

Emergency Lights and Sirens

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These guidelines were approved by Tom Grawey, DO Medical Director

Definition

Lights and Sirens (L&S) are a medical intervention, similar to medications we administer or procedures such as endotracheal intubation. There are situations where it is indicated and any decision to implement this tool should be subjected to discussions of the potential risks and benefits of the intervention. L&S has safety implications to patients, providers and the public and has little impact on patient care outcomes and saves very little time based on scientific literature. The following tool provides guidance to L&S use.

All Providers

En Route to Scene

Dispatch uses internationally accepted standards through “Priority Dispatch” software to triage EMS runs based on information obtained from callers. The software is designed to overtriage, meaning if there is any question on the severity of the call, it is upgraded to a higher level response. This criteria is utilized by many EMS systems to determine L&S use. The current guideline on L&S use in Kenosha is as follows:

Dispatch Code	Response
Omega	Non-L&S
Alpha	Non-L&S
Bravo	L&S
Charlie	L&S
Delta	L&S
Echo	L&S

This will be subject to change throughout the implementation of the non-L&S response as we monitor the impact on our community.

Decision to Upgrade

At any time during a response the officer has the ability to upgrade a non-L&S response. This may be based on many factors including but not limited to:

- Environmental factors
- Availability of city resources
- Distance from call/out of response district
 - Consider asking dispatch to send a closer engine/truck to arrive sooner
- Lack of information
- Traffic conditions

The factors listed here should not automatically lead to an upgrade (ie. not all calls in bad traffic require L&S). Officers should consider all available information when making the upgrade decision.

En Route to Hospital

Warning lights and sirens transport may be appropriate with time sensitive conditions (such as code stroke, code stemi or patients meeting physiologic or anatomic criteria for trauma center transport), impending or obstructed airway concerns not responding to EMS intervention, or other conditions where EMS intervention is unable to manage the patient condition with resources available based on clinical judgment.

Notes

- L&S use should be documented on the patient care report
- As with all treatment guidelines, deviation may be appropriate in certain situations. Rationale should be documented in the narrative.

END

