

INTRODUCED: June 28, 2021

AN ORDINANCE No. 2021-199

To amend and reordain City Code § 10-81, concerning advanced life support services, for the purpose of providing for the dispatch of certain basic life support services in addition to advanced life support services.

\_\_\_\_\_  
Patron – Ms. Larson

\_\_\_\_\_  
Approved as to form and legality  
by the City Attorney  
\_\_\_\_\_

PUBLIC HEARING: SEP 13 2021 AT 6 P.M.

THE CITY OF RICHMOND HEREBY ORDAINS:

§ 1. That section 10-81 of the Code of the City of Richmond (2020) be and is hereby **amended** and reordained as follows:

**Sec. 10-81. Advanced life support and basic life support services.**

All emergency medical services vehicles of authorized providers shall be equipped and staffed to provide advanced life support services for life threatening emergencies and equipped and staffed to provide basic life support for non-life threatening emergencies, except the following:

- (1) Nonambulance vehicles used solely for wheelchair transport.

AYES:            8            NOES:            0            ABSTAIN: \_\_\_\_\_

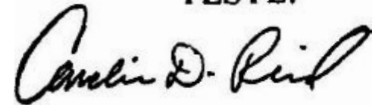
ADOPTED: SEPT 13 2021    REJECTED: \_\_\_\_\_    STRICKEN: \_\_\_\_\_

(2) Vehicles owned by a partnership of hospitals that was in existence and engaging regularly in emergency medical services transports as of January 1, 1991, while such vehicles are engaging in transports originating from a member hospital.

§ 2. This ordinance shall be in force and effect upon adoption.

**A TRUE COPY:**

**TESTE:**

A handwritten signature in black ink, appearing to read "Amelia D. Reed". The signature is written in a cursive style with a large initial 'A'.

**City Clerk**



# Richmond City Council

The Voice of the People

Richmond, Virginia

## Office of the Council Chief of Staff

### Ordinance/Resolution Request

**TO** Haskell Brown, Interim City Attorney

**THROUGH** Joyce Davis, Interim Council Chief of Staff

**FROM** Steven Taylor, Council Policy Analyst

**COPY** Kristen Larson, 4th District Council Member  
Aaron Bond, 4th District Liaison  
Tabrica Rentz, Interim Deputy City Attorney

**DATE** June 17, 2021

**PAGE/s** 1 of 2

**TITLE** Amend City Code to Allow Greater Discretion in Dispatching Ambulances

This is a request for the drafting of an **Ordinance**  **Resolution**

**REQUESTING COUNCILMEMBER/PATRON**

Larson

**SUGGESTED STANDING COMMITTEE**

Public Safety

**ORDINANCE/RESOLUTION SUMMARY**

The patron request that legislation be drafted for Council’s consideration modernizing the City Code Sec. 10-81 by amending current law to allow dispatch of basic life support ambulances on non-life threatening calls for service where current City Code requires dispatch of Advance Life Support services and crews.

**BACKGROUND**

Current City Code forces the dispatch of Advance Life Support Ambulance teams in many instances where there are non-life threatening calls for medical assistance and service. Sec. 10-81 of the City Code does not contain language to permit a tiered system response for the purpose of responding to specific 9-1-1 calls. Significant improvements have been made to call response protocols for enhanced management and response of low acuity 9-1-1 calls without changing the quality of patient care. Research proves the safety, efficiency, and cost benefits to 9-1-1 systems who use the International Academies of Emergency Medical Dispatch (IAEMD) protocols through a tiered response system. The RAA Board has approved the integration of a tiered system response as

detailed below as well as changes to a 1994 RAA policy to allow for a tiered system response. RAA's proposal complies with the Code of Virginia, Chapter 31, Virginia Emergency Medical Services Regulation.

**FISCAL IMPACT STATEMENT**

Fiscal Impact Yes  No

Budget Amendment Required Yes  No

Estimated Cost or Revenue Impact \$ N/A

Note:

Attachment/s **Yes**  **No**  Document prepared RAA for Larson and Sample Ordinance.





