





**SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES**

EMS POLICY	528
Effective:	April 2022
Approval: EMS Director Travis Kusman, MPH	Signed: 
Approval: EMS Medical Director Greg Gilbert, MD	Signed: 

ALS TO BLS DOWNGRADE

I. PURPOSE

This policy establishes criteria for downgrading from an advanced life support to basic life support level of care in the prehospital setting.

II. AUTHORITY

California Health and Safety Code Division 2.5, §1797.90. 1797.220

III. DEFINITIONS

Advanced Life Support (“ALS”): Special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.

Basic Life Support (“BLS”): Emergency first aid and cardiopulmonary resuscitation procedures which, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the victim may be transported or until advanced life support is available.



Emergency Medical Services Agency (“LEMSA”) [or “Agency”]: The San Mateo County EMS Agency is designated as the Local Emergency Medical Services Agency (LEMSA) and is statutorily charged with primary responsibility for administration and medical control of emergency medical services in San Mateo County.

Patient: Any person for whom 9-1-1 services have been activated and that EMS Personnel encounter (see Patient Contact) who meets any of the following criteria:

1. Has a chief complaint or demonstrates illness or injury;
2. Is not oriented to person, place, time or event;
3. Requires or requests an assessment, field treatment, or transport; or



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4. Is a minor who is not accompanied by a parent or legal guardian and appears to be ill or injured.

Patient Contact: Any time when EMS Personnel encounter a patient and perform any of the following:

1. Offer medical assistance when medically indicated;
2. Perform a visual assessment of clinical acuity;
3. Perform a hands-on physical assessment, including vital signs;
4. Determine the mechanism of injury;
5. Obtain a history of present illness; or
6. Witness any medical care rendered by other parties.

IV. POLICY

A. All patient care decisions shall be made with the best clinical interests of the patient as the primary consideration. A LEMSA accredited paramedic may downgrade the care of a Patient to BLS when the following criteria are met:

1. No emergency paramedic ambulance is available or during a declared Mass Casualty Incident;
2. Patient assessment by a paramedic has been completed;
3. No ALS intervention is indicated or has been initiated; and
4. Paramedic judgement indicates the patient does not require ALS level care.
5. The receiving EMT is comfortable accepting care of the patient.



If, after care has been downgraded to BLS, the patient’s condition deteriorates, a paramedic shall assume responsibility for the ongoing care of the patient. If a paramedic is not immediately available, the BLS provider shall facilitate prompt transport the patient to the closest, most appropriate facility, make appropriate notifications, and submit an EMS Event Report.

B. A LEMSA accredited paramedic assigned to an ALS ambulance may downgrade the care of the Patient to BLS during transport in accordance with IV.A.2-5.

If, after care has been downgraded to BLS, the patient’s condition deteriorates, the ambulance paramedic shall immediately resume care of the patient, transport to the



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