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		Title: Policy, ALS Request		

Revision History:				
Rev.	Description of change:	Initiated By:	Approved By:	Effective Date:
-	Initial Release	S.Weigold	R.Bubemyre	04/29/05

1.0 PURPOSE

The ALS Request Policy exists to provide direction for members of the St. Clair Twp. – New Miami Life Squad in the request for personnel to provide a higher level of care for the patient.

2.0 SCOPE

2.1 APPLICABILITY

This policy applies to all members of the St. Clair Twp. – New Miami Life Squad regardless of rank or seniority.

2.2 RESPONSIBILITY

All department officers are responsible for ensuring compliance with this policy.

3.0 DEFINITION OF TERMS

ALS – Advanced Life Support. Generally refers to care above and beyond the level provided by a basic EMT.

ALS Request – A request, generally relayed through dispatch, for additional personnel capable of providing care at the highest level (Paramedic) or at a level higher than that of the member making the request (Intermediate)


4.0 REFERENCE DOCUMENTS

There are no reference documents applicable to this policy.

5.0 EQUIPMENT USED

No equipment is required for compliance with this policy

6.0 SAFETY CONSIDERATIONS

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There are no special safety considerations for compliance with this policy.

7.0 SPECIAL REQUIREMENTS

There are no special requirements for compliance with this policy.

8.0 POLICY

8.1 Criteria for an ALS Request


It is appropriate to request ALS intervention in the care of your patient at any time that the treating EMT deems it appropriate. It is important to note however, that the nature of the emergency response is dangerous to both members and civilians alike. As such, ALS requests should be limited to cases where there is a real potential benefit to the patient. Some examples of cases that may benefit from ALS intervention are:

- ? Chest Pain of suspected cardiac nature (dull, crushing)
- ? Difficulty breathing with other than clear lung sounds.
- ? Airway compromise
- ? Volume depletion (dehydration, blood loss)
- ? Significant nausea and or vomiting
- ? Cardiac Arrest
- ? Drug Overdose (especially narcotic)
- ? Allergic Reaction with significant signs/symptoms (SOB, hives)

Members should note that this is not an all inclusive list and as such, the final determination on the need for ALS intervention is at the discretion of the treating attendant. Note that transport should not be delayed for ALS response. Basic certified members are also strongly encouraged to be aware of their scope of practice, and to treat accordingly.

8.2 ALS Request Communications

Treating attendants wishing to have an ALS intervention should notify dispatch as soon as possible to dispatch for ALS Request. Please ensure that an ALS request is made rather than the traditional “medic” request. A “medic” request excludes the EMT-Intermediate certified who may well be able to provide a sufficiently high level of ALS care. It is recognized however that due to longstanding habits, dispatch may still indicate “medic” request rather than ALS request despite what is actually asked for. As such, a “medic” request may be recognized as an ALS request for the purposes of this policy.

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Members responding to a request for ALS intervention will notify dispatch as rapidly as possible that they are enroute. Members with radio use authorization may simply use proper radio protocol for the notification. Members without radio use authorization or those with radio communications failure should contact dispatch by phone, advise they are enroute, and request that dispatch notify the squad requesting ALS intervention.

8.3 Responding to an ALS Request

8.3.1 Preparations for ALS intercept

Treating attendants who have requested ALS intervention can optimize the benefit of ALS response by being prepared for ALS arrival. Helpful pre ALS arrival tasks include:


- Place the patient on the cardiac monitor and run one or more strips, especially if the rhythm appears to be changing.
- Have as detailed a history as possible, including allergies
- Have a complete set of vitals.
- Set up an IV and have venipuncture supplies ready. IV fluids are generally inexpensive, and are useful for up to 24 hours if not needed on this call.
- On patients with an altered level of consciousness obtain a blood glucose level
- Prepare for transport. Transport efforts should not be delayed while waiting for ALS arrival.

8.3.2 Paramedic

As the paramedic is able to provide the highest level of care available, paramedic certified members authorized to function as such may respond to any ALS Request.

8.3.3 Intermediate

As intermediate certified members are somewhat more restricted in the ALS care they can provide, intermediate certified members are expected to be more restrained in the ALS requests they respond to. In general, intermediate certified members should only respond to calls where their skills are going to be useful. As an example, since EMT-I's are not permitted to administer phenergan, they would be somewhat limited in dealing with a nausea/vomiting patient. It is worth note however that

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many nausea/vomiting patients are also dehydrated, and as such, the EMT-I could provide helpful fluids. In general, when in doubt, the EMT-I member should respond, especially if no other ALS is enroute.

8.3.4 General Considerations

Most calls worthy of an ALS request will need only the assistance of one ALS personnel. As such, members are expected to use judgment when deciding if responding to an ALS request is appropriate. In general if a member with an equal or higher certification is already responding, it is not necessary to respond unless the nature of the call suggests the need for multiple personnel (such as for cardiac arrest). In the rare instance where multiple ALS personnel may be beneficial, it is not necessary or appropriate to deluge dispatch with multiple “enroute” phone calls. In this case, only the first responding member needs call.

9.0 DOCUMENTATION

Members responding to the ALS Request and completing the transport with the patient will sign the run report as is standard procedure for that document. The treating attendant will ensure that the need for, and occurrence of the ALS request is documented in the run report.

Non-compliance with this policy will be documented as needed using the standard department complaint procedure.