POLICY #200: SCENE MANAGEMENT

I. PURPOSE

A. To clarify the local application of Section 1798 of the Health and Safety Code as it relates to scene management and the related responsibilities of emergency medical service (EMS) first response agencies, transport services, and base hospitals in the County of San Luis Obispo.

II. POLICY

A. AUTHORITY FOR SCENE MANAGEMENT

1. Authority for the management of the scene of an emergency is vested in the appropriate public safety agency having primary investigative authority, law enforcement or fire suppression. Scene management at this highest level includes not only the safety of the EMS team and its patient(s) but other persons who may be exposed to the risks and the public. While public safety officials shall consult emergency medical services personnel in the determination of relevant risks, they retain the authority for scene management and incident command.
2. Responsibility to mitigate criminal activities and hazards lies with the appropriately trained and equipped public safety agency. EMS providers without these responsibilities will not knowingly enter a crime scene or a hazardous scene until the appropriate public safety agency has arrived, secured the scene, and deemed it reasonably ‘safe to enter’.
3. The appropriate public safety agency is responsible for the non-medical aspects of scene management. When EMS transport personnel have arrived first, there is no apparent hazard, and transport personnel are managing the non-medical aspects of the scene; the responsibility for scene management will pass to public safety personnel upon their arrival and with appropriate information exchange. If in the opinion of the EMS transport personnel, no assistance is needed and no hazards exist at the scene, they shall advise public safety; the decision whether to continue response or cancel shall be left to the public safety agency responding.
4. The Incident Commander shall make all resource ordering and canceling decisions.

B. AUTHORITY FOR PATIENT HEALTH CARE MANAGEMENT

1. Authority for patient health care management in an emergency is vested in any paramedic or other prehospital emergency personnel at the scene of the emergency who is most medically qualified. Authority to provide pre-hospital emergency medical care lies with the emergency medical technician (EMT) or paramedic (EMT-P) who initiates patient health care management. In the absence of these licensed or certified health care personnel authority shall be vested in the most appropriate medically qualified representative of public safety. All personnel will transfer authority for patient health care management

to any arriving EMS provider authorized at a higher level, including flight paramedics/registered nurses (RN), when medically appropriate.

2. Having accepted authority for patient health care management, public safety personnel authorized at the same level as EMS transport personnel may transfer the care of individual patients as soon as possible and/or when medically appropriate. The authority for each patient passes with completion of a verbal report and acceptance of the transfer of care.

3. When ALS public safety arrives on scene first and wants to maintain authority for patient healthcare management, public safety must ride into the hospital with the patient and transport personnel. In all cases, regardless of which agency maintains authority for patient healthcare management, information relating to patient healthcare management shall be shared professionally and collaboratively.

4. If there is a disagreement regarding patient care while on scene of an incident, EMS personnel shall work professionally and collaboratively to find a solution. If EMS personnel still cannot agree on patient care, Base Hospital contact shall be made, and orders followed.

C. AUTHORITY FOR PATIENT DISPOSITION

1. Patient disposition, destination, and mode of transport (ground/air) are indicated by patient's preference, clinical needs, and operational requirements. In all cases, EMS personnel, and base hospitals when included, are responsible to collaboratively determine the medically appropriate patient disposition and to advise the Incident Commander (IC) of this conclusion. However, when there is disagreement, destination is primarily a medical decision. As such, EMS personnel will comply with medical direction regarding destination, whether by protocol or base hospital order. Similarly, when there is disagreement, mode of transport is primarily an operational decision. As such, EMS personnel will comply with operational direction from the IC regarding mode of transport.

D. COMMUNICATIONS

1. Ground ambulances will be dispatched by MEDCOM. The MEDCOM dispatch channel is for ambulance dispatch, ambulance status changes (responding, at scene, available, etc), routine non-emergency traffic, and reporting new incidents (when already assigned to an incident and there is a need to report a new emergency, it shall be done on the command channel assigned by the AHJ). MEDCOM is not used for incident related communications. Ground ambulances shall always monitor their dispatch channel.

   Upon dispatch, EMS transport personnel shall immediately monitor the fire command/tactical frequencies as assigned by the Authority Having Jurisdiction (AHJ). The ordering point for EMS incidents is the ECC/PSAP of the AHJ. All communication related to the incident shall be on the fire command/tactical channels assigned by the AHJ. EMS transport personnel shall respond to all AHJ radio communications if hailed while enroute, on scene of, or staging for an incident. While on scene of an incident, EMS

transport personnel shall bring their fire radio to the scene and on the appropriate command/tactical channel. Clear text (plain English) communication shall be utilized during radio communications with AHJ.

E. UNIT IDENTIFICATION

1. All EMS Transport Units shall have their radio identifier (ie M11, M31, etc) displayed on 4 sides of the ambulance in at least 4" tall numbers.
2. All EMS Transport Personnel shall have the radio identifier of their Ambulance displayed on both sides of their helmet.

F. MEDICALLY TRAINED BYSTANDERS

1. When a bystander at the scene of an emergency identifies themself as a registered nurse, off-duty EMS, or other medical professionals, emergency medical services personnel may request documentation of medical expertise (i.e., medical license or appropriate certificate) to determine the person's area of medical expertise and if appropriate, request their assistance with patient care. Emergency medical services personnel may allow correctly identified medical personnel to assist with patient care in an advisory or BLS capacity but shall maintain overall patient management. Emergency medical services personnel shall document on the patient care report the individual's name and medical qualifications if such assistance was utilized. If the bystander on scene is a physician, reference SLOEMSA Policy #217: Physician On-Scene.

III. AUTHORITY

- California Health and Safety Code, Division 2.5, Section 1797 – 1799.207
- California Code of Regulations, Title 22, Social Security, Division 9, Prehospital Emergency Medical Services

Approvals:

EMS Agency, Administrator	[signature]
EMS Agency, Medical Director	[signature]