City and County of San Francisco
London Breed, Mayor

Department of Emergency Management
Emergency Medical Services Agency

Date: September 8, 2023

To: San Francisco EMS Providers
DEM Division of Emergency Communications
San Francisco Receiving Hospitals

From: John Brown MD, MHOAC & San Francisco EMS Agency Medical Director
Andrew Holcomb, EMS Director

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John Brown
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Cc: Mary Ellen Carroll, Executive Director, Dept. of Emergency Management
Robert Smuts, DEC Deputy Director, Dept. of Emergency Management

Subject: **Use of In-County Basic Life Support/Corporate Resource Ambulance Transport and Paramedic Accreditation During APEC**

In advance of the Asia-Pacific Economic Cooperation (APEC) meeting in San Francisco, the San Francisco EMS Agency is pre-approving the use of in-county BLS ambulances and corporate resources in the 9-1-1 system from **0700 Sunday November 12, 2023 – 0700 Monday November 20, 2023**. BLS resources availability and staffing should be prioritized in the timeframe between 0700 November 15 – 1900 November 18. This is an escalation step beyond the four daily 9-1-1 BLS tier ambulances and all permitted EMS providers are eligible.

Due to the nature of the event, please ensure the following:

- ReddiNet is open and monitored for any critical messages
- BLS or mutual aid crews participating in 911/APEC response receive just-in-time refresher training in MCI Response, Radio Use, Destination Policy, Posting and Dispatching.

Additionally, local ALS Paramedic Accreditation requirements are waived for the duration above for any Paramedic responding to San Francisco in support of APEC under any predesigned mutual aid capacity (e.g. Tactical EMS Teams, Disaster Medical Teams, and/or Out-of-County Ambulance Strike Teams).

BLS units may be utilized in the following priority sequence:

1. Code 2 calls with or without an ALS engine
2. Code 3 calls with an ALS engine if no ALS ambulances are available
3. Code 3 calls without an ALS engine if no ALS engines and ambulances are available

ALS responders may turn over a patient after a full ALS assessment identifies the patient as requiring BLS transport and care only. Policy 8000, Appendix D can be used as a reference to assist with determination of ALS criteria. All other mutual aid escalation measures remain unchanged. Any unit supplied by a non-911 provider during mutual aid escalation shall be assigned a unit identifier by DEC. Please call the Dispatch Supervisor 415-558-3268 for logging into EMS system.

For any questions, please contact the EMS Agency.

Frequent Asked Questions (FAQs) Regarding Above BLS Authorization
EMSA has received a few clarification questions regarding current policies, how BLS authorization applies, and implementation. EMSA will address them as part of a FAQs. Should providers have additional questions, please email or contact EMSA. EMSA will update the FAQs every memo release. **This information shall remain in effect for duration of BLS authorization. Not all circumstances may be covered by EMSA Policies and FAQs when BLS is authorized. ***If a specific issue is not directly addressed within EMSA policy, providers shall use medical decision-making that supports professional judgement, patient advocacy, and consideration for the best interest of patient care.*** For unusual or unique occurrences, please complete an Exception Report.**

FAQs – <u>Field Crews</u>:
Can a BLS Unit complete PDT (Patient Declines Transport) or AMA (Against Medical Advice) Documentation for a 911-call?
Yes. Follow your standard process to determine patient capacity to understand the risk of refusal. BLS units shall make Base Hospital contact with the following script to identify the call as a PDT/AMA for a BLS unit.

"This is BLS Unit XX contacting you for a PDT. I am an BLS Provider. I am with a (insert patient details here per EMSA Policy 3020 – Field to Hospital Communications)…"

The Base Hospital has been notified and are expecting these call-ins. If the BLS crew has questions about capacity or determination of capacity of the patient, the crew shall contact the Base Hospital Physician and/or request an ALS Assessment. The Base Hospital has been notified that BLS units are limited to BLS level assessments.

Do I need to transport with a second Paramedic (EMT-P) as listed in Policy 4041, Section 3(c) if a BLS ambulance responds to a high-acuity call?
Every reasonable attempt should be made to have a second EMT-P with a condition listed in Policy 4041, Section 3(c). However, if the response time of a second EMT-P delays an emergent patient transport to a Receiving Hospital, the BLS ambulance may transport with a single EMT-P. Please document a reason as to why a second EMT-P did not accompany the patient within prehospital documentation narrative.

