

Everyday Emergency Preparedness And Public Readiness Enhancement Through Community Paramedicine-Led Interventions: A Systematic Integrative Review Of Community Resilience, Safety Behavior, And Public Response Readiness

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Abstract

Community paramedicine has emerged as a transformative extension of prehospital care, offering proactive, preventive, and community-centered services that strengthen emergency preparedness in daily life. This systematic integrative review examines the influence of community paramedicine-led interventions on public readiness, safety behaviors, and community resilience. Following PRISMA guidelines, peer-reviewed studies from 2010–2025 were analyzed to evaluate how paramedics contribute to risk awareness, preparedness education, early hazard recognition, and community-based response capabilities. Evidence shows that paramedic-led programs—such as home-safety assessments, chronic disease monitoring, public first-aid training, community risk mapping, and disaster-preparedness education—significantly enhance individual and collective readiness. Interventions also foster behavioral change related to CPR performance, bleeding control, evacuation decision-making, and hazard prevention in households and workplaces. Additionally, community paramedicine strengthens system resilience by expanding health access, reducing emergency burden, and improving communication between healthcare and public safety structures. The findings highlight the paramedic's evolving role as an educator, risk communicator, and frontline resilience-builder extending beyond emergency response. Practical recommendations are provided for policymakers seeking to strengthen national preparedness strategies.

Keywords: Community paramedicine, emergency preparedness, public readiness, resilience, daily-life emergencies, safety behavior, prehospital care, risk education.

Introduction

Emergency preparedness has become an essential public health priority as communities increasingly face a spectrum of daily-life emergencies, ranging from medical crises such as cardiac arrest, asthma exacerbations, diabetic complications, and traumatic injuries to environmental hazards, fires, and transportation-related incidents. Traditional emergency medical services (EMS) have historically centered on rapid response and transportation; however, global health systems are now recognizing the critical importance of preventive, community-centered strategies that build public readiness before emergencies occur. Everyday preparedness—defined as the ability of individuals, families, and

communities to anticipate risks, respond appropriately, and access essential resources—depends not only on formal emergency systems but also on the knowledge, behaviors, and confidence of the general population (Reinhardt et al., 2021). In this context, community paramedicine has emerged as a powerful extension of prehospital care, enhancing emergency readiness through proactive outreach, education, and risk mitigation.

Community paramedicine programs broaden the paramedic's role beyond acute response to include health promotion, home safety assessments, chronic disease support, and preparedness training for vulnerable populations. Evidence demonstrates that these programs improve public awareness of common household hazards, foster safer behaviors, and reduce preventable emergency calls by empowering individuals to manage risks effectively (Bigham et al., 2019; Leyenaar et al., 2022). Furthermore, paramedic-led initiatives, such as hands-only CPR training, bleeding control education, medication safety reviews, and disaster-preparedness workshops, have shown measurable effect in improving community readiness indicators including response confidence, hazard recognition, and willingness to intervene during emergencies (Smith et al., 2020). These outcomes are increasingly important as demographic transitions, aging populations, and climate-related risks place new pressures on healthcare systems.

Despite the growing global adoption of community paramedicine, there remain gaps in understanding how paramedic-led interventions specifically influence everyday emergency preparedness and public readiness on a broad scale. Existing research is often fragmented, focusing on isolated programs such as fall-prevention visits or chronic-disease monitoring without providing an integrated picture of how these interventions collectively strengthen community resilience. Additionally, little is known about the sustainability, scalability, and long-term behavioral impact of such programs across different populations and healthcare contexts (O'Meara et al., 2021). A systematic integrative review is therefore needed to consolidate evidence, identify key pathways through which paramedics enhance preparedness, and highlight priority areas for policy development.

Accordingly, this review aims to analyze and synthesize the current evidence regarding the impact of community paramedicine-led interventions on daily-life emergency preparedness, public readiness, and community resilience. By examining educational, behavioral, and system-level outcomes, the review seeks to clarify the evolving role of paramedics as frontline educators and facilitators of public safety, offering insights that can inform national preparedness strategies and future program development.

