	**WESTCHESTER REGIONAL** **EMERGENCY MEDICAL SERVICES COUNCIL** **POLICY STATEMENT** *Supersedes/Updates:* New Policy	**No.** 11 - 02 **Date:** February 8, 2011 **Re:** EMS System Resource Utilization **Pg(s):** 5

INTRODUCTION

The Westchester Regional EMS Council (REMSCO) explicitly endorses and encourages a tiered Emergency Medical Services (EMS) response configuration comprised of certified basic life support (BLS) and advanced life support (ALS) pre-hospital care personnel and services. With prompt availability and appropriate patient care serving as the foundation of the regional EMS system, coordination and integration of participating services is paramount.

PURPOSE

Due to diverse geographical, economical, and social composition throughout the region, there have existed differing EMS capabilities in local jurisdictions. The amalgam of response models employed has yielded varying results. This policy statement has been developed in conjunction with the Westchester Regional Emergency Medical Advisory Committee (REMAC) to promote appropriate utilization and coordination of EMS resources in Westchester County, NY.

The policy is intended to:

1. Provide guidance to EMS dispatch centers with regard to call prioritization and dispatch of appropriate EMS resources;
2. Encourage collaboration and coordination among first responder and ambulance agencies to insure prompt availability of pre-hospital care at the time of request;
3. Maximize ALS resource availability by establishing criteria for appropriate use of ALS resources as well as procedures for cancelling them when unnecessary;
4. Minimize delays in transporting patients to definitive care at a hospital emergency department.

RESPONSE PLANNING

1. EMS agencies must strive to insure that adequate staffing exists to respond promptly to emergency calls within the service's primary operating territory. In an effort to insure EMS units are readily available to respond, it is strongly recommended that EMS agencies routinely confirm operational availability with their dispatch center. In the event that a response unit will not be immediately available to respond to an emergency call, notification of the situation must be made in advance to the service's dispatching entity. EMS agencies who's staffing plans require the assembling of a duty crew are encouraged to acknowledge receipt of the initial dispatch so Mutual Aid is not summoned unnecessarily;
2. The regional dispatch to response time interval goal (time agency is dispatched to time EMS unit is "enroute to scene") for all ambulance and advanced life support first response (ALSFR) services is less than 3 minutes. Deviations to this standard must be evaluated as part of the service's quality improvement program;

3. EMS Mutual Aid is primarily intended to be used at times when a requesting service's resources have been expended or are temporarily unavailable. When establishing Mutual Aid agreements, EMS agencies should identify only those agencies that are appropriately staffed, readily available to respond, and closest in proximity to the operating territory in question. All EMS Mutual Aid plans originating in the Westchester Region must be developed in conjunction with the Westchester County EMS Coordinator and approved by the Westchester REMSCO. Agencies should report all incidents of excessive Mutual Aid requests to the Westchester Regional EMS Office for review and assistance.

DISPATCH COORDINATION

1. Due to critical importance of pre-arrival instructions and resource prioritization associated with emergency medical calls, the Westchester REMSCO urges all dispatch centers to institute the use of Priority Emergency Medical Dispatch (EMD) with a quality improvement procedure. *EMS agencies authorized by the REMAC to provide ALS services will be required to be dispatched by EMD Centers* ***effective January 1, 2013****;*
2. Every EMS dispatch center (that dispatches emergency calls) operating within Westchester County, NY shall be responsible to dispatch an ambulance to every call for emergency medical assistance in the Westchester Region unless it is determined by EMD protocol that ambulance response is unnecessary. Simultaneous dispatch of ALS services, when appropriate, is required and the use of rapid first responders is strongly recommended. Dispatch Centers should utilize the Westchester Regional Advanced Life Support Utilization Criteria when developing simultaneous dispatching policies and/or algorithms;
3. In an effort to insure EMS units are readily available to respond, it is strongly recommended that dispatch centers establish a process for EMS agencies to routinely confirm operational availability. *EMS units that are unable to be confirmed for operational availability should be considered "out of service".*

