

ALS First Responder Assessment Unit (6002.00)

I. GENERAL PROVISIONS

- A. The Ambulance-Based Advanced Life Support First Responder/Assessment Unit (ALS-FR/AU) Program is an optional prehospital advanced life support program administered by the Kern County EMS Division (Division) through authorized Kern County EMT-Paramedic Ambulance Providers. The program functions as an extension to State and County EMT-Paramedic rules, regulations, policies, procedures, protocols and operates under medical control and authority of the Division Medical Director.
- B. The primary purpose of the ALS-FR/AU Program is to provide expedient ALS response and care prior to ALS ambulance scene arrival at emergency medical calls. The ALS-FR/AU can also provide support for an ALS ambulance already at scene by providing additional emergency medical personnel, equipment, supply, or medical operations communication and control. Additionally, the ALS-FR/AU Program is intended to provide closest ALS response. If an ALS-FR/AU vehicle is closest or can provide the shortest response to an EMS call advanced life support care can begin sooner. ALS access and care to patients in areas inaccessible to an ambulance is also possible with this program. The ALS FR level is assigned to ambulance supervisor vehicles (typically a sport utility vehicle) and personnel. The ALS AU level is assigned to ambulance administrative vehicles (typically a sedan) and personnel.
- C. The ALS-FR/AU Program entails the use of specially equipped and trained paramedic(s) with State certification and local accreditation, employed in a field supervisory or administrative capacity. The ALS-FR paramedic operates from an emergency response vehicle that is not configured or authorized for patient transport. The ALS-AU paramedic operates from a non-emergency administrative vehicle.
- D. The ALS-FR vehicle shall have and maintain valid emergency vehicle authorization from the California Highway Patrol. Both types of vehicles shall maintain valid ALS-FR/AU MICU authorization from the EMS Division and valid registration from the California Department of Motor Vehicles. The ALS-FR/AU vehicle shall only be operated in an ALS-FR/AU capacity when staffed by at least one paramedic that meets qualification and training requirements specified within this policy.
- E. Use of ALS-FR/AU shall not be construed, interpreted or allowed to replace or modify in any way ALS transportation resources maintained by an ALS Provider or a County ambulance service permittee. The ALS-FR/AU program shall be operated as an adjunct and not to replace any existing level of service.

- F. Use of ALS-FR/AU shall not in any way affect, change or modify permittee ambulance response time standard performance requirements as specified in Ordinance Code 8.12. Regulations and Policies.

II. SCOPE OF PRACTICE

- A. The paramedic is authorized to provide prehospital advanced life support within the scope of practice allowed by the State and the Division according to these policies and procedures.
- B. The paramedic is authorized to provide prehospital advanced life support skills and procedures according to treatment protocols authorized by the Division Medical Director. This authorization shall be commensurate with the MICU advanced life support supplies and equipment inventory specified in this policy.
- C. The paramedic shall comply with all County EMT-Paramedic rules, regulations, policies, procedures and protocols at all times.
- D. The paramedic shall coordinate appropriate planning, notification, response, communications, and use of local EMS resources.

III. PROVIDER REQUIREMENTS

- A. Division authorization is required for an ALS Provider to operate the ALS-FR/AU Program.
- B. Provider authorization shall immediately be terminated if the provider is unable to provide personnel meeting the requirements of these policies or the program is terminated.
- C. An ALS Provider wishing to be authorized as an ALS-FR/AU Provider shall provide a written application to the Division. The written application shall include a thorough description of: the vehicle(s), the ALS-FR/AU personnel including their qualifications and training, and the staffing and availability of the units.
- D. To be eligible for ALS-FR/AU Provider authorization all of the following minimum requirements shall be met:
 - 1. Be an existing ALS Provider authorized by the Division;
 - 2. Have and maintain an ALS-FR/AU training program that complies with the provisions of these policies and procedures;
 - 3. Have and maintain at least one MICU-stocked vehicle that has been inspected and authorized by the Division;

4. Have and maintain a quality assurance mechanism for the ALS-FR/AU program to ensure proper use; and
 5. Have and maintain records, reports and ALS-FR/AU activity data according to these policies.
- E. An authorized ALS-FR/AU Provider shall ensure the program is continually operated according to these policies and procedures. The Division may terminate Provider authorization for non-compliance to these policies and procedures.

IV. QUALIFICATIONS, CERTIFICATION AND TRAINING

- A. The paramedic shall have and maintain active State EMT-Paramedic licensure and Kern County accreditation.
- B. Each paramedic shall receive a minimum of four (4) hours training in ALS-FR/AU policies and procedures, scope of practice, and the EMS system before being authorized to operate in an ALS-FR/AU capacity. The Provider or the Division may provide the training. Training shall at minimum include a thorough briefing in ALS-FR/AU policies and procedures, orientation in communications systems, scene control policy, EMS resource use, ambulance service operating areas and prehospital care capability, dispatch and stand-by procedures, EMS aircraft use, multi-casualty incident and Med-Alert operations, hospital care capabilities, and hospital status.
- C. The Provider shall maintain records of personnel that have completed training and are authorized to operate in an ALS-FR/AU capacity. Provider shall also maintain an active listing on file with the Division.
- D. The Provider or the Division may withdraw ALS-FR/AU authorization at any time for non-compliance with policies and procedures. The ALS-FR/AU Provider or the Division may also establish re-authorization training requirements (similar to re-certification) or mandatory ALS-FR/AU education sessions.

