EMERGENCY RESPONSE SYSTEM
ALS PROVIDER EXPECTATIONS POLICY

PURPOSE: This policy is to provide a standard set of administrative and operational expectations for advanced life support providers functioning under general supervision.

APPLICABILITY: This policy applies to all EMT-P, EMT-CT, and EMT-I operating under general supervision within the Virginia Beach Emergency Response System.

EXPECTATIONS:

Scheduling

All Members

ALS providers will function in an ALS capacity on a routine basis as defined by the Operational Medical Director. This activity level is required to ensure participation in the emergency medical continuum of care in Virginia Beach. The continuum includes on scene assessment, treatment, transport, and turnover with hospital staff, documentation and dialogue with transport crews.

While individual medics may be assigned on a variety of apparatus, the Operational Medical Director’s requirement is designed to provide a uniform activity level for all medics functioning under general supervision in Virginia Beach.

The primary platforms for ALS delivery are the zone cars, engines and ambulances. However, there is also a vital role for ALS provision other EMS or Fire Department units (i.e. ladders or squad trucks).

All qualified volunteer medics shall be scheduled for duties each month in accordance with the EMS Department Duty Policy. EMS medics assigned to staff and management positions will be assigned to zone cars or ambulances as coordinated with the EMS scheduling officer. Fire medics assigned to staff and management positions will be
assigned to engines, ladders or zone cars as coordinated between EMS and the Fire Department ERS Battalion Chief (ERS BC).

The Department of EMS will assign specific ALS zone cars based on the following considerations:

- ALS staffing of identified zone corridors
- Areas not covered directly by other ALS responders
- Anticipated operational needs

The member will report to the particular zone car assigned on the ALS schedule. EMS5 may authorize a medic to staff a car other than the one designated on the schedule.

EMS5 may reassign the member to another zone if needed to compensate for absences, illness, etc.

If the assigned car is unavailable due to mechanical or other reasons, the member should contact EMS5 for direction.

EMS Department Medics
EMS medics will be assigned to specific shift schedules. Their immediate supervisor will make specific vehicle assignments to best provide coverage for the City.

Volunteer Rescue Squad Medics
Volunteer ALS providers will submit their availabilities directly to the Department of EMS prior to the 10th of the preceding month. Availabilities may be provided by fax, e-mail, or direct submission via the coordinated scheduling program on the Department of EMS Web site.

Each provider will provide at least six availabilities. Life members with tenured-duty requirement levels may provide proportionally fewer choices. It is recommended that the member provide as many openings as possible to support optimal scheduling.

Each rescue squad will assign their members to the ambulance schedule or other appropriate roster in coordination with the department’s centralized scheduling process.

The Department of EMS may request that a member’s shift be moved to another date/time to assist with ALS coverage.
Any qualified volunteer is welcome to staff a zone car as long as their primary ambulance duties have been fulfilled. The ALS Scheduling Coordinator will assist the member with ensuring that the desired car is available to the volunteer.

**Staff Firefighter Medics**

Fire Medics in staff positions will submit a list of availabilities to the ERS BC no later than the 10th of the preceding month. The ERS BC will schedule them via a Fire apparatus. If a Staff Fire Medic is to be assigned to a zone car, the ERS BC will forward the availabilities into the Department of EMS online coordinated scheduling program.

Fire medics in staff positions who choose to practice from a zone car will be assigned two shifts each month [hours of operation to match their daily work schedule], based on their availability.

Once the final ALS schedule is written, a copy will be sent to each member via email.

**Field Firefighter Medics**

Firefighter medics assigned to engines/ladders/squads will not stand routine duties on the zone car.

**ALS Activity Goals**

The Operational Medical Director’s standard for exposure to the continuum of care is defined as routine performance of 4-6 ALS transports to the hospital monthly.

In order to meet activity goals, medics not normally assigned to zone cars or ambulances must be proactive in assuming the lead on ALS calls. If routine operations do not provide enough opportunities for patient transport, the medic should consider occasionally canceling a responding zone car in order to act as the transporting ALS provider.
The activities of all medics will be tracked to ensure goals are being met. The home department may adjust the assignments of an individual medic to ensure adequate opportunities to provide patient care through transport to the hospital.