ADVANCED LIFE SUPPORT INTERFACE

1. Although simultaneous dispatch of ALS resources is ideal, ALS may be requested at any time during an EMS assignment if, in the reasonable judgment of a first responder, the patient would benefit from such care;
2. A request for an ALS Intercept shall occur as delineated in the New York State Department of Health Statewide Basic Life Support Adult and Pediatric Protocols. Additionally, certified EMS personnel should refer to the Westchester Regional Advanced Life Support Utilization Criteria for assistance with determining the need for ALS services;
3. EMT-Intermediate services are intended to be used only as an adjunct within a tiered EMS system that includes simultaneous dispatch of Paramedic services;
4. Definitive medical care can only be provided at a hospital Emergency Department. Patients thought to need ALS care should be transported to the nearest appropriate hospital without delay. Unless an Online Medical Control (OLMC) Physician directs

otherwise, a BLS ambulance should not wait on scene for an intercept with an ALS unit. Patient transport should be initiated as soon as possible with an ALS intercept being coordinated en route to the hospital;

5. During an ALS intercept, it is recommended that the ALS provider proceed into the patient compartment of the transporting ambulance with all appropriate ALS equipment. Transport to the hospital should resume as soon as possible. If necessary, at the discretion of the ALS provider, transport may be delayed not more than 5 minutes to complete assessment and treatment procedures. If the ALS provider determines ALS intervention is not necessary, the BLS ambulance will resume transport to the hospital with an Emergency Medical Technician (EMT) in charge. In such cases, the patient must made aware of and agree to the transfer of care. If the EMT accepting patient care responsibilities is uncomfortable with the patient's status, the transfer of care should not occur. Patient care reports should be generated by both units documenting the intercept and patient's condition;
6. At times it may not be feasible to coordinate an appropriate and safe ALS intercept. This should not be a common occurrence. Such occurrences should be documented and reported to the Regional EMS Office to assist with improving the EMS system.

CANCELLING RESPONDING SERVICES

1. Once a request for Emergency Medical Services has been made, an ambulance call cannot be canceled unless an official acting within their capacity and jurisdiction through a Fire Department, Police Department or EMS Agency verifies that there is no patient in need of emergency medical care;
2. A certified EMT who is on-scene and acting within their official (EMS) capacity and jurisdiction may cancel additional BLS resources that have been dispatched once a comprehensive scene size-up and patient assessment has been completed, and, it has been determined that such additional resources are not required;
3. A certified EMT acting within their official (EMS) capacity and jurisdiction may only cancel a responding ALS unit when;
    a. They have arrived on scene, completed a comprehensive patient assessment including at least one set of vital signs, and have determined that the patient's presenting signs and symptoms do not meet the criteria for ALS care as indicated by the New York State Department of Health Statewide Basic Life Support Adult and Pediatric Protocols and the Westchester Regional Advanced Life Support Utilization Criteria. The EMT, or designee, should confirm that a transporting ambulance is en route to the scene prior to canceling the responding ALS unit. It is preferable that the responding ALS unit be canceled by the same agency that initiated the request for ALS services;
    b. A patient of the age of majority and with capacity refuses medical care and transportation.

4. ALS services cannot be canceled once arrived on the scene and patient contact is established[1]. If the ALS unit arrives on the scene prior to being canceled, the ALS provider must evaluate the patient and determine if the patient's condition necessitates ALS care.

RESPONSIBILTY FOR PATIENT CARE

Certified pre-hospital personnel are required to practice to the standards of the New York State Department of Health and the medical protocols authorized by the State Emergency Medical Advisory Committee (SEMAC) and REMAC. Additionally, responsibility is placed on authorized EMS agencies to insure their personnel provide care according to established standards and protocols.[2]