V. ACTIVATION AND RESPONSE

- A. The Provider shall ensure appropriate deployment and use of all ALS-FR/AU units. Provider shall deploy ALS-FR/AU units only to incidents within that provider's assigned Ambulance Operational Area(s) unless mutual aid is requested by the Division or the Emergency Communications Center.
- B. The ALS-FR/AU vehicle may be used in either a first responder capacity (prior to ALS transport arrival) or in a backup or support capacity to on scene medical, fire or law enforcement personnel.

- C. Non-emergent activity, movement, and positioning of an ALS-FR/AU vehicle shall be at the discretion of the provider.
- D. The unit may respond Code-2 to an incident at the discretion of the provider.
- E. The ALS-FR vehicle shall only be operated in Code-3 response when medically appropriate, as specified below.
 - 1. The unit is closest or will provide the shortest response time to an EMS call that warrants Code-3 EMS resource response, according to medical priority dispatch protocol authorized by the Division;
 - 2. The unit is needed in a backup capacity for additional ALS personnel, communications, scene medical operations control, equipment, or supplies essential for emergent prehospital patient care;
 - 3. The unit is needed for response to an EMS call located in an inaccessible area by a conventional ambulance;
 - 4. Any prehospital emergency incident requiring two (2) or more ambulances for patient transport, a multi-casualty incident, any incident involving Med-Alert operations, or an emergency incident involving an extended ambulance on scene time; or
 - 5. A Code-3 ALS-FR response has been requested by on-scene medical, fire, law enforcement personnel, or by the Division.

VI. SCENE OPERATIONS

- A. First Responder or Assessment Unit Capacity:
 - 1. First responder capacity means the ALS-FR/AU unit is the first medical unit or first ALS-level unit arriving at scene.
 - 2. In a first responder capacity, the ALS-FR/AU is expected to assume patient health care responsibility and/or medical group operations responsibility. If the ALS-FR/AU unit is the first unit arriving at an emergency incident, the paramedic would assume incident commander responsibility until a public agency arrives. The paramedic then automatically transitions to medical group supervisor responsibility.
 - 3. The paramedic is expected to establish medical control, complete scene and patient assessment, and initiate BLS/ALS patient treatment intervention, as the patient condition necessitates. The paramedic is expected to initially bring necessary medical equipment and supplies to

the patient for appropriate overall patient care management. Avoid making patient contact then leaving for equipment.

4. The paramedic continues providing on scene patient care and maintains patient health care authority until an ALS ambulance arrives. Patient care responsibility transfers to the ambulance paramedic, upon arrival. The normal focus of the ALS-FR/AU program is to provide immediate care until an ALS ambulance arrives, transfer of patient care responsibility occurs. The ALS-FR/AU rapidly becomes available for additional responses or use.
 5. If a BLS ambulance arrives at scene and ALS patient care procedures are either indicated or initiated, the ALS-FR/AU paramedic must bring necessary equipment and supplies from the ALS-FR/AU vehicle to manage the patient and attend the patient during transport to the hospital. If the patient clearly does not require ALS level care, the paramedic may decide to transfer patient care responsibility to the attending EMT-1 on the BLS ambulance and not attend the patient during transport. However, the paramedic shall be held fully responsible for this decision.
 6. During a multi-casualty or mass casualty incident, the ALS-FR/AU paramedic may use a BLS ambulance for patient transport when ALS procedures have been initiated and not accompany the patient to the hospital. This action would be allowed if the situation mandates that the paramedic remain at scene to administer ALS-level care to additional patients and 1) an ALS ambulance is not reasonably available, or 2) the patient(s) require rapid transport.
 7. An ALS Assessment Unit shall not be used for patient transport.
- B. Backup or Support Capacity - ALS-FR/AU backup or support capacity means that an ALS ambulance paramedic is already on scene and the ALS-FR/AU arrives as an additional ALS level resource. In this situation, the ALS-FR/AU is to assist and at the discretion of the ambulance paramedic or incident commander. The ALS-FR/AU paramedic may assume medical group supervisor responsibility at scene.

VII. EMS RESOURCE USE

- A. The paramedic shall be responsible for prudent notification, response, and efficient use of all EMS resources in accordance with the Division scene control policy. During Med-Alert operations, the ALS-FR/AU paramedic should normally assume responsibility for scene inter-agency coordination, scene medical communications, serve as the medical group supervisor, and coordinate resource use through the Division.

VIII. DOCUMENTATION AND QUALITY ASSURANCE

- A. For quality assurance purposes, the ALS-FR/AU paramedic shall complete an incident report for every response where the paramedic assumed patient health care responsibility or medical group supervisor function. The incident report shall contain a basic description of the incident including date, time, location, and hazards involved. The incident report will also include a complete sequence of events taken by the ALS-FR/AU paramedic regarding scene operations, communication, and EMS resource use.
- B. The paramedic shall complete a Patient Care Record (PCR) for every patient contact in addition to the incident report referenced above.
- C. All incident reports shall be collected, evaluated, and maintained by the Provider.
- D. The Provider shall submit incident reports, related data, or ALS-FR/AU program evaluations to the Division upon request.
- E. The Division shall be notified of any anticipated changes in ALS-FR/AU vehicles, personnel, or program function. The Division shall monitor the program for operational and medical quality assurance.

IX. REQUIRED MICU EQUIPMENT AND SUPPLIES

- A. The Provider shall be responsible to maintain a complete inventory of required MICU equipment and supplies, as specified in the *Provider Mandatory Inventory List*.
- B. Prior to deployment of each ALS-FR/AU vehicle, the unit must pass inspection by the Division. Each vehicle passing inspection shall be designated by the Division as either an ALS-FR MICU or an ALS-AU MICU.
- C. The MICU inventory should be configured in the vehicle for efficient removal and transport to the patient or incident site.
- D. The Provider shall submit the following information to the Division for inspection:
 - 1. Vehicle make, model, year;
 - 2. Vehicle license number (if not available because of new vehicle - vehicle identification number will suffice);
 - 3. Vehicle identification number;
 - 4. Valid vehicle registration;

5. Valid vehicle insurance documentation, name of carrier and policy number;
6. Valid California Highway Patrol inspection certificate or valid California Highway Patrol inspection sheet indicating temporary operating authorization (ALS-FR MICU only); and
7. Unit call sign.

Revision Listing:

09/01/1992 – Trial Project
 10/21/1993 – Program modified and finalized
 08/15/1995 – Inventory requirements revised
 06/24/1996 – Inventory requirements revised (Valium added)
 06/10/1997 – EMT-P Scope of Practice Additions
 01/27/1999 – Hospital Resupply Changes consistent with MICU Inventory
 11/15/2001 – Transcutaneous Cardiac Pacing, Versed, Supplies & Equipment equivalent to Paramedic F.R.
 07/15/2004 – Increase minimum stock of midazolam to 12mg.
 07/14/2005 – Added ALS Assessment Unit provisions – Initial Draft
 08/11/2005 – EMCAB advisory to implement
 08/12/2005 – Addition of ALS Assessment Unit - final version issued
 06/01/2010 – Add Amiodarone, MAD, ET confirmation, and ET securing device to stock.
 10/01/2013 – Medication Furosemide (Lasix) removed from inventory
 08/15/2014 - Added Atrovent, Ativan, Fentanyl, and Zofran. Changed Normal Saline to isotonic balanced salt solution, combitube to king airway, EKG description, defib pads to multipurpose pads. Removed blood tubes, scalpel, simple masks, Pitocin, procainamide, and electrode gel. Added medication label, suction tubing, rigid suction cath, bulb syringe, multi-trauma dressing, petroleum gauze, shears, pulse oximeter, vest, and optional equipment list.
 12/16/2014 - Ativan removed
 12/01/2015 – Removed the mandatory inventory table and placed in a separate document

ALS-FR/AU MOBILE INTENSIVE CARE UNIT

INSPECTION RECORD

INSPECTION DATE: / /
APPROVED EMT-PARAMEDIC PROVIDER: YES NO

EMT-PARAMEDIC PROVIDER SERVICE:
NAME OF OWNER(S):
SERVICE AREA:
PRIMARY BUSINESS ADDRESS:
CITY: _____ ZIP CODE: _____
PHONE: () _____ - _____

UNIT DESIGNATION: _____ MODEL: _____ YEAR: _____
LICENSE NUMBER: _____ V.I.N.: _____
CURRENT VEHICLE REGISTRATION (ATTACH COPY): YES NO
CURRENT VEHICLE INSURANCE (ATTACH COPY): YES NO
NAME OF CARRIER: _____ POLICY NUMBER: _____

CURRENT CALIFORNIA HIGHWAY PATROL INSPECTION CERTIFICATE
AND/OR APPROVED INSPECTION SHEET (ALS-FR ONLY - ATTACH COPY):
YES NO

CURRENT MICU MEDICAL SUPPLY AND EQUIPMENT
REQUIREMENTS SATISFIED (COPY ATTACHED): YES NO
ALL PRECEDING REQUIREMENTS SATISFIED: YES NO
DISCREPANCY(IES) NOTED: YES NO

SUMMARY OF DISCREPANCY(IES):

CONCLUSION:

EMS DIVISION REPRESENTATIVE NAME:

EMS DIVISION REPRESENTATIVE SIGNATURE:

DATE APPROVED: / /