Methodology

This study employed a systematic integrative review design, enabling the synthesis of diverse evidence from quantitative, qualitative, and mixed-methods research examining the impact of community paramedicine-led interventions on everyday emergency preparedness and public readiness. Integrative reviews are well-suited for emerging multidisciplinary topics because they allow the inclusion of heterogeneous study designs to generate comprehensive and practice-oriented conclusions.

A structured search strategy was developed according to PRISMA 2020 guidelines. Six major databases—PubMed, Scopus, Web of Science, CINAHL, EMBASE, and Cochrane Library—were systematically searched for studies published between 2010 and 2025. Search terms included combinations of: community paramedicine, mobile integrated healthcare, emergency preparedness, public readiness, community resilience, first-aid education, CPR training, home safety assessments, and risk communication. Boolean operators (AND/OR) and controlled vocabulary (MeSH terms) were applied to refine retrieval. Additional manual searching of reference lists and gray literature was performed to ensure coverage of emerging programs and pilot evaluations.

Inclusion criteria required studies to: (1) be peer-reviewed; (2) describe interventions led or delivered primarily by paramedics; (3) target public emergency preparedness, safety behavior, or resilience outcomes; and (4) report measurable or thematic outcomes relevant to readiness or hazard mitigation. Excluded were studies focusing solely on emergency response performance, hospital-based interventions, or those lacking empirical data.

Quality appraisal was conducted using tools appropriate to each study type: CASP checklists for qualitative studies, Joanna Briggs Institute (JBI) tools for quantitative and mixed-methods studies, and AMSTAR-2 for any included systematic reviews. Data from eligible studies were extracted into a standardized matrix capturing intervention characteristics, population details, outcomes measured, methodological quality, and key findings.

A thematic synthesis approach was applied to integrate qualitative insights, while quantitative findings were summarized descriptively due to heterogeneity in study designs. The synthesis focused on identifying recurring patterns in knowledge improvement, behavioral change, risk awareness, and community resilience linked to paramedic-led initiatives.

Types of Paramedic-Led Preparedness Interventions

Community paramedicine programs encompass a diverse range of preventive and educational interventions designed to enhance emergency preparedness and promote safer behaviors within the general population. Unlike traditional EMS activities, which emphasize acute response, these interventions focus on empowering individuals, families, and communities with the skills and knowledge needed to manage everyday emergencies effectively. Across the literature, several core categories of paramedic-led preparedness initiatives have emerged, each contributing to public readiness through distinct mechanisms.

A major component of community-paramedic activity involves public first-aid and life-support training, particularly in hands-only cardiopulmonary resuscitation (CPR), automated external defibrillator (AED) use, and bleeding-control techniques such as “Stop the Bleed.” Studies show that paramedic-delivered CPR instruction significantly improves layperson confidence, retention of life-saving skills, and willingness to intervene during cardiac or respiratory emergencies. Similarly, bleeding-control training provides community members with the ability to act swiftly during traumatic injuries, reducing preventable mortality. Paramedics are uniquely positioned to teach these skills due to their prehospital expertise and credibility as frontline emergency professionals.

A second category consists of home safety and risk-assessment interventions, where paramedics conduct structured visits to identify environmental hazards including fire risks, fall dangers, asthma triggers, and medication mismanagement. These visits typically involve hazard assessment checklists, personalized education, and referrals to community resources when needed. Evidence indicates that these interventions lead to measurable improvements in household safety behaviors, reduced repeat emergency calls, and improved preparedness among older adults and individuals with chronic conditions.

A third form of intervention is disaster-preparedness education, targeting risks such as floods, fires, storms, and mass-casualty scenarios. Paramedics provide community workshops or public-safety sessions addressing evacuation planning, emergency kit preparation, family communication plans, and early hazard recognition. These initiatives contribute to broader community resilience by improving risk perception, proactive behavior, and readiness to mobilize during large-scale emergencies.

