

KALAMAZOO COUNTY MEDICAL CONTROL AUTHORITY
EMERGENCY PROTOCOL - DRAFT
Use of Basic Life Support Ambulances for 911
and Other Unscheduled Out-of-Hospital Incidents

Authority: MCL 333.20919(e)
MDHHS Emergency Protocol 14-02

Justification: COVID-19 Public Health Emergency

Description: This emergency protocol is issued to authorize the use of licensed basic life support (BLS) ambulances (when staffed by at least one KCMCA-authorized EMT-II) for use in 911 and other out-of-hospital incidents. Kalamazoo County has a long-standing requirement for advanced life support (ALS) ambulances to respond to all 911 and other non-scheduled EMS incidents. This protocol will continue to require an ALS response but will permit a hand-off to a BLS ambulance (when staffed by at least one KCMCA-authorized EMT-II) when clinically appropriate as specified below. Additionally, in the event that an ALS ambulance is not readily available (including via in- or out-of-county mutual aid), it will be permissible to respond a BLS ambulance (when staffed by at least one KCMCA-authorized EMT-II). An ALS intercept should be considered for patients who are in need of ALS-level care and where the transport time to the hospital is longer than the time to ALS intercept.

- I. BLS Ambulance for Transport of Non-ALS Patient**
- A. Patient has been assessed by paramedic and determined to meet the criteria below.
 - B. Criteria for BLS Transport
 1. Patient has stable vital signs and is alert AND,
 2. Patient does not (or is unlikely to) require ALS care while being transported to the hospital (BLS personnel may transport patient with saline lock) AND,
 3. Patient does not require cardiac monitoring (e.g., chest pain, dyspnea, syncope) AND,
 4. Arrival of BLS ambulance is likely to be less than the ALS transport time to the hospital.
 - C. Handoff Process
 1. ALS personnel are required to provide BLS personnel with a complete hand-off including complete medical history, pertinent physical exam findings, vital signs, and treatment provided and response.
 2. ALS personnel provide BLS personnel with a KCMCA EMS Field Note form with above information.
 - D. ALS Responsibilities
 1. Provide assessment and care consistent with KCMCA protocols
 2. Assure patient meets criteria above
 3. Provide verbal and written hand-off to BLS personnel
 4. Remain with patient until transfer of care to BLS personnel
 - E. BLS Responsibilities
 1. Assure that patient meets clinical criteria
 2. Receive verbal and written handoff from ALS personnel and obtain any additional information prior to transport

3. Provide continued BLS care consistent with KCMCA protocols with a Level II EMT providing care in patient compartment
 4. In the event of an unanticipated medical emergency requiring ALS care, request an ALS intercept or continue to destination hospital alerting them as to change in condition (whichever provides most timely access to ALS care)
 5. Provide verbal and written (using KCMCA EMS Field Notes) hand-off to hospital personnel
 6. Document EMS encounter (including ALS component) per protocol
- F. Examples of patients appropriate for BLS transport
1. Minor trauma without concerning mechanism of injury or special trauma considerations (e.g., pregnant, blood thinners), and not needing ALS medications (e.g., analgesia)
 2. Opioid overdose with successful reversal with naloxone and with stable vital signs and normal level of consciousness
 3. Suspected alcohol intoxication with stable vital signs, alert, normal blood glucose, alert, no recent seizure, no evidence of trauma, no concern for co-toxins
 4. Behavioral health condition with patient with stable vital signs, alert, and fully cooperative who have not required (or anticipated to need) physical or pharmacologic restraint
 5. Patient was found hypoglycemic and has received ALS treatment resulting in normal level of consciousness, with stable vital signs, and patient not taking oral or long-acting anti-hyperglycemic medications.

II. **Use of BLS Ambulance for Response when No ALS not Readily Available**

- A. An ALS response continues to be the standard for all EMS requests through 911 and other unscheduled out-of-hospital incidents.
- B. Criteria: In the event that no ALS unit is available to respond (including in- and out-of-county mutual aid) or if the anticipated response time of an ALS unit exceeds the projected time interval for BLS response to hospital arrival, a BLS ambulance (when staffed by at least one KCMCA-authorized EMT-II) may be used to respond to the incident.
- C. BLS Responsibilities
1. Provide BLS care consistent with KCMCA protocols with a Level II EMT providing care in patient compartment
 2. Determine if an ALS intercept is indicated considering patient acuity and transport time to the hospital
 3. In the event of an unanticipated medical emergency warranting ALS care, request an ALS intercept or continue to destination hospital alerting them as to change in condition (whichever provides most timely access to ALS care)
 4. Provide verbal and written (using KCMCA EMS Field Notes) hand-off to hospital personnel
 5. Document EMS encounter (including ALS component) per protocol
 6. Complete an online KCMCA incident report
- D. Sentinel Event: Any response under this component of this emergency protocol will be considered to be a sentinel event and must be reported to KCMCA by both the BLS personnel and by agency administrative personnel within 12 hours of the incident.