| Z-05 |
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| BLS ATTENDING/ |
| ALS INTERCEPT |



NOTE: Individual agencies may elect to have Paramedic (ALS) attend on all patients.

- This is at the discretion of the Operations Director/Manager and Medical Director.
- The agency's policy supersedes this guideline except in Mass Casualty Incidents.

ALS Response & Evaluation

- A Paramedic (ALS resource) will be dispatched to every 911 request for EMS service for any High-Priority (i.e. Priority 1 or Priority 2 call).
- A BLS resource may be dispatched to lower priority (i.e. Priority 3) calls if:
 - An ALS resource is not immediately available and the EMS System and EMS Medical Director have agreed to dispatch a BLS resource to these calls.
 - <u>AND</u> an ALS resource (or process for dispatching an ALS resource) is available to intercept the BLS crew should the patient not meet criteria for EMT/AEMT Attending either on initial evaluation or if deterioration occurs during transport.
- The Paramedic will complete and document a thorough detailed assessment prior to making the decision to transfer care (attending responsibility) to a lower credentialed provider.

Transfer of Care

Revised: 6/2021

If the higher-leveled provider determines that the patient's condition is stable and ALL patient care needs can be managed by a provider with a lower level credential, patient care may be transferred to a provider of lower certification for care while en route to the hospital.

- The determination of who attends should be based upon:
 - The patient's immediate treatment needs, and
 - Any reasonably anticipated treatment needs while en-route to the hospital.
- The highest-credentialed provider is responsible for making the decision for which patients can be safely transported by a provider with lower credentials.
 - The highest-credentialed provider on scene retains the right to attend to any patient transported based on his/her impression of the patient's clinical condition or needs.
 - If the lower-credentialed provider is not comfortable assuming the attending role, the paramedic (or highest credentialed provider) should attend during transport.
 - As a general rule, if providers are questioning or do not agree on who should attend



the patient, the highest-credentialed provider should attend the patient.



The care of the following patients <u>cannot</u> be transferred to a lower-credentialed provider (i.e. Paramedic to an EMT/AEMT):

- Any unstable or potentially unstable patient should always be attended by the highest credentialed EMS provider on scene (generally Paramedic).
- Any patient who is requiring or might reasonably require additional or ongoing medications, procedures and/or monitoring beyond the scope of practice of the lower-credentialed provider.
- Any patient with significantly abnormal vital signs:
 - Hypotension (SBP <90 mmHg in adults) at any time during evaluation.
 - Any of the following that do not improve with basic comfort/calming measures:
 - Heart Rate >120 or
 - Respiratory Rate >20 or
 - Systolic Blood Pressure >220 (with no symptoms of stroke, chest pain or SOB).
 - Any patient with new/increased oxygen demand (oxygen saturation <94% on room air/baseline home oxygen).
 - NOTE: Any EMS provider may attend patients with O₂ given by nasal cannula when it is used as a *comfort measure only*, and not used for hypoxia as above.
 - Any patient not at their baseline mental status (e.g postictal seizure patients).
 - EXCEPT when there is definitive evidence of mild to moderate substance abuse/ intoxication that can be verified, wholey explains the altered LOC, and the patient is otherwise stable.
- Any patient that received interventions (medications or treatments) prior to transport beyond the EMS Provider's scope of practice, EXCEPT:
 - A patient who has received a single dose of non-opioid pain medication and/or an antiemetic as the only medication/fluid outside of the EMS provider's formulary.
 - Assessment tools that do not have significantly abnormal findings that have been performed by a higher-credentialed provider (i.e. Continuous/12-lead ECG).



ALS Intercept

<u>Indication</u>: An ALS resource (paramedic) will be dispatched if a BLS Provider (EMT/AEMT) is attending a patient and <u>IF</u>:

- The patient's status changes (deteriorates) and they meet any of the criteria noted in the "Cannot be Transferred" section above, <u>OR</u>
- There is any other change in patient condition that is concerning to the EMT/AEMT, and the EMT/AEMT does not feel comfortable in their ability to assess and/or treat a patient for any reason.

ALS Intercept Procedure:

- BLS Provider attending with paramedic driving:
 - The paramedic will drive to the nearest safe area and assume the attending role/care of the patient.
- BLS Provider attending with other driver:
 - The nearest/most appropriate ALS resource, including mutual aid resources when needed, will be dispatched to rendezvous with the BLS crew.
 - The BLS crew will not remain on scene <u>unless</u> the ALS resource has a response time of less than 5 minutes.
 - The BLS crew will begin transport as quickly as possible to the nearest appropriate emergency department, and if transport time is less than 10 minutes, the ALS intercept will be aborted or may occur at the destination facility.
 - If transport time is expected to be >10 minutes, the BLS crew will communicate directly with the ALS resource to arrange a rendezvous point.
 - A delay of >10 minutes waiting on scene or at a rendezvous point is not acceptable.
 This is from the time of arrival to the time of the ALS crew beginning transport (i.e. wheels rolling).



Documentation

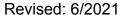
- All providers are responsible for the documentation of their evaluations and treatments.
- The content of the report is ultimately the responsibility of the highest-credentialed provider evaluating/treating the patient.
- The ePCR should always reflect the decision making process to determine which provider attends in the back of the ambulance.



ATTENTION:

EMT/AEMT Attending with Continuous ECG Monitoring:

- Any patient transported by an EMT or AEMT with Continuous ECG monitoring WILL HAVE a
 12-Lead ECG performed and interpreted by the Paramedic prior to transport.
- The patient may remain on continuous ECG monitoring while transported by a provider not trained on rhythm strip interpretation, BUT it may only be used as a surrogate for monitoring heart rate, AND treatment decisions based on the rhythm strip may only be made by Paramedics.
- The patient's rhythm MUST be their baseline rhythm (normal sinus rhythm or atrial fibrillation), and must be within vital sign parameters listed above.
- If during transport the EMT/AEMT notes ANY Heart Rate >120 or <50:
 - Immediately print a rhythm strip.
 - Notify the paramedic of the change in rate and any change in patient status.
 - Document the rate and any additional evaluations or interventions performed.
- Attach or scan ALL rhythm strips to the chart.







ATTENTION:

Concerning Chief Complaints:

- In general, an actively unstable patient should be quickly and easily determined during the initial ALS assessment and should ALWAYS be attended by the most experienced provider on scene.
- The ultimate decision of whether a patient has signs or symptoms that may indicate a
 potentially unstable patient who may deteriorate or require ALS interventions en route is
 always the responsibility of the Paramedic.
- The following complaints may often appear stable, BUT should be considered potentially unstable and should always be attended by the Paramedic:
 - As noted above: any abnormalities in vital signs or mental status.
 - Acute chest pain, dyspnea or other anginal-equivalent symptoms that are consistent with a potential cardiac cause.
 - Unexplained syncope in patients >35 years old.
 - Acute neurologic symptoms (including those that have that resolved, i.e. TIA) that are concerning for stroke.
 - Acute and severe sudden-onset headache concerning for aneurysm rupture.
 - Overdose of any medication that has cardiac effects (slowing heart rate or lowering blood pressure) or potential sedative effects, regardless of quantity or timing of ingestion.