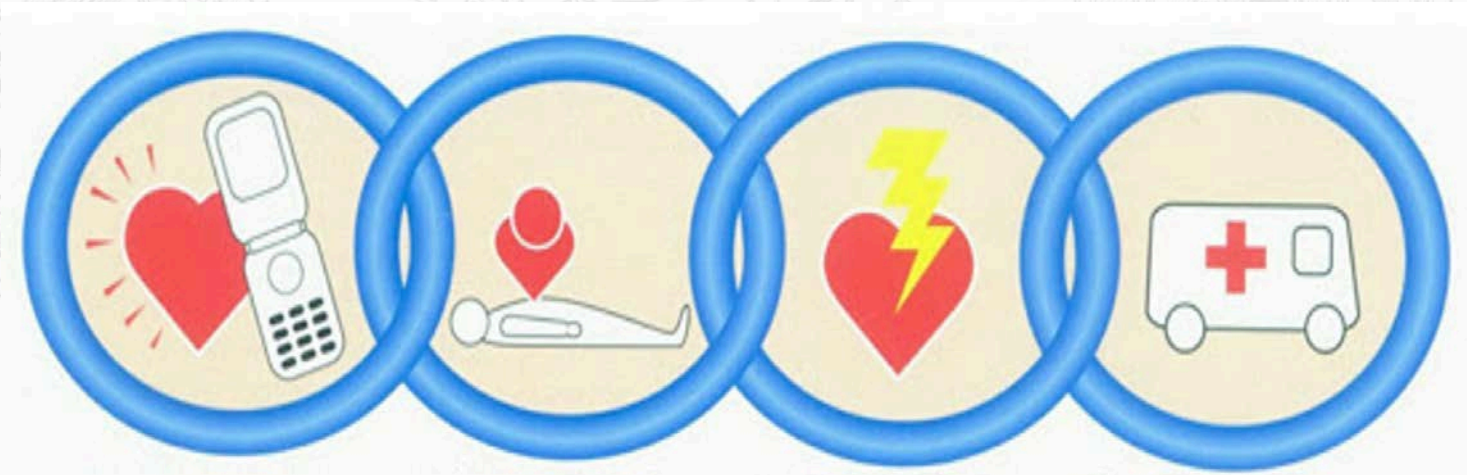
INFANT RESUSCITATION

- Ensure safety for yourself and the child.
- Check the infant's consciousness through sensory stimulation.
- Call for help - instruct a designated person to call the emergency number **112.**
- Gently tilt the infant's head back to open the airway. Check for 10 seconds if the child is breathing.
- If after 10 seconds you determine a lack of breathing, give 5 rescue breaths.
- If after 5 breaths the child still does not breathe and shows no signs of life, proceed to chest compressions. Perform 15 compressions and 2 breaths.
- If during the actions taken the infant starts breathing on its own, gently place them on their side.

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CHAIN OF SURVIVAL

A victim of cardiac arrest has only a 5 percent chance of survival. If rescue procedures are undertaken, the chances triple. If a defibrillator is found near the scene of the accident and used correctly, the chance of saving a human life reaches 70 percent.



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Additional rules of conduct when providing first aid

Safe position (recovery position).

If the casualty is unconscious but breathing normally, they should not be left lying on their back. In this case, they should be placed in the safe position.

The safe position allows to:

- maintain an open airway,
- reduce the risk of choking on secretions or vomit,
- ensure the possibility of observing the casualty's breathing until the arrival of emergency services.



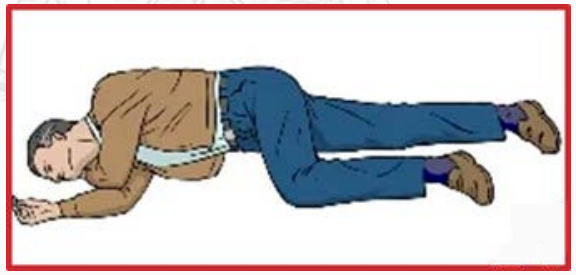
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Additional rules of conduct when providing first aid

How to perform the safe position:

- kneel next to the casualty,
- place the casualty's nearer arm at a right angle,
- bring the further arm across the chest,
- bend the further leg and roll the casualty onto their side,
- open the airway by tilting the head back, regularly monitor breathing,



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MANAGEMENT OF MASSIVE HEMORRHAGE

Hemorrhage, or the uncontrolled flow of blood from blood vessels, can lead to serious health consequences and even death. Proper management in a situation of hemorrhage is crucial for providing rapid and effective support to the casualty.



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MANAGEMENT OF MASSIVE HEMORRHAGE

Basic actions include:

- ensuring safety and securing the scene of the incident to avoid further injuries,
- assessing the casualty's condition,
- calling for help,
- applying direct pressure to the bleeding site,
- securing the wound with a dressing,
- a tourniquet (tactical tourniquet) can be applied when direct pressure does not stop massive bleeding or the injury involves an amputation.

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MANAGEMENT OF FAINTING

Fainting is a short-term, sudden loss of consciousness caused by a transient decrease in blood flow to the brain. It most often lasts from a few to several dozen seconds and resolves spontaneously.



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MANAGEMENT OF FAINTING

If the casualty does not regain consciousness within about a minute, re-assess breathing and call for help.

Management - ensure safety:

- assess consciousness and breathing,
- place the person on their back and elevate their lower limbs by approx. 20-30 cm (if there are no contraindications, e.g., injury),
- loosen tight clothing and ensure fresh air supply,
- monitor the casualty's condition,
- do not allow sudden standing up - after regaining consciousness, leave the casualty in a lying position for a few minutes,
- **if fainting occurred after an injury, do not elevate the casualty's legs.**

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MOST COMMON MISTAKES WHEN PROVIDING FIRST AID



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REMEMBER! WHEN PROVIDING FIRST AID:

- **do not** compromise your own safety – first make sure the scene of the incident is safe,
- **do not** give medications to a stranger,
- **do not** give food or drink to an unconscious person,
- **do not** leave the person unmonitored and unattended,
- **do not** interrupt CPR without a justified reason (arrival of EMS, recovery of signs of life by the casualty, or exhaustion of your own strength),
- **do not** shake an unconscious person violently,
- **do not** move the casualty unnecessarily, especially after an injury or accident (unless they are in direct danger),
- **do not** pull embedded objects out of the wound, nor set fractures yourself, **do not** pour fat or spirit on burns,

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SUMMARY

Emergency medical services are a key element of the healthcare system. It is important to use the emergency number 112 responsibly, as any unjustified call may delay help for those truly in need. Every person should provide first aid within their skills and capabilities and stay calm to effectively cooperate with the rescue team.

Staying composed and accurately relaying information to the dispatcher increases the chance of a quick and appropriate reaction by rescuers. Let us also remember not to call an ambulance without a justified need - if the situation does not threaten life or health, it is worth consulting a doctor or clinic first. Thanks to this, rescuers can reach people who truly need immediate help faster.

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