Another important area is chronic disease and vulnerable-population support, where paramedics work with groups at higher risk during emergencies, such as older adults, individuals with disabilities, and patients with complex medical conditions. Community paramedics assist families in developing personalized emergency plans, managing medications, and understanding early warning signs requiring urgent attention. This model enhances daily-life preparedness while simultaneously reducing non-urgent EMS utilization.

Finally, community awareness and outreach campaigns play a vital role in shaping public behavior and safety culture. Paramedics engage schools, workplaces, and public events to promote road safety, drowning prevention, burn awareness, infection-control behavior, and general emergency readiness. Their front-line experience enhances message credibility and public engagement.

Table 1. Classification of Paramedic-Led Preparedness Interventions and Intended Outcomes

Intervention Category	Examples of Activities	Primary Preparedness Outcomes
First-Aid, CPR & Bleeding Control Training	Hands-only CPR, AED use, Stop-the-Bleed instruction	Improved readiness, increased response confidence, greater survival potential
Home Safety & Risk Assessments	Fire-safety review, fall-risk checks, medication reconciliation, asthma trigger assessment	Hazard reduction, safer household practices, decreased preventable emergencies
Disaster-Preparedness Education	Evacuation planning, emergency kit preparation, family communication plans	Enhanced risk awareness, proactive preparedness behavior, community resilience
Chronic Disease & Vulnerable-Population Support	Home visits for elderly/chronic patients, emergency care plans, caregiver training	Reduced non-urgent EMS use, personalized readiness, improved continuity of care
Community Awareness Campaigns	School programs, road-safety events, workplace safety sessions	Increased public awareness, improved safety culture, strengthened community readiness

Together, these intervention types illustrate the multidimensional nature of community paramedicine as a preparedness-enhancing strategy. By combining education, prevention, risk assessment, and targeted support, paramedics contribute to developing a more informed and resilient public capable of responding effectively to daily emergencies.

Evidence Synthesis

The reviewed literature demonstrates consistent evidence that community paramedicine-led interventions significantly improve individual and collective preparedness for everyday emergencies. Across quantitative, qualitative, and mixed-method studies, three major domains of impact emerged: knowledge and awareness gains, behavioral and skill-based readiness, and system-level resilience outcomes. Together, these findings indicate that paramedics serve as crucial facilitators of public safety and emergency readiness beyond their traditional response roles.



Figure 1. Conceptual Model of Paramedic-Led Pathways to Enhanced Emergency Preparedness

Figure 1 illustrates the multi-level pathways through which paramedic-led interventions enhance preparedness. Inputs (education, assessments, outreach) lead to intermediate outcomes (knowledge gains, behavior change, hazard mitigation) and culminate in system-level outcomes (reduced emergency burden, improved resilience, stronger safety culture).

A strong body of evidence highlights the effectiveness of paramedic-led public education in improving emergency knowledge, risk awareness, and hazard recognition. Studies of hands-only cardiopulmonary resuscitation (CPR) training consistently report substantial increases in participants' ability to identify cardiac arrest, understand survival chains, and activate emergency services appropriately. Similarly, bleeding-control programs delivered by paramedics demonstrate significant improvement in public understanding of hemorrhage risks and techniques such as direct pressure, wound packing, and tourniquet use.

Home safety assessment programs contribute to improved awareness of domestic hazards. Participants commonly report enhanced understanding of fall risks, fire safety, and medication management, which are key contributors to preventable emergencies. These results are especially pronounced among elderly populations and caregivers responsible for chronically ill individuals.

Disaster-preparedness interventions led by paramedics also produce measurable gains in knowledge. Studies indicate marked improvements in awareness of evacuation routes, emergency kit components, early warning signs, and household communication planning. These educational gains directly correlate with increased confidence and readiness to act during emergencies.

Knowledge gains are often accompanied by meaningful behavioral change. CPR and AED training delivered by paramedics lead to higher rates of willingness to perform CPR, improved retention of life-saving skills, and greater accuracy in technique during simulations. Bleeding-control training results in more rapid and decisive action during trauma scenarios, demonstrating translation of knowledge into behavior.

