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| 9000.02 | Basic Life Support Ambulance Standard Operating Procedure |  |
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This procedure is for internal use only and does not enlarge an employee's civil liability in any way. The procedure should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this procedure, if proven, can only form the basis of a complaint by this department for non-judicial administrative action in accordance with the laws governing employee discipline.

Related Policies: N/A
Applicable HI Statutes: HRS Chapter 72 §11-72-2

I. PURPOSE

This Standard Operating Procedure establishes operational procedures for downgrading an Advanced Life Support (ALS) ambulance to a Basic Life Support (BLS) ambulance. The State of Hawai‘i Department of Health - Emergency Medical Services and Injury Prevention Branch (EMSIPB) defines Basic Life Support (BLS) as initiating noninvasive emergency patient care designed to optimize the patient’s chances of surviving the emergency situation. The care rendered consists of all first-aid procedures needed, but does not include invasive procedures or other procedures which constitute the practice of medicine.

II. APPLICABILITY

These procedures shall apply to all uniformed personnel within the Hawai‘i Fire Department.

III. RESPONSE PROCEDURE

- A.** The Operations Battalion Chief shall inform Fire Dispatch and the Assistant Chief of Operations of the timeline that the affected ambulance will be downgraded to BLS or shutdown.
- B.** All BLS ambulances shall be stocked with an Automated External Defibrillator (AED). Delivery of the AED to the BLS ambulance shall be coordinated between the Operations Battalion Chief, Company Officer, and lead EMT. In the event a spare AED is not available, an AED can be moved from another apparatus. Upon resumption of ALS services, care must be taken to ensure the AED is returned to its designated location.
- C.** Whenever a BLS ambulance is dispatched, the next-in ALS ambulance shall also be dispatched and shall co-respond.
- D.** The senior Emergency Medical Technician (EMT), unless agreed upon by mutual decision, shall be the lead EMT.
- E.** Upon completing the initial assessment, the lead EMT shall provide a situation report on fire radio to the incoming ALS ambulance.
- F.** Based on the situation report provided by the lead EMT, the incoming Mobile Intensive Care Technician (MICT) shall make the determination as to which of three dispositions is in the best interest of the patient:
 - 1. Have the BLS ambulance remain on scene until the arrival of the ALS ambulance. Should a patient refusal be indicated, it must be done by an MICT.



2. Initiate patient transport with the intent of effecting a rendezvous between the BLS and ALS ambulance.
 - a) If a rendezvous is indicated, a location shall be clearly communicated and agreed upon by the incoming MICT and lead EMT.
 - b) An ESO Electronic Health Record (EHR) shall be started by the lead EMT. Prior to the rendezvous, patient information, vital signs, and/or treatments performed shall be entered and the EHR is to be sent to the MICT via the ESO cloud server. Once received, the MICT shall complete the report. Instructions to 'send' and 'receive' EHRs are located in the File Center of Target Solutions
3. Initiate patient transport by the BLS ambulance to the nearest appropriate acute care facility.
 - a) The lead EMT shall remain with the patient during transport, and shall assume all responsibilities related to patient care, communication, and documentation.
 - b) As a reminder, the policy of the EMSIPB requires that all patients be transported to the nearest appropriate acute care facility. Any deviation from this policy requires approval from the appropriate Base Station Physician (BSP) within the designated catchment area prior to initiating transport. Therefore, BSP permission must be granted prior to initiating transport to a Critical Access Hospital (CAH).
 - (1) Hilo Medical Center (BSP) 932-3906
 - (2) Kau Hospital (CAH) 932-4383
 - (3) Kona Community Hospital (BSP) 322-4400
 - (4) North Hawaii Community Hospital (BSP) 881-4730
 - (5) Hale Ho`ola Hāmākua (CAH) 932-4116
 - (6) North Kohala Hospital (CAH) 889-7910

IV. DOCUMENTATION PROCEDURES

A. FireRMS

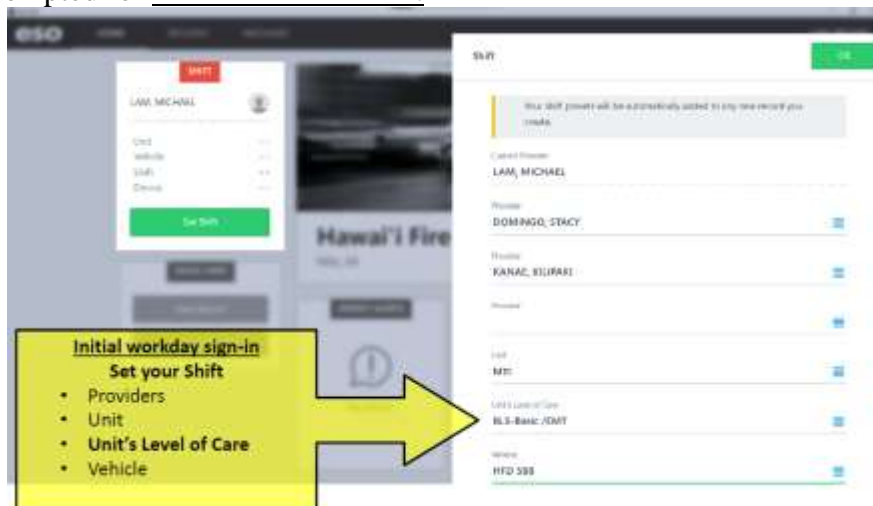
1. For all BLS ambulance responses, change the Unit Type on the Resources - Apparatus tab from ALS to BLS.



2. Highlight the affected ambulance and select code (75-BLS unit) in the drop down list.

B. Electronic Health Record (ESO)

1. Open up the ESO Suite EHR application on the Toughbook at the start of the workday.
2. Complete BLS ambulance shift information. Enter 'BLS-Basic/EMT' when prompted for Unit's Level of Care.



- C. An Ambulance Status Report shall be completed by the Company Officer or their designee for each shift that an ambulance is either converted from ALS to BLS or shutdown.
 1. If applicable, all incidents where a BLS ambulance responded shall be recorded.
 2. All incidents where a next-in ambulance responded secondary to an ambulance shutdown shall be recorded.



3. Incident number, patient condition, and any pertinent information related to the incident shall be recorded in the remarks.
4. This report shall be submitted to the Assistant Chief of Operations with a copy to the respective Operations Battalion Chief via electronic mail prior to end of shift.

V. ADDITIONAL INFORMATION

Company Officers and Fire Medical Specialists shall ensure EMTs under their command are proficient in the following:

- Basic Life Support skills.
- The ESO charting process. ESO education resources can be found in the File Center of Target Solutions.

