



CONCEPT FOR CONSIDERATION

Board Meeting Date: June 15, 2022

Subject: Shared staffing operations between ALS and BLS agencies

CFC#: 0622-01

Committee/Task Force: EMS Operations Committee

Concept Statement

PEHSC asks that the PA Dept. of Health, Bureau of EMS, consider reviewing and clarifying the scenarios in which separate EMS agencies may combine personnel in order to satisfy minimum staffing requirements.

Rationale

The EMS system across Pennsylvania is struggling with an unprecedented workforce shortage which is undoubtedly hindering the system's ability to provide prompt and reliable response to emergency requests for service. This is confirmed in a recent statewide survey of EMS agencies, conducted by the PA Office of Rural Health, where data showed a net decrease in providers over the last 24 months for small and mid-sized agencies. In addition, it was reported that lack of qualified personnel was one of the primary reasons for failed responses.

Recruitment and retention initiatives, while effective, can be lengthy and complex and often offer little short-term relief. Agencies need to be given the latitude to implement creative and non-traditional operational models that best suit their local jurisdictional capabilities. A commonly requested and often misunderstood option is the use of a response model in which multiple understaffed EMS agencies respond to an incident and combine resources on the scene in order to form a complete crew.

Many areas of the commonwealth, especially vast rural and suburban locales, operate a tiered EMS response model with BLS licensed transporting units and non-transporting ALS units. With the current staffing shortages, many of these BLS units are having difficulty meeting the minimum BLS crew requirements, resulting in a failed response. In many instances, the ability to combine interagency resources would greatly increase provision of prompt emergency medical care and transportation.

Current regulation permits the formation of a crew on the scene of an incident. As stated in Title 28 §1027.33 (2), referring to BLS ambulances, *"Responding ambulance crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the required minimum staffing level before transporting a patient."* Similar language is present in §1027.34



and §1027.35 when referring to IALS and ALS ambulances. There is no specific requirement that these crew members are required to be employed by the same agency.

Further, when discussing ALS ambulance and ALS squad interaction, Title 28 §1027.35 (c)(2) and §1027.38 (c)(2) state that *“If the lower-level EMS vehicle is used to transport the patient, that EMS provider shall use the equipment and supplies on the lower-level EMS vehicle, supplemented with the additional equipment and supplies, including medications, from the ALS ambulance (squad).”* The same can be said for IALS resources.

The patient care capabilities in this scenario are identical, regardless of the initial manpower of the responding unit. As an example, a single EMR or above, responding on a BLS ambulance and combining with an ALS squad provider provides an identical level of manpower and equipment as that found on an ALS ambulance. Assuming that all required agreements are in place and that all required elements combine on the scene to meet the minimum staffing requirements of the level of care being provided, allowing an understaffed BLS ambulance to partner with a provider from a supporting agency (whether ALS or BLS) should be permitted. Further, this committee can locate no language, in statute or regulation, that is prohibitive of this practice.

This would greatly ease the staffing burden currently placed on these agencies and lead to increased EMS system performance and, ultimately, emergency care provided to the residents of Pennsylvania.

Committee Comments

The committee strongly requests that the Department review its position on this response model, as well as any statutory or regulatory interpretations that influence it, and issue a detailed clarification that will assist agencies when developing their regional operating plans.

Future Considerations

Should the Department agree to explore this further, PEHSC, through its committees and membership, will offer its full support in reviewing current statute and regulation and offering recommendations for revision.

Board Comments/Action

Approved by the PEHSC board of directors June 15, 2022



PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL
Your Voice In EMS

6/15/2022

Signed _____

Date _____

President