**MEMORANDUM**

**TO:** The Honorable Kristen Nye Larson  
Councilwoman, 4<sup>th</sup> District – Richmond City Council

**THROUGH:** RAA Board of Directors

**THROUGH:** RAA Board of Directors’ Clinical and Operations Standing Committee

**THROUGH:** Dr. Joseph P. Ornato, Operational Medical Director, RAA

**FROM:** Chip Decker, Chief Executive Officer, Richmond Ambulance Authority (RAA)

**RE:** Amend Language to Richmond City Code Sec. 10-81 – Advanced Life Support Services

**DATE:** June 3, 2021

**PURPOSE:** To amend Richmond City Code, Sec. 10-81; Advanced Life Support Services, adopted 1993, to allow for the RAA Board-approved integration of Basic Life Support (BLS) ambulances as part of a tiered system response within RAA’s existing 9-1-1 system for the purpose of responding to certain 9-1-1 calls.

**REASON:** Sec. 10-81 of the City Code does not contain language to permit a tiered system response for the purpose of responding to specific 9-1-1 calls. Significant improvements have been made to clinical response configurations for enhanced management and response of low acuity 9-1-1 calls without changing the quality of patient care. Research supports the safety, efficiency, and cost benefits to 9-1-1 systems who use the International Academies of Emergency Medical Dispatch (IAEMD) protocols through a tiered response system, such as RAA. The RAA Board has approved the integration of a tiered system response as detailed below as well as changes to a 1994 RAA policy to allow for a tiered system response. RAA’s proposal complies with the Code of Virginia, Chapter 31, Virginia Emergency Medical Services Regulations.

**RECOMMENDATION:** Approval to amend language to Richmond City Code Sec. 10-81, Advanced Life Support Services as enclosed.

**BACKGROUND:** The IAEMD protocols assign each call a determinant level to identify their response priority (emergency versus non-emergency) and clinical expertise level (BLS versus ALS). Tiered EMS Response is a Recognized Standard of Care where medically-validated dispatch protocols with differential ALS-BLS response determinants can safely and effectively support tiered EMS system deployment. The RAA Operational Medical Director (OMD), through the Medical Dispatch Review Committee (MDRC), will establish which determinants may be assigned to BLS ambulances. The tiered response configuration will provide clinical advantages to paramedics through more frequent exposure to patients who require the performance of ALS skills, thus combatting erosion of such skills due to infrequent use.

RAA operates a secondary Public Safety Answering Point (PSAP), which uses Medical Priority Dispatch Protocols. These protocols are implemented at a significant expense (including training Emergency Medical Dispatchers, paying licensing fees for use of the protocols, etc.), yet the system is not reaping all the investment benefits. Our system infrastructure is already capable of tiered EMS response. Additionally, RAA will increase efficiency of the BLS units by flexing BLS units between 9-1-1 responses and the Non-Emergent Transport service lines.

Allowing the EMT-B or EMT-A providers to care for patients during transport will help share the workload with ALS providers. Expanding the patient care responsibilities of the EMT-B certification levels will allow these providers to perform their valued patient care skills and decrease the workload for ALS providers when more acute care is not required. This new response configuration will allow BLS providers to gain experience preparing them for advancements to the ALS levels and improve the recruitment and retention of EMTs by expanding their responsibilities and ability to directly care for patients. Prehospital treatments which evidence has shown actually save lives, such as defibrillation, intramuscular epinephrine for anaphylaxis, tourniquets, and CPAP are within the EMT-B and EMT-A level scope of practice. Patients are receiving the level of care they require for their specific medical emergency.

**FISCAL IMPACT:** Personnel cost savings would be based on the ability to use current resources for low acuity call responses and decrease the number of paramedics needed.

**FISCAL IMPLICATIONS:** None. There is no additional costs to implement nor is there a projected loss in revenue since these responses are paid at the BLS rate regardless if a paramedic is on the ambulance during transport.

**BUDGET AMENDMENT NECESSARY:** None

**REVENUE TO THE CITY:** None

**DESIRED EFFECTIVE DATE:** Upon adoption

**REQUESTED INTRODUCTION DATE:** June 14, 2021

**CITY COUNCIL PUBLIC HEARING DATE:** June 28, 2021

**REQUESTED AGENDA:** Consent

**RECOMMENDED COUNCIL COMMITTEE:** Public Safety

**CONSIDERATION BY OTHER GOVERNMENTAL ENTITIES:**

**AFFECTED AGENCIES:** Richmond Ambulance Authority

**RELATIONSHIP TO EXISTING Ord. OR Res.:**

**REQUIRED CHANGES TO WORK PROGRAM(S):**

**ATTACHMENTS:** Richmond City Code, Sec. 10-81 with proposed additions highlighted in yellow.