



# MEDICAL CONTROL DIRECTIVE

## 2023-03

**DATE:** January 3, 2023

**TO:** Pinellas County EMS Agencies  
Pinellas County Emergency Communications  
Pinellas County Certified EMTs and Paramedics  
Pinellas County Certified Advanced Practice Paramedics, Nurses  
Pinellas County Online Medical Control Physicians  
Pinellas County Ambulance Billing and Financial Services  
ED Nurse Managers

**FROM:** Dr. Angus Jameson, EMS Medical Director 

**RE:** Enabling BLS Transport of Selected 911 Patients for COVID-19 Mitigation - **UPDATE**

**Effective Date: 0800 hrs. January 4, 2023**

In order to mitigate the ongoing effects of the COVID-19 Pandemic the following interim additional actions are authorized at the request of COVID-19 Unified Command:

**Dispatch/Field Specifics:**

1. A BLS Ambulance may be assigned in place of an ALS Ambulance to Alpha and Bravo MPDS determinants when needed to prevent excessive patient wait times.
2. Additionally, a BLS ambulance may be dispatched regardless of MPDS determinant when no ALS Ambulances are available that can reach the call in 20 minutes or less
3. ALS "Ambulance ONLY" responses previously authorized for 17-Alpha and 26-Alpha in addition to selected 26-Omegas as authorized under previous growth management (MCD 2021-17) are excluded to ensure at least one Paramedic responds to all 911 calls.
4. ALS First Responder Unit advises "With Patient" - 911 Dispatch advises Sunstar Unit Id
  - BLS = 100 series
  - ALS = 200/300/400/600/900 series
  - ALS with Critical Care Paramedic = 800 series

5. ALS First Responder Unit determines that a patient meets ALS criteria, but a BLS ambulance is assigned to the call, they will advise dispatch “I have an ALS patient”.
  - a. When advised, 911 will ship to Sunstar - “ALS Ambulance Requested”
  - b. Sunstar will assign an ALS ambulance in place of the responding BLS ambulance if available within 10 minutes.
  - c. 911 Dispatch updates the ALS First Responder Unit with ETA; if no ALS ambulance available, dispatch will advise the BLS ambulance is continuing and provides their ETA.
  - d. ALS First Responder Paramedic may decide to wait for an ALS ambulance, initiate immediate FD transport per protocol (i.e., category RED patient) or continue ALS patient care and transport in BLS ambulance (must bring controlled substance box).
  
6. For an incident involving multiple patients, ALS First Responder will advise how many BLS and/or ALS ambulances are needed. Goal is to match ambulance type to patient (e.g., vehicle crashes).

**Clinical Operating Guidelines:**

1. BLS Transport Determination:

- a. A full patient assessment (Ref. Protocol U1) must be performed by a Paramedic to determine the appropriate level of care for transport (ALS vs. BLS).

**Note:** If a BLS Ambulance arrives on scene first, an ALS First Responder unit must continue to perform a full patient assessment to determine the appropriate level of care for transport

- b. Category **Red**, **Yellow**, and Pediatric (less than 18 years old) must be transported by ALS.
  
- c. In addition, the following criteria shall be used by the Paramedic to determine transport appropriateness:

Additional Criteria	ALS	BLS
Respiratory Rate	< 12 or > 22	12 - 22
Heart Rate	< 50 or > 130	50 - 130
Systolic BP	< 90 or > 180	90 - 180
Glucose	< 70 or > 400	70 - 400
SpO2	< 94% (max 4 LPM)	
EtCO2	< 35 or > 45	35 - 45
Received or may require an ALS medication	YES	NO
Received or may require an ALS procedure (including IV access)	YES	NO
Anticipated Significant Change in Condition	YES	NO
Risk of Deterioration/Compromise in ABCDE's	YES	NO
Paramedic - Paramedic Intuition	YES	NO

- d. If a patient is determined by the Paramedic to meet criteria for transport by a BLS ambulance (without ALS criteria - see above), patient care may be transferred.
  - e. If the appropriate level of care is unable to be determined, ALS care must continue.
  - f. *The Paramedic will continue patient care during transport if requested to ride in by the BLS ambulance personnel.*
  - g. If the patient condition begins to deteriorate during transport by a BLS ambulance, the EMT must use best judgement as to if the best course of action is to continue to the closest emergency department or request and wait for ALS assistance to complete the transport.
2. Handoff from Paramedic to the BLS ambulance EMT shall include:
- a. A verbal report consisting of:
    - i. Chief Complaint
    - ii. History of present illness/injury
    - iii. Past medical history/medications/allergies
    - iv. Assessment findings
    - v. Treatments or interventions performed
    - vi. Proposed plan of care
    - vii. Intended destination (if already discussed with patient/family)
  - b. Opportunity for questions/clarifications from receiving EMT
  - c. Transfer of all available electronic and paper documentation including:
    - i. Uploading ECGs
    - ii. Transfer ePCR data to the receiving EMT
    - iii. Providing a copy of any paper forms (e.g., patient transfer forms, face sheets, medication lists, DNR forms, paper EMS forms, etc.)
  - d. The transferring Paramedic must obtain "Transfer of Patient Care" Signature from the receiving EMT.

Attachments:

Handoff to BLS Ambulance Job Aid

# BLS Transport Determination

A full patient assessment (Ref. Protocol U1) must be performed by a Paramedic to determine the appropriate level of care for transport



## BLS Transport Exclusion Criteria

- RED** patient
- YELLOW** patient
- Pediatric patient < 18 years old
- RR < 12 or > 22
- HR < 50 or > 130
- SBP < 90 or > 180
- Glucose < 70 or > 400
- SpO2 < 94% with max 4 LPM Nasal Cannula
- EtCO2 < 35 or > 45
- Received or may require an ALS medication
- Received or may require an ALS procedure (including IV access)
- Anticipated significant change in condition
- Risk of deterioration/Compromise in ABCDE's
- Paramedic Intuition



***The Paramedic will continue patient care during transport if requested to ride in by the BLS ambulance personnel.***

# Requirements of Handoff to BLS Transport Unit

- A verbal report consisting of all the following:
  - Chief Complaint
  - History of present illness/injury
  - Past medical history/medications/allergies
  - Assessment findings
  - Treatments or interventions performed
  - Proposed plan of care
  - Intended destination (if already discussed with patient/family)
- Opportunity for questions/clarifications from receiving EMT
- Transfer of all available electronic and paper documentation including:
  - Uploading ECGs
  - Transfer ePCR data to the receiving EMT
  - Providing a copy of any paper forms (e.g., patient transfer forms, face sheets, medication lists, DNR forms, paper EMS forms, etc.)

**The transferring Paramedic must obtain a  
“Transfer of Patient Care” signature from the  
receiving EMT**