Red Lights and Sirens
Why the Sacred Cows on Top of Your Ambulance Are Dangerous

Presented by
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These seminar materials are designed to provide an overview of general legal principles and should not be relied on as legal advice. You should seek advice from an attorney if you have particular factual situations related to the materials presented here.
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Doug Wolfberg is a founding partner of Page, Wolfberg & Wirth, and one of the best known EMS attorneys and consultants in the United States. Widely regarded as the nation’s leading EMS law firm, PWW represents private, public and non-profit EMS organizations, as well as billing companies, software manufacturers and others that serve the nation’s ambulance industry. Doug answered his first ambulance call in 1978 and has been involved in EMS ever since. Doug became an EMT at age 16, and worked as an EMS provider in numerous volunteer and paid systems over the decades. Doug also served as an EMS educator and instructor for many years.

After earning his undergraduate degree in Health Planning and Administration from the Pennsylvania State University in 1987, Doug went to work as a county EMS director. He then became the director of a three-county regional EMS agency based in Williamsport, Pennsylvania. He then moved on to work for several years on the staff of the state EMS council. In 1993, Doug went to the nation’s capital to work at the United States Department of Health and Human Services, where he worked on federal EMS and trauma care issues. Doug left HHS to attend law school, and in 1996 graduated magna cum laude from the Widener University School of Law. After practicing for several years as a litigator and healthcare attorney in a large Philadelphia-based law firm, Doug co-founded PWW in 2000 along with Steve Wirth and the late James O. Page. As an attorney, Doug is a member of the Pennsylvania and New York bars, and is admitted to practice before the United States Supreme Court as well as numerous Federal and state courts. He also teaches EMS law at the University of Pittsburgh, and teaches health law at the Widener University School of Law, where he also serves as a member of the University’s Board of Trustees and has endowed the Douglas M. Wolfberg Scholarship at the Commonwealth Law School.

Doug is a known as an engaging and humorous public speaker at EMS conferences throughout the United States. He is also a prolific author, having written books, articles and columns in many of the industry’s leading publications, and has been interviewed by national media outlets including National Public Radio and the Wall Street Journal on EMS issues. Doug is a Certified Ambulance Coder (CAC) and a founder of the National Academy of Ambulance Coding (NAAC). Doug also served as a Commissioner of the Commission on Accreditation of Ambulance Services.
RED LIGHTS AND SIRENS?
Why the Sacred Cows on Top of Your Ambulance are Dangerous

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You told your coworkers you were going to be out for few days, and this is what they heard...

I’m Going to a “Conference” for “Education”

Whatever you do for fun while not working in EMS, it’s your decision...
Be decisive.
Right or wrong, make a decision.
The road of life is paved with flat squirrels who couldn’t make a decision.

Our objective:
Understand EMS legal issues so we can see clear through to the other side…

We’ll try to help you reduce the stress brought on by legal concerns …

...AND YOU THINK YOU HAVE STRESS...
But, it’s better to figure this stuff out now, before it’s too late . . .

Great Moments in Lawyer History

Actual Courtroom Testimony for Your Enjoyment . . .

ATTORNEY: What was the first thing your husband said to you that morning?
WITNESS: He said, "Where am I, Cathy?"
ATTORNEY: And why did that upset you?
WITNESS: My name is Susan!

ATTORNEY: What gear were you in at the moment of the impact?
WITNESS: Gucci sweats and Reeboks.

ATTORNEY: Now doctor, isn't it true that when a person dies in his sleep, he doesn't know about it until the next morning?
WITNESS: Did you actually pass the bar exam?
But lawyers can be useful. We can help you deal with problems before you get in too deep . . .

I’ll Try to Keep This Presentation *Stimulating*…but Painless!
Let's Start With Some Context…

“Sacred Cows”
- Many things in EMS are done because “we've always done them”
- The use of red lights and sirens (RLS) is one such practice

EMS is Health Care
- Like everything in health care, we must ask “does it work”
- That means:
  - Is it safe and effective?
  - Does it reduce morbidity and mortality?
  - Does it improve population health?

“Does it Work”
- Whether or not RLS “works” does not mean:
  - We get somewhere faster
  - It clears traffic for us
  - We show the public how seriously we are treating their "emergency"
Here’s the **real** question:

Does it actually benefit patient care?

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The Evidence

- There is no clear evidence that has ever linked the use of RLS to improved patient outcomes
- National Association of State EMS Officials:
  - “No evidence-based model exists for what mode of operation (lights and sirens) should be used by ambulances when dispatched or when transporting patients.”

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“But Doug, red lights and sirens save time, and time is critical!”

We Must Distinguish

- Are the time savings statistically significant?
- Are the time savings clinically significant?

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In Other Words…

- If RLS reduces response time or transport time by 6 minutes, it may be statistically significant
- But, do the extra 6 minutes make a difference in the clinical outcome of the patient?

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In almost all cases, the answer is…

![No](image.png)
In almost all cases, the answer is...

NO

Response Times

- Are more driven by public perceptions of “quality” service
- Local officials believe that response times are how they hold EMS agencies “accountable”
- It’s something that’s easy to understand and easy to measure
But speed ≠ Quality

Why is RLS Use Prevalent in EMS?
• Cultural realities
  • The use of RLS is an engrained part of the culture of public safety agencies across the board (police, fire, EMS)

Public Safety or Public Health?
• More of our culture has been shaped by public safety than public health
  • As a result, red lights sirens are a baked-in part of the EMS identity

organizational culture
The values and behaviors that contribute to the unique social and psychological environment of an organization...