On Duty Practices

Routine Activities

While on zone or ambulance duty, all members will be under control of EMS5 for operational direction. This direction could include, but is not limited to, responding to calls, posting, shifting zones, training, standbys, and maintenance.

EMS5 may reassign medics assigned to a zone car or ambulance at any time to another zone or apparatus.

The medic will check off the equipment on his/her response vehicle and ensure it is appropriately maintained.

The zone car medic will assist with the check off the ALS equipment on the duty ambulance at their station early in the shift.

EMS Medics will ensure that the 2\textsuperscript{nd} run ambulance at their station is ready for response to calls. If their zone covers more than one ambulance location, then efforts should be made to verify the readiness of ambulances at those locations as well.

All medics are encouraged to participate in training or conduct drills with ambulance crews.

EMS medics will assist with the upkeep of EMS spaces in their assigned station.

When not on calls or otherwise completing the tasks required of a zone car provider, the EMS medic is free to travel or post anywhere within their first due area.
Basing

For basing purposes, the following list outlines the fire and rescue stations in each zone:

- Z2 = Co2, Co7
- Z4 = Co1, Co4
- Z5 = Co5, Co21
- Z6 = Co6, Co13
- Z8 = Co8, Co11, R14
- Z9 = Co9, Co10, Co19
- Z12 = Co11, Co12
- Z14 = Co8, Co11, R14
- Z16 = Co3, Co7, Co16, Co18, Co20
- Z18 = Co3, Co18
- Z19 = Co9, Co10, Co18, Co19
- Z19 = Co9, Co10, Co19

Dual identity zone cars are located at the following stations:

- Zone 8/12 Rescue 14
- Zone 18/19 Rescue 9
- Zone 5/3/21 Rescue 21
- Zone 2/4 – Rescue 2

Should an EMS or Rescue Squad Medic need to leave their zone between calls, they must obtain approval from EMS5. Once the move is cleared, the dispatcher should be advised both when the medic departs their area and when they return.

Bunk space is provided at each rescue station housing a zone car. However, with the exception of Rescues 14, 17 and 21, no room is dedicated solely for the use of a zone car medic. Members should coordinate directly with the host ambulance crew or engine company to determine sleeping arrangements. Most stations require that the member provide their own bedding.

EMS Medics may sleep at any station within their zone as detailed above. Posting at a private residence is not authorized.

EMS and Rescue Squad Medics are encouraged to notify the dispatcher of their location when off the air at night.

Equipment

Medical Supplies

Each zone car will be provided with equipment as outlined in the attached checklist. If items are missing, the medic should work with the ambulance crew at the station to stock missing items. If the ambulance crew is unavailable, the member will contact EMS5 for assistance.
When a zone car or engine/ladder intubation kit is used, the medic should restock as many items as possible from the ambulance or the hospital.

If needed, EMS5 has spare supplies to restock engine/zone car intubation kits during the day. If the kit is used between 2300 and 0600, the oncoming day shift medic will be responsible for notifying EMS5 to restock the kits.

Communications Equipment

A pager is provided for each zone car. If the pager is missing, the member should contact EMS5. They will make arrangements so that alerting equipment is made available within a reasonable time frame. Medics may be required to operate during daylight hours without a pager.

The same pager tones are used for the following zones:

Zone 8/12
Zone 2/7
Zone 18/19
Zone 5/3

Note: The medic should log on with the identity of their zone. The dispatcher does not need to be advised which particular car is in use.

A portable radio is provided for each zone car. If the member cannot locate a radio, they should contact the ambulance crew at that station to obtain a radio. If a radio is not available there, the member should contact EMS5.

Identification

The member will wear their rescue squad or appropriate departmental uniform while on duty.

An ALS ID card will be worn at all times when functioning as a patient care provider within the City of Virginia Beach medical control system.

Injuries/Accidents

EMS Personnel/Equipment

If the member is injured or involved in an accident, they should notify EMS5.

EMS5 will respond and complete the appropriate paperwork.
Fire Personnel/Equipment

Fire personnel involved in an injury or accident should refer to VBFD SOP 6.02 (Reporting Accidents, Injuries and Lost/Stolen Items).

The VBFD Safety Officer will coordinate the appropriate paperwork.

