



**Emergency Medical Services District**

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To: All 911 EMS Field Providers

From: Karl Sporer, EMS Medical Director

Re: Transfer of care to BLS Ambulances

Next month, Paramedics Plus will expand its use of Basic Life Support (BLS) ambulances in its delivery of 911 service to Alameda County. The use of BLS ambulances for Alpha and Bravo medical responses as determined in accordance with the Medical Priority Dispatch System (MPDS) has always been permissible under the Paramedics Plus contract with the County.

Analysis of several years of clinical outcome data has identified several Bravo determinants within our EMS system with consistently low clinical severity and corresponding very low rates of ALS intervention. Beginning in March of 2018, Paramedics Plus will expand its use of BLS ambulances in responding to these Bravo determinants.

The expanded use of BLS ambulances in the 911 system will create increased opportunity for first responder unit based Paramedics to transfer the care of a patient to BLS ambulance based EMT's. Transfer of care of patients from Paramedics to EMT's working together on an ALS ambulance has been common and safely occurred in our system for many years. It is equally permissible for a first responder unit based Paramedic to transfer care to a BLS provider in our system when the patient's clinical condition makes it appropriate to do so. The use of an ALS assessment and/or intervention does not preclude the transfer of care to a BLS provider. The severity of the medical issue and Paramedic judgement should dictate when this transfer of care is appropriate.

All patient care decisions in our EMS system should be made with the best interests of the patient in mind. If the patient requires ongoing, time-sensitive ALS level care that could make a meaningful difference in terms of patient outcome, the patient should be transported without delay via the provided BLS unit with the first responder unit based Paramedic retaining care as the primary patient care provider.

In the event a first responder unit arrives on scene for one of the selected determinants to which a BLS ambulance has been assigned and subsequently assesses a patient as “in extremis” or otherwise having an acutely time-sensitive disease process threatening loss of life or limb, the first responder unit may still request a Code 3 non-divertible ambulance response. In this circumstance, the closest ambulance (either BLS or ALS) will respond.

I highly encourage all of our 911 providers to review the current scope of practice of our EMT’s as defined in the Alameda County EMS Protocol Manual. For 911 system BLS ambulance-based EMT’s in Alameda County, this includes:

- Use of Pulse Oximetry and Glucometry
- Administration of Aspirin and Naloxone
- Administration of Epinephrine via Auto Injector
- Assisting patients with the administration of physician prescribed devices, including but not limited to, patient operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices
- Monitoring intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer’s lactate for volume replacement;
- Monitoring, maintaining, and adjusting if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid;
- Transferring a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines
- Monitoring preexisting vascular access devices and intravenous lines delivering fluids with additional medications pre-approved by the Director of the EMS Authority

Thank you for your prompt attention to this matter and your continued hard work and dedication to the residents and visitors of this County.