



San Benito County Emergency Medical Services Agency

ON-SCENE MEDICAL CONTROL

Policy : 1110
Effective : May 1, 2010
Reviewed : May 1, 2010

Statement of Philosophy

This procedure has been developed so as to minimize the potential for confusion or conflict between two or more paramedic providers in the provision of emergency patient care. Occasionally a difference of opinion exists between paramedics of two different provider agencies regarding the steps to be taken and order of treatment in the provision of medical care. With this in mind, this policy is intended to establish a procedure to facilitate, as smoothly as possible, patient transfer between ALS providers.

I. Incident Command System

The San Benito County EMS Agency subscribes to the principles of the Incident Command System. In this regard, every EMS incident is under the direction and control of an Incident Commander. Further, the Incident Command System provides that patient care on-scene is to be directed by the first arriving highest medically qualified person until such a time as the patient is properly relinquished to another ALS provider.

II. Procedure

- A. First arriving County-contracted paramedic is to institute patient care according to San Benito County EMS treatment protocols. The paramedic shall continue all aspects of patient care until arrival at a hospital or until patient care authority is transferred to another paramedic.
- B. Subsequent arriving paramedics are expected to assist in the provision of patient care under the direction of the first paramedic on-scene or until the patient care is transferred to them.
- C. If the first on-scene paramedic elects to accompany the patient to the receiving hospital, generally all patient care responsibility and documentation will be maintained by the first on-scene paramedic with the other paramedics providing support as may be requested.

- D. If the first on-scene paramedic elects not to accompany the patient to the hospital, patient care should be transferred to the transporting paramedics. Transfer of care shall be accomplished with a verbal report to receiving paramedics which is to include, at a minimum, as known, pertinent physical findings, vital signs, treatment rendered, and any response to treatment procedures.
- E. In the event that the first on-scene paramedic elects to transfer care to the transport paramedic, a transfer of care form shall be used. The transfer of care form shall be considered an official record of pertinent physical findings and a short history leading up to the emergency and treatment rendered.
- F. The transporting paramedics are solely responsible for making the decision on the receiving hospital.
- G. A separate PCR shall be completed by both non County-contracted paramedics and County-contracted transporting paramedics. The PCR shall reflect the hand-off and receipt of the patient, each noting the condition of the patient at the time of transfer of the patient.

III. Problem Resolution Process

- A. The County-contracted paramedics are responsible to transport patients in a timely manner.
- B. If paramedics from different agencies disagree about treatment decisions for a patient, one of the following steps should be taken:
 - 1. If the patient is in-extremis, the first on-scene paramedic shall maintain all patient care responsibility and shall accompany the patient to the receiving hospital.
 - 2. If the patient's condition is stable, the first on-scene paramedic may contact the Base Station and ask for guidance or further orders for treatment. If ordered by the Base Station, the first on-scene paramedic will accompany the patient in the ambulance to the receiving hospital while retaining all patient care responsibility and authority.

-or-

- 3. The transporting paramedics shall proceed with the appropriate patient care documenting the discrepancies. They may, of course, contact the Base Station for guidance or further orders once the patient care authority and responsibility have been transferred and they are en-route to the receiving hospital.

NOTE: Every effort shall be made, after the fact, by the paramedics to determine the reasons for the perceived discrepancies. In most cases, a discrepancy in patient care may be the result of on-scene confusion that was complicated by a misunderstanding of the verbal report or a documentation error on the worksheet. If the patient care error cannot otherwise be explained, an incident report shall be completed by each agency paramedic and forwarded to the EMS office along with the PCR noting the observed patient care error or discrepancy.

At no time should patient care and transport be delayed to resolve a perceived treatment error or discrepancy. Problem resolution shall be done after the transport.

- C. If the first on-scene paramedic disagrees with the treatment provided by another agency paramedic, these errors and discrepancies shall be resolved in the same manner as outlined in the problem resolution process section 2 & 3.