

16-0101 – Responsibility for Patient Management

PURPOSE:

To define authority for patient health care management at the scene of an emergency.

AUTHORITY:

Division 2.5, California Health and Safety Code. Section 1798.6.

POLICY:

To place the most qualified medical personnel in charge of patient care management at the scene of an emergency.

PROCEDURE BLS/ALS:

1. Responsibility for patient management is outlined by the authority and as follows: “Authority for patient health care management in an emergency shall be vested in that licensed or certified health care professional, which may include any paramedic or other prehospital emergency personnel, at the scene of the emergency who is most medically qualified specific to the provision of rendering emergency medical care. If no licensed or certified health care professional is available, the authority shall be vested in the most appropriate medically qualified representative of public safety agencies who may have responded to the scene of the emergency.”
2. “Notwithstanding subdivision (a), authority for the management of the scene of an emergency shall be vested in the appropriate public safety agency having primary investigative authority. The scene of an emergency shall be managed in a manner designed to minimize the risk of death or health impairment to the patient and to other persons who may be exposed to the risks as a result of the emergency condition, and priority shall be placed upon the interests of those persons exposed to the more serious and immediate risks to life and health. Public safety officials shall consult emergency medical services personnel or other authoritative health care professionals at the scene in the determination of relevant risks. [Relocated by AB 334 (Ch. 206) 1983. Formerly H & S Code Section 1482.5.]
3. Medical personnel will stage as directed by the incident commander and will not enter an unsafe emergency/crime scene.
4. In the event that both public and private emergency medical care personnel arrive on the scene with the same qualifications, patient management responsibility will rest with the first to arrive.
5. Medical personnel have authority and responsibility for the medical management at the scene of a medical emergency.
 - a. Medical Management includes:
 - i. Medical evaluation
 - ii. Medical aspects of extrication and all movement of the patients(s)
 - iii. Medical care
 - iv. Patient destination
 - v. Transport code
 - b. If disagreement occurs between medical personnel at the scene on any aspects of medical management, the following should occur:
 - i. The BH contact shall be attempted when transfer of patient management responsibility is in question.
 - ii. In case of communications failure, the more conservative patient-based decision will prevail (i.e., if field personnel disagree on transport versus non-transport, the patient will be transported).
 - iii. Upon conclusion of the incident, a report will be made to the Nor-Cal EMS CQI director.
 - iv. The CQI director will review the incident with the medical director, who will organize a meeting with the involved personnel to resolve the issue.
6. It may be appropriate for ALS personnel to transfer care to BLS Personnel for management on scene or for transport.

- a. This may occur, without BHO, only under the following conditions:
 - i. When the patient has not received ALS care.
 - ii. When operating under the **Multiple Casualty Incident** protocol.
 - iii. When operating under the **Local Medical Emergency (Disaster)** protocol.
 - b. Transfer of patient management responsibility for all patients **not** meeting the above criteria, must be determined by the BH.
 - c. In the event of communications failure, transfer of patient management responsibility to a lower level of care for transportation may not occur, except with the conditions listed above.
7. When a patient is being transported by an ALS rig and is in the care of the EMT-I team member and ALS orders are received when the report is called to the BH, then transporting ambulance shall **immediately** “stop and swap”, so that the ALS provider is made available to provide the necessary ALS interventions, when it is safe to do so.