

# Lights and Siren Transport Recommendations Provided by the Physicians Advisory Committee (PAC)

## POLICY RECOMMENDATION

Setting the tone for operational safety in emergency medical services (EMS) is the responsibility of organizational leaders, but ultimately, the EMS crew is responsible for the safe operation of an ambulance. There is a documented risk of crashes involving emergency vehicles, resulting in excess injury and death to emergency personnel, patients, and bystanders. Because of this increased risk, it is recommended that the use of emergency lights and siren during transport should be minimized. Use of lights and siren transport should be reserved for unstable medical conditions when it is reasonable to believe that the use of lights and siren will lead to a clinically-relevant, time-saving effort to deliver definitive care.

## PATIENT CARE GOALS

- Identify patients for whom safe use of emergency lights and siren during transport can potentially reduce patient morbidity and mortality.
- Eliminate unnecessary use of emergency lights and siren during transport to improve patient comfort, reduce anxiety, and enhance safety for the patient, the team, and the community.

## PROCEDURE

1. Lights and Siren transport does **not** necessitate exceeding posted speed limits or violating other traffic laws.
2. Road type, traffic conditions, and weather conditions all must be considered when using lights and siren. (For example, when driving on a highway, it may be safer to drive with the flow of traffic at normal highway speeds without lights and siren, instead of stimulating possibly erratic lane changes by using lights and siren.)
3. When using lights and siren, extreme caution must be taken when approaching an intersection, even if a priority light control system is being used. It is recommended that the ambulance come to a complete stop before proceeding through an intersection when there is a possibility that cross traffic may have the right-of-way (i.e., stop sign, yield sign, yellow traffic light, red traffic light, uncontrolled intersection, or roundabout).
4. When using lights and siren:
  - a) Never pass another vehicle while in a “no passing zone” unless the vehicle moves to the right shoulder and comes to a complete stop.
  - b) Come to a complete stop 100 feet from the front or rear of a school bus displaying flashing red lights and/or a “stop” sign.
  - c) Never force the right of way or assume the right of way. Emergency vehicles only have the right of way when the other vehicle yields to you.
  - d) Never tailgate another vehicle, even if they have not moved to the right shoulder of the road and come to a complete stop.
5. At the discretion of the ambulance crew, driving with lights and siren **may be considered** if the following clinical conditions or circumstances exist:
  - a) Difficulty in sustaining the ABCs (airway, breathing, circulation) including (but not limited to):
    - Inability to establish an adequate airway or ventilation.
    - Severe respiratory distress or respiratory injury not responsive to available field treatment.
    - Acute coronary syndrome with one or more of the following: ST elevation in two or more contiguous leads, acute congestive heart failure (CHF), hypotension, bradycardia, wide complex tachycardia, or other signs of impending deterioration.

- Cardiac dysrhythmia accompanied by signs of potential or actual instability (hypotension, acute CHF, altered level of consciousness, syncope, angina, resuscitated cardiac arrest), which is unresponsive to available field treatment.
  - Severe uncontrolled hemorrhage.
  - Shock, unresponsive to available treatment.
- b) Severe trauma including (but not limited to):
- Penetrating wounds to head, neck, and torso.
  - Two or more proximal long bone fractures.
  - Major amputations (proximal to wrist or ankle).
  - Neurovascular compromise of an extremity.
  - Multi-system trauma.
- c) Severe neurological conditions including (but not limited to):
- Status epilepticus.
  - Substantial or rapidly deteriorating level of consciousness.
  - For a suspected stroke where a significant reduction of time to receive thrombolytic therapy can be achieved and the patient meets treatment inclusion criteria.
- d) Obstetrical emergencies including (but not limited to): labor complications that threaten survival of the mother or fetus, such as: prolapsed cord, breech presentation, arrested delivery, or suspected ruptured ectopic pregnancy.
6. For any transport where reducing time to definitive care is clinically indicated, consider options other than emergent driving. In these cases, an alternative mode of transportation or higher level of care (such as ALS intercept, air-medical, or critical care transfer) should be considered if it is available and appropriate, and if it will not delay the arrival of the patient.
7. Critical-care level inter-facility patient transports should **not** automatically be handled as lights and siren events. Clinical judgment and the patient criteria listed above should be applied on transfers to determine the level of urgency and transport mode.
8. When a physician or nurse attempts to order lights and siren transport for a patient when it is believed by the crew to be contraindicated, attempt to resolve the issue with the ordering physician/nurse. If necessary, contact medical control to assist in resolving the issue.
9. Transport with lights and siren should be **avoided** in the following circumstances:
- a) Patients who present with a written and valid “Do Not Resuscitate” (DNR or DNAR) order, confirmed by the patient’s wishes and/or medical authority orders to withhold treatment.
  - b) Inter-facility transfers when the patient is being transported to a lower level of care.
  - c) Transport of human organs, blood, or organ transplant teams. The possible exception would be a long distance inter-city transport of an organ or organ recipient, where the time frame for successful reimplantation is in jeopardy, and use of lights and siren would save a significant amount of time.
  - d) Transport of an unsalvageable patient (including cardio-pulmonary arrests) even if treatment procedures are continued en route.
  - e) Situations where the crew is requested to respond to another call while currently transporting a patient who does not warrant emergent transport.
10. For any lights and siren transport, specifically document in the narrative the patient's condition, case circumstances, and the rationale for choosing emergent transport.

**Reference:** Use of Warning Lights and Siren in Emergency Medical Vehicle Response and Patient Transport  
<http://www.naemsp.org/documents/usewarnlightssirens.pdf>

