Northwest Community EMS System			POLICY MANUAL
Policy Title: ALS/BLS Staffing Requirements			**No. S - 3**
Board approval: 11/10/16	**Effective:** 12/1/16	**Supersedes:** 2/1/06	**Page:** 1 of 2

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 or exceeds the requirements of the IDPH Rules and System Policy. (Section 515.830(g) of the EMS Rules Amended at 40 Ill. Reg. 10006, eff. July 11, 2016).

B. All patients requiring **Advanced Life Support services and determined to be critical, emergent, and/or Unstable**, as defined by IDPH, the EMS Act and/or Rules, and System SOPs and/or policy, 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. Patient requiring ALS services but are determined to be of a lower acuity and stable, may be care for by one licensed ALS personnel and one other EMT.

Levels of acuity: Definitions match the Model of Clinical Practice of Emergency Medicine and are listed in the Ntl EMS Core Content: An acuity level is essential for identifying care priorities in the EMS setting. They are coded to NEMSIS standards and should be documented as such in the PCR/EHR. Critical pts are TIME-SENSITIVE with black box notations throughout the SOPs.

1. **Critical:** Symptoms of a life threatening illness or injury with a high probability of mortality if immediate intervention is not begun to prevent further airway, respiratory, hemodynamic and/or neurologic instability.
2. **Emergent:** Symptoms of illness or injury that may progress in severity or result in complications w/ a high probability for morbidity if treatment is not begun quickly. These may be identified as time-sensitive on a case by case basis.
3. **Lower Acuity:** Symptoms of an illness or injury that have a low probability of progression to more serious disease or development of complications.

C. All patients requiring **Basic Life Support services** as defined by IDPH, the EMS Act and/or Rules, and System SOPs and/or policy will be cared for by a minimum of two licensed EMTs or higher level of licensure at the scene and while enroute to the hospital.

D. This policy is driven by the level of care required by the patient, not the level at which a vehicle is licensed. Agencies have the option of how they will get adequately licensed individuals and/or vehicles licensed and stocked at the ALS level to the scene if ALS care is required. It also only pertains to an agency's first response capabilities within their primary response area as identified in their EMS System Plan agreement. It **DOES NOT** pertain to second simultaneous calls requiring dispatch of reserve vehicles or mutual aid companies. The System expects EMS 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 transport 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, paramedics, 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 level, license number, expiration date, and contact information (e-mail address or phone 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(k2A).

II. **Paramedic students**

A student paramedic is recognized under the law as an EMT and cannot fulfill paramedic staffing requirements. The only **EXCEPTION** to this policy is a **TEMPORARY VARIANCE** authorized by the EMS MD or designee during the later portion of the capstone experience of the Field Internship after the student has demonstrated competency as a paramedic team leader. Under the waiver provisions, an agency may use a current paramedic preceptor and the approved paramedic student as an ALS response team for patients with no cardiorespiratory compromise and determined to have a lower acuity, non-urgent condition. The student 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 on a case by case basis for each student as stated in System Policy V-1.

III. **Private ambulance in need of ALS assistance may do one of the following:**

A. Weigh the risk/benefit to the patient of waiting for a mutual aid ALS team or rapidly transporting to the nearest hospital for care. Call OLMC for a determination.

B. **If the patient is determined to be Critical or Emergen**t: Call their dispatch center and request help from the local 911 EMS provider, giving the location, patient condition and rendezvous point or call 911 for mutual aid from the municipality through which they are traveling. If staffing is limited, they may call a System hospital via UHF radio/cellular phone and request that they call the local EMS provider for assistance.

C. Under no circumstances should a BLS team wait on scene longer for an ALS vehicle from their own agency to respond than the local municipal ALS agency could respond for a patient categorized as Critical or Emergent under the SOPs.

D. If the patient is determined to be lower acuity, but requiring ALS assessment and/or care, the BLS team can call their own agency dispatch center and ask for a vehicle staffed and approved at the ALS level.

IV. **Transfer of care from one agency to another:** Any EMS Agency assuming responsibility for a patient from another provider agency must receive a verbal handover 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. See System policy D4: Data collection and submission.

V. **Exemptions to ALS personnel requirements**

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.

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