

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 848

SUBJECT: CANCELLATION OR REDUCTION OF ALS RESPONSE

PURPOSE:

The purpose of this policy is to identify the responsibilities of BLS prehospital emergency medical personnel when canceling/reducing responding ALS ambulance units when patient contact has been made.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.220, and 1798 et seq.,
California Code of Regulations, Title 22, Division 9, Chapter 4, Sections 100147, 100169 and 100170.

DEFINITIONS:

1. **Code 4 or Canceled Call** - is defined as no further assistance is needed by the Incident Commander (IC). Further responding units are canceled. All ALS units dispatched via the 911 system that are canceled prior to arrival on scene shall be considered to be Code 4.
2. **No Patient Contact** - "No patient contact" is defined as arrival at scene and unable to locate any patient. Verbal or physical contact with a patient has not been made.
3. **Code 3** - For ambulances, Code 3 is defined as proceeding with red lights and siren, according to the California Vehicle Code.
4. **Code 2** - For ambulances, Code 2 is defined as proceeding expeditiously but obeying all traffic laws without exception.
5. **Competent Person** – is a person with a capacity to understand the nature of his/her medical condition, and not impaired by; alcohol, drugs or medications, mental illness, traumatic injury, grave disability or mental abilities diminished because of age.

Effective Date:

Date last Reviewed / Revised: 04/08

Next Review Date:

Page 1 of 3

Approved:

William Koenig, MD
S-SV EMS Medical Director

Victoria Pimette
S-SV EMS Regional Executive Director

SUBJECT: CANCELLATION OR REDUCTION OF EMS RESPONSE

POLICY:**A. Cancellation of Responding Units:**

The IC or designee on the scene of an incident may cancel a responding ambulance unit upon determination of the following:

1. That the incident does not involve an injury or illness which would require assessment, treatment or transport by paramedic personnel, or
2. When the patient is a competent adult and is refusing ALS assessment and or transport.

Before canceling the ambulance, consider the medico-legal responsibility involved. Once an ALS unit has arrived on scene, and ALS personnel are within visual range of the patient, the ALS personnel should attempt to make patient contact.

B. Reducing Code of Responding Units:

The IC or designee on the scene of a medical incident may reduce a responding ambulance from Code 3 to Code 2 upon determination that, in the best judgment of the IC, the illness or injury is not immediately life-threatening and that the difference in Code 3 and Code 2 response time would not likely have an impact on patient safety.

Note: When an ambulance is reduced to Code 2 the agreed upon emergency response time standard is no longer applicable to that call. When an ambulance is reduced to Code 2, it is possible that the responding ambulance will be redirected to a different Code 3 call, resulting in a delayed ambulance response from a distant location.

C. Incidents when the ambulance should not be canceled by BLS EMS personnel:**1. Medical:**

- a. Cardiac arrest with active CPR
- b. Cardiac symptoms
- c. Difficulty breathing
- d. Altered mental status
- e. Drug ingestion
- f. Seizures
- g. Near drowning
- h. GI or OB hemorrhage
- i. All Pediatric patients < 3 years old

SUBJECT: CANCELLATION OR REDUCTION OF EMS RESPONSE

2. Trauma:

- a. Respiratory problems associated with trauma
- b. Significant bleeding associated with trauma
- c. Trauma where the patient has lost consciousness.
- d. All penetrating injuries to the head, neck, chest, torso, and extremities proximal to the elbow and knee.
- e. In general, any traumatic event with a mechanism of injury and high energy impact consistent with serious injury despite a lack of clinical signs and symptoms such as:
 - Ejections from a motorized vehicle.
 - Death in the same passenger compartment.
 - Vehicular crashes requiring extrication time of > 20 minutes.
 - Falls that appear to be > 20 feet.
 - Vehicle rollovers.
 - High-speed vehicular crashes with initial speed > 40 mph, major auto deformity > 20 inches, or intrusion into passenger compartment > 12 inches.
 - Auto-pedestrian/auto-bicycle injuries with significant (> 5 mph) impact.
 - Pedestrians thrown or run over by a vehicle.
 - Motorcycle crash > 20 mph or with separation of a rider from the bike.

CROSS REFERENCES:

Policy and Procedure Manual

Patient Initiated Release at Scene, Reference No. 849

Patient Initiated Refusal of Service, Against Medical Advice (AMA), Reference No. 850

Treatment / Transport of Minors, Reference No. 851

EMS Helicopter Utilization and Request, Reference No. 862