

Policy Title: **ALS/BLS MANPOWER POLICY**

No. M - 5

Board approval: 1/19/06

Effective: 2/1/06

Supersedes: 9/1/01

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I. Personnel requirements in the NWC EMSS

- A. Each EMS provider agency that operates an emergency transport vehicle shall ensure through written agreement with the EMS System that the agency providing emergency care at the scene and enroute to a hospital meets the requirements of the IDPH Rules and System Policy. (Section 515.830(f) of the EMS Rules)
- B. All patients requiring **Advanced Life Support services**, as defined in the IDPH EMS Act and/or Rules, will be cared for by a minimum of two licensed ALS personnel (either a paramedic or Prehospital R.N.) on the scene and two licensed ALS personnel while en route to the hospital unless an exemption applies or a variance has been granted by the EMS MD.
- C. All patients requiring **Basic Life Support services** as defined in the IDPH EMS Act and/or Rules will be cared for by a minimum of two licensed EMTs at the scene and two licensed EMTs while en route to the hospital.
- D. This policy pertains to the response capabilities of each vehicle identified in an EMS Provider's System Plan agreement as a primary response transport vehicle. It **DOES NOT** pertain to second simultaneous calls requiring dispatch of reserve vehicles approved under the EMS plan. The System expects EMS provider agencies to dispatch the highest level of care **available** once all primary response transport vehicles are committed, pending a request for mutual aid.
- E. All mutual aid ALS vehicles sent by NWC EMS Provider agencies to other NWC EMSS agencies will be staffed with two licensed ALS personnel.
- F. At the time of application for initial or renewal licensure, the applicant or licensee shall submit to IDPH and the System for approval a list containing the anticipated hours of operation for each vehicle covered by the license.
 - 1. A current roster shall also be submitted, which lists the EMTs, PHRNs, and/or physicians who are employed or available to staff each vehicle during its hours of operation. The roster shall include each staff person's name, license number, expiration date, and daytime telephone number, and shall state whether such person is generally scheduled to be on site or on call.
 - 2. An actual or proposed four-week staffing schedule shall also be submitted, which covers all vehicles, includes staff names from the submitted roster, and states whether each staff member is scheduled to be on site or on call during each work shift. (EMS Rules Section 515.830(g)(A)).

II. Paramedic students

A student paramedic is recognized under the law as an EMT and cannot fulfill paramedic personnel requirements. The only **EXCEPTION** to this policy is a **TEMPORARY VARIANCE** authorized by the EMS MD during the team leader portion of the Field Internship after 5 ALS team leader calls have been logged and accepted by the hospital EMS Coordinator. Under the waiver provisions, a patient with no cardiorespiratory compromise who has been attended to by two licensed paramedics/PHRNs and one paramedic student on the scene may be transported by one licensed paramedic and the paramedic student. The student must have met all objectives of phases I and II and must drive the ambulance to the hospital (leaving the licensed paramedic to provide direct patient care). A variance must be requested by the Provider Agency in writing, accompanied by a description of the staffing hardship necessitating the variance. It must be reviewed for each student if renewal is petitioned, as stated in System Policy V-1.

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- III. **Private ambulance in need of additional ALS assistance may do one of the following:**
- A. Call their dispatch center and request help from the local 911 EMS provider, giving the location, patient condition and rendezvous point;
 - B. Call mutual aid from the municipality through which they are traveling; or
 - C. Call a system hospital via UHF radio/cellular phone and request that they call the local EMS provider for assistance.
- IV. **Transfer of care from one agency to another:** Any EMS Agency assuming responsibility for a patient from another provider agency must receive verbal report from personnel who are relinquishing responsibility for the patient noting the chief complaint, presenting signs and symptoms, vital signs, any treatment rendered, and the patient's responses. The originally responding agency must complete a patient care report documenting the assessments and care provided up to the time of patient transfer and forward a copy of the PCR to the receiving hospital as soon as possible.
- V. **Exemptions to ALS personnel requirements**
- A. **Prescheduled transports of stable patients:** Stable patients requiring ALS monitoring and/or interventions that are being transferred from one healthcare facility to another for diagnostic testing with the intent of returning them to the original facility; or from a healthcare facility to home may be attended by one licensed ALS personnel and one other EMT. In all cases, the ALS care giver must attend the patient and the other EMT must drive. This exemption does not apply to patients being transferred from one hospital to another for tertiary or specialized care.
 - B. **Situations involving patients who required ALS monitoring and/or interventions that are refusing care and/or transport and the first responding EMS personnel (ALS engine or squad on scene with 1 paramedic) are awaiting arrival of another EMS vehicle to comply with ALS personnel requirements:** If the patient is stable and meets eligibility criteria for a refusal of service, the paramedic/PHRN on scene may cancel the responding ambulance and process the refusal per System policy. The refusal of service form must be signed by the paramedic and witnessed by another licensed EMS responder on scene.