What is considered an ALS call?
Refer to EMSA Policy 8000, Appendix D to determine the difference between an ALS and BLS call. If a provider is unsure if a patient is ALS or BLS, please call for ALS assistance.

What if ALS assistance is delayed or unavailable based on system ambulance levels and a BLS ambulance is on scene?
Please follow Policy 4041, Section III, 3(e) – "On-viewed" Incidents, BLS Units on Scene of ALS Acuity Patients.

Can an ALS responder turn over a BLS patient?
During the pilot period, yes. ALS responders may turn over a patient after a full ALS assessment identifies the patient requires BLS transport and care only.

Can a BLS provider stand-by for an OME case?
OME cases should first request law enforcement to standby. Should EMS personnel need to standby at an OME case, transport ambulances should be prioritized to return to service. However, OME standby cases are more appropriate for ALS resources to pronounce with utilization of ALS equipment (ie cardiac monitor for EKG strip). BLS resources can standby following pronouncement from an ALS crew. If an ALS intervention is performed (ie determination of death via EKG strip), ALS should write the determination of death documentation. Should a BLS crew encounter a patient with obvious signs of death per EMSA Policy 4050 – Death in the Field, the BLS crew shall contact the Base Hospital for consultation.

How does an ALS engine know if an ambulance crew is ALS or BLS staffed?
A BLS ambulance crew shall identify themselves on scene to the ALS EMT-P as being a BLS ambulance. DEC will try to broadcast on air to an ALS engine that a BLS unit is en route to a medical call. All BLS ambulances from King American and AMR have an identifier in the 200-series (e.g. AM217, KM206, etc.) If EMS mutual aid is authorized, crews will have 'BLS' or 'ALS' as part of their identifier (BLS801, ALS901, etc.)

Does an ALS engine need to write a full Patient Care Report (PCR) if turning over care to a BLS crew for transport?
An ALS engine EMT-P can document the call utilizing the EMS 100 First Responder Form.

FAQs – <u>Dispatch Center</u>:
Do I dispatch ALS ambulances only and then BLS ambulances once no ALS are available?
No. BLS ambulances should be primarily dispatched to low-acuity code-two calls. If a call is appropriate for a BLS ambulance, the BLS ambulance can be dispatched regardless of how many ALS ambulances are available. Please avoid sending resources across San Francisco when closer and more appropriate units are available. Avoid using ALS ambulances on low acuity calls when BLS ambulances are in the area of the call.

If I dispatch a BLS ambulance, do I always need to assign an ALS engine?
No. Low acuity calls (*e.g.* alpha and bravo-level determinants) are generally appropriate for BLS ambulances to handle. EMSA provides guidance on ALS vs BLS calls in policy as listed above. If in doubt or unsure whether a patient needs an ALS assessment, care, and/or transport, consult the on-duty RC and/or call for ALS assistance.

Can I send a BLS ambulance to a Code 3 call?
A BLS ambulance may be dispatched to a Code 3 incident if no other resources are available or if the BLS ambulance is significantly closer than any other ALS ambulance to the incident. A non-transport ALS resource could ride with the BLS ambulance to a Receiving Facility as opposed to waiting for a long ALS ambulance response.

What about unit identifiers?
All BLS ambulances from King American and AMR have an identifier in the 200-series (AM217, KM206, etc.) If EMS mutual aid is authorized, crews will have 'BLS' or 'ALS' as part of their identifier (BLS801, ALS901, etc.) as assigned by DEC supervisor.

FAQs – <u>Base Hospital:</u>
Can a BLS provider sign out a patient AMA?
Yes, follow your standard process to determine patient capacity to understand the risk of refusal. BLS provider assessments can include a blood glucose level where appropriate. It is recommended that you speak directly to a patient where feasible to independently verify the determination that the patient has capacity by the BLS provider.

What does Base Hospital do if I don't think the patient has the capacity to safely AMA?
Request that the unit utilize standard backup mechanisms, such as a paramedic supervisor or law enforcement personnel to assist brining a patient without capacity to understand the risk of refusal of care to a hospital emergency department for further evaluation. Recommend the crew use Policy 4040 Appendix 3 as a resource.

What do I do if I have a problem with a BLS provider who has contacted the base hospital for consultation?
Ask for their ambulance company name. Complete the Base Hospital Physician form and speak with the Charge Nurse to contact a paramedic supervisor from the appropriate ambulance provider to call you to take a report. Notify the Base Hospital Coordinator of your concern (by email or by checking the box for case review and list your concern on the BH MD form).