

**PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL**

Intercept Policy

When a patient's condition warrants the highest level of available care, in-field service level upgrades shall be utilized to optimize patient care. "*In-field service level upgrades*" as referred to in this policy implies services above the level of care provided by the initial responding agency.

If a patient's condition warrants a higher level of care and an advanced level is available, then the more advanced agency will be called for immediate assistance. Conditions warranting advanced assistance include:

- Trauma patients entrapped with extrication required.
- Patients with compromised or obstructed airways.
- Full arrests.
- Patients exhibiting signs of hypoxemia (*e.g.* respiratory distress, restlessness, cyanosis) unrelieved by oxygen.
- Patients with altered mental status/altered level of consciousness.
- Chest pain of cardiac nature unresolved with rest, oxygen and/or nitroglycerin.
- Patients exhibiting signs of decompensated shock (BP<100mmHg, pallor, diaphoresis, altered LOC, tachypnea).
- Unconscious or unresponsive patients (other than a behavioral episode).
- Any case in which the responding agency or Medical Control deems that advanced care would be beneficial to patient outcome.
- Pediatric cases with any of the conditions listed above.

If the primary response area is covered by any combination of BLS, ILS or ALS, the highest level of service available shall be utilized for any patient whose condition warrants advanced level care as indicated. ILS may be utilized if, and only if ALS is unavailable.

When determining the need for advanced assistance, consideration should be given to the following:

- Transport time to the hospital – Units with less than a 10 minute transport time to the hospital may complete transport without an intercept.
- **Early activation** - Diligent efforts should be made to request an intercept as early as possible. This could include simultaneous dispatch of an advanced unit to the scene of the emergency.
- Rendezvous site – Intercepts should be done in a safe area, away from traffic.

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- ◆ Availability of resources – Units used for intercept should be in direct travel to the receiving hospital. Transportation shall not be delayed due to an intercept not being available. Patients should not be transported via a longer route in order to obtain an intercept.
- ◆ Decisions for or against requesting an intercept should be in the best interest of the patient based on his/her *current* medical condition, not past medical history.

Regardless of the response jurisdiction, if two (2) different agencies with different levels of care are dispatched to and arrive on the scene of an emergency, the agency with the highest certification level shall assume control of the patient.

Safety will be emphasized throughout the intercept and during the transfer of care. Intercepts should not take place on heavily traveled roadways if at all possible. Rendezvous sites should be predetermined by operating procedures or unit-to-radio contact. Sites that should be considered include parking lots, safe shoulders or on side streets.

The following guidelines also apply:

- ◆ Pertinent patient information should be transmitted to the intercepting personnel prior to rendezvous (*i.e.* nature of the problem, vitals).
- ◆ Patients should not be transferred from ambulance-to-ambulance. The higher-level personnel, along with proper portable equipment, shall board the requesting agency's ambulance.
- ◆ The higher level personnel will oversee patient care with the assistance of the requesting agency's personnel.
- ◆ Once the higher level personnel have boarded the requesting agency's ambulance, the higher level provider will determine the transport code for the remainder of transport:
 - ◆ Code 1 (Signal 1) = Emergency transport with lights and sirens in operation.
 - ◆ Code 2 (Signal 2) = Transport without lights and sirens and obeying all normal traffic laws.

NOTE: Transport should never be done using lights only or sirens only (follow the “*all or nothing*” rule).