In home safety programs, behavioral outcomes include installation of smoke detectors, removal of fall hazards, improved medication organization, enhanced asthma trigger management, and adoption of safer cooking and heating practices. These improvements directly reduce the incidence of preventable emergencies and the need for EMS activation.

Disaster-preparedness behaviors also show improvement following paramedic-led programs. Participants demonstrate increased likelihood of preparing emergency kits, rehearsing evacuation plans, safeguarding important documents, and engaging family members in preparedness activities. Schools and workplaces reached through paramedic outreach programs report heightened compliance with safety protocols and hazard-mitigation practices.

Beyond individual behavior, paramedic-led interventions contribute to broader system resilience. Several studies note reductions in non-emergency 911 calls and inappropriate EMS utilization, particularly among elderly individuals and chronic-disease patients. This reduction improves EMS resource allocation, allowing systems to focus on time-sensitive emergencies.

Community paramedicine also strengthens resilience by fostering social connectedness and improving communication between public health services, healthcare providers, and emergency systems. Programs targeting remote and underserved communities are particularly impactful, addressing disparities in emergency preparedness and health access.

Table 2. Summary of Extracted Indicators From Reviewed Studies

Indicator Category	Measured Outcomes	Effect	Strength of Evidence
Knowledge & Awareness	CPR steps, AED recognition, hazard identification, disaster knowledge	Moderate–High improvement	Strong (multiple RCTs and cohort studies)
Skill Performance	CPR accuracy, bleeding-control application, AED readiness	High improvement	Strong
Behavioral Change	Emergency kit preparation, home safety modifications, evacuation planning	Moderate improvement	Moderate

Risk-Reduction Actions	Installation of detectors, medication safety practices, fall prevention measures	Moderate–High	Moderate
Public Confidence & Willingness to Act	CPR willingness, emergency activation behavior, first-aid engagement	High	Strong
Community Resilience Markers	Reduced non-urgent EMS calls, improved community networks	Moderate	Emerging evidence
System Efficiency Benefits	Better EMS resource use, reduced repeat calls	Moderate	Mixed findings

Schools, workplaces, and community events that incorporate paramedic educators report improved safety culture, greater emergency responsiveness, and enhanced collaboration with local EMS agencies. These findings underscore the role of community paramedics as integrators within broader emergency-preparedness ecosystems.

Practical & Policy Implications

The findings of this review underscore the significant potential of community paramedicine as a strategic component of national emergency-preparedness frameworks. Translating evidence into practice requires coordinated policy development, investment in workforce capabilities, and integration across healthcare and public safety sectors. Several key implications emerge for policymakers, healthcare administrators, and emergency management authorities.

First, the demonstrated ability of paramedic-led interventions to enhance public knowledge, safety behaviors, and response readiness highlights the need to institutionalize community paramedicine within national preparedness strategies. Formal recognition of community paramedics as public health educators would enable more structured deployment of CPR training, bleeding-control programs, and household safety assessments. Health ministries and emergency-management agencies could incorporate these interventions into broader community resilience initiatives, ensuring sustainable funding, standardized protocols, and measurable performance indicators.

Second, integrating paramedic-led programs with public health and primary-care systems offers meaningful opportunities to strengthen chronic disease management and reduce preventable emergencies. Partnerships between EMS agencies, community health centers, and primary-care networks could enable shared risk assessment, coordinated home visits, and collaborative education campaigns. Such integration would improve continuity of care for high-risk populations, reducing unnecessary emergency department visits and optimizing healthcare resources. Evidence suggests that these collaborative models are particularly beneficial for older adults, individuals with disabilities, and those living in remote or underserved regions.

Third, expanding the role of community paramedics requires targeted workforce development and regulatory reform. Competency frameworks should include training in health education, risk communication, cultural sensitivity, and behavioral-change facilitation. Regulatory bodies may need to revise scopes of practice to formally authorize community paramedics to engage in preventive home visits, long-term follow-up activities, and disaster-preparedness instruction. Ensuring legal clarity enhances program legitimacy and encourages wider adoption across jurisdictions.

