Emergency Vehicle Operations

Position Statement

October 2007

Data and research show that the liability of emergency vehicle operations is among the highest of all areas encountered by emergency medical services. More insurance claims are filed and more law suits result each year related to the use of an emergency vehicle than for nearly any other aspect of emergency medical services. Currently, Wisconsin statute does not require any specialized or additional training or certification to operate an emergency vehicle. While the injury and fatal accident rate in Wisconsin has continued well below national averages since 1990, the Wisconsin EMS Association believes that emergency vehicle operations should be addressed by each and every EMS service in Wisconsin. Services should evaluate their operations in an effort to implement an emergency vehicle operations policy for their organization. To aid Wisconsin EMS Association members, the Wisconsin EMS Association has implemented the following position statement.

1. All emergency medical service agencies should draft, implement and enforce a policy with regard to emergency vehicle operations. The policy should be used to educate everyone involved with the EMS service and will stand as a benchmark for emergency vehicle operations within the organization. EMS service leaders must ensure that the emergency vehicle operations policy is followed and adhered to by everyone on the service.

2. All emergency vehicle operators should undergo specific training prior to driving an emergency vehicle. A formal training course, such as the Emergency Vehicle Operators Course (EVOC), should be used whenever possible. If a formal outside training course is not continually or readily available, individual EMS organizations, county associations or regional entities should seek to create their own in-house course based on the principles of EVOC or other standardized emergency vehicle operator courses. Training should include both classroom and behind the wheel education. A final evaluation by a department official other than those providing the training should be completed.

3. Emergency vehicle operators new to driving an ambulance or other response vehicle should complete a supervisory period following their initial training. Officers of the organization should observe the new operator from the passenger seat starting with returning from calls, graduating to non-emergency responses or transports, followed by emergency responses and finally emergency transports.

Wisconsin EMS Association

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4. Whenever possible, emergency vehicle drivers should ordinarily be between the ages of 25 and 70. All vehicle crash data clearly shows a significantly increased risk for those drivers under the age of 25 with a graduating risk for drivers beginning at age 65. Emergency vehicle crash data show the same results including four out of the five last fatal crashes involved drivers under the age of 25. Because of the nature of emergency services, some EMS organizations may have limited options with regard to driver age. Whenever possible, emergency vehicle operations should ordinarily be completed by those within the 25-70 age bracket.

5. Data and research clearly show that the most dangerous location for any emergency vehicle is at an intersection. All emergency vehicle operational policies should include the directive to come to a complete stop at all intersections in which the right of way is not already provided by a green traffic signal or the lack of a stop sign. Whenever conditions permit and when possible, emergency vehicle operators should make visual contact with the driver of each vehicle in the intersection before proceeding.

6. The use of red lights and siren should be reduced as much as possible including during normal conditions on an interstate highway. Transporting patients to the hospital using red lights and siren should be reserved only for the most critical patients in whom a life-saving or sustaining intervention will be performed at the destination hospital within minutes of the patient's arrival. Most ambulance services should be able to limit their use of red lights and siren during transportation to 10% or less. During the response phase, EMS organizations should take every opportunity to downgrade their response to non-emergency whenever reliable information from the scene is available to support this decision. When multiple vehicles are responding to the same location, the first vehicle on scene should attempt to provide response directions to all other responders as soon as possible. A non emergent response should be completed for all calls in which the patient is deemed to be stable either through dispatch information or information relayed from first responders on the scene.

7. EMS organizations should implement a system of monitoring emergency vehicle operations including the continuous review and improvement of these operations. The installation and use of dash or window mounted sensors and cameras is encouraged in order to monitor vehicle operations, provide feedback to drivers on their emergency vehicle operations and allow for the continued improvement of emergency vehicle operations by the entire agency. A review of emergency vehicle operations should be a part of every general employee review and should be completed at least annually by officers of the organization.