



TITLE

**END OF SHIFT MANAGEMENT**

SCOPE

Edmonton Zone: Emergency Medical Services  
Calgary Zone: Emergency Medical Services

DOCUMENT #

SWE-EMS-06

APPROVAL AUTHORITY

Senior Provincial Director and Chief Paramedic

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SPONSOR

Executive Directors

REVISION EFFECTIVE DATE

Not applicable

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Not applicable

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**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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## OBJECTIVES

- To align with Alberta Health Services (AHS) policy and union Collective Bargaining Agreements.
- To efficiently utilize available resources to facilitate timely **EMS staff** shift changes while maintaining service delivery requirements.
- To decrease late trip overtime for EMS staff.
- To promote an environment where EMS staff feel safe, healthy, and valued and that is in accordance with the AHS *Our People Strategy*.
- To use data from this initiative to inform other processes and/or programs in the best interest of patient care and EMS staff wellness.

## PRINCIPLES

- Patient care will not be compromised to accommodate shift change. As such, there will still be instances in which late events will require response and will result in overtime. Every reasonable effort will be made based on resource availability to reduce these occurrences.
- During events where the demand for EMS resources exceeds the available resources (example: Mass Casualty Incidents) EMS Operations Management may temporarily suspend use of the End of Shift Management procedure in the interest of patient care.

## APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

## ELEMENTS

### 1. Special Considerations

- 1.1 Where a Collective Agreement varies from the provisions of the Procedure, the Collective Agreement prevails.

### 2. Logging in to the Mobile Data Terminal at the beginning of a Scheduled Shift

- 2.1 EMS staff will define their scheduled end of shift time when logging in to the Mobile Data Terminal (MDT). It is the operational area's responsibility to ensure this is entered correctly.

### 3. EMS staff Expectations in the last 30 minutes of a Scheduled Shift

- 3.1 Within 30 minutes of shift change EMS staff will;
  - a) Consolidate patient care with another **EMS Crew** as per the "Consolidation of Patient Care in AHS Facilities" Operational Protocol. The responsibility of consolidation will be shared as equitably as possible and reciprocated by all EMS staff.
    - (i) Complete the patient care information exchange with the **relief EMS Crew**. Following this, the **Off-going Unit** shall promptly clear the facility and return to their start-stop location for shift change.
  - b) Not depart the facility while remaining in Transport Arrive (TA) status. If the Off-going Unit has cleared from the scene of the assigned event after the scheduled shift end, they may consult with their responsible Supervisor or delegate to determine whether a non-recommendable out-of-service code should be applied.
  - c) Update the scheduled end-of-shift time using the MDT when there are changes from the originally planned end-of-shift time. It is the EMS Operational area's responsibility to ensure the scheduled end-of-shift time entered in the MDT is accurate. **Units** who incur unplanned overtime do not need to update this information.
  - d) Proceed immediately to their designated start-stop location to fuel, wash and restock the vehicle. This will be reciprocated at each shift change, ensuring that **Emergency Response Vehicles** are ready for service delivery.

- (i) When the Off-going Unit is already on overtime they will placed in End of Shift/Rec-End of Shift (per local guidelines) Recommendable. If they require their unit to be fueled, washed and stocked, they shall contact their responsible Supervisor for further direction.
- e) Utilize remaining time on shift to complete outstanding patient care reports, engage in employer directed on-line learning topics and/or review employer communications.

#### 4. EMS staff Expectations at the beginning of a Scheduled Shift

- 4.1 A grace period will not be provided to check the vehicle at the beginning of a shift as this task will be completed by EMS crew finishing their regularly scheduled shift.
- 4.2 Oncoming crews will immediately sign on to the MDT at the start of the shift and be available for events/redeployment.

#### 5. Dispatching Off-going Units

- 5.1 Metro **Units** will be recognized as approaching the end-of-shift by using the end-of-shift alert in CAD. This is a recommendable status in CAD and serves to inform the Emergency Communications Officer (ECO) of the unit's status only.
- 5.2 The ECO will:
  - a) Use the end-of-shift alert to inform the EMS unit recommendation during the pre-alert phase. When the Off-going Unit is closest to an event, the next closest unit, with greater than 30 minutes left in their shift shall be pre-alerted in its place.
  - b) Confirm and fulfill the recommendation for Delta and Echo events, upon event determination. When the Off-going Unit is closest and the event type is of high acuity (Delta or Echo), the ECO will dispatch the Off-going Unit in addition to any pre-alerted, Replacement Unit.
  - c) Assign a Replacement Unit any time an Off-going Unit is dispatched.
  - d) Respond to requests for medical back up by utilizing the Select and Recommend function and consider units approaching the end-of-shift as an appropriate resource capable of responding to an event.

