

I. Purpose

- A. To clarify when an EMT vs. a paramedic can provide direct patient care during EMS calls when responding in a paramedic/EMT configured ambulance.

II. Background

- A. EMS responses encompass a wide range of patient acuity (see Policy 621 *Patient Acuity Guidelines*).
- B. Many patients can be safely cared for by an EMT with a paramedic who is immediately available in the same vehicle.
- C. Ambulance crews need the flexibility to manage workload by appropriately sharing the duties of all phases of patient care, including hospital handoff and documentation.

III. General Criteria for Determining Appropriate Level of Care

- A. Ambulance paramedics and EMTs are authorized to use any combination of history, primary and secondary surveys, first responder activity, vital signs, experience, and judgement to determine a patient's acuity level.
- B. Patients with acuity levels of 1, 2 or 3 require paramedic level management throughout all phases of pre-hospital care, including during transport to the appropriate destination. This rule may be waived in the event of an MCI.
- C. Patients with acuity levels of 4 or 5 may be managed by EMTs on scene and during transport provided the following conditions have been met:
 - 1. Each level 4 or 5 patient has been assessed by a paramedic and does not require, or will likely not require, ALS care at any point during the pre-hospital phase. Exception: a saline locked IV placed by the paramedic is not considered an "ALS" patient.
 - 2. Each ambulance crewmember agrees that a Level 4 or 5 designation is appropriate.

IV. Changes in Patient Acuity

- A. In instances where patients experience a worsening in their status, direct care will revert back to either the first response or transport paramedic.

V. Overall Patient Care Responsibility

- A. While it is appropriate for EMTs to directly manage acuity level 4 and 5 patients, paramedics on scene and during transport will still maintain overall patient care responsibility and oversight.

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