



New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates:

No. 99 – 07

Date: 10/10/99

Re:

**BLSFR Service
Guidelines**

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These guidelines for Basic Life Support First Response (BLSFR) agencies were developed by the New York State EMS Council's EMS Systems committee in cooperation with the Bureau of Emergency Medical Services to provide information and operational guidelines to the managers of services which provide BLS first response service to their community. BLSFR services are not defined or regulated by Public Health Law. These guidelines will assist services answer questions about how to equip such response vehicles and how such services need to interact with the ambulance, and in some cases ALS service, who receives their patients. We anticipate that most questions will be answered with the following information.

While these guidelines are not mandatory operating requirements, we believe they will assist BLSFR services in integrating their operation in the local EMS system and therefore enhancing patient care.

Purpose - the purpose of a BLS First Response Agency is to:

- Improve response times to medical emergencies
- Provide quality patient care
- Enhance the local EMS system
- Provide support to transporting agencies
- Increase availability of personnel for large scale incidents
- Improve public awareness of EMS issues in the community

EMS System Recognition - A BLSFR agency participating in a local EMS system and requesting an agency code number should obtain recognition by:

- The Executive of the municipality (village, city, town, county) for the territory covered.

This may be a mayor, supervisor or board of commissioners.

AND

- Such an agency must be publicly dispatched and respond to all public emergency medical needs, on a routine basis, as defined by 3001(l) of the Public Health Law.

OR

- If not publicly dispatched, or responding only to private/industrial premises, assistance from the Regional EMS Council should be obtained to integrate this agency with the local EMS system.

EMS System Integration - The following information should be documented by the BLSFR agency as part of its integration into the local EMS system:

- Description of response plan, including territory served.
- Method of dispatch / activation / radio communications resources used.
- Participation agreement with transporting service(s) to include, but not limited to:
 - Appropriate transfer of patient to insure continuity of care
 - *Agreement by 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 96-01)
 - Participation in unified command
 - Participation in QA/QI activities

- Treatment protocols
- Supply, resupply/retrieval of medical equipment and supplies used
- Identify resources to be used:
 - Number and type of vehicle(s) to be used
 - Number and level of training of personnel
 - 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.

Operations – operational issues for BLSFR agencies should include, but not be limited to :

- Written patient care protocols should include the NYS statewide 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 Technician¹, Nationally recognized First Aid and/or CPR and AED.
- Policies that insure patient care is rendered by the individual with the highest present level of EMS training/certification.
- Training and Continuing Education
- Policies similar to 800.21 regarding infection control, confidentiality, liability, minors, psychiatric patients, RMAs and other special situations .
- Mutual Aid / MCI / Haz-Mat plans and preplanning
- Periodic review and renewal of participation agreements with transporting agency(s)
- Communications used to talk to both dispatch and arriving ambulance to report patient status and scene information. Such communications needs to include method to contact medical control if required.

¹ Personnel certified at Advanced EMT levels may NOT render care beyond the scope of practice of an EMT when providing care for a BLSFR service. Defibrillation may only be provided by agencies with either PAD authority or BLS-Defibrillation authority.

- 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.

Defibrillation

BLSFR agencies may provide defibrillation either by being a Public Access provider or using CFR's or EMT's with in the service. Contact your Regional EMS Council or the Bureau of EMS for current information on providing defibrillation.

Issued:
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800.26 EMERGENCY AMBULANCE SERVICE VEHICLE EQUIPMENT REQUIREMENTS

Any emergency ambulance service vehicle (other than an ambulance) shall be equipped and supplied with:

(a) Emergency care equipment consisting of:

- (1) twelve sterile 4"x4" gauze pads;
- (2) adhesive tape, 3 rolls assorted sizes;
- (3) six rolls conforming gauge bandage, assorted sizes;
- (4) two universal dressings, minimum 10 by 30 inches;
- (5) six 5"x9" (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 litre 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 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.

(b) 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 PSI pressure;
- (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 oropharyngeal airways in a range of sizes child through adult individually wrapped or boxed;

(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 m.m. Hg when the suction tube is clamped and including two plastic Yankauer wide bore pharyngeal suction tips, individually wrapped; and

(6) pen light or flashlight.

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

(d) 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.

(e) Extrication equipment consisting of:

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

(2) one blanket.