Why is RLS Use Prevalent in EMS?
• Operational realities
  • Dispatch instructions to “run hot”
  • Lack of protocol-based dispatching system
  • Non-use of response determinants
  • Outdated or overbroad company SOPs
Why is RLS Use Prevalent in EMS?

- Political realities
  - Performance standards that must be met: public’s sense of “accountability”

Political Realities

- Response times are easy to measure and understand
- Provide a convenient “accountability” mechanism for public officials

Safety

- “EMS providers are at a greater risk of death on the job than their police and firefighter counterparts, with 74% of EMS fatalities being transportation related”
  - National Association of State EMS Officials
- Twice as many ambulance crashes involve RLS use
- RLS was in use in 80% of all crashes involving ambulances

Safety

- One study found that EMS personnel may assume that using RLS “gives them license to disregard rules of the road”

After all, isn’t this Rule #1?...
Safety

• In this day and age, recruitment and retention are difficult enough
• We must show – through our words and our actions – that the safety, health and well-being of our personnel are paramount

Liability

• Where there are more ambulance crashes, there will be more lawsuits, settlements and payouts by EMS agencies and local governments
• Increases in insurance premiums
• Cancellations and non-renewals of coverage

Risk-Benefit Analysis

• So, RLS use must be evaluated as would any procedure, intervention or service we provide to our patients
• Flipping the siren switch should be no different than going to the drug box: the only question that must be asked is “will this help the patient?”

California Law re: RLS in EMS

• “Authorized emergency vehicle”
  • Includes any publicly or privately owned ambulance licensed by CHP (Cal Veh Code §165)
  • Every authorized emergency vehicle shall be equipped with at least one steady burning red warning lamp
  • In addition, may display revolving, flashing or steady red warning lights on the front, sides or rear (Cal Veh Code § 25252)

California Law re: RLS in EMS

• Siren and Red Warning Light Use Restrictions
  • Ambulance drivers shall not use the siren and red warning light (Code 3 operation) when traffic is congested to a degree that increased ambulance speed and right-of-way cannot be gained thereby.
  • 13 CCR § 1105(d)

California Law re: RLS in EMS

• Siren and red warning lights shall be used with due regard for safe roadway operation of ambulances and shall not be used except under the following circumstances:
  • (1) When responding to an emergency call or when engaged in “emergency services”
  • (2) When speed in transporting the patient to an emergency medical care facility appears essential to prevent loss of life, undue suffering, or to reduce or prevent disability
California Law re: RLS in EMS

- “Emergency Services” defined as:
  - The functions performed in response to an emergency call.
- “Emergency Call” defined as:
  - A request for an ambulance to transport or assist persons in apparent sudden need of medical attention
  - 13 CCR § 1100.2

For EMS in California, NON-RLS Use is the “Default” Rule.

RLS Use is the Exception!

Six Recommendations for RLS in EMS

- Dispatch
- Policies
- Training
- QI
- Stakeholder Education
- Technology

Dispatch

- EMS systems should use validated dispatch protocols and trained dispatchers
- If your dispatch agency dispatches every EMS response as “hot,” you (and the dispatch agency) are walking on a liability minefield

Dispatch

- Requires use of medically-validated protocols
- Response determinants should be issued on all 911 dispatches
Remember…

• Non-use of RLS does not mean “non-emergency”
• RLS is not a factor in the Medicare definition of an “emergency”
• Reducing RLS use does not negatively affect reimbursement

Policies

• Every EMS agency should have its own policies on RLS use
• Those policies – and your organizational culture – should make it clear that RLS use should be the exception – not the rule

Policies must be more than binders on a shelf…

They must actually be implemented, monitored, enforced and improved over time!

And remember…

• RLS to the scene is one thing…
• RLS to the hospital is something else entirely

Training

• RLS use is an engrained part of EMS culture
• So, training is vital to reset the tone of the organization
• Must be more than mere “lip service”

Quality Improvement

• Just as with any other clinical intervention, RLS use should be integrated into clinical QI programs
• Cases in which RLS is used should be carefully reviewed to determine:
  • Was use appropriate?
  • Did it benefit the patient?
Stakeholder Education

- RLS culture cannot change overnight
- In addition to internal training of ambulance operators, education of the public, elected officials and local stakeholders is likewise critical
- Educate them on the fact that RLS use does not equal “quality” – and only rarely helps the patient

Technology

- As with any new clinical products and devices that come to the market, EMS agencies must stay abreast of evolving vehicle warning and safety technology

Vehicle-to-infrastructure technology (V2I)
- Traffic control preemption devices, etc.
- Vehicle-to-vehicle (V2V) technology
  - Communication directly with other vehicles to request lane access, pass safely and alert traffic to emergencies

Conclusion

- RLS use has substantial risks
- RLS has almost no proven benefits
- Where risks so greatly outweigh benefits, the case for greatly curtailing RLS use is strong

Work with your service and EMS system medical director and identify those conditions where RLS use may benefit the patient
- Then, adopt your policies, procedures, protocols and training accordingly
- Couple this with internal education and public outreach
Together, we must change the culture of EMS…

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