1. The highest level NYS Certified EMS provider who has been dispatched to a scene is responsible for clinical evaluation, management and coordination of patient care resources at the scene. In all cases where EMT-Basic personnel are present at the scene of a medical emergency and ALS personnel (EMT-Intermediate and/or Paramedic) are not present, an EMT-Basic shall be responsible for patient care at the scene. EMT-Basic personnel shall also be responsible for patient care at the scene if EMT-Basic and Certified First Responder (CFR) personnel are present; a CFR shall be responsible for patient care at the scene until the arrival of EMT-Basic or ALS personnel. EMT-Intermediate personnel shall be responsible for patient care at the scene if EMT-Intermediate and EMT-Basic and/or CFR personnel are present. Paramedic personnel shall be responsible for patient care at the scene if EMT-Intermediate and EMT-Basic and/or CFR personnel are present.
2. On calls where ALS personnel encounter patients requiring ALS treatment, and transportation will be performed by a BLS ambulance, any ALS protocol initiated by ALS personnel must be continued en-route to the hospital by appropriately certified ALS personnel.
3. ALS personnel may release patients not having received or not requiring ALS care to EMT-Basic personnel for care and transportation to a medical facility. However, under no circumstances shall ALS or EMT personnel transfer responsibility for patient care to a CFR once patient care has been initiated by ALS or EMT-Basic personnel. This does not relieve CFRs of their patient care responsibilities.

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[1] **REGIONAL DEFINITION OF PATIENT CONTACT:**

Pursuant to the provisions of Public Health Law, the individual having the highest level of pre-hospital certification and who is responding with authority, "has a duty to act" and therefore is responsible for providing and/or directing emergency medical care and the transportation of a patient. Such care and direction shall be in accordance with all NYS standards of training, applicable State and Regional protocols and may be provided under direct medical control. Patient Contact is established when a certified pre-hospital care provider responding with authority encounters a person who requests (or has a request made on his or her behalf) for an assessment or treatment of an emergency medical condition or when no verbal request may be made, if a prudent layperson observer would conclude, based on the person's appearance or behavior, that the person needs assessment or treatment of an emergency medical condition.

[2] NYSDOH Policy Statement 98-05, *Responsibilities of EMS Providers & Coordination of EMS Resources, May 1998*

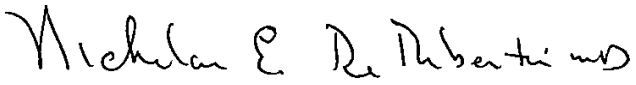
Regional Advanced Life Support Utilization Criteria

The following list is intended provide guidance to EMS agencies and dispatch centers in determining if a patient requires or may significantly benefit from pre-hospital Advanced Life Support (ALS) intervention. Specific criteria that dictate Paramedic responses are:

Airway Obstruction / Choking Altered Mental Status / Confusion Allergic Reaction / Anaphylaxis Cardiac Emergency / Chest Pain / Cardiac Arrest Drowning / Near Drowning Drug Overdose / Reaction Electrical Shock Hypothermia Hemorrhage (Uncontrolled) Heat Stroke / Exhaustion **Major Trauma** Mass Casualty Incident Shock / Hypoperfusion Suspected Stroke / CVA Obstetrical Emergency / Child Birth Poisoning / Toxic Exposure Respiratory Distress / Difficulty Breathing Seizure / Post Seizure State Unresponsive / Unconscious Unstable or Abnormal Vital Signs	**a) Physical Findings Consistent with NYSDOH BLS Protocols** **b) Mechanism of Injury:** - Fall of Greater Than 20 Feet (Adult) - Fall of Greater Than 10 Feet (Child) - Auto Vs. Pedestrian / Bicyclist (Thrown, Run Over, or Greater Than 20MPH) - Motorcycle Crash : • *Greater Than 20 MPH with Separation of Rider (Adult)* • *Any Motorcycle Crash (Child)* - Vehicle Vs. Pedestrian / Bicyclist Auto Crash (Thrown, Run Over, or Greater Than 20 MPH) - *Vehicle Crash With:* • *Death In Same Passenger Compartment* • *Ejection (Partial or Complete)* • *Intrusion (Greater Than 12 Inches Occupant Site / 18 Inches Other Site)* • *Rollover:* o With Unrestrained Occupant (Adult) o Any Rollover (Child) • Vehicle Telemetry Data Consistent With High Risk Injury **c) Serious Burns (Chemical, Electrical, Thermal)** **d) High Risk Patients Consistent with NYSDOH BLS Protocols**

These criteria are not to be substituted for good clinical judgment. Since patients do not always fit into a rigid formula approach, situations may occur which do not meet these criteria. In any situation where it is thought that ALS intervention is needed, a request for ALS services is appropriate. A recognized Emergency Medical Dispatch program will be considered equivalent to the above criteria.

Date: February 8, 2011
Issued and Authorized by:



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