



MEMORANDUM

TO: Contra Costa County Hospitals
Contra Costa County Skilled Nursing Facilities

FROM: Patricia Frost, RN, MSN, PNP, EMS Director 
David Goldstein, MD, EMS Medical Director

DATE: April 8, 2016

SUBJECT: Hospital Guidance for Code 3 Ambulance Operations (#16-OPS-001)

Purpose

The use of Code 3¹ ambulances carries inherent risks to the public and the responding/transporting ambulance crew. Ambulances involved in fatal crashes are twice as likely to be operating Code 3.² On average, a Code 3 response in a small city saves only 43.5 seconds.³

The EMS Agency has detected a trend of inappropriate Code 3 ambulance operations in Contra Costa County. The purpose of this memorandum is to guide hospitals, skilled nursing facilities, and non-emergency (non 9-1-1) ambulance providers in the decision to respond/transport Code 3 during inter-facility transfers.

Decision to Respond/Transport Code 3

The decision to respond to or transport a patient Code 3 to/from a facility is the sole decision of the responding ambulance crew. When evaluating the decision to respond/transport Code 3, consideration should be given to the recommendation of the physician or other medical professional at the sending or receiving facility regarding the patient's acuity and medical condition; however, the recommendation should not override the ambulance crew's independent decision whether or not to operate Code 3.

When an ambulance crew makes a decision to respond or transport Code 3, the

¹"Code 3" driving occurs when the driver of an ambulance sounds a siren as may be reasonably necessary and displays a lighted red lamp visible from the front as a warning to other driver and pedestrians.

²Pirralo: "Characteristics of fatal ambulance crashes during emergency and non-emergency operations," *EVS Monitor*, July/August 1994.

³Hunt RC, et al: "Is ambulance transport time with lights and sirens faster than without?" *Annals of Emergency Medicine* 25(4):507-11, April 1995.



ambulance driver should consider whether there are reasonable grounds to believe there is an *emergency*, whether or not Code 3 operation is necessary and appropriate in responding to or transporting from the *emergency*, and whether traffic and weather conditions allow for the ambulance to be operated safely in a Code 3 configuration. The ambulance driver must operate the ambulance in due regard for the safety of pedestrians or persons using the highway.

In determining whether there is a true emergency, the ambulance driver must determine whether there is a *high probability of death or serious injury* if the ambulance does not respond – or the patient is not transported – Code 3.

Guidance

Inter-facility Code 3 ambulance responses and transports should occur only under limited circumstances and with extreme discretion. The ambulance crew is responsible for making the determination whether the response or transport should be Code 3.

When facilities request an ambulance response for an inter-facility transfer, they may request a level of service (*e.g.*, CCT, ALS, BLS); however, the facility's medical staff should not direct or order the mode of response (*e.g.*, Code 2 or Code 3). The mode of ambulance response or transport shall be determined by the responding ambulance crew and shall be based upon the information provided about the patient's condition and the weather, road and traffic conditions at the time the facility requests ambulance service.

Please direct questions concerning this memorandum to Contra Costa County Emergency Medical Services Prehospital Care Coordinator Aaron Doyle or Prehospital Care Coordinator Bruce Kenagy.