Missed Duties

Rescue Squad Medics

Once a duty is assigned, it is the member’s obligation to stand the duty or have another medic cover it.

Members may trade with other medics. Exchanges should be reported to the ALS Scheduling Coordinator so the master roster will be accurate.

If an emergency situation or illness occurs, notify EMS5 or ALS Scheduling Coordinator as soon as possible. Members who have an unexcused absence will be subject to corrective action and may be assigned an additional duty in the following month.

Staff Fire Medics

If a duty conflict is noted in advance, the member should notify the ERS BC who will notify the ALS Scheduling Coordinator.

In the event of unusual activities such as FEMA deployments, emergent training needs, etc, the ERS BC in conjunction with the ALS Scheduling Coordinator will evaluate whether or not the Staff Fire Medic’s duty requirements can be altered (i.e. a medic may only be required to stand one shift in a particular month). Every effort will be made to accommodate these situations.

For last minute illnesses or emergencies, the Fire Medic should notify their chain-of-command in accordance with Fire Department guidelines. The company officer or battalion chief should notify EMS5.
Certification

Required Credentials

All ALS providers are required to maintain current ALS certifications.

No ALS provider may operate an emergency vehicle without a valid driver’s license.

All EMS Department employees and volunteers are subject to periodic reviews of certifications, driving transcript, and criminal history. Discrepancies will be reviewed by the member’s home department, and appropriate action taken by their chain-of-command.

Medical Control

Patient care complaints will be reviewed by the Medical Control Officers of EMS and Fire as appropriate. This may result in a technician review by the Operational Medical Director (OMD).

The OMD reserves the right to review the performance of any technician functioning under his/her license. Any such review will be coordinated with the member’s home department. Reviews may result in additional remedial requirements, suspension of certification, or revocation of certification as deemed appropriate by the OMD.

Concerns regarding failure to follow policies and procedures of the organization will be reviewed by the EMS Medical Control Officer of the home department in conjunction with member’s chain-of-command.

Failure to comply with operational policies and procedures may result in the revocation of certification by the Director of EMS in accordance with City Code, applicable disciplinary policies and applicable procedural guarantees.
Change in Active Status

**Medical Leave**

If a member suffers from a medical condition that renders them unfit for duty, they should notify their chain-of-command immediately. VBFD personnel should refer to SOP 6.02.

No medic may return to duty status without being medically cleared under the guidelines of their home department and the City of Virginia Beach. VBFD personnel should refer to SOP 6.02.

**General Leave**

Rescue Squad Medics may request a leave of absence via their chain-of-command. Requests must be submitted before the 10th of the month.

Fire Medics will follow City and Fire Department policies and procedures for leave and change of level from ALS to BLS.

EMS Medics will follow departmental and City leave policies.

With the exception of emergency leave situations, no rescue squad medic will be excused from duties for leave once the schedule is written.

**Extended Leave**

Rescue Squad Medics requesting leave for greater than 90 days will be considered inactive and must return their ALS ID card and keys to EMS Administration. Inactive medics are not authorized to function at the ALS level within the Virginia Beach medical control system.

Rescue Squad Medics requesting leave for greater than six months must return city-issued pagers and radios.

Rescue Squad Medics under educational contracts are bound to the activity requirements of that contract.
Rescue Squad Medics returning from extended leave must comply with the Department of EMS ALS policy to determine any re-entry requirements.

ALS Operations (General)

Identification

The medic will ensure that their officer code is entered into the vehicle MDT.

A “P” designator will be attached to the unit number of all ALS apparatus except zone cars.

Medics will wear their Advanced Life Support ID card.

Orange tape will be used to designate ALS level on firefighter passport icons.

Orange passport icons will be used for EMS and volunteer rescue squad ALS providers.

Response and Activity

Any unit with an ALS provider may be dispatched to provide care outside their first due area. While it is not desirable to have first response apparatus (engine/ladder/squad) responding great distances, it is reasonable to expect calls for service within their second due area. Longer responses may also occur, but are generally not optimal when travel time exceeds nine minutes.

EMS5 will monitor overall call demands and may request the response of an engine, squad, or ladder outside their first due area to provide a more timely response than the closest responding zone car or ALS ambulance.

