



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1110
Reviewed 04/12

Emergency Medical Services Program

Approved

Medical Director

Subject: **ON-SCENE MEDICAL CONTROL**

I. Statement of Philosophy

This procedure has been developed to minimize the confusion or conflict between two or more paramedic responders who are providing emergency patient care. Occasionally a difference of opinion occurs between paramedics of two different provider agencies regarding the patient care to be rendered. With this in mind, Policy 1110 was established to resolve disagreements among paramedics on scene, and to clarify which paramedic has primary patient care responsibility during the course of an EMS call.

II. Incident Command System

The Santa Cruz County EMS Agency subscribes to the principles of the incident command system (ICS). Every EMS incident is under the direction and control of an incident commander (IC). The IC is generally the highest-ranking responder on scene. On a medical incident, this is usually a fire department captain or battalion chief.

Within ICS, patient care on-scene is to be directed by the first arriving, highest medically qualified person until the patient is properly relinquished to another ALS provider. However, the IC, no matter his or her level of medical training, has ultimate authority at EMS calls, including the authority to resolve conflicts between EMS providers.

III. Procedure

- A. The first arriving EMSIA or transport paramedic should institute patient care according to Santa Cruz County EMS treatment protocols. This paramedic should continue all aspects of patient care until arriving at the 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 EMSIA paramedic elects to accompany the patient to the receiving hospital, this paramedic may continue to direct patient care, or may turn over primary patient care to the transporting

medic and thereafter act in a supporting role. If the EMSIA paramedic elects to maintain primary patient care, the transporting paramedic shall likewise act in a supporting role.

- D. If the first on-scene EMSIA paramedic elects to not accompany the patient to the hospital, patient care will be transferred to the transporting paramedic. Transfer of care shall be accomplished with a verbal report to receiving paramedics, which is to include (as known), pertinent physical findings, vital signs, treatment rendered, and any response to treatment procedures.
- E. In the event that the first on-scene EMSIA paramedic elects to transfer care to the transport paramedic, a Transfer of Care (TOC) form shall be utilized. The TOC is the initial official record of pertinent physical findings, a short history leading up to the emergency, and treatment rendered until ePCRs can be completed.
- F. The transporting paramedics are ultimately responsible for deciding on the receiving hospital. However, paramedics from both the EMSIA and the transporting agency should collaborate when making a patient destination decision, particularly when this involves out-of-county transports.
- G. A separate PCR will be completed by both the EMSIA paramedic and the 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.

IV. Problem Resolution Process

- A. Collaboration between EMSIA and transporting agency paramedics is crucial to the success of shared EMS calls. Collaboration, when problem-solving differences in patient care strategies is a mandatory requirement of all EMS responders in this system.
- B. No matter the agency affiliation, all paramedics are equally responsible for the care rendered to a patient. Whether acting as primary patient care provider, or assisting paramedic, all on-scene paramedics are equally charged with upholding the standards of care as delineated by their training, scope of practice, and County EMS policies and protocols.
- C. When compromise or consensus among paramedics cannot be reached on calls, the ICS and the Base Station hospital shall be utilized in the following manner:
 - 1. No matter the disagreement, patients should always be transported in a timely manner to the most appropriate facility.
 - 2. If the patient is *in extremis*, the first on-scene paramedic shall maintain primary patient care responsibility, and shall accompany the patient to the closest receiving facