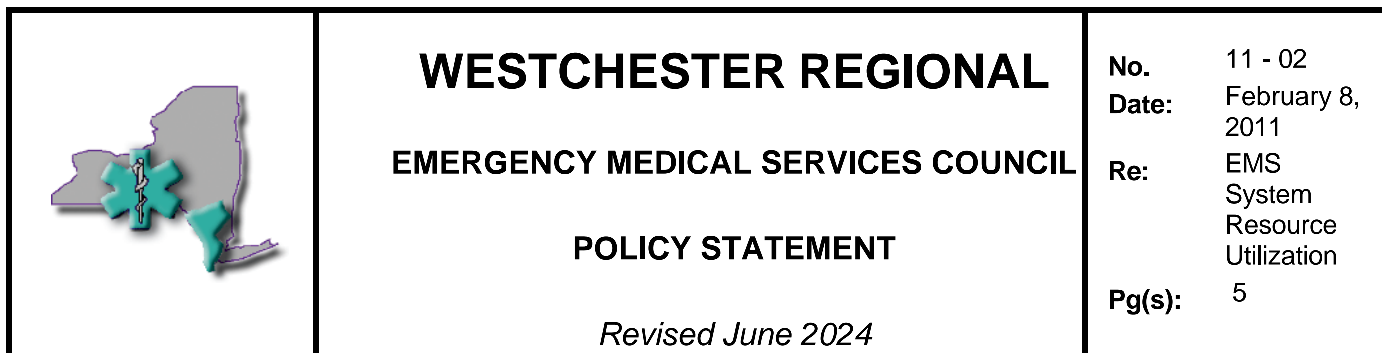

WESTCHESTER REGIONAL

EMERGENCY MEDICAL SERVICES COUNCIL

POLICY STATEMENT

Revised June 2024

No. 11 - 02
Date: February 8, 2011
Re: EMS System Resource Utilization
Pg(s): 5

INTRODUCTION

The Westchester Regional EMS Council (REMSCO) encourages an effective and efficient Emergency Medical Services (EMS) system. The configuration will range from certified first responders, basic life support (BLS) and advanced life support (ALS) pre-hospital care personnel and services. The prompt availability of appropriate level of care resources is paramount. All coordination and integration of participating services will endeavor this goal.

PURPOSE

Due to diverse geographic, economic, and social composition throughout the region, there exist differing EMS capabilities in local jurisdictions. The amalgam of response models employed yield varying results. This policy statement has been developed in conjunction with the Westchester Regional Emergency Medical Advisory Committee (WREMAC) 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 the most appropriate healthcare facility and definitive care.

RESPONSE PLANNING

1. EMS agencies must strive to provide adequate staffing to promptly respond to emergency calls within the service's primary operating territory. It is strongly recommended that EMS agencies 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 and to have appropriate services made available to respond. EMS agencies with staffing plans that require the assembling of a duty crew, are encouraged to roster and schedule available personnel in advance and immediately acknowledge receipt of the initial dispatch so Mutual Aid resources are not summoned unnecessarily;
2. The regional dispatch to response time interval goal (time agency is dispatched to time EMS unit responding to scene) for all ambulance and advanced life support first response (ALSFR) services is 60 seconds (NFPA 1710). Deviations to this standard must be evaluated as part of the service's quality improvement program;

3. Dispatch entities shall dispatch the local EMS agency when required, if there is no reply or response within two minutes (120 seconds) the dispatch entity is strongly encouraged to dispatch a mutual aid unit through the services of the Westchester County Emergency Communications Center (aka 60 Control).
4. EMS Mutual Aid is primarily intended to be used at times when a requesting service's resources have been expended. 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 Emergency Medical Dispatch (EMD) with a quality improvement procedure.
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 or certified provider at the scene, following a full assessment, that ambulance response is unnecessary. Simultaneous dispatch of ALS services, when appropriate, is required and the use of rapid first responders is strongly recommended.
3. As EMS units should be 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;
3. Definitive medical care can only be provided at a New York State Authorized Destination Facility.
4. 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 delay transportation waiting for an intercept with an ALS unit. Patient transport should be initiated as soon as possible with an ALS intercept being coordinated while transporting 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 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. 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.

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. It is strongly recommended that EMS agencies establish procedures to ensure that cancellations by police and fire responders that are NOT NYS EMS certified non-transporting agencies are ONLY initiated when no patient is found. A "patient" is defined as a person encountered by responding personnel with an actual or potential injury or medical problem. "Encountered" is defined as visual contact with the patient. These persons may have requested an EMS response or had it requested for them. If after contact by non-EMS police and/or fire responders, the encountered individual(s) decline care and/or assessment, AND the individual does not appear to have either a potential injury or medical problem, then responding EMS agencies MAY accept cancellation from non-EMS PD or fire responders at their discretion. Police and fire agencies that are operating as certified EMS non-transport agencies are subject to the same criteria listed in sections 3 and 4 of this section.
3. 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 an appropriate scene size-up and patient assessment has been completed, and, it has been determined that such additional resources are not required;
4. A certified EMT acting within their official (EMS) capacity and jurisdiction may cancel a responding ALS unit when;
    a. They have arrived on scene, have made patient contact and after conducting an appropriate assessment under the circumstances present (which must be documented in a patient care report), 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 on scene, or responding 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. Refusals must be documented in a patient care report and must include: (i) an assessment of the patient's capacity to understand the risks and benefits of refusal, (ii) that the risks and benefits of such refusal were presented to the patient by EMS personnel and (iii) the patient verbalized his/her understanding of the information presented and refuses care and/or transport.
5. ALS services cannot be canceled once arrived on the scene and patient contact is established[1]. If the ALS unit arrives on the scene, and has made patient contact, 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.

EMS System Resource Utilization

1. The highest level NYS Certified EMS provider on 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 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. 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 by appropriately certified ALS personnel, unless released by medical control.
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.

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.

Westchester REMSCO

EMS System Resource Utilization

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:

Dr. Nicholas DeRobertis, MD, FACEP
Chair, Westchester Regional Emergency Medical Advisory Committee (Emeritus)

Revised/Updated: June 2024
Authorized by

Dr Erik Larsen, MD, FACEP
Chair, Westchester Regional Emergency Medical Advisory Committee