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Public Comment and CCCEMSA Response

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Document Name: CCCEMSA Policies 4012 &1002

Reference	Comment	Response
4012	Due to increasing wait times for Ambulances and ambulance levels in the county being low, BLS ambulances should be dispatched code 3 when there is no ALS ambulance available or the ALS ambula is coming from far away. No reason for us the public to be waiting for an ALS when we can be transported by a Closer BLS ambulance	This is addressed operationally and has always been part of the tiered BLS response model.
4012 **SECTION I PURPOSE**	Language regarding equipment should be removed as this covered in ordinance and will be covered by inspection policy	Removed language related to equipment.
4012 **SECTION II** **BLS Patient Conditions**	BLS ambulance can be staffed by paramedic working in scope of EMT or by an advanced EMT.	Correct
4012 **SECTION II** **BLS Patient Conditions**	HR parameters—If HR is>120 with no associated signs/symptoms, can these be downgraded if an ALS assessment has been completed and cleared for BLS transport? With one-third of BLS transports involving psych holds, when the patient is agitated, the heart rate can range from 120 to 130.	If a patient has a sustained heart rate greater than 120 bpm, the patient should be monitored at an ALS level.
4012 **SECTION II** **BLS Patient Conditions**	II. B. BLS patient exclusions 1. a. Ambulatory patients exhibiting mild intoxication. Need clarification regarding what is considered mild intoxication. Does this include illegal substances and alcohol? Could we consider putting "Ambulatory patients with recent use of drugs or alcohol may meet BLS criteria if all other criteria and conditions are met"	Changed to: Ambulatory, alert, oriented and cooperative patients with recent drug and alcohol use may meet BLS criteria if all other criteria and conditions are met.
4012 **SECTION II** **BLS Patient Conditions**	It reads as though the only vital sign parameter for pediatrics is blood pressure. What if BP is normal but heart rate is 140 in a 5-year-old with a fever? I only bring this up as	Blood pressure is the most significant sign of hemodynamic instability for pediatric patients. Other concerning vital signs would be present based on clinical presentation and patient

	in the past pediatric patients encountered in the 9-1-1 system would not be downgraded to an EMT on a 1-1 unit	exclusion criteria should be applied, e.g., II.B.4.a-f. BLS and ALS providers are trained to recognize concerning signs for pediatrics and use their clinical judgement to determine the best level of care for transport.
4012 SECTION II BLS Patient Conditions	Can the specific vitals be added? This is very helpful and since the adult parameters are listed, it's shows a consistent flow.	
4012 SECTION II BLS Patient Conditions	"The phrase ""vital sign parameters that are consistent with the patient's condition"" is confusing when the parameters are listed below this statement.	Removed "Consistent with patient condition"
	The phrase ""defined age dependent"" is confusing. Maybe ""age dependent"" and remove defined?	Removed "defined"
	What is ""mild"" intoxication?	Addressed and changed. See above row 5
	What other ALS monitoring other than those listed would be required? Recommend that a policy delineate them rather than say ""not limited to"" and list a handful that are not all inclusive.	Removed "may". List is inclusive of specific medical complaints that are ALS, but it is not limited to only these medical complaints.
	What moderate or severe pain would not benefit from ALS pain management? Maybe remove the word ""benefit	It is conceivable that a patient may have moderate to severe pain, but ALS pain management could be contraindicated, not indicated, or declined. If the level of pain is significant and the primary impression/complaint is consistent with anticipated pain management, it should be considered for ALS care.
	The medical director does not have control or authority to authorize BLS ambulances in the system; that authority is given strictly to the EMS administrator/director. Recommend removing this conflicting statement and leave it as ""authorized by CCCEMSA.""	Removed "Medical Director".
	Throughout the document it references ALS, but in section IIIA4 is spells it out again. Also says advance rather than advanced. This section under the header deployment is confusing because ALS upgrade has nothing to do with BLS deployment in a BLS Ambulance Operation in 9-1-1 system policy.	Corrected to write out first Advanced Life Support at first introduction at II.B.4 III.A.4 addresses when a BLS ambulance is deployed. The unit is not permitted in that circumstance to cancel or reduce a responding ALS unit.
	BLS should always activate 911. Fire has sole jurisdiction over vehicle collision scenes and there may be the need for a fire response; EMS cannot circumvent a fire decision to respond, and we cannot by policy preclude ambulances from notifying them. Also, without activating 911, there is no law response. This is a safety issue.	BLS units in this scenario are already part of the 911 system. Added language to include notification of dispatch for walk up and witnessed accident. Changed accident to "incident" to address more scenarios.

