

<b>POLICY:</b>	<b>200.19 REQUIREMENTS FOR UPGRADING BLS TO ALS AMBULANCE AND CREW</b>		
<b>APPROVAL:</b>	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;		
<b>EFFECTIVE DATE: 2/15/2024</b>			<b>ORIGINAL EFFECTIVE DATE: 9/2022</b>
<b>DEPARTMENT SPECIFIC</b>		<b>EMERGENCY MEDICAL SERVICES</b>	

**I. Purpose:**

To give System Providers guidance on when an Advanced Life Support Ambulance and crew is needed.

**II. Policy:**

**A.** When a patient's condition warrants a higher level of care and an advanced level provider is closer to the scene than the Hospital, a more advanced agency shall be called immediately for assistance. The call for ALS care can be made by either the jurisdiction where the EMS call is located OR the EMS Provider with the most advanced classification of license. Regardless of who makes the call, once ALS is called the unit with the higher qualifications cannot be returned to quarters by a unit with lower qualifications.

**B.** Advanced Life Support (ALS) care and treatment should be initiated when the patient would benefit from that higher level of care in the prehospital setting. Some examples of this include but are not limited to the following:

1. Trauma patients entrapped with required extrication
2. Patients with compromised or obstructed airways
3. Impending cardiac and/or respiratory arrest
4. Patients exhibiting signs of hypoxemia (respiratory distress, restlessness, cyanosis, altered LOC)
5. Unstable cardiac events
6. Chest pain, whether resolved prior to arrival; upon arrival; or resolved when on-scene BLS/ILS care was given
7. Patient exhibiting signs of impending or decompensating shock (B/P <100, diaphoresis, altered LOC, tachypnea)
8. Any unconscious patient
9. Any patient deemed by the responding agency or Medical Control that ALS care would be beneficial to the patients outcome
10. Pediatric patients with any of the conditions as listed above
11. See policy [200.18 Initiation of ALS Care](#)

**C. Availability of advanced assistance. .**

1. The closest available higher level of care provider shall always be requested.
2. When determining need for assistance from an advanced secondary or tertiary provider, consideration should be given to the following:
  - a. Transport time to hospital

- b. Current location vs response to the scene
  - c. Availability of resources
  - d. Interventions needed (i.e., defibrillation, airway, drugs)
  - e. Transport of the patient should not be unreasonably delayed during transfer of care
  - f. Decisions for or against requesting ALS care should be based on what is in the best interest of the patient
  - g. Regardless of response jurisdiction, if two different agencies with differing levels of care are dispatched to and arrive on the scene of an emergency, the agency with the highest licensure level shall assume control of the patient(s) until it is determined that the patient does not need that higher level of care.
- 3. When requesting an advanced secondary or tertiary provider specify the exact resource needed and the route of travel.
  - 4. Communicate with the responding higher level of care unit via radio to provide a brief patient condition report and confirm route of travel/current location.
- D. Transfer of care**
- 1. Both patient and EMS crew safety will be emphasized throughout the transfer of care.
  - 2. Patient transport should not be delayed.
  - 3. Transfer of the patient should not take place on heavily traveled roadways, consider parking lots, safe shoulders or side streets.
  - 4. Patients should not be transferred from ambulance-to-ambulance if possible as this delays transport and puts all involved at a risk for injury. The higher-level personnel from the intercepting ambulance or alternate response vehicle, with proper portable equipment, should board the transporting vehicle and oversee patient care with the assistance of the requesting agency's personnel.
  - 5. The higher-level personnel which have boarded the transporting ambulance will determine the transport code for the remainder of patient transport (i.e., emergency transport with lights and siren in operation; transport with all normal traffic laws observed and no operation of lights and siren).
  - 6. Initial contact with medical control should be made by the first EMS Unit on scene. Once patient care has been transferred to the ALS Providers, a follow up call should be placed to update the hospital on the patient's condition and treatments that were performed.

**Approval:**

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**James Kirchner**                      **Date**  
**Vice President of Professional Services**

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**Kathleen Geiger MSN, RN**                      **Date**  
**Manager of EMS & Emergency Management**