

POLICY: 924.00  
TITLE: Amador County BLS Tiered Response System

EFFECTIVE: 04/01/2022  
REVIEW: 04/2027  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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## Amador County BLS Tiered Response System

### I. AUTHORITY

California Health and Safety Code, Division 2.5, Section 1797.200

### II. DEFINITIONS

- A. “Emergency Medical Dispatch” means a dispatch center that provides Emergency Medical Dispatch, including pre-arrival instructions, utilizing a card system approved by the EMS Agency Medical Director.
- B. “Advanced Life Support Ambulance” means an emergency ambulance staffed with a minimum of one (1) Paramedic and one (1) Emergency Medical Technician (EMT)
- C. “Basic Life Support Ambulance” means an emergency ambulance staffed with a minimum of two (2) Emergency Medical Technicians (EMTs)

### III. PURPOSE

To utilize Basic Life Support Ambulances in the 911 system for low acuity calls identified through the Emergency Medical Dispatch (EMD) process.

### IV. POLICY

All Ambulance responses will be determined using the Medical Priority Dispatch System (MPDS) protocols and respond based on the level and mode of response approved by the Mountain Valley Emergency Medical Services Agency (MVEMSA) Medical Director.

### V. PROCEDURE

- A. MVEMSA authorized Emergency Medical Services Dispatch Center shall ensure that each request for ambulance service is managed in a manner consistent with established Agency policies, procedures, and the Medical Priority Dispatch System (MPDS) protocols.
- B. A Basic Life Support Ambulance will be dispatched for service requests meeting the dispatch criteria using the MPDS and the Agency Medical Director approved level and mode of response.
- C. Emergency Medical Technicians shall use the Mountain Valley Emergency Medical Services Agency approved policies, procedures, and protocols within their Scope of Practice to assess and treat patients when dispatched to a request for service. This shall include, but not be limited to documentation standards and Receiving Facility Radio Report.

- D. If the patient assessment conducted by the Emergency Medical Technicians (Basic Life Support Ambulance) reveals a potentially unstable patient, the crew shall rendezvous with a paramedic resource (ALS Ambulance/ ALS Fire/Supervisor/QRV). If the time to rendezvous with a paramedic resource is greater than the estimated transport time to the closest receiving hospital, then the BLS crew shall transport to the closest receiving hospital. Transport mode, i.e., Code 2/3 is at the discretion of the transporting crew.

Potentially unstable adult patient:

- Cardiac Arrest
- Heart Rate < 50 or > 120
- Systolic Blood Pressure < 90mmHg
- Respiratory Rate > 24
- O<sub>2</sub> sat < 94% (88% for COPD patients)- if patient is on home oxygen, as measured on usual oxygen flow rate
- Any patient that meets trauma activation criteria per MVEMSA Policy
- 553.25 Trauma/Burn Triage and Patient Destination

Potentially unstable pediatric patient: Pediatric patients will be evaluated using the PAT - Pediatric Assessment Tool. This tool assesses the patient, under the age of 14, according to the following three components: appearance, work of breathing and circulation.

1. Appearance: Using the mnemonic TICLS. Patient is unstable if there is any abnormality of the following.

- Tone
- Interactiveness
- Consolability
- Look/gaze
- Speech/cry

2. Work of Breathing: Presence of any of the following implies abnormal work of breath and therefore potential instability.

- Stridor
- Wheezing
- Grunting
- Tripod positioning
- Retractions
- Nasal flaring
- Apnea/gasping

3. Circulation of the Skin: Presence of any of the following indicates abnormal circulation or poor perfusion.

- Pale
- Mottled
- Cyanotic

Failing any one point within the three components of the PAT assessment will indicate a potentially unstable pediatric patient and therefore necessitate an ALS level of response

- E. If the patient refuses transport after assessment is completed, and/or any treatment provided, "Against Medical Advice" paperwork and process must be completed. Complete the process as outlined in MVEMSA policy 570.35 "Refusal of EMS Service." ALS Fire shall NOT be requested specifically for the AMA process.

- F. All transports involving the use of Basic Life Support Ambulance in the 911 system must be reviewed through the Quality Improvement Process at the ambulance provider level. Any case that needs further attention and review according to MVEMSA Policy 620.00, Unusual Occurrence Reporting shall be forwarded to the Quality Improvement Coordinator at MVEMSA.
  
- G. The Emergency Medical Technician shall contact their immediate supervisor for any circumstances that may not be covered in this policy while responding to request for service, on scene of a request for service, and/or transporting to the receiving hospital.