KALAMAZOO COUNTY MEDICAL CONTROL AUTHORITY (KCMCA)
EMERGENCY PROTOCOL
Use of Basic Life Support Ambulances for 911 Responses
And Other EMS Response Incidents

Authority: MCL 333.20919(e)

Description: This 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 EMS 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 to Priority 1 and 2 EMS incidents but will permit a BLS ambulance response to Priority 3 EMS incidents.

In addition, a hand-off from ALS to BLS ambulance personnel when clinically appropriate as specified below.

Furthermore, 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. However, for time-critical conditions in which ALS care is not likely to change outcomes and would likely result in delayed access to definitive care (e.g., stroke), ALS intercepts may not be appropriate.

Ambulance services unable to staff sufficient numbers of ALS ambulances will attempt to add BLS ambulances staffed by qualified personnel.

I. BLS Ambulance for Transport of Non-ALS Patient Following Priority 1 and 2 EMS Responses

A. A BLS ambulance should be dual-dispatched with ALS when certified EMS dispatcher anticipates likelihood of patient not requiring ALS care
B. Patient has been assessed by paramedic and determined to meet the criteria below.
C. Criteria for BLS Transport (must meet all of the following)
    1. Patient has stable vital signs (pulse between 50 and 100, RR>12/<20, SBP>100/<180, SpO2 >94% on room air) 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.

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D. 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.

E. 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

F. 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

G. 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, has received ALS care resulting in normal level of consciousness, and not taking oral or long-acting anti-hyperglycemic medications.

6. Patients who have received analgesia (e.g., fentanyl IV/IN) and otherwise meet criteria
7. Note: Patients who meet above criteria who have a saline lock in place (no IV fluid infusion) who otherwise meet the above criteria may be transported by BLS

H. ALS Release to MFR Personnel Pending Arrival of BLS Ambulance
1. In the event an ALS ambulance is needed to respond to another emergency and, after determining a patient is appropriate for BLS transport as described above, it is permissible for the ALS unit to temporarily transfer care of the patient to MFRs pending the arrival of the BLS ambulance provided MFR personnel, on scene, are comfortable with handoff

II. Use of BLS Ambulance as Sole Ambulance Response to Priority 3 EMS Incidents

A. It is permissible to dispatch a BLS ambulance to Priority 3 EMS incident
1. An ALS ambulance will be dual-dispatched when EMS dispatch identifies potential need for pre-hospital analgesia based on information obtained from caller.
2. An ALS ambulance should be requested by BLS or MFR personnel on scene if patient found with moderate to severe pain
3. When a BLS unit is available within a 20-minute response time, ALS should not be dispatched to Priority 3 incidents even if an ALS unit is closer, provided analgesia not anticipated
4. A BLS ambulance may replace an ALS ambulance on Priority 2 and 3 incidents when on-scene MFRS have determined the patient is not in need of ALS care

B. ALS will be requested by BLS when the patient fails to meet the criteria for BLS transport (IB)

III. Use of BLS Ambulance for Response when ALS not Readily Available

A. An ALS response continues to be the standard for all Priority 1 and 2 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) to Priority 1 and 2 incidents 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. ALS intercept should only be considered if ALS arrival faster than ED delivery.
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)
   NOTE: Cardiac Arrests occurring while in transport to the hospital should be managed in a stationary ambulance supported by closest MFRs per KCMCA Protocols.
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 detailing circumstances

IV. BLS Ambulance Response to Echo Level Calls

A. A BLS ambulance should be dual-dispatched with ALS to Echo Level incidents when likely closer than ALS ambulance, regardless of response times

B. BLS ambulance should return to service (including while on scene) whenever services no longer needed

V. Quality Improvement and Reporting Sentinel Events

A. All BLS responses occurring under this protocol will be reviewed by the EMS agency and reported weekly to KCMCA in a format acceptable to KCMCA.

B. Sentinel Event: Any BLS response under this emergency protocol to a Priority 1 or 2 incident without ALS or to a Priority 3 incident resulting in a need for ALS care, and/or any emergency transport to the hospital will be considered to be a sentinel event and must be reported to KCMCA by both the BLS personnel and by the agency (along with e-PCR) within 24 hours of the incident. EMS dispatch centers must document attempts / no availability of timely ALS resources for each occurrence under this protocol.