Clinical Policy – Warning Lights and Siren

Background

Ambulance collisions represent a risk for the Emergency Medical Services (EMS) providers who operate on the front line of our health care system. EMS personnel in the United States have more than twice the annual fatality rate of the general public. Many of these fatalities occur during the operation of ambulances. Operation of the ambulance with warning lights and siren (WLS) is associated with an increased rate of collisions. These collisions not only cost life but also cost resources. Further, there is a demonstrated increase in the risk of personal injury and death in collisions that occur under WLS operation. Research has shown that time saved in utilizing WLS for patient transports ranges from less than one minute to almost four minutes. Research evaluating the clinical benefit of utilization of WLS has shown a small benefit of decreased field times in penetrating trauma, but the remainder of the literature examined is negative. The National Association of EMS Physicians (NAEMSP) has issued a position statement calling for limitation of the use of WLS to “emergency situations only”.

Clinical Policy

In accordance with the Statewide Treatment Protocols which go into effect tomorrow, please note the following Clinical Policy regarding use of Warning Lights and Siren (WLS) during transport:

1. Protocol 1.0 Routine Patient Care states: “Use of lights and sirens should be justified by the need for immediate medical intervention that is beyond the capabilities of the ambulance crew using available supplies and equipment.”
2. Use of WLS is a clinical intervention in the same way that application of Oxygen or administration of a defibrillation is so.
3. The mode of transport of each case must be documented in the narrative of the PCR.
4. When WLS use is required, the clinical justification shall also be documented in the narrative portion of the PCR.
5. Please remember the increased risk to yourself, your patients, and the public and operate with maximal caution when using WLS.

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Affiliate Hospital Medical Director Signature

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Date

AHMD Name (print): ___________________________________________________________________________________
References: