New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates: 99-07

No. 06 – 04

Date: May 22, 2006

Re: BLS-FR Services Information

The following policy for Basic Life Support First Response (BLS-FR) agencies was developed by the Bureau of Emergency Medical Services (BEMS), in cooperation with the New York State EMS Council's EMS Systems committee. This policy is intended to provide guidance to the managers of agencies that provide BLS first response service to their community. While BLS-FR services are not defined or regulated by Public Health Law, it is vitally important that BLS-FR agencies are integrated into the local EMS systems.

Purpose

The overall intent of providing BLSFR is to ensure adequate, or where possible enhance, the delivery of emergency medical care to the community. This may include, but not be limited to the following:

- Improve overall response times to medical emergencies;
- The delivery of quality prehospital patient care;
- Provide additional BLS treatments such as Public Access Defibrillation (PAD);
- Provide personnel support to transporting agencies by supplementing availability of drivers and care providers;
- Increase availability of personnel for large scale incidents, and
- Improve public awareness of EMS issues in the community and the value of personnel trained in First Aid, CPR and PAD

NYS EMS Agency Code

In order for a BLS-FR agency participating in a local EMS system to obtain an agency code number, the agency needs to provide documentation indicating the following:

- Support from the Executive of the municipality (village, city, town, county) for the territory covered. This may be a mayor, supervisor, board of commissioners or the chairman of a fire district and must be documented in writing.

AND

- Document being publicly dispatched and providing *primary EMS response on a regular and ongoing basis to public emergency medical needs*, as defined by 3001(l) of the Public Health Law.

EMS System Participation

The following information must be documented by the BLSFR agency as part of its participation in the local EMS system:

- Description of response plan, including territory served,
- Method of dispatch / activation / radio communications resources used,
- Adherence to state and regional BLS patient treatment protocols,
- A written participation agreement with transporting service(s) to include, but not limited to:
    - Appropriate transfer of patient to insure continuity of care;
    - ***Agreement with the local ambulance service to transport patients received from the BLSFR agency;***
    - Appropriate, timely documentation of patient care (i.e. PCR or equivalent, see NYS-EMS Policy 02-05);
    - Participation in unified incident command;
    - Participation in QA/QI activities;
    - Adherence to State and Regional BLS Treatment protocols, and
    - Management of supply, resupply/retrieval of medical equipment and supplies used, and
- Identify resources to be used:
    - Number and type of vehicle(s);
    - Number and level of EMS certification of the personnel, and
    - Medical equipment and supplies used to deliver patient care. (i.e.: equipment, and supplies such as identified in Part 800.26) coordinated with the transporting ambulance service.

Agencies making application to NYS DOH for recognition as a BLS-FR agency will be required to submit proof of local EMS system participation to their Regional Emergency Medical Services Council for evaluation and written endorsement.

Operations

Operational issues for BLS-FR agencies to consider should include, but not be limited to:

- Written Standard Operating Policies-Guidelines (SOPs / SOGs) that ensure use of state / regional BLS treatment protocols;

- Policies to insure the use of appropriately trained personnel to render patient care. Appropriately trained personnel include Certified First Responder, Emergency Medical Technician[1], Nationally recognized First Aid and/or CPR and Public Access Defibrillation (PAD);

[1] Personnel certified at Advanced EMT levels may **NOT** render care beyond the scope of practice of an EMT when providing care for a BLS-FR service. Defibrillation may only be provided by agencies with either PAD authority or BLS-Defibrillation authority as granted by a Regional Emergency Medical Advisory Committee.

- Policies that insure patient care rendered is by the individuals with the highest present level of EMS training/certification;
- Documentation of patient care rendered and secure storage of medical records;
- Training and Continuing Education;
- Policies regarding infection control, confidentiality, liability, minors, psychiatric patients, mandatory reporting of child abuse or Methamphetamine Laboratories, refusal of medical aid (RMA) and other special situations;
- Mutual Aid / MCI / Haz-Mat planning;
- Periodic review and renewal of participation agreements with transporting agency(s);
- Communications method used to talk to both dispatch and the arriving ambulance to report patient status and scene information. Such communications needs to include ability to contact medical control if required;

- A detailed list of equipment provided by the BLSFR agency. All equipment needs to be compatible with the equipment and vehicles used by the ambulance service(s). The attached list from Part 800.26 is a reasonable reference for developing an equipment list; and
- Incident management training / National Incident Management System (NIMS) Compliance.

