

	SOUTHERN FOX VALLEY EMERGENCY MEDICAL SERVICES SYSTEM POLICY & PROCEDURES	
TITLE: STAFFING AND VEHICLE RESPONSE TO PROVIDE EMS SERVICES		
SECTION: OPERATIONS	POLICY NUMBER: D 32.0	
APPROVED BY: DR. ARTHUR PROUST EMS MEDICAL DIRECTOR		
EFFECTIVE DATE: 02/12/2025	PAGE NUMBER: 1 OF 3	

PURPOSE:

To define the Southern Fox Valley EMS System's (SFVEMSS) method of providing EMS services.

DEFINITIONS:

A. Ambulance Assistance Vehicles

1. Ambulance assistance vehicles are dispatched simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance. Ambulance assistance vehicles include fire engines, trucks, squad cars or chief's cars that contain the staff and equipment required by this Section. Ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this Section are not available. The agency shall identify ambulance assistance vehicles as a program plan amendment outlining the type and level of response that is planned. The ambulance assistance vehicle shall not transport or be a primary response vehicle but a supplementary vehicle to support EMS services. The ambulance assistance vehicle shall be dispatched only if needed.

B. Non-Transport Vehicles

1. Non-Transport Vehicles are dispatched prior to dispatch of a transporting ambulance and include ambulances and fire engines that contain the staff and equipment required by this Section. The vehicle service provider shall identify non-transport vehicles as a program plan amendment outlining the type and level of response that is planned. Non-transport vehicles shall be staffed 24 hours per day, every day of the year.

C. Transport Vehicles

1. Advanced Life Support Services or ALS Services – an advanced level of pre-hospital and inter-hospital emergency care and non-emergency medical services that includes basic life support care, cardiac monitoring, cardiac defibrillation, electrocardiography, intravenous therapy, administration of medications, drugs and solutions, use of adjunctive medical devices, trauma care, and other authorized techniques and procedures as outlined in the National EMS Education Standards relating to Advanced Life Support and any modifications to that curriculum or those standards specified in this Part. (Section 3.10(a) of the Act)

2. Intermediate Life Support Services or ILS Services – an intermediate level of prehospital and inter-hospital emergency care and non-emergency medical services that includes basic life support care plus intravenous cannulation and fluid therapy, invasive airway management, trauma care, and other authorized techniques and procedures as outlined in the Intermediate Life Support national curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10(b) of the Act)
3. Basic Life Support or BLS Services – a basic level of pre-hospital and inter-hospital emergency care and non-emergency medical services that includes medical monitoring, clinical observation, airway management, cardiopulmonary resuscitation (CPR), control of shock and bleeding and splinting of fractures, as outlined in the National EMS Education Standards relating to Basic Life Support and any modifications to that curriculum or standards specified in this Part. (Section 3.10(c) of the Act)

POLICY:

A. Staffing

1. Ambulance Assistance Vehicles

- i. Advanced ambulance assistance vehicles shall be staffed with a minimum of one System-approved Paramedic, PHRN or physician
- ii. Intermediate ambulance assistance vehicles shall be staffed with a minimum of one System-approved EMT-I, A-EMT, Paramedic, PHRN or physician
- iii. Basic ambulance assistance vehicles shall be staffed with a minimum of one System-approved EMT, EMT-I, A-EMT, Paramedic, PHRN or physician
- iv. EMR assistance vehicles shall be staffed with a minimum of one System-approved EMR, EMT, EMT-I, A-EMT, Paramedic, PHRN or physician

2. Non-transport Vehicles

- i. ALS Non-Transport Vehicles shall have a minimum of either one System-approved Paramedic or one PHRN and one additional System-approved A-EMT, EMT-I, EMT or physician. Two Paramedics or PHRNs are preferred but not required by the System.
- ii. ILS Non-Transport Vehicles shall have a minimum of either one System-approved A-EMT, EMT-I, Paramedic or PHRN and one additional System-approved EMT, A-EMT, EMT-I, Paramedic, PHRN or physician.
- iii. BLS Non-Transport vehicles shall be staffed by one System-approved EMT, A-EMT, EMT-I, Paramedic or physician and one additional System-approved A-EMT, EMT-I, EMT or physician.

3. Mobile Integrated Healthcare (MIH) Vehicles

- i. Vehicles utilized for MIH programs shall be staffed to meet the level of care to fulfill the needs of a System and IDPH approved MIH program
 1. MIH programs designed to fall within the scope of practice for an EMT shall have a vehicle staffed with a minimum of 1 System-approved EMT that have met the educational requirements to provide care under the MIH program.

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2. MIH programs designed to fall within the scope of practice of a paramedic shall have a vehicle staffed with a minimum of 1 System-approved paramedic that have met the educational requirements to provide care under the MIH program.

4. Transport Vehicles

- i. Transport Vehicle Providers shall ensure that no patient will be transported with:

1. Fewer than two EMTs, Paramedics, PHRNs, PHPAs, PHAPRNs;
2. A physician;
3. A combination, at least one of whom shall be licensed at or above the level of the license for the vehicle.

5. The rights of all patients should be protected to the best of the crew's ability, while ensuring both EMS provider and patient safety.

B. Annual Licensure Attestation

1. Every December the EMS agency will attest, in writing to the EMS System Office, personnel performing EMS services of any kind have an active Illinois Department of Public Health EMS license.

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