



CONTRA COSTA HEALTH

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MEMORANDUM

24-MEMO-005

TO: EMS Service Providers and 911 Field Provider Agencies
FROM: Marshall Bennett, EMS Director
DATE: July 01, 2024
SUBJECT: **Public Comment Period Open: CCCEMSA Policy 1002, (Transfer of Care) And Policy 4012 (BLS Ambulance Operation Within The 9-1-1 System)**

The Contra Costa County Emergency Medical Services Agency (“CCCEMSA”) has opened a public comment period and requests your feedback for the following:

1. CCCEMSA Policy 1002, (Transfer of Care) and 4012, (BLS Ambulance Operation Within the 9-1-1 System)

All feedback must be submitted using the online public comment form link or QR code located below no later than July 15, 2024 at 5:00 p.m. This memo and attached documentation will be published to the CCCEMSA website at the website link below, and on the Contra Costa County EMS mobile application, “XCCEMS”.

Website Link: <https://www.cchealth.org/about-contra-costa-health/divisions/ems/ems-policies-and-treatment-guidelines/public-comment>

Online Public Comment Form Link: <https://forms.office.com/g/1jTKZs40q2>



Public Comment Form QR Code:



Attachments

1. Transfer of Care Policy 1002
2. BLS Ambulance Operation Within the 9-1-1-System

Prehospital Transfer of Care

I. PURPOSE

This policy is to provide guidance for the coordination of patient care between Emergency Medical Services (EMS) prehospital personnel and to ensure continuity of care when it is transferred from one healthcare provider to another.

II. PATIENT CARE COORDINATION

A. Patient Care Management

1. The most medically qualified, licensed, or certified healthcare provider first on scene of an emergency shall have patient care management authority.
2. The paramedic or Emergency Medical Technician (EMT) with patient care management authority is the primary care provider responsible for patient care until it is transferred to another medically qualified healthcare provider, or until care is transferred to receiving hospital personnel.

III. CONTINUITY OF PATIENT CARE

A. Transfer of Patient Care

1. The primary care provider is authorized to transfer care to another prehospital healthcare provider when the transfer conforms with Contra Costa County Emergency Medical Services Agency (CCCEMSA) policy and is mutually agreed to.
2. When patient care is transferred, the primary care provider shall give a verbal report to prehospital or hospital personnel assuming patient care regarding the patient's condition, pertinent information, and care rendered.

B. Documentation

1. An Electronic Health Record (EHR) is a component of the continuity of care and is required to be completed by any non-transport or transport primary care provider responsible for patient care management.



BLS Ambulance Operation within the 9-1-1 System

I. PURPOSE

This policy establishes the conditions for the deployment and utilization of Basic Life Support (BLS) ambulances within the Contra Costa County Emergency Medical Services (EMS) 9-1-1 system. A BLS ambulance is staffed by at least two (2) Emergency Medical Technicians (EMT) and supplied with the minimum level requirements for BLS equipment.

II. BLS PATIENT CONDITIONS

A. BLS patient inclusion criteria

1. Patient must be hemodynamically stable with vital sign parameters that are consistent with the patient's condition and does not require hemodynamic or ventilatory support.
 - a. Adult vital sign parameters (age 15 or older)
 - i. Heart rate between 40 -120 bpm
 - ii. Systolic blood pressure greater than 90mm Hg and less than 200mm Hg
 - iii. Diastolic blood pressure less than 120mm Hg
 - iv. Respiratory rate between 8 – 30 breaths/minute
 - v. Glasgow Coma Scale (GCS) greater than 12
 - b. Pediatric vital sign parameters (age 0-14)
 - i. Must meet defined age dependent systemic blood pressure goals identified in pediatric field treatment guidelines.

B. BLS patient exclusions

1. Patient exhibits an acute change in their baseline mental status.
 - a. Ambulatory patients exhibiting mild intoxication may meet BLS criteria if all other criteria and conditions are met.
2. Patient requires specialty care services for STEMI Alert or Stroke Alert.
3. Patient meets T01 Trauma Triage field treatment guideline criteria for trauma activation.
4. Patient has a medical complaint requiring ALS monitoring or continued ALS management. These include, but are not limited to:
 - a. Cardiac chest pain or other potential cardiac symptoms
 - b. Acute neurological changes, e.g., coma, seizure, stroke
 - c. Moderate to severe respiratory distress
 - d. Syncope/Near Syncope
 - e. Airway assistance or adjuncts
 - f. Signs of moderate to severe pain that would benefit from ALS pain management



BLS Ambulance Operation within the 9-1-1 System

III. DEPLOYMENT

- A. BLS ambulances may operate in the 9-1-1 system in the following circumstances:
1. Dispatched by an authorized, IAED accredited Emergency Medical Dispatch (EMD) Center responsible for the deployment of EMS resources prescribed by Policy 3003 Dispatch Requirements for 9-1-1 Resources.
 2. During a Mass Casualty Incident (MCI) when Incident Command (IC) or the appropriate assigned position has requested BLS ambulance(s).
 3. When formally authorized in special circumstances by the Contra Costa County EMS Agency (CCCEMSA) medical director.
 4. A BLS ambulance deployed to a scene may request an upgrade to Advance Life Support (ALS) but is not authorized to cancel or reduce an ALS response that has been determined through the EMD process.

IV. UTILIZATION

- A. When ALS is on scene, the paramedic is responsible for the initial assessment and determining the appropriate level of ALS or BLS care. ALS may transfer care to a BLS ambulance under the following conditions:
1. The paramedic performing the initial assessment has determined the patient meets BLS patient conditions outlined in this policy and there are no anticipated changes in the patient's condition.
 2. The EMT agrees the patient meets BLS patient conditions.
 3. ALS interventions have not been initiated that may require ALS monitoring or additional ALS management.
- B. When a BLS ambulance is on scene with ALS first responders and an ALS ambulance is not immediately available, ALS first responders may maintain patient care for transport and utilize their own equipment to manage the patient on a BLS ambulance.
- C. If the BLS patient deteriorates during transport, the EMT should determine if it is in the patient's best interest to rendezvous with ALS and transfer care or continue to the closest appropriate hospital.
- 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.
 2. If the patient does not meet all BLS patient conditions, EMTs must request ALS to the scene and transfer patient care to a paramedic.
 - a. If the patient is unstable, EMTs should request an estimated time of arrival (ETA) of an ALS first responder or ambulance. If the ALS ETA exceeds the transport time to the closest appropriate hospital, they should use their best



BLS Ambulance Operation within the 9-1-1 System

clinical judgement to decide whether it is in the patient's best interest to transport immediately or wait for the ALS response.

V. DOCUMENTATION

- A. The electronic health care record (EHR), required by both ALS and BLS patient care personnel, must include the rationale for a transfer of care to a BLS ambulance.



Rev: A

Standard Policies Policy 4012

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