To provide the most effective management of the city’s emergency response system resources, recommendations for special calls for any apparatus while enroute to an emergency medical incident should be made directly to EMS5. Once incident command is established, the incident commander will coordinate any resource requests from the scene.

Medics functioning solely on engines, squad trucks, and ladder trucks may be required to ride to the hospital on an ambulance when their ALS services are needed as well as to meet continuum of care standards.
When operational needs or response times dictate, EMS5 may request the Fire Medic provide patient care through the transport phase and cancel a responding zone car. The officer in charge of the apparatus will be contacted when these needs arise. This should not be considered a primary option, and EMS5 will minimize these incidences as much as possible.

On Scene

Medics are expected to function within the scope of their training and certification under the Virginia Beach medical control system.

Medics are expected to provide the highest standard of care possible for their patients until either relieved by another medic or the patient is turned over to a crew with the appropriate level of training (ALS or BLS).

Medics are expected to perform all aspects of patient care, scene leadership, documentation, etc. required for the incident.

Medics will utilize all personnel and equipment available to provide the most appropriate ALS interventions in a timely fashion.

ALS providers are expected to work together in meeting the patients needs as well as ensure a smooth turnover between first arriving and transporting medics.

BLS crews should be involved in care as much as possible. Mentoring and field training are essential to build a strong BLS team.

First arriving medics will assist with transport as the primary or second medic when needed.

Even though another ALS provider may still be responding, patient care should not be delayed solely to wait for a relief. If the patient is ready for transport, transport should be initiated and the responding medic cancelled.
Zone Car Operations

Zone Car Response

Routine Incidents

Medics can expect to provide services over wide areas as operational call demands dictate. If they are closer to an incident than another medic, they should advise EMS5 so reassignment can be made as needed.

Some responses may include the co-response of an ambulance staffed solely by a driver. The medic will act as the attendant (or driver) for the ambulance if needed for patient transport to the hospital.

Some responses may include the co-response of an ALS ambulance. Unless the ALS ambulance or an ALS first responder unit is closer by time and distance, then the zone car will respond in order to provide care until relieved by the ambulance ALS provider.

EMS5 will monitor unit utilization and adjust as needed. Recommendations for special requests of individual ALS units should be made to EMS5.

Response to Special Operations Incidents

EMS Department medics may be directed to respond onboard or co-respond with specialty units if needed (i.e. Support 9).

EMS Special Operations personnel may respond to calls involving their team within their zone area. If the medic was not directly dispatched, he/she should advise EMS5 of their deployment.

EMS5 will work with the Incident Commander to best utilize the medic at the incident or may request that they be returned to service for other calls.
Model ALS Response Examples

Typical ALS Responses:

Units Assigned: E10P, Z9, 921R
Outcome: E10P medic provides ALS level care until relieved by Z9 medic. Z9 medic accompanies patient to the hospital.

Units Assigned: E10P, Z9, 221P
Outcome: Z9 is cancelled from the case. E10P medic provides ALS level care until relieved by 221P medic. 221P medic accompanies patient to the hospital.

Units Assigned: E9, Z9, 521P
Outcome: All units respond. Z9 initiates ALS care until relieved by 521P medic. 521P medic accompanies patient to the hospital.

ALS First Responder, But Prolonged Response of Other ALS

Units Assigned: E4P, Z21, 222S
Outcome: Due to travel distance of Z21, EMS5 will cancel Z21 and advise E4P officer. E4P medic accompanies patient to the hospital.

Multiple ALS Providers Needed (i.e. Cardiac Arrest)

Units Assigned: E18P, Z16, 1621R
Outcome: E18P and Z16 work together with 1621R crew for transport.

First Responding Medic Opted to Transport to Meet Continuum of Care Goals:

Units Assigned: E11P, Z16, 121R
This policy shall become effective upon the approval of the Chief of Emergency Medical Services, Chief of Fire and the Operational Medical Director

APPROVED:

Bruce W. Edwards       Date   Stewart W. Martin, MD       Date
EMS Chief       Operational Medical Director

Signature on File 11/9/2004

Gregory B. Cade       Date
Fire Chief

LEGAL REVIEW

Signature on File

City Attorney’s Office       Date
Originated       Revised
11/9/2004