POLICY RECOMMENDATION

The emergency medical services (EMS) crew is responsible for the safe operation of an ambulance. There is a documented risk of crashes involving emergency vehicles resulting in excess injury and death to emergency personnel, patients, and bystanders. Because of this increased risk, it is recommended that the use of red lights and siren during transport should be minimized. Use of lights and siren transport (also referred to as "Code 3" or "Hot response") should be reserved for unstable medical conditions.

PATIENT CARE GOALS

- Identify patients for whom use of emergency lights and siren during transport can potentially reduce patient morbidity and mortality.
- Eliminate unnecessary use of emergency lights and siren during transport.

PROCEDURE

1. **Lights and Siren transport does <u>not</u> mandate traveling at dangerous or excessive speeds, or speeds above the legal posted speed limit.**
2. **Road type, traffic conditions, and weather conditions all must be considered when using lights and siren.** (For example, when driving on a highway, it may be safer to drive with the flow of traffic at normal highway speeds without lights and siren, instead of stimulating possibly erratic lane changes by using lights and siren.).
3. When using lights and siren extreme caution must be taken when approaching an intersection even if a priority light control system is being used. **Ambulance must come to complete stop** before proceeding through an intersection when there is a possibility that cross traffic has a green light.
4. At the discretion of the ambulance crew, driving with lights and siren **<u>may be considered</u>** if the following clinical conditions or circumstances exist **if such use will significantly shorten delays associated in delivering the patient to definitive care.**
   a. Difficulty in sustaining the ABC's including (but not limited to):
      - Inability to establish an adequate airway or ventilation.
      - Severe respiratory distress or respiratory injury not responsive to available field treatment.
      - Acute coronary syndrome, impending or progressing cardiac event or a cardiac dysrhythmia which are unresponsive to available field treatment.
      - Severe, uncontrolled hemorrhage.
      - Shock with altered mental status

   b. Severe trauma including (but not limited to):
      - Penetrating wounds to head, neck, and torso.
      - Two or more proximal long bone fractures.
      - Major amputations (proximal to wrist or ankle).
      - Neurovascular compromise of an extremity.
      - Multi-system trauma.

   c. Severe neurological conditions including (but not limited to):

- Status epilepticus.
- Substantial or rapidly deteriorating level of consciousness.
- Rapid deterioration due to a suspected life threatening cerebral vascular accident (CVA/stroke).
- For a suspected CVA where a significant reduction of time to receive thrombolytic therapy can be achieved and the patient meets treatment inclusion criteria.

d. Obstetrical emergencies including (but not limited to):

- Prolapsed cord.
- Labor complications that threaten survival of the mother or fetus.
- Breech presentation.
- Arrested delivery (inability to complete delivery of a baby that is partially born).
- Suspected ruptured ectopic pregnancy.

e. Patients who pose a safety threat to themselves or the crew after reasonable attempts to control the situation have failed.

4. For any long distance transport (greater than 25 miles), where reducing time to definitive care is clinically indicated, consider options other than emergent driving. In these cases, an alternative mode of transportation or higher level of care (such as air-medical or critical care transfer) should be considered, if available, appropriate, and if it will not delay the arrival of the patient.
5. **Critical-care level interfacility patient transports should not automatically be handled as lights and siren events**. Clinical judgment and the patient criteria listed above should be applied on transfers to determine the level of urgency and transport mode.
6. When a physician or nurse attempts to order lights and siren transport for a patient, when it is believed by the crew to be contraindicated, attempt to resolve the issue with the ordering physician/nurse. Contact medical control to assist in resolving the issue is necessary.
7. Transport with lights and siren should be **avoided** in the following circumstances:
   a. Patients who present with a written and valid "Do Not Resuscitate" (DNR) order, confirmed by the patient's wishes and/or medical authority orders to withhold treatment.
   b. Interfacility transfers when the patient is being transported to a lower level of care.
   c. Transport of human organs, blood, or organ transplant teams. The possible exception would be a long distance inter-city transport of an organ or organ recipient, where the time frame for successful reimplantation is in jeopardy, and use of lights and siren would save a significant amount of time.
   d. Transport of an unsalvageable patient (including cardio-pulmonary arrests) even if treatment procedures are continued en route.
   e. Situations where the crew is requested to respond to another call while currently transporting a patient who does not warrant emergent transport.
8. **Use of lights and sirens during transport must be documented in the patient care report and must include the patient's condition, case circumstances, and the rationale for choosing emergent transport.**