



SOP# 240

BLS

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Reviewed:

Approved By:

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Contra Costa County Operations

Patient Focused - Customer Centered - Caregiver Inspired

BLS Unit Calls for Service and Transfer of Care

A. PURPOSE

1. This policy is implemented to ensure that the appropriate resources are utilized to provide patient care and transport to the hospital in a safe and effective manner.

B. POLICY

1. BLS units will be dispatched to law enforcement requests for non-medical, code 2 5150 calls for service as a standalone EMS resource.
2. ALS and BLS units will be dispatched to certain calls for service where BLS transport to the hospital may be indicated for the patient after an ALS assessment is performed.

C. PROCEDURE

1. Deployment / Posting
 - a. The BLS unit can deploy from the East, Central or West divisions.
 - b. The units shall be posted in accordance with the ALS system status plan
 - c. If 1 BLS unit is available in a division, it shall be posted in the appropriate level 1 assignment.
2. Dispatching procedure of BLS units
 - a. Standalone non-medical code 2 5150 calls for service:
 - i. A BLS unit will be dispatched to a 5150 call for service using Confire Dispatch CAD.
 - ii. The assigned BLS unit will arrive on scene and determine if the patient meets the BLS criteria in Policy #1002 section IV (C) (3-9). If the patient does not meet the BLS criteria in Policy #1002, the BLS unit must immediately

SOP# 240

activate an ALS transport unit.

- b. Code 2 calls for service with an ALS unit attached
 - i. Resources responding to a call for service shall be informed that a BLS unit is responding as a dedicated resource to the incident.
 - ii. Upon arrival on scene, the ALS provider with patient care authority shall assess the patient. If it is determined that the patient will require ALS level of care during transport, on-scene resources shall cancel the BLS unit response.
 - iii. Resources on scene may request a BLS unit ambulance to the scene of an incident through Confire Dispatch in cases where the ALS assessment shows that a BLS level of service is appropriate as defined in Section IV of Contra Costa EMS Policy 1002.
 - iv. If a BLS unit's estimated response time exceeds 20 minutes, the BLS unit shall not be assigned, and the ALS unit shall be advised that no BLS ambulance is available to respond to the scene.
 - v. If an EMT assigned to a BLS unit does not feel comfortable assuming care of a patient from an ALS resource based on patient presentation, the EMT may refuse to assume care of the patient.
 - vi. During the course of their normal duties, if a BLS unit witnesses a situation that warrants an EMS response or is approached by a member of the public to render care in the prehospital setting; the BLS unit shall request an ALS response through Confire Dispatch, and the closest most appropriate Fire and ALS ambulance resources shall be dispatched to the incident in accordance with Contra Costa County EMS Policy 3003.

3. Transporting

- a. During transport, if the patient becomes unstable; or if the attending EMT's assessment determines that the patient now requires ALS intervention; or additional assistance to appropriately care for the patient, the BLS unit shall advise Confire Dispatch of their current location and request the location of the closest ALS unit.
 - i. In situations where the BLS can arrive at the nearest approved receiving facility in less time than the ETA for the responding ALS resource, the BLS unit shall upgrade to code 3 and continue to transport while providing BLS care to the patient until they transfer care at the receiving facility.
 - ii. If the ALS unit ETA is less than the time it will take to transport to the appropriate receiving facility. the BLS unit shall proceed to a safe stopping location to await a paramedic intercept.
 1. If ALS resources are not available to assist with an ALS intercept, the use of First Responder ALS

SOP# 240

(FRALS) resources should be considered.

- iii. BLS crews must be familiar with and operate within the parameters of EMS policy #1008 for restrained patients.

4. Documentation

- a. In accordance with EMS treatment guideline G01 and CCCEMS No.22-memo-009:
 - i. All patients shall receive the following assessments: Blood pressure (as age appropriate), palpated heart rate, respiratory rate, physical exam and skin signs.
 - ii. If indicated, the patient shall also receive the following assessments: Blood glucose, 4-lead or 12-lead ECG, lung sounds, temperature, pain scale, ETCO2 monitoring.
- b. Upon completion of the required assessment, the ALS and BLS provider shall document all assessment findings in their patient care report.
- c. The BLS unit shall also document all assessment findings in their patient care report listing the ALS provider who completed the assessment.

D. ENFORCEMENT OF POLICY

1. Violations of this policy are subject to corrective action up to and including termination of employment.

American Medical Response
Contra Costa County Operations
Standard Operating Procedure #