

30.7.7 Lights and Sirens Usage

McGregor Standard Operating Guidelines

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PURPOSE: To outline the conditions where lights and sirens usage is appropriate. This policy shall supersede all other policies regarding the use of lights and sirens.

In this document, "hot" is used to refer to the use of lights and sirens ("code 2/3") and "cold" is used to refer to "code 1" or "flow of traffic." Radio traffic should continue to use Code 1 / Code 2 / Code 3 terminology. Code 2 and Code 3 are interchangeable at McGregor.

1. RESPONSE

- a. Crews shall respond cold to calls until the EMD determinant and/or nature are provided.
- b. Crews shall base their response mode upon the following criteria:
 - i. Omega, Alpha, Bravo level calls shall receive a cold response by default.
 - ii. Charlie-level calls with the following primary dispatch reason(s) shall receive a cold response by default:
 1. Abdominal Pain
 - iii. All other Charlie, Delta, and Echo-level calls shall receive a hot response.
 - iv. If no EMD determinant is provided, or for calls to the Express Care, responders may utilize their discretion to respond hot based on the nature of the call.
 - v. All medical alarm activations with no subscriber contact shall receive a cold response.
 - vi. On-scene providers may request the ambulance to upgrade or downgrade their response.
 - vii. If responders deem a hot response necessary, the TEMSIS report should include the rationale. These exceptional cases will be reviewed by the Operations Manager or designee.
- c. Should crews be responding cold to a roadway incident (i.e., motor vehicle collision), crews may utilize lights and sirens upon approaching the scene, regardless of if the criteria listed above are met.

2. TRANSPORT

- a. Transport shall be cold, unless the primary patient care provider determines that the patient meets the any of the following criteria:
 - i. Status 1 patient
 - ii. Status 2 patient refractory to treatment (For E/A, only if a paramedic intercept is unavailable)
 - iii. STEMI or Stroke Alert
 - iv. Sepsis alert meeting any of the following criteria:
 1. Mean Arterial Pressure (MAP) < 65mmHg
 2. Systolic BP < 90mmHg
 3. Temperature < 96.8°F

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- v. Trauma alert meeting any of the following criteria (which correspond to the top two "red" boxes in Protocol 8.18):
 1. GCS \leq 13 (if the patient is normally altered, then only if mental status less than baseline)
 2. Systolic BP $<$ 90mmHg or signs of shock
 3. RR $<$ 10 or $>$ 29bpm, ventilatory support, or $<$ 20 in neonates/infants
 4. Penetrating injuries to head, neck, torso, and extremities proximal to elbow/knee
 5. Chest wall instability/deformity
 6. Two or more proximal long bone fractures
 7. Crushed, degloved, mangled, or pulseless extremity
 8. Amputation proximal to wrist/ankle
 9. Pelvic fracture
 10. Open or depressed skull fracture
 11. Paralysis
- vi. Patients whose emergent clinical needs cannot be met in the field. Reasoning should be documented in the TEMSIS narrative.