

Transporting and Non-Transporting ALS Interface

The intent of this protocol is to conserve resources, while maximizing quality treatment for the patient. The protocol outlines the interface of non-transporting and transporting ALS.

1. Once a transporting ALS unit arrives on scene, the non-transporting ALS unit will disengage from the scene and return to service to be available for future Tier I calls unless one of the following patient scenarios occurs: a) cardiac arrests in which morbidity and mortality may be decreased by having two EMS personnel in the patient compartment throughout transport to the hospital, b) unstable multi-system traumas in which morbidity and mortality may be improved by having two EMS personnel in the patient compartment throughout transport to the hospital, c) other unique, extenuating circumstances in which morbidity and mortality may be decreased by having two EMS personnel in the patient compartment throughout transport to the hospital.
2. The first medic on scene will be the team leader for patient/scene control, and will maintain that lead until patient is delivered to the hospital unless the first medic has disengaged from the call (as noted in #1 above).
3. If the first medic on scene assesses the patient and determines that additional paramedic assistance is not necessary, the first medic can cancel a second medic unit if one has been dispatched.
4. If the non-transporting ALS provider opens his or her drug box before the transporting unit arrives, they may exchange the box with the transporting unit. If such an exchange occurs medics from both units should inspect the box to ensure that the appropriate quantity of narcotics is in the box. Additionally, any medications used should be noted on both run sheets with accompanying notations as to which crew administered them. The drug box exchange should also be noted on both run sheets.
5. The non-transporting ALS provider can complete the run sheet after the transporting crew has departed. The run record must be submitted to the hospital within 24 hours. To ensure that there is no delay in transporting the patient, if the non-transporting ALS provider cannot gather all of the information from the patient for the run record before transport, then they will contact the transporting agency within 24 hours to complete the run record.