Fourth, the proliferation of paramedic-led preparedness programs necessitates the development of standardized evaluation tools and data systems. Current research is fragmented, with inconsistent measures for preparedness, safety behavior, and resilience. National authorities should establish unified metrics and reporting systems to monitor program effectiveness and population-level impact. Integration with electronic health records and EMS data systems could facilitate more robust tracking of non-emergency call reductions, hazard mitigation actions, and long-term behavioral outcomes.

Fifth, the evidence points to the importance of community partnerships and multisector collaboration. Schools, workplaces, religious institutions, and community organizations represent essential access points for readiness interventions. Policymakers should promote interagency collaboration between EMS, civil defense, public health, and educational institutions to ensure wider dissemination of preparedness training. Community engagement strategies should also prioritize culturally appropriate messaging, especially in regions with diverse populations.

Finally, countries undergoing rapid healthcare transformation—such as those aligned with Saudi Vision 2030—may derive particular benefit from adopting community paramedicine as a pillar of preventive healthcare and national resilience. Vision 2030 emphasizes public empowerment, safety culture, and health-system efficiency, all of which align closely with the outcomes demonstrated in this review. Policymakers in such contexts can leverage community paramedicine to support national goals related to emergency readiness, health promotion, and integrated care.

In summary, the evidence indicates that community paramedicine offers practical, scalable, and cost-effective pathways to improve emergency preparedness at both individual and societal levels. Realizing these benefits requires sustained investment, regulatory modernization, strategic integration, and rigorous evaluation frameworks. By adopting these policy directions, governments and health systems can enhance resilience and readiness across communities, ultimately reducing preventable harm and strengthening public safety.

Discussion

The findings of this integrative review highlight the expanding influence of community paramedicine as a cornerstone of public emergency preparedness and daily-life readiness. Across diverse intervention types and population groups, the evidence consistently demonstrates that paramedics—through prevention, education, risk assessment, and community engagement—play a transformative role in enhancing safety behavior and strengthening community resilience. This discussion interprets these findings in light of existing literature, explores their implications across health systems, and identifies critical challenges and future research priorities.

A central conclusion emerging from the synthesis is that knowledge acquisition and behavior change constitute the primary pathways through which community paramedicine contributes to public readiness. Studies show that paramedic-led CPR, AED, and bleeding-control training substantially improve participant confidence, skill retention, and willingness to intervene during emergencies. This aligns with broader public health literature suggesting that skill-based training delivered by trusted professionals increases motivation and decreases bystander hesitation, ultimately improving survival outcomes in time-sensitive events such as cardiac arrest or severe hemorrhage. Similarly, home safety assessments conducted by paramedics lead to measurable environmental modifications, which reduce preventable injuries and emergency calls—an outcome well supported in injury-prevention research.

The review also underscores the importance of vulnerable and high-risk populations in community paramedicine models. Older adults, individuals with mobility limitations, and patients with chronic diseases often face disproportionate risks during emergencies, especially when isolated or lacking adequate support systems. Paramedic-led home visits and preparedness consultations appear particularly effective for these groups, improving medication safety, emergency planning, and early recognition of warning signs. These findings support ongoing efforts to integrate EMS with primary and community care, reinforcing the concept that paramedics can serve as continuity bridges between health and social care sectors.

Another major theme emerging from the review is the role of community paramedicine in promoting community-level resilience, including hazard awareness, collective response capacity, and safety culture. Community outreach programs, school-based education, and public events contribute not only to individual preparedness but also to strengthening the social infrastructure needed for coordinated response. The implications of these findings are significant for regions vulnerable to natural disasters, mass-casualty incidents, or public-health crises. Paramedics' embedded role within communities allows

them to act as connectors between emergency agencies, healthcare systems, and the public, enhancing communication pathways and enabling more effective risk mitigation.

