



MEDICAL CONTROL DIRECTIVE

2023-13 - Revised

DATE: June 6, 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 # 2**

DISTRIBUTION/TRAINING PERIOD: As soon as possible within 30 days

Effective Date: 0800 hrs. June 7, 2023

The following updated criteria/procedure for BLS Transport of Selected 911 patients enabling FD transport of Category RED and Category YELLOW patients under standing orders are effective June 7, 2023:

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. After assessment, the ALS First Responder Unit will advise dispatch if their Patient is "ALS" or "BLS" to allow Sunstar to match ambulance type.

Note: If a refusal is anticipated, ALS First Responder Units should cancel the incoming Ambulance as quickly as possible to preserve system resources

6. If a BLS Ambulance remains assigned to an ALS patient, the ALS First Responder Paramedic will decide on one of the following options for completing the call:
 - a. Continue ALS patient care and transport in the BLS ambulance (must bring controlled substance box)
 - b. Initiate immediate FD transport of Category RED patients per CS5 - Transport Resource Utilization
 - c. Transport capable ALS First Responder units may initiate FD transport of Category YELLOW patients and cancel incoming BLS Ambulance

Note: OLMC Consult is not required but every effort should be made to ensure at least two (2) Paramedics are attending to Category RED patients during transport.

7. 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

Distribution:

- EMS Chief's e-mail distribution group
- Vector Solutions
- Pinellas County EMS Office of the Medical Director Webpage www.pcemsomd.com

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**