

	<p>Susquehanna Regional EMS Council, Inc.</p> <p>Broome, Tioga, and Chenango Counties</p> <p>REMAC Policy Statement</p> <p>Supersedes/ Updates: 17-05</p> <p><i>References Listed at End</i></p>	<p>No. 335.1</p> <p>Date: October 1, 2024</p> <p>Re: Simultaneous ALS Dispatch, Intercept and Cancellation</p> <p>Page 1 of 3</p>
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Background:

It has been shown that provision of the proper level of pre-hospital Advanced Life Support can reduce mortality and morbidity in patients with certain life-threatening illnesses or injury ¹⁻³. The following levels of certification exist for EMS (Emergency Medical Service) clinicians in New York State ⁴:

- Certified First Responder (CFR)
- Emergency Medical Technician - Basic (EMT-B)
- Advanced Emergency Medical Technician (AEMT)
- Advanced Emergency Medical Technician-Critical Care (AEMT-CC)
- Paramedic

In general, Advanced Life Support (ALS) refers to those units responding with a clinician on-board of at least the AEMT-CC level. There may be circumstances where the requested or anticipated need is within the scope of practice for an AEMT when requested by an EMT-B. This should be evaluated on a case-by-case basis.

Within SREMS, ALS has been defined to refer to those units staffed and responding with an AEMT-CC or Paramedic on board at the time of the call.

Within SREMS, it is expected that calls for Emergency Medical Services (EMS) will be processed using Emergency Medical Dispatch (EMD) principles by local 911 Public Safety Answering Points (PSAPs).

Transport should not be delayed for an ALS unit to arrive. The hospital may be the closest ALS resource. Refer to regional guidance or consider online medical command consultation when dealing with complex situations such as those involving stroke, trauma or STEMI destination.

Clinician judgment, based on the patient’s condition, should always be used when making transport decisions. The patient’s best interests should always be at the core of simultaneous dispatching, calling for an intercept of, or cancelling ALS prior to their arrival.

Purpose:

The purpose of this REMAC policy is to ensure that when a patient’s medical condition dictates, that they receive the proper level of pre-hospital Advanced Life Support (ALS) from EMS to the extent possible within the regional system-of-care.

Policy:

1) Simultaneous ALS Dispatch

- a) The following conditions warrant simultaneous PSAP dispatch of the nearest, appropriate, and available ALS unit:
 - i) Emergency Medical Dispatch Priority Determinant levels CHARLIE, DELTA, and ECHO.
 - ii) Any condition for which a responding agency or the PSAP deems an ALS response may be necessary.
- b) An EMT-B or AEMT ON-SCENE may cancel a simultaneously dispatched ALS unit when both of the following conditions are met:
 - i) The patient is noted to have at least one complete set of normal vital signs or vital signs for age in a pediatric patient.
 - ii) The patient has been assessed by the EMT-B or AEMT ON-SCENE and the provider has determined that the patient does not require immediate ALS intervention, monitoring for deterioration, or higher-level assessment before arrival at the destination Emergency Department.
- c) An EMT-B or AEMT ON-SCENE may cancel a simultaneously dispatched ALS unit when the patient has been assessed by the EMT-B or AEMT ON SCENE and the provider has determined that the patient is exhibiting signs of obvious death as defined by NYS Collaborative BLS protocol.

All patients who meet the criteria above will require a completed worksheet either through designated ePCR platform or approved regional worksheet with findings and decision to cancel ALS.

Online Medical Control contact should be considered, but is not required, for all situations where ALS was simultaneously dispatched at the time of the call per this policy and is being canceled by EMT-B or AEMT on scene under the conditions in subsections a or b above.

Should the patient have abnormal vital signs, or there is any question as to whether the patient requires, or may require ALS intervention, monitoring, or assessment before arrival at the destination Emergency Department, Online Medical Control ***MUST*** be contacted before simultaneously dispatched ALS is cancelled.

2) ALS Interception:

- a) When an ALS Intercept has been called for, and the unit making this request has rendered treatment to their level of care and the ALS unit has not arrived, transport should be initiated to the appropriate hospital per SREMS Policy Statement 15-03 (Hospital Diversion) and DOH BEMS Policy Statement 06-01 (Emergency Patient Destinations and Hospital Diversion).

3) Cancellation of Responding units by CFRs:

- a) A CFR on the scene may cancel responding EMS units under the following conditions:
 - i) ONLY if NO INJURY or ILLNESS whatsoever exists.
 - ii) No patient is found upon arrival of responding units.

References:

1. Ryyänen OP, Iiro T, Reitala J, Pälve H, Malmivaara A. Is advanced life support better than basic life support in prehospital care? A systematic review. *Scandinavian journal of trauma, resuscitation and emergency medicine*. 2010 Dec;18:1-4.
2. Bakalos G, Mamali M, Komninos C, Koukou E, Tsantilas A, Tzima S, Rosenberg T. Advanced life support versus basic life support in the pre-hospital setting: a meta-analysis. *Resuscitation*. 2011 Sep 1;82(9):1130-7.
3. Grunau B, Kawano T, Scheuermeyer F, Tallon J, Reynolds J, Besserer F, Barbic D, Brooks S, Christenson J. Early advanced life support attendance is associated with improved survival and neurologic outcomes after non-traumatic out-of-hospital cardiac arrest in a tiered prehospital response system. *Resuscitation*. 2019 Feb 1;135:137-44.
4. NYS DOH Bureau of EMS Policy 23-07 Scope of Practice by Level of EMS Provider - Retrieved Jan 3, 2024
5. NYS DOH Bureau of EMS Policy 06-01 Scope of Practice by Level of EMS Provider - Retrieved Jan 3, 2024
6. SREMS Policy Statement 15-03 Hospital Diversion – Retrieved Jan 3, 2024