Resource Utilization

Purpose: To facilitate appropriate resource utilization in the EMS system.

I. Priority One and Two Responses*:
- a. First unit on scene should cancel any resources that have not made the scene that are not necessary. (Non-transporting agency should not wait for transporting vehicle to arrive for uncomplicated refusals or public assists)
- b. If BLS and ALS resources are available, they should be dual dispatched to incidents where an EMD dispatcher anticipates likelihood of a patient not requiring ALS care.
- c. A patient may be assessed by a paramedic and determined to be appropriate for transport by a BLS ambulance, if available.
  - i. Criteria for BLS Transportation
    1. Patient has stable vital signs (pulse between 50 and 100, RR>12/<20, SBP>100/<180, SpO2 >94% on room air) and is alert **AND**,
    2. Patient does not (or is unlikely to) require ALS care while being transported to the hospital (BLS personnel may transport patient with saline lock) **AND**,
    3. Patient does not require cardiac monitoring (e.g., chest pain, dyspnea, syncope) **AND**,
    4. Arrival of BLS ambulance is likely to be less than the ALS transport time to the hospital.
- d. ALS to BLS Transfer of Care
  - i. ALS personnel MUST provide BLS personnel with a complete hand-off including medical history, pertinent physical exam findings, vital signs, and treatment provided and response. (This can be in the form of a paper document or direct entry into an electronic record) A verbal report alone is not sufficient.
  - ii. ALS Responsibilities
    1. Provide assessment and care consistent with appropriate protocol
    2. Assure patient meets criteria above
    3. Provide verbal and written hand-off to BLS personnel
    4. Remain with patient until transfer of care to BLS personnel. In the event of system overload where ALS is needed to respond to another emergency. ALS may transfer care to non-transporting BLS or MFR personnel temporarily provided:
       - a. A BLS transporting unit is already enroute to the scene
       - b. BLS non-transporting or MFR personnel are comfortable with level of care necessary
  - iii. BLS Responsibilities
    1. Assure that patient meets clinical criteria
    2. Receive verbal and written handoff from ALS personnel and obtain any additional information prior to transport

3. Provide continued BLS care consistent with protocol
4. In the event of an unanticipated medical emergency requiring ALS care, request an ALS intercept or continue to destination hospital alerting them as to change in condition (whichever provides most timely access to ALS care)
5. Provide verbal and written hand-off to hospital personnel
6. Document EMS encounter (including ALS component) per protocol

iv. Eligible Patient Examples

1. Minor trauma without concerning mechanism of injury or special trauma considerations (e.g., pregnant, blood thinners), and not needing ALS medications (e.g., analgesia)
2. Opioid overdose with successful reversal with naloxone and with stable vital signs and normal level of consciousness
3. Suspected alcohol intoxication with stable vital signs, alert, normal blood glucose, alert, no recent seizure, no evidence of trauma, no concern for co-toxins
4. Behavioral health condition with patient with stable vital signs, alert, and fully cooperative who have not required (or anticipated to need) physical or pharmacologic restraint
5. Patient was found hypoglycemic, has received ALS care resulting in normal level of consciousness, and not taking oral or long-acting anti-hyperglycemic medications.
6. Patients who have received analgesia (e.g., fentanyl IV/IN) and otherwise meet criteria
7. Note: Patients who meet above criteria who have a saline lock in place (no IV fluid infusion) who otherwise meet the above criteria may be transported by BLS

II. Priority Three**:

a. Solely BLS response is acceptable.
   i. An ALS ambulance will be dual-dispatched when EMS dispatch identifies potential need for pre-hospital analgesia based on information obtained from caller.
   ii. An ALS ambulance should be requested by BLS or MFR personnel on scene if patient found with moderate to severe pain
   iii. When a BLS unit is available within a 20-minute response time, ALS should not be dispatched to Priority 3 incidents even if an ALS unit is closer, provided analgesia not anticipated
   iv. A BLS ambulance may replace an ALS ambulance on incidents when on-scene non-transporting BLS or MFR personnel have determined the patient is not in need of ALS care
b. ALS will be requested by on scene MFR or BLS when patient does not meet the criteria for BLS transport

III. Use of BLS Ambulance when ALS not Readily Available

a. BLS ambulance should be dual dispatched to ALL critical incidents when closer than ALS, regardless of response times (cardiac arrest, trauma, stroke). The BLS ambulance will return to service when ALS has arrived and is no longer in need of BLS assistance.
b. For Priority 1 and 2 incidents where no ALS unit is available OR if the time interval for BLS response to hospital arrival is less than an ALS response time, a BLS ambulance should be dispatched to the scene.
c. BLS Responsibilities
    i. Provide care consistent with protocols
    ii. Determine if ALS intercept is indicated based on patient acuity, likely intervention, and transport time.
    iii. In the event of patient deterioration during treatment or transport, an ALS should be requested depending on the fastest time to ALS care. Cardiac arrests occurring during transport must be managed in a stationary ambulance, supported by closest first responders, and according to protocol with ALS intercept, if available.
    iv. Provide verbal and written hand-off to hospital personnel
    v. Document patient encounter in electronic patient care record

IV. Quality Improvement and Reporting
a. All BLS responses occurring under this protocol will be reviewed by the EMS agency and reported weekly to the MCA.
b. Sentinel Event: Any BLS response under this emergency protocol to a Priority 1 or 2 incident without ALS or to a Priority 3 incident resulting in a need for ALS care, and/or any emergency transport to the hospital will be considered to be a sentinel event and must be reported to the MCA by both the BLS personnel and by the agency (along with e-PCR) within 24 hours of the incident. EMS dispatch centers must document attempts/no availability of timely ALS resources for each occurrence under this protocol.

*Priority one includes patients with potential life-threatening emergencies including, but not limited to, shortness of breath, chest pain, and/or altered mental status. Priority two includes patients with serious illness or injury without immediate life-threatening conditions listed as priority one patients.
**Priority three includes patients with cough and/or sore throat but without other Priority one symptoms.