

STANDARD OPERATING GUIDELINES

DELTA-CARDIFF
VOLUNTEER
FIRE COMPANY

S.O.G. E57-29 Revision: 2

SUBJECT: Use of Emergency Warning Devices

DIVISION: Ambulance

INITIAL DATE: Unknown

EFFECTIVE DATE: 23 February 2004

PURPOSE: To establish a policy on the use of emergency lights and warning devices.

APPLICABLE TO: All EMS Personnel

AUTHORITY: DCVFC Ambulance Committee

Operators of EMS vehicles are afforded the **privilege** of using emergency lights and sirens to decrease their response time to life-threatening or potentially life-threatening conditions. Operating emergency vehicles with LIGHTS & SIREN increases the potential for emergency medical vehicle crashes (EMVC). Studies have shown that LIGHTS & SIREN may only decrease transport time by a couple minutes in most systems and by less than one minute in many systems. Every decision to use a LIGHTS & SIREN response/transport must be based upon the patient's clinical condition, the estimated time saved by a LIGHTS & SIREN response/transport, and the increased risk of an EMVC during LIGHTS & SIREN response/transport. This protocol is on accordance with the EMS Act of 1985, as amended, and further defines §1005.10(g). In addition, this protocol is secondary to, and does not contradict, the Pennsylvania Motor Vehicle Code (75 PA.C.S.). Wording for this protocol was provided by the Emergency Health Services Federation (EHSF) and approved by the Pennsylvania Department of Health (PA DOH).

1. The following general procedures are **mandatory**:
 - A. LIGHTS & SIREN may only be used when responding to or transporting a patient with a life threatening or potentially life-threatening condition.
 - B. The EMS vehicle driver is responsible for the mode of response to the scene based upon information available at dispatch and regional emergency medical dispatch (EMD) protocols.
 - C. LIGHTS & SIREN must only be used as an adjunct to expedite care for emergency patients and not as a permissive authorization for reckless driving, excessive speeding, or any other unsafe driving practices.

- D. It is almost never appropriate to transport the patient using emergency warning lights without using the siren when exercising any moving privileges granted to EMS vehicles.
- E. Mode of transport for inter-facility transfers will be based upon the medical protocol and the direction of the referring physician who provides the orders for patient care during the transport.
- F. All EMS vehicle operators shall be restrained by a seat belt before the vehicle is placed in motion.
- G. No LIGHTS & SIREN will be used when advanced life care is not indicated (*i.e.*, advanced life support cancelled by basic life support or advanced life support released by medical command).
- H. LIGHTS & SIREN may be indicated in some situations where advanced life support is indicated, but not available or cancelled, because they can not rendezvous with the basic life support ambulance prior to transport to the closest appropriate receiving facility.
- I. The EMS Practitioner primarily responsible for patient care during transportation will determine the mode of transportation based upon the medical condition of the patient (see below).
- J. LIGHTS & SIREN will **both** be used when exercising any moving privilege granted to EMS vehicles responding in an emergency mode as defined by the Pennsylvania Motor Vehicle Code (75 Pa.C.S.).
- K. Low-beam headlights will be on (functioning as day-time running lights) at all times while operating EMS vehicles during LIGHTS & SIREN and non-LIGHTS & SIREN driving.
- L. Seatbelts or restraints will be securely fastened to the following individuals when the vehicle is in motion:
 1. All non-EMS passengers (cab and patient compartment)
 2. All patients
 3. All EMS providers when patient care allows
 4. All infants and toddlers should be transported in a child seat if their condition allows

2. Dispatch Response Protocol

- A. Background—The EHSF, with the approval of the PA DOH, has adopted the Medical Priority Dispatch (MPD) Program for the region. All Public Safety Answering Point's (PSAP's) have trained personnel and program materials to conduct the MPD Program. The Medical Priority Dispatch Program is a comprehensive, nationally recognized program for emergency medical dispatch. The MPD Program defines the appropriate EMS resources and response mode for emergency medical calls. Based on program

criteria, the PSAP telecommunicator will instruct dispatched EMS services on the response mode.

B. The following protocol criteria will define when an EMS service response with LIGHTS & SIREN is appropriate:

- a. EMS services dispatched by the PSAP will respond to the emergency call, as instructed by the telecommunicator, based on the MPD Program criterion and response mode.
- b. Changes in the response mode can occur, as directed, by the PSAP telecommunicator or based on additional information available to the EMS service. If a change occurs, justification for the response mode change must be documented on the patient care report and/or EMS service incident report.
- c. The response mode has been modified to reflect the regional EMS system. The modification has been reviewed, and approved by the Regional Medical Director, as follows:
 1. Class 1—Closest Basic and/or Advanced Life Support Ambulance with LIGHTS & SIREN
 2. Class 2—Closest Basic Life Support Ambulance with LIGHTS & SIREN
 3. Class 3—Closest Basic Life Support Ambulance without LIGHTS & SIREN

3. Determination of Mode of Transportation:

- A. Emergent transport should be used in any situation in which the most highly trained EMS Practitioner believes that the patient's condition will be worsened by a delay equivalent to the time that can be gained by emergent transport. A medical command physician may be used to assist with this decision. The justification for using this criterion should be documented on the Patient Care Report. Note: In most cases (up to 95% of EMS calls), EMS can perform the initial care required to stabilize the patient's condition to a point where the small amount of time gained by LIGHTS & SIREN transport will not affect the patient's medical condition or outcome.
- B. The following medical criteria will define when patient transportation to a receiving facility with LIGHTS & SIREN is appropriate:
 - a. Airway—inability to establish or maintain a patent airway or upper airway stridor
 - b. Respiratory—severe respiratory distress unresponsive to standard basic or advanced life support treatment. Objective criteria may include oxygen saturation less than 90%, retractions, stridor, or respiratory rate > 32 per minute or < 10 per minute.
 - c. Cardiac—Cardiopulmonary arrest (including persistent ventricular fibrillation, hypothermia, overdose/poisoning, pediatric cardiac arrest). Patients in asystole that have not responded to standard advanced life support intervention may not warrant the risks associated with LIGHTS & SIREN transport.

- d. Trauma—severe uncontrolled hemorrhage of any source; penetrating wound to head, chest, or abdomen except for obviously superficial wounds; penetrating or blunt neck trauma except obviously superficial or mild wounds; two or more suspected proximal long-bone fractures; suspected pelvic fracture; shock; or flail chest.
 - e. Neurologic—Glasgow Coma Score of < 13, only if acute change of any cause; or generalized seizure activity not controlled by standard basic or advanced life support intervention.
 - f. Obstetric—potentially complicated birth including, but not limited to, cord prolapse, premature labor, and delayed delivery.
 - g. Pediatrics—upper airway stridor; and/or all patients < 8 years of age should be evaluated individually based upon the history, degree of distress, and the EMS Practitioner’s experience with patients of this age; when in doubt, seek advice from a medical command physician.
 - h. When in doubt, contact a medical command physician for advice and guidance.
- C. Ambulances stopped on or alongside a roadway at an incident scene or while enroute to the hospital my use lights, for safety purposes, to indicate a possible hazard to oncoming traffic.

Approved: /s/ Anthony Hall

Title: Vice President