

CHESTER COUNTY EMS COUNCIL, INC.

Policies and Procedures

Operations

Title: EMS vehicle emergency lights and siren

Purpose: This policy will serve as the “Use of lights and other warning devices” policy as required by the rules and regulations of Act 45, section 1005.10 (g) regarding licensure of ambulance services within the Commonwealth of Pennsylvania. This policy is secondary to the Pennsylvania Motor Vehicle Code, and applies to all EMS agencies within Chester County. This policy supercedes all individual organizational policies that are equally or less explicit, and each EMS agency must ensure that every EMS vehicle operator reads, understands and agrees to abide by this policy.

Background: Operators of EMS vehicles have the privilege of using emergency warning lights and siren (L & S) when responding to or transporting from an incident involving a patient who presents, or is in good faith perceived to present, in a condition that requires immediate emergency medical care. The operation of EMS vehicles utilizing L & S, under certain circumstances, increases the risk of being involved in an EMS vehicle accident, which have a higher rate of injury and death as compared to non-EMS vehicle accidents. Studies have shown that L & S may only decrease the response/transport times by a few minutes in most EMS systems, and by less than one minute in many EMS systems. Therefore, every decision to utilize L & S must be based on the patient’s current medical condition, the estimated time saved by an L & S response/transport mode, and the increased risk of being involved in an EMS vehicle accident during an L & S response/transport.

Policy: All Chester County EMS agencies will operate their emergency vehicles in accordance with the specific procedures listed herein.

Procedure:

1. L & S may only be utilized when responding to or transporting from an incident involving a patient who presents, or is in good faith perceived to present, in a condition that requires immediate emergency medical care. Responses to non-emergency incidents (stand-by/relocate, DOA, public service) shall not utilize L & S.

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2. The highest medically trained practitioner engaged in patient care will determine the mode of transportation based upon the patient's presenting medical condition. This practitioner will communicate with the transporting EMS vehicle's operator and advise him/her as to the transport mode to be utilized.
3. L & S should **both** be utilized when appropriate upon exercising any moving privilege granted to an EMS vehicle operating under emergency conditions (i.e. proceeding through a red light, after stopping and securing the right of way).
4. L & S shall not be utilized by a BLS unit when ALS care is not indicated (i.e. ALS cancelled or ALS released by medical command).
5. L & S may be utilized by a BLS unit in specific situations where ALS is indicated including:
 - (a) no ALS unit available,
 - (b) BLS unit enroute to ALS rendezvous,
 - (c) proximity of BLS unit to a hospital is less than the distance of an incoming ALS unit.
6. It is recommended that low beam headlights shall be on (functioning as daytime running lights) at all times while the EMS vehicle is in operation, regardless of mode.
7. All non-transporting EMS vehicles returning from a call, including ALS vehicles following the transporting unit, shall operate in a non-emergency (without L & S) mode.
8. The dispatch nature/type code that justifies an L & S response shall be documented on the patient care report (PCR). The justification for utilizing L & S during transport shall also be documented on the PCR.

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9. Mode of transport for inter-facility transfers is based upon the direction of the referring and/or medical command physician.
10. L & S must be used only as an adjunct to expedite care of the emergency patient and not as a permissive authorization for reckless driving, excessive speeding or any other unsafe driving practices.
11. On-line medical command may alter this policy if, in their medical judgement, it is medically indicated in any specific incident.
12. Exceptions to this policy may also be made under extraordinary circumstances (i.e. disaster situations or backlog of high priority calls without sufficient resources available). This requires notification of Chester County Department of Emergency Services and documentation of the justification.

Medical Criteria:

The following specific medical criteria should be used to determine when transport utilizing L & S may be appropriate:

1. L & S transport mode should be utilized in any situation in which the highest medically trained EMS practitioner believes that the patient's condition will be worsened by a delay equivalent to the time that can be gained by a L & S transport, as the patient's current medical condition exceeds the capabilities of the EMS providers in attendance.
2. Vital signs outside of the listed parameters, with related acute illness and/or injury:
 - (a) systolic B/P <90mmHg (or < 70 + [2 x age] for pt. < 8 y/o),
 - (b) respiratory rate >32/min. or <10/min in adults.
3. Airway
 - (a) inability to establish or maintain a patent airway,
 - (b) upper airway stridor.

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4. Breathing
 - (a) severe respiratory distress unresponsive to BLS/ALS therapy.
5. Circulation
 - (a) cardiac arrest (specifically involving refractory ventricular fibrillation, hypothermia, OD/poisoning and pediatrics),
 - (b) severe, uncontrolled hemorrhage.
6. Trauma
 - (a) any patient who meets the Category 1 trauma criteria as outlined in the Trauma Patient Destination protocol.
7. Neurologic
 - (a) generalized seizure activity unresponsive to BLS/ALS therapy,
 - (b) Glasgow Coma Score “motor” ≤ 5 with related acute illness/injury,
 - (c) Positive Cincinnati Prehospital Stroke Scale findings with acute onset ≤ 3 hours.
8. Pediatric
 - (a) all patients < 8 years of age should be evaluated individually based on the history, degree of distress and the EMS providers experience with patients of this age.
9. When in doubt, contact medical command.