Defibrillation

BLSFR agencies are encouraged to provide defibrillation by being a Public Access provider. Contact your Regional EMS Council or the Bureau of EMS for current information on providing PAD or see DOH Policy Statement #06-03, Public Access Defibrillation.

Additional Resources

Additional resource information may be found at the NYS DOH web site.

www.health.state.ny.us/nysdoh/ems/main.htm

800.26 EMERGENCY AMBULANCE SERVICE VEHICLE EQUIPMENT REQUIREMENTS

The governing authority of any ambulance service, which, as a part of its response system, utilizes emergency ambulance service vehicles, other than an ambulance to bring personnel and equipment to the scene, must have policies in effect for equipment, staffing, individual authorization, dispatch and response criteria and appropriate insurance.

(a) A waiver of the equipment for emergency ambulance service vehicles may be considered when the service provides an acceptable plan to the Department demonstrating how appropriate staff, equipment and vehicles will respond to a call for emergency medical assistance. The Regional EMS Councils will be solicited for comment.

(b) Any emergency ambulance service vehicle shall be equipped and supplied with emergency care equipment consisting of:

(1) 12 sterile 4 inches x 4 inches gauze pads;

(2) adhesive tape, three rolls assorted sizes;

(3) six rolls conforming gauge bandage, assorted sizes;

(4) two universal dressings, minimum 10 inches x 30 inches;

(5) six 5 inches x 9 inches (minimum size) sterile dressings or equivalent;

(6) one pair of bandage shears;

(7) six triangular bandages;

(8) sterile normal saline in plastic container (1/2 liter minimum) within the manufacturer's expiration date;

(9) one air occlusive dressing;

(10) one liquid glucose or equivalent;

(11) disposable sterile burn sheet;

(12) sterile obstetric [O.B.] kit;

(13) blood pressure sphygmomanometers cuff in adult and pediatric sizes and stethoscope;

(14) three rigid extrication collars capable of limiting movement of the cervical spine. These collars shall include small, medium and large adult sizes; and

(15) carrying case for essential equipment and supplies.

(c) Oxygen and resuscitation equipment consisting of:

(1) portable oxygen with a minimum 350 liter capacity with pressure gauge, regulator and flow meter medical "D" size or larger. The oxygen cylinder must contain a minimum of 1000 pounds per square inch.

(2) manually operated self-refilling bag valve mask ventilation devices in pediatric and adult sizes with a system capable of operating with oxygen enrichment and clear adult, and clear pediatric size masks with air cushion;

(3) four individually wrapped or boxed oropharyngeal airways in a range of sizes

for pediatric and adult patients;

(4) two each: disposable non-rebreather oxygen masks, and disposable nasal cannula individually wrapped;

(5) portable suction equipment capable, according to the manufacturer's specifications, of producing a vacuum of over 300 mmHg when the suction tube is clamped and including two plastic large bore rigid pharyngeal suction tips, individually wrapped; and

(6) pen light or flashlight.

(d) A two-way voice communications enabling direct communication with the agency dispatcher and the responding ambulance vehicle on frequencies other than citizens band.

(e) Safety equipment consisting of:

(1) six flares or three U.S. Department of Transportation approved reflective road triangles;

(2) one battery lantern in operable condition; and

(3) one Underwriters' Laboratory rated five-pound ABC fire extinguisher or any extinguisher having a UL rating of 10BC.

(f) Extrication equipment consisting of:

(1) one short backboard or equivalent capable of immobilizing the cervical spine of a [sitting] seated patient. The short backboard shall have at least two 2 inches x 9 foot long web straps with fasteners unless straps are affixed to the device; and

(2) one blanket.