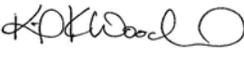


<b>Guideline Name:</b> Basic Life Support Ambulances		<b>Department:</b>  Orange County Emergency Services
<b>Effective Date:</b> October 1, 2018 Revised: October 3, 2024	<b>Issued:</b>  September 1, 2018	<b>Approval(s):</b> Kim Woodward  EMS Division Chief 

**SCOPE**

This policy applies to all members of the Emergency Medical Services (EMS) Division and all prehospital providers franchised to provide 9-1-1 Basic Life Support Response and Transport services within Orange County Emergency Medical Services System.

**PURPOSE**

To set forth policy and procedure for the proper dispatch, service coverage, safe and consistent operations, and quality assurance of 9-1-1 use of basic life support ambulances within the Orange County EMS System.

**DEFINITIONS**

**Basic Life Support (BLS)** is transportation by a ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the State Office of Emergency Medical Services (OEMS). The ambulance shall be staffed by an individual who is credentialed in accordance with 10A NCAC 13P .0502 and G.S. 131E-159 as an Emergency Medical Technician (EMT).<sup>1</sup>

**Basic Life Support (BLS) Units** in Orange County working under the 9-1-1 Service Contract will consist of two North Carolina certified Emergency Medical Technicians who also must be credentialed to practice independently by Medical Direction.

**DISPATCH**

**Unit Designations** – BLS Unit Designations will be defined by Orange County Emergency Services’ Emergency Communications Division. The BLS unit will be named “BLS” plus the number of the initially assigned district of coverage. BLS units may be collocated with an Advanced Life Support unit or in a district in place of an Advanced Life Support unit.

For example, if BLS 1 is assigned in District 1, their response district will be “BLSN”

BLS Unit Designated	May Substitute or Enhance	20-Minute Dispatch Area
BLS 1	Medic 1	BLSN
BLS 2	Medic 2	BLSS
BLS 3	Medic 3	BLSS
BLS 4	Medic 4	BLSN
BLS 5	Medic 5	BLSN
BLS 6	Medic 6	BLSS
BLS 7	Medic 7	BLSN
BLS 8	Medic 8	BLSS

**Call Types** are medical priority codes as part of Medical Priority Dispatch System used to determine appropriate resources. Medical Direction, in cooperation with EMS Administration and the Communications Division, have approved the following call determinants for automatic dispatch of BLS units.

Dispatch Protocol Number	Determinant Descriptor	Determinant Level
<b>EMS EMD</b>		
<b>1</b>	Abdominal Pain	Alpha
<b>5</b>	Back Pain	Alpha / Charlie
<b>13</b>	Diabetic Emergency	Alpha
<b>17</b>	Falls	Alpha / Bravo (except 17A04A and 17B02G)
<b>21</b>	Hemorrhage / Lacerations	Alpha / Bravo
<b>26</b>	Sick Person	Alpha / Omega
<b>29</b>	Traffic/Transportation Incident	Alpha / Bravo
<b>30</b>	Traumatic Injury	Alpha / Bravo
<b>32</b>	Unknown Problem	Bravo (except 32B03)
<b>FIRE EFD</b>		
<b>69</b>	Structure Fire	All
<b>77</b>	Traffic/Transportation Accident	77C02, 77D02, 77D03, 77O01, 77O02

**Geo-Fencing** - The CAD system will recommend BLSS and/or BLSN if the geo-fencing based on AVL is within 25-minutes of the call within either the North side or South side. Any estimated response time greater than 25-minutes will be dispatched to the closest ambulance resource regardless of call type or level of service.

**Free-Lancing** – BLS units may request to respond to any call that they are the closest to regardless of the determinant level.

### **REQUEST AND RESPONSE**

**General Response** – An Advanced Life Support (ALS) ambulance shall not request a BLS unit to substitute or dual respond without permission of an EMS Battalion Chief. BLS units shall not request an ALS unit prior to arrival on scene without the permission of the EMS Battalion Chief.

**BLS Determinant Response** - During responses to the call determinants listed above, the BLS unit shall respond to the scene and provide patient evaluation. If the patient requires an ALS intervention within a BLS disposition, the BLS unit may request advanced life support to respond, perform the required intervention, and the ALS unit may return to service.

If a BLS unit requests an ALS assessment of a patient of uncertain disposition, the responding ALS provider will assume care of the patient. If the responding ALS unit has transport capability, they will become the primary transport unit and return the BLS unit to service. The ALS provider will determine the disposition of the patient and transport accordingly.

**NOTE:** If the responding ALS resource lacks transport capability, the ALS provider must determine what disposition the patient requires. If the patient meets a BLS disposition, then the ALS provider may elect to have the BLS unit transport the patient after the ALS evaluation. If the patient meets an ALS disposition, the ALS provider may elect to transport in the BLS unit, or request an ALS transport unit

Should additional information be obtained after initial EMD that the call indicates a need for ALS level response, an EMS Battalion Chief will be notified.

