

POLICY # 200: SCENE MANAGEMENT

I. PURPOSE

- A. To clarify the 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 (SLO).

II. POLICY

- A. Responsibility to mitigate criminal activities and environmental hazards lies with the appropriately trained and equipped public safety agency. EMS providers without these responsibilities will not knowingly enter a crime scene or an environmentally hazardous scene until the appropriate public safety agency has arrived, secured the scene, and deemed it reasonably 'safe to enter'. 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.
- B. The appropriate public safety agency is responsible for the non-medical aspects of scene management. In the exceptional situation when private EMS personnel have arrived first, there is no apparent hazard, and private EMS personnel are managing the non-medical aspects of the scene; the responsibility for scene management will immediately pass to public safety personnel upon their arrival. If in the opinion of the private EMS personnel, no assistance is needed and no environmental 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.
- C. Authority to provide EMS lies with the Emergency Medical Technician (EMT), or Paramedic who arrives first and 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 immediately handoff authority for patient health care management to any arriving EMS provider who is authorized at a higher level.
- D. First response personnel authorized at the same level as transport personnel may handoff individual patients as soon as possible when medically appropriate. 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 the arrival of the ambulance. First response personnel are not required to present a written report when it would interfere with their delivery of patient care.
- E. The scene management in a multi-patient situation shall be with EMS Agency policy #210: Multi-Casualty Incident Operations
- F. 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.

- G. First responder personnel may cancel responding ALS units, when:
1. The patient is not at the scene upon arrival of the initial unit.
 2. The most medically qualified first has determined that the patient has no medical condition that would benefit from ALS or ambulance transportation.
 3. The patient is determined dead AND cardiopulmonary resuscitation (CPR) is withheld according to criteria as outlined in EMS Agency Policies #125: Prehospital Determination of Death/Do Not Resuscitate (DNR)/End of Life Care.
- H. Upon determination that the patient's condition is immediately life threatening, a request to upgrade the responding unit or ambulance to Code 3 will be made through the dispatch center. The criteria for upgrade include but is not limited to:
1. Airway or breathing difficulties
 2. Shock
 3. Chest pain or cardiac arrest
 4. Obstetrical emergencies
 5. Active seizures
 6. Unconsciousness
 7. First responder judgment
- I. Upon personal contact with the patient and assessment determines 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, a request to downgrade the responding unit or ambulance from Code 3 to Code 2 will be made through the dispatch center. 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.
- J. 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-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.
4. First responder personnel may allow properly identified medical personnel to assist with patient care, but shall maintain the overall scene management.
5. ALS personnel shall function within the approved County of SLO EMS scope of practice.

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