



*The Pre-Hospital Healthcare Team
for
Saginaw and Tuscola Counties*

Office of the Medical Director

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MEMORANDUM #2010-04

From: SVMCA- Office of the Medical Director

Subject: Medical Priority Response and Transport Protocol

The SVMCA has implemented a new emergency driving, response, transport policy. It replaces all old policies that deal with emergency response, emergency driving, and emergency transport to the hospital. The Medical Priority Response & Transport policy was also approved as an emergency protocol which means that it is immediately in effect and is not subject to a waiting period for implementation.

The policy covers three major areas:

1. General

Specific driving practices are at the discretion of the responding agency. The prior specific driving practice restrictions of the old policy have been relegated to the life support agency and are expected to be individualized to the agency's vehicles, geography and population density.

2. Response

The prior memo regarding response to calls is now explicitly addressed in MCA policy. It allows for emergency response to emergency calls and mandates non-emergency response to non-emergency calls. It allows the individual agencies to establish response parameters (response modes) when it has not been determined if the call is emergent or not. An agency may utilize emergency or non-emergency response until the emergency status is determined. The Medical Priority Dispatch System[®] will be used to determine non-emergency calls when public safety personnel are not on scene.

3. Transport

Priority 1 patients do not need to be transported with lights and sirens unless there is an identified need that cannot be met in the field in a timely fashion. This section **allows** the most senior person on scene to decide to transport a Priority 1 patient without lights and sirens when there is no perceived benefit to the patient. If lights and sirens are utilized, the PCR should have explicit documentation as to why this transport method was utilized. Please see 3c(i-iv) of the policy for reasons as to why lights and sirens may be utilized.

As always our office is available for questions or clarification if needed.

Attachment: SVMCA Medical Priority Response & Transport Protocol

Saginaw Valley Medical Control Authority
Adult Treatment Protocols
MEDICAL PRIORITY RESPONSE & TRANSPORT

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1. GENERAL

- a. All EMS agencies within the SVMCA shall adopt internal policies regarding the safe and proper operation of emergency vehicles.
- b. Agency driving policies must meet or exceed the minimum standards set forth in the Michigan Vehicle Code (MCL Act 300 of 1949 Section 257) regarding operation of authorized emergency vehicles.

2. RESPONDING TO REQUESTS FOR SERVICE

- a. Whenever possible (a first or second party caller is available), requests for EMS response will be prioritized using the Medical Priority Dispatch System®.
- b. Responses will either be *emergency* (lights and siren) or *non-emergency*.
- c. Emergency responses will be performed with due regard in accordance with the Michigan Vehicle Code and individual EMS agency policy.
- d. Once a responding agency is notified that a call is considered *non-emergency*, they must downgrade and follow all applicable traffic laws including speed limitations and traffic signals.
- e. Each agency is not prohibited from developing initial response parameters until a medical/trauma emergency is confirmed or denied.
- f. This protocol applies only to life support agencies. Fire and police departments performing their primary duties, and not operating under policies of the SVMCA or utilizing MDCH licensure, are not affected by this protocol.
- g. This protocol covers situations where public safety personnel are not on scene. If public safety personnel are on scene, and have direct contact with the patient(s), the response will ultimately be at their discretion.

3. LIGHTS AND SIREN USAGE DURING TRANSPORT

- a. Because the EMS provider has the ability to address most life-threatening conditions in the field, the vast majority of EMS transports will be performed non-emergency (without lights and siren).
- b. Transporting patients using lights and siren shall be reserved for those situations where:
 - i. The potential benefit of time savings or need for immediate definitive care outweighs the inherent risk to the crew, patient, and general public
 - and-**
 - ii. Weather, road conditions, traffic, and other factors are favorable so that secondary accidents are minimized
 - and-**
 - iii. Treatment of the patient will not be hampered by the increased forces induced of emergency driving
- c. The following are examples of when lights and siren transport may be appropriate, this list is not all-inclusive:
 - i. Patients requiring blood products
 - ii. Patients who require medications not available to the EMS crew
 - iii. Mechanical airway issues that are unresolved in the field by EMS treatment



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- iv. Expertise or procedures that are only available at the destination facility
 - d. A patient's acuity *is* independent of the transport priority. Not all Priority 1 patients require transport using lights and siren. Downgrading a patient's acuity level to justify a lower transport priority is not acceptable.
 - e. The documentation contained within the patient care record (PCR) shall contain assessment and treatment information that supports the provider's decision to use lights and siren during patient transport.
 - f. Ultimately, the decision to transport a patient using lights and siren shall be that of the most qualified provider on-scene caring for the patient based on their assessment of the situation and considering the factors above.