**Response Outside BLS Determinant** – If a BLS unit is dispatched to a call outside the BLS Determinants **and** there are no ALS Transport units available, the standard response will include the closest EMS Battalion Chief.

If the BLS unit is the first EMS unit on scene, they shall provide an initial patient evaluation. If the patient meets a BLS Disposition within protocol, the BLS unit may cancel the ALS resource. If the patient is of an Unknown or ALS Disposition requiring advanced life support assessment and/or treatment, the BLS unit **shall** request ALS assistance. As above, the responding ALS provider will then assume care of the patient. If the responding ALS unit has transport capability, they will become the primary transport unit and return the BLS unit to service. The ALS provider will determine the disposition of the patient and transport accordingly.

In some cases, it will be appropriate for the BLS crew to initiate transport to the most appropriate hospital. Prior to leaving the call location, alert the ALS responding unit to determine if transport to the appropriate hospital is closer than the arrival time of the ALS provider or if an intercept would be a better option.

The EMS Battalion Chief must be aware of all multi-unit dispatches. In situations where an ALS Transport unit is not available, the closest EMS Battalion Chief will respond to serve as the ALS provider.

### **REFUSAL OF CARE / TRANSPORTATION**

The BLS unit may accept and tender patient care and transport refusals.

If under any circumstance both crew members do not agree with the appropriateness of refusal, do not agree with the patient's refusal, if the patient meets an ALS disposition, or if the patient is considered a high-risk refusal as defined by their experience, they should contact the EMS Battalion Chief. The EMS Battalion Chief should respond to the scene for this request. If unavailable, they may choose to dispatch an advanced life support unit or converse with the patient and/or family to remedy the situation after consultation with the BLS crew.

Should the patient ultimately refuse care and/or transport of the criteria above, the ALS provider on scene shall assume care of the patient, and ensure completion of the appropriate documentation within the ePCR and that all signatures are obtained.

### **DOCUMENTATION**

BLS Units are expected to complete an ePCR for each of their responses to calls for service.

If an ALS unit or EMS Battalion Chief arrives on the call as part of a request for an ALS intervention on a patient from a BLS determinant with a BLS disposition, the ALS provider shall be added to the BLS unit's patient care report. In order to properly account for unit utilization, the ALS unit will create an ePCR for their response with a unit disposition of "No patient contact" and crew disposition of "Incident Support Services Provided".

If an ALS unit is requested **and** there is a transfer of patient care, both units will complete an ePCR with patient contact. The crew disposition will reflect if care was transferred (Initiated Primary Care and Transferred to another EMS Crew) or assumed (Assumed Primary Care from another EMS Crew). These dispositions apply to transfer of care to units inside and outside the Orange County EMS System.

If the patient refuses care or transport and required ALS, the ALS provider on scene shall ensure completion of the refusal. This requires a transfer of patient care, and both units will complete an ePCR with patient contact. The BLS crew disposition will reflect that care was transferred (Initiated Primary Care and Transferred to another EMS Crew) and the ALS unit will assume care (Assumed Primary Care from another EMS Crew). These dispositions apply to transfer of care to units inside and outside the Orange County EMS System. Transport disposition will reflect refusal of transport on the ALS record.

## **EQUIPMENT**

When a basic life support ambulance is placed in service, the crew shall use the equipment appropriate to their scope of practice and may only use medication or equipment that they are qualified to use.

**LifePak 15** – The LifePak 15 monitor / defibrillator can be used in Automatic External Defibrillation mode. If a patient presents with a complaint requiring ALS evaluation and ECG, the BLS crew shall take the ECG and simultaneously request an ALS level resource to respond to the scene or rendezvous. BLS crews should not take an ECG unless indicated by the patient's complaint.

**AED** – If a LifePak 15 is unavailable, an AED is required.

**Meret Pack** – The Meret Pack contains appropriate airway and respiratory equipment suitable for use at the BLS level.

- CPAP
- BVM
- Capnography
- Colorimetric Device
- King Airway
- Oral and Nasal Airways
- Manual Blood Pressure Cuff and Stethoscope
- Diabetic Kit (Oral Glucose only)
- Tourniquet
- Thermometer
- Isolation Kit
- Limb Restraints

In addition, the Meret Bag carries the drug module that contains the following medication that may be used by EMTs in specific protocols.

- Oxymetazoline (Afrin®)
- Ibuprofen
- Acetaminophen
- Aspirin
- Nitroglycerin Spray (if prescribed)
- Diphenhydramine PO
- Epinephrine 1:1,000 IM
- Albuterol
- Naloxone

**Pediatric Bag** (Handtevy®)

Pediatric Blood Pressure Cuff and Stethoscope  
Childbirth Kit  
Oral and Nasal Airway  
iGel / King Airway / Blind Airway Insertion Device

**SAS Bag** – With the exception of the chest decompression needles, the bag contains all BLS material.

**Spare Medication Box** – The spare medication box contains similar medication as listed above.

### **REFERENCES**

1. NC Division of Medical Assistance Medicaid and Health Choice Ambulance Services  
Clinical Coverage Policy No: 15 Effective Date: February 1, 2016