	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY		Document #	2003.02
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	Sacramento County BLS Tiered Response System		Last Approved Date:	09/14/23
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Purpose:

To utilize Basic Life Support Ambulances within the 911 system for low acuity calls identified through the Emergency Medical Dispatch (EMD) process.

Authority:

- A. California Health and Safety Code, Division 2.5, Section 1797.200

Policy:

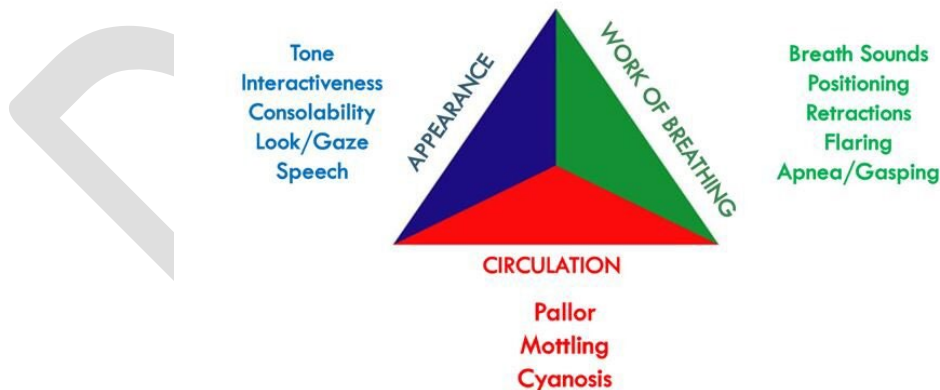
- A. All ambulance responses will be determined using the Medical Priority Dispatch System (MPDS) protocols and respond based on the level and mode of response approved by the Sacramento County Emergency Medical Services Agency (SCEMSA) Medical Director.

Procedure:

- A. A SCEMSA-authorized Medical Services Dispatch Center shall ensure that each request for ambulance service is managed in a manner consistent with established Agency policies, procedures, and the Medical Priority Dispatch System (MPDS) protocols.
- B. A Basic Life Support Ambulance will be dispatched for service requests meeting the dispatch criteria using the MPDS.
- C. Emergency Medical Technicians shall use the SCEMSA-approved policies, procedures, and protocols within their Scope of Practice to assess and treat patients when dispatched to a request for service. This shall include, but not be limited to, documentation standards (electronic patient care report; ePCR) and Receiving Facility Radio Reports.
- D. If the patient assessment conducted by the Emergency Medical Technicians (Basic Life Support Ambulance) reveals a potentially unstable patient, the crew shall rendezvous with a paramedic resource (ALS Ambulance/ ALS Fire/Supervisor/QRV). If the time to rendezvous with a paramedic resource is greater than the estimated transport time to the closest receiving hospital, then the BLS crew shall transport to the closest receiving hospital. Transport mode, i.e., Code 2/3, is at the discretion of the transporting crew.
 1. Potentially unstable adult patient:
 - a. Cardiac Arrest.
 - b. Heart Rate < 50 or > 120.
 - c. Systolic Blood Pressure < 90mmHg.
 - d. Respiratory Rate > 24.
 - e. O₂ sat < 94% (88% for COPD patients)- if the patient is on home oxygen, as measured by usual oxygen flow rate.
 - f. Any patient that meets trauma activation criteria.
 2. Potentially unstable pediatric patient: Pediatric patients will be evaluated using the Pediatric Assessment Tool (PAT). This tool assesses the patient, under the age of 14,

according to the following three components: appearance, work of breathing, and circulation.

- a. Appearance: Using the mnemonic TICLS. The patient is unstable if there is any abnormality of the following.
 - Tone.
 - Interactiveness.
 - Consolability.
 - Look/gaze.
 - Speech/Cry.
 - b. Work of Breathing: The presence of any of the following implies abnormal work of breath and, therefore, potential instability.
 - Stridor.
 - Wheezing.
 - Grunting.
 - Tripod positioning.
 - Retractions.
 - Nasal flaring.
 - Apnea/gasping.
 - c. Circulation of the Skin: The presence of any of the following indicates abnormal circulation or poor perfusion.
 - Pale.
 - Mottled.
 - Cyanotic.
- E. Failing any one point within the three components of the PAT assessment will indicate a potentially unstable pediatric patient and therefore necessitate an ALS level of response.



- F. If the patient refuses transport after the assessment is completed and/or any treatment provided, "Against Medical Advice" paperwork and process must be completed. Complete the process as outlined in SCEMSA policy 2101.18.
- G. All transports involving Basic Life Support Ambulance in the 911 system must be reviewed through the Quality Improvement Process at the ambulance provider level. Any case that needs further attention and review shall be forwarded to the Quality Improvement Coordinator at SCEMSA.

- H. The Emergency Medical Technician shall contact their immediate supervisor for any circumstances that may not be covered in this policy while responding to a request for service, on scene of a request for service, and/or transporting to the receiving hospital.

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