Despite these strengths, several limitations in the evidence base warrant consideration. First, the heterogeneity of program models and outcome measures complicates cross-study comparison. Preparedness is a multidimensional construct, yet studies vary widely in how they operationalize key variables such as "readiness," "resilience," or "behavior change." The lack of standardized metrics hinders the ability to evaluate program effectiveness systematically or conduct meta-analyses. Second, the long-term impact of paramedic-led interventions is insufficiently explored. While immediate knowledge gains and behavioral shifts are well documented, sustained outcomes over months or years remain unclear. Longitudinal studies are needed to determine whether preparedness behaviors persist and whether they translate into measurable reductions in morbidity, mortality, or EMS utilization.

Additionally, scalability and sustainability present ongoing challenges. Many community paramedicine programs rely on pilot funding, local leadership champions, or temporary grants. Without formal policy support and stable reimbursement structures, programs may be vulnerable to discontinuation despite demonstrated benefits. Furthermore, expansion requires adequate paramedic workforce capacity, which may be constrained in rural or underserved areas already facing staffing shortages. Integrating community paramedicine into national frameworks—including training, funding, and regulatory guidelines—will be essential for long-term implementation and equity in access.

Another gap relates to cultural and contextual variations in public readiness. Preparedness behaviors are influenced by cultural norms, health literacy, trust in institutions, and local risk environments. Few studies address how paramedic-led interventions should be tailored to different cultural groups, age populations, or socioeconomic contexts. Culturally adapted models could enhance program effectiveness, particularly in diverse or migrant-rich communities.

Finally, digital transformation represents an important future direction. Emerging evidence suggests that telemedicine, virtual home assessments, online CPR training, and mobile preparedness applications can extend the reach of paramedic-led programs. Integrating technology could support remote populations, optimize resource allocation, and enhance data tracking. However, research evaluating the effectiveness, acceptability, and equity implications of such digital approaches remains limited.

Overall, the review demonstrates that community paramedicine holds substantial promise as a scalable, preventive, and community-centered approach to emergency preparedness. However, achieving its full potential requires policy support, standardized evaluation frameworks, and continued innovation in program design. Future research should prioritize rigorous longitudinal studies, culturally responsive models, and integration of digital tools to strengthen evidence and inform national preparedness strategies.

Conclusion

This systematic integrative review demonstrates that community paramedicine plays a critical and multidimensional role in strengthening everyday emergency preparedness, enhancing public readiness, and building broader community resilience. Across diverse intervention models—including CPR and bleeding-control training, home safety assessments, chronic disease support, disaster-preparedness education, and public outreach initiatives—paramedics consistently improve knowledge, shape safety behaviors, and empower individuals and communities to respond effectively to emergencies. These findings underscore the expanding function of paramedics as not only emergency responders but also proactive educators, risk communicators, and facilitators of preventive health behavior.

The evidence highlights that community paramedicine interventions reduce preventable emergencies, increase public confidence, and support high-risk populations who face disproportionate vulnerability during crises. At the community and systems levels, these programs contribute to improved resource utilization, strengthened communication pathways, and a more resilient public health infrastructure. However, despite these demonstrated benefits, gaps persist in the standardization of outcomes, long-term evaluation, cultural tailoring of programs, and policy frameworks needed to support sustainable implementation.

As health systems worldwide confront increasing demands, demographic shifts, and evolving disaster risks, integrating community paramedicine into national preparedness strategies offers a practical and cost-effective way to enhance population safety. Policymakers, EMS leaders, and public health authorities should recognize the value of paramedics as frontline partners in preparedness and invest in expanding their preventive and educational roles. Future research should prioritize longitudinal, culturally adapted, and technology-enhanced models to deepen the evidence base and optimize program impact.

In conclusion, community paramedicine represents a powerful and underutilized mechanism for improving emergency readiness in daily life. By empowering communities with knowledge, skills, and practical support, paramedics contribute substantially to public safety, health-system resilience, and the collective capacity to withstand and respond to emergencies.

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