




New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates: New

No. 12 - 04

Date: February 27, 2012

**Re: Advisory on
Patient Care in a
Moving Ambulance**

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This policy was developed to assist EMS providers and agencies in adopting policies and procedures that will address issues of improved and appropriate personal safety while treating and transporting patients in the patient care compartment of the ambulance. Additionally, this policy is intended to articulate the need for provider, patient and equipment restraint in the patient compartment. It is also intended to improve the EMS agency's awareness of the inherent risks to unrestrained personnel and encourage agencies to be proactive in making this aspect of the prehospital environment safer for their personnel and patients.

Background

The patient care compartments of ambulances are not generally designed to protect people in the event of a motor vehicle crash (MVC). Most fatalities and serious injuries in ambulance crashes involve unrestrained or poorly restrained passengers in the patient care compartment. The use of seatbelts and patient care device restraints have been recommended by numerous emergency vehicle crash safety experts as a method of reducing injuries in ambulance crashes. However, many EMS providers still do not use seatbelts or restrain their equipment properly. One motivation for failing to follow this simple safety technique is the belief that EMS providers should be unrestrained in order to provide appropriate patient care. Only a very few prehospital care interventions are so essential they should be performed regardless of an EMS provider's ability to restrain themselves.

Policy

Whenever possible, EMS providers should perform patient care skills when they are appropriately restrained in a moving vehicle or done when the vehicle is stopped. As long as it is safe and appropriate to do so, the ambulance should be pulled off the road and stopped for the duration of necessary interventions and procedures. As a matter of safety, EMS providers should plan their patient care so that essential interventions are performed prior to beginning transport and have ready access to patient care equipment that might be expected to be used during a transport while maintaining provider safety restraints.

Agencies should strongly consider technological adjuncts such as automated vital signs monitors and multiple control panels that will allow providers to continue to perform essential aspects of patient care while seat belted. As an agency considers the purchase of new vehicles, or is retrofitting current vehicles, design considerations such as access to sharps containers, the ability to secure equipment, rounded corners, radio access, and padded head strike zones should be considered and adopted as appropriate. Additionally, new technology such as ventilators and automatic chest compression devices should be evaluated for use in required situations.

Conclusion

Very few patient care interventions are so essential to the preservation of a patient's life or limb that they should be performed regardless of the EMS provider's ability to restrain themselves. EMS providers should attempt to perform all patient interventions while they are appropriately restrained in a vehicle that is in motion. As with all protocols, there will be exceptions, however it should be a very rare occasion where an EMS provider is unrestrained in the back of a moving ambulance for any reason.