#### 6. Off-going Units That are in Transport Arrive Status at a Hospital

- 6.1 If an Off-going Unit is in Transport Arrive status at a hospital, they may request a Replacement Unit from their responsible Supervisor provided:
  - a) Patient consolidation is not possible and,

- b) Facility Staff indicates it is unlikely that the patient will be admitted prior to EMS staff's scheduled shift end.
- 6.2 The responsible Supervisor will assess the request based on the available information and work with Dispatch to potentially assign a Replacement Unit.
- 6.3 When assigned, the Replacement Unit will respond without use of lights and/or sirens (cold).
- 6.4 Once relief is facilitated, the Off-going Unit will be expected to complete the patient care information exchange, promptly clear the facility and return to their start-stop location for shift change.
- 6.5 The Off-going Unit should not depart the facility while in TA status. If the Off-going Unit has cleared from scene after the scheduled shift end, they may consult with their responsible Supervisor or delegate to determine whether a non-recommendable out-of-service code should be applied.

## 7. Evaluation

- 7.1 The responsible Supervisor will review compliance with this procedure on a monthly basis using Key Performance Indicators (KPIs) against benchmarks from similar time frames within the past year. These KPI's may include but are not limited to:
- a) End of shift overtime, related to providing in-hospital care and/or event responses.
  - b) Delta/Echo Response Intervals by Number of Units Available by hour of day and day of week.
  - c) Delta/Echo and Bravo/Charlie compliance reports.
  - d) Unit availability broken down by hour of day.
  - e) Early trip overtime.
  - f) Monitoring response times through Select and Recommend to ensure this initiative is not contributing to prolonged responses.
  - g) Destination Interval.
  - h) Transport Arrive to Clear compliance.
  - i) Impact to Suburban Rural, Inter-Facility Transfer and contracted EMS system partners.
  - j) Monitor the number of complaints and RLS reports that are generated and linked to end of shift times.

## DEFINITIONS

**Emergency Response Vehicles** means an EMS Vehicle including, but not limited to, Ambulances and paramedic response units that are equipped with Emergency Warning Devices and used or intended to be used for providing emergency medical services.

**EMS Crew** means 2 or more EMS staff who are involved in a particular kind of work or are working together.

**EMS staff** means all AHS EMS direct delivery providers and contract service providers, including casual, part-time employees as well as volunteers of EMS.

**Off-going Unit** means a transport capable emergency response resources (Metro) that is in the last 30 minutes of their assigned shift.

**Relief EMS Crew** means the EMS Crew that takes over patient care at a facility for EMS staff that are within 30 minutes of shift change.

**Replacement Unit** means a transport capable emergency response resources with over 30 minutes remaining in their shift.

**Unit** means an EMS transport capable emergency response resource.

## REFERENCES

- Alberta Health Services Resources:
  - Alberta Health Services *Our People Strategy*
  - *Additional Resource Request/End of Shift Transport Ambulance* (#GV-CGY-EMS-13)
  - *Consolidation of Patient Care in AHS Facilities Operational Protocol* (Version 2.3)
  - *Crew Change During a Call* (#EDM-038)
  - *End of Shift Requirements* (#GV-CGY-EMS-16)
  - *Event Interval Expectations* (#GV-CGY-EMS-20)
  - *IFT Resource Deployment* (#GV-CGY-EMS-25IFT)
  - *Out of Service Units and End of Shift Responses* (#EDM-028)
  - *SCC System Status Management Plan* (Calgary Zone)(#GV-DCD-031)
  - *SCC System Status Management Plan* (Edmonton Zone) (#GV-DCD-019)
  - *Start of Shift Requirements* (#GV-CGY-EMS-15)
- Non-Alberta Health Services Documents:
  - The Health Sciences Association of Alberta (Paramedical Professional and Technical Employees) Collective Bargaining Agreement, April 1, 2014 to March 31, 2017

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