	Regarding the BLS vital sign parameter that requires a GCS greater than 12, what should be done for patients who have a GCS of 12 or lower at baseline but otherwise meet all other BLS transport criteria? Do these patients still need to be upgraded to ALS?	GCS removed from inclusion criteria – acute changes in mental status and neurological changes are addressed in exclusion criteria.
4012 **SECTION III Deployment** **&** **Section IV** **Utilization**	More out of service time for taxpayer funded Fire Engine based ALS to provide patient care during transport on BLS ambulances is not the answer. Contra Costa Cities should not have their services reduced because extended wall times at hospitals and private Paramedic shortages persist.	Noted
4012 **SECTION III** **&** **Deployment** **Section IV** **Utilization**	I have noticed a potential inconsistency in proposed policy 4012. The policy states: III. 4. A BLS ambulance deployed to a scene may request an upgrade to Advanced Life Support (ALS) but is not authorized to cancel or reduce an ALS response that has been determined through the EMD process."" However, later in the policy, it is stated: IV. D. When a BLS ambulance deployed within the 9-1-1 system encounters a walk-up medical complaint, witnesses an accident that may require a 9-1-1 response, or is on scene without a dispatched ALS first responder, EMTs should assess the patient(s) and consider the following options: 1. If the patient meets all BLS patient conditions, BLS may retain care."" This appears contradictory. In one instance, BLS is not permitted to determine that a patient meets BLS criteria and thus cannot cancel ALS. In contrast, in situations where there has been no EMD process (such as walk-ups or on-view incidents), BLS is allowed to assess the patient and, if they meet BLS criteria, maintain primary patient care without ALS assessment. Furthermore, why is a 911 BLS ambulance not allowed to cancel an ALS ambulance, while BLS fire departments such as CCFD and RMD can cancel ALS and Air ambulance resources without an ALS assessment?"	There is not an inconsistency, the language is purposeful.
4012 **Section III** **Deployment**	Will Memorandum No. 22-Memo-009 still be active? Could we incorporate that memo's directive regarding BLS transports of 5150s	Policy 3003 addresses the response matrix for BLS deployment.

	into this policy under deployment?	
4012 **Section IV** **Utilization**	This section needs clarification, specifically regarding Zofran. If given PO/IM and improvement is observed, and no second dose is anticipated, can this be downgraded to BLS?	IV.A.3 provides that ALS may transfer care to BLS when ALS interventions have not been initiated that may require ALS monitoring or additional ALS management. If the paramedic determines that the patient would not require continued ALS monitoring, meets the BLS inclusion criteria, and doesn't meet any of the BLS patient exclusion criteria following an ALS intervention (such as administering Zofran), then it would be appropriate to downgrade to BLS.
4012	Good afternoon, my comment is regarding to a BLS ambulance already on scene of a BLS only respnse call and they contact dispatch for a first respnder fire engine, that has paramedics, for a lift assist or "man power" only, no need for ALS upgrade. Does the arriving fire paramedic arriving on scene have to perform an additional ALS assessment then "re-downgrade" to BLS because once on scene the first responder paramedic is the highest authority of medical care. Or is this situation considered a lift assit (or BLS ambulance assist) only since no ALS complaint exists and therefore the first responder PCR should reflect lift assist. Some guidince in this instance with BLS ambulances will be helpful. Thank you.	In this scenario, since the intent of the request is only for additional physical manpower, an ALS assessment would not be indicated.
1002	I do not agree with these changes operationally and believe that the migration to BLS ambulances has greatly lowered the level of care being provided within the county. Additionally mixed responses liability for all parties involved within the system and should not be part of the response model.	Noted
1002 **Section II** **Patient Care Coordination**	A.1 Patient Care Management: Clarification is needed for this subsection. Does this section include MDs and RNs when responding to clinics, SNFs, etc? Current 1002 states "the most medically qualified pre-hospital personnel, first on-scene.."	Updated to: The most medically qualified, licensed, or certified prehospital healthcare provider first on scene of an emergency shall have patient care management authority.
1002 **Section III** **Continuity of Patient Care**	Continuity of Care B. Documentation: Transfer of care from prehospital to transport paramedic should be inferred within the incident timeline. "Pt. care was transferred over" should be sufficient as long as the medic unit "PMXX had arrived on scene" is within the narrative.	The rationale for a downgrade of care from ALS to a BLS level of care must be supported in EHR documentation.