Loudoun County Emergency Medical Services Council, Inc.

EMS Policy #23

Downgrading of ALS Dispatched Calls

Origin: 08/05
Revision: 03/10

This policy is established to outline the procedures to be followed in downgrading a dispatched call from ALS to a BLS level of care and transport and also the procedures to be followed in determining the appropriate level of ALS care and transport when such care is indicated.

The Communications Division attempts to dispatch all calls with an appropriate level of response based on the information they receive from the caller requesting emergency service. This at times is a difficult task based on the anxiety of the caller and the circumstances surrounding the incident. If there is any question as to the appropriate level of care to be dispatched, the dispatcher will normally default to the higher interventional level of care.

If there appears to be an indication that certain incidents of a BLS nature are being dispatched at an ALS level of care on a frequent basis, then the ALS provider should bring those concerns to the attention of their Rescue Chief, who will in turn bring them to the attention of their ALS Committee Representative and the Office of the Medical Director. In concert with the Deputy Chief of Communications, the dispatch of the particular incidents will be reviewed to determine the appropriateness and rationale in determining the level of care dispatched.

It is recognized that not all calls dispatched as an ALS incident require ALS interventions following the assessment and evaluation of the patient by the ALS provider on the scene. In addition, two separate levels of ALS interventional care exists that can be utilized based on the assessed and determined needs of the patient.

In all cases, if there is any indication that ALS could be beneficial to the care and treatment of the patient, then ALS care at the appropriate level and transport should be provided.

Procedures:

1. On all calls, where an ALS provider is dispatched to an incident and the first arriving EMT-B determines after evaluation of the scene and patients that ALS is not indicated, e.g., MVA without injuries, etc., the EMT-B may advise Communications to place the responding ALS provider in service.

2. On calls, where an ALS provider is dispatched to an incident and arrives on the scene, the ALS provider will assess the scene and evaluate the patient if one is present.

3. If the assessment and evaluation reveals that the patient is an ALS level patient and will benefit from that level of care then the patient should be managed and transported in accordance with the appropriate protocol and in consultation with the MEDICAL CONTROL PHYSICIAN.

4. If an EMT-I/P is dispatched to an ALS incident and upon assessment and evaluation of the patient determines that an EMT-E who is also present at the incident can manage, treat and transport the patient in accordance with the EMT-E protocols, then the EMT-I/P will advise the MEDICAL CONTROL PHYSICIAN of their findings and request authorization for the patient to be managed and transported at the EMT-E level of care.

5. If an ALS provider (EMT-E or EMT-I/P) is dispatched to an ALS incident and upon assessment and evaluation of the patient determines that the patient can be managed, treated and transported by BLS personnel only, then the ALS provider will advise the MEDICAL CONTROL PHYSICIAN of their findings and request authorization for the patient to be managed and transported at the EMT/B level of care.

6. The decision of the MEDICAL CONTROL PHYSICIAN on the level of care and transport to be provided will be final.

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