

PREHOSPITAL POLICY

Policy Reference No: 101

Effective Date: 6/1/99

Supersedes: 3/1/97

SUBJECT: SCENE MANAGEMENT

I. PURPOSE:

To establish operating policies for emergency, prehospital, first responders, advanced life support and ambulance personnel at the scene of a prehospital emergency in the cities and unincorporated areas of San Luis Obispo County.

II. AUTHORITY:

California Health and Safety Code, Division 2.5, Section 1798.6 (a)(b)(c)

III. DEFINITIONS

A. Emergency Personnel

Emergency personnel trained to the Title 22 first aid and CPR curriculum standard for Public Safety personnel.

County Health Officer

Date

Executive Director, Emergency Medical Services Agency

Date

Medical Director, Emergency Medical Services Agency

Date

B. First Responder Personnel

Prehospital personnel trained to the First Responder, Emergency Medical

Technician-I, or Emergency Medical Technician-Paramedic level of care as approved by the EMS Agency.

- C. Prehospital Personnel
First Responders, EMT-Is and paramedics who respond to medical emergencies.
- D. Advanced Life Support (ALS) Personnel
Individuals licensed as Emergency Medical Technicians-Paramedic (EMT-P) by the State of California.
- E. Incident Commander
The highest-ranking representative (or designee) of the public safety agency statutorily or contractually responsible for overall incident/scene management.

IV. GENERAL POLICIES

- A. Prehospital personnel, while on the scene of a prehospital medical emergency, shall manage the medical care of the patient within their scope of practice and in coordination with all other responding personnel described in this policy.
- B. Patient assessment and treatment shall be in accordance with appropriate EMS Agency treatment protocols applicable to the level of training of the responders.
- C. Prehospital personnel shall initiate patient assessment and treatment only if the scene of a prehospital emergency is considered reasonably safe. Prehospital personnel shall, at the earliest possible time, request immediate response of the appropriate public safety agency to provide assistance, secure the scene and assure scene safety.

If there is any question regarding scene safety, prehospital personnel shall await the arrival of appropriate fire or law enforcement personnel to secure the scene prior to patient triage and care.

The Incident Commander/Safety Officer will assure scene safety for prehospital personnel and shall exclude them from areas and operations that are hazardous.

Ambulance personnel recommendations shall be communicated to the Incident Commander for consideration in overall scene operations.

Prehospital personnel shall, at the earliest possible time, request the immediate response of any services or other public safety resources, as needed.

D. Advanced Life Support (ALS) personnel shall re-evaluate patients, as necessary, who have been examined and treated by Basic Life Support (BLS) personnel. ALS personnel should avoid needless removal of dressings or splints applied by BLS personnel unless:

1. The seriousness or degree of injury must be re-evaluated.
2. The initial procedures or methods utilized are considered inappropriate and/or would further injure the patient.

V. AUTHORITY AND COORDINATION OF CARE:

Patient management at the scene of a prehospital medical emergency shall be conducted according to the following:

- A. Upon arrival of prehospital personnel, the most medically qualified person shall assume responsibility for the medical care of the patient. Nurses, physicians, and other medical personnel are described in Section VII.
- B. First responder personnel shall continue responsibility for patient care until arrival of ALS personnel, at which time the first responder will provide a verbal and written report to ambulance personnel. This report shall include event history, patient assessment findings and emergency care rendered prior to arrival of the ambulance. BLS personnel will not be required to present a written report when it would interfere with their delivery of patient care.
- C. ALS personnel, when on the scene of a prehospital emergency, have the ultimate responsibility for patient care and management.
- D. ALS personnel shall assume responsibility for patient care after receiving a verbal and/or written report from the first responder or BLS personnel.
- E. First responder personnel shall remain on the scene and assist ALS personnel until the transfer of patient care is completed.
- F. Requests for additional resources and assistance will be made to the Incident Commander. The Incident Commander shall provide resources and staffing as requested by ambulance personnel whenever practical.

VI. CHANGE IN THE RESPONSE MODE OF RESPONDING UNITS

- A. Cancellation of responding units:

1. Emergency or first responder personnel may cancel a responding ALS ambulance, when:
 - a) The patient is not at the scene upon arrival of the initial unit, or
 - b) The most medically qualified emergency or first responder personnel, based on informed judgment, has determined that the patient has no medical condition that would benefit from ambulance transportation, or
 - c) The patient is determined dead AND cardiopulmonary resuscitation (CPR) is withheld according to criteria for withholding CPR by emergency or first responder personnel in the EMS Agency Prehospital Determination of Death and Do Not Resuscitate policies.
 2. Ambulance personnel arriving at the scene of a medical emergency prior to the other emergency responder units shall advise the other emergency responder agency(ies) if, in their opinion, no assistance is needed and no environmental hazards exist at the scene. The decision whether to continue response or cancel shall be left to the emergency responder agency.
- B. Prehospital personnel at the scene of a medical emergency incident may request a change in the response code of responding units. The request shall be made through the dispatch center.

Upgrades: Emergency or first responder personnel, based on informed judgment, will request the upgrade of a responding ambulance to Code 3 upon determination that the patient's condition is immediately life-threatening. The criteria for upgrade shall include but not be limited to:

1. Airway or breathing difficulties
2. Shock
3. Chest pain or cardiac arrest
4. Obstetrical emergencies
5. Active seizures
6. Unconsciousness
7. Emergency or first responder judgment

Downgrades: Upon assessment, first responder personnel, may request the downgrade of a responding ambulance from Code 3 to Code 2, upon determination that the patient's condition is not immediately life-threatening and the change in response time is not likely to have an impact on patient outcome.

The first responder will assess the patient and the patient's condition must meet all of the following criteria for downgrade to occur:

1. Stable vital signs: blood pressure between 100-200 systolic; pulse 50-100; respirations 12-18.
2. Mental status: awake, alert, and oriented X 4.
3. Skin: normal, warm, and dry.
4. Patient does not meet criteria for upgrade as defined above.
5. Emergency personnel, based on informed judgment and personal contact with the patient that may include an assessment, may request a downgrade of an ambulance response.

VII. MEDICAL PERSONNEL ON THE SCENE

- A. When a bystander at an emergency scene identifies himself/herself as a physician, registered nurse, or other medical professional, first responder personnel may:
 1. Request documentation of medical expertise (i.e., medical license or appropriate certificate).
 2. Determine the person's area of medical expertise and, if appropriate, request his/her assistance with patient care.
 3. First responder and ALS personnel shall document on the patient care report the individual's name and medical qualifications and provide this information to the ambulance crew upon their arrival.
- B. Emergency and first responder prehospital personnel may allow properly identified medical personnel to assist with patient care, but shall maintain the overall scene management.
- C. ALS personnel may function under the direction of a physician according to the local EMS Agency policy.

VIII. MULTI-CASUALTY INCIDENTS

All actions of response personnel shall be consistent with the San Luis Obispo County Multiple Casualty Incident Response Plan (Annex D of the County Emergency Operations Plan). Triage shall be completed using the Simple Triage

and Rapid Treatment (S.T.A.R.T.) system.

The agency having jurisdictional authority shall retain Incident Command for overall incident management. However, personnel who have been trained to function within the Multi-Casualty Branch Structure of the Incident Command System (such as a Medical Group Supervisor) may be requested to fill one or more positions within this structure. Personnel filling these positions prior to the arrival of the agency having jurisdictional authority shall report to the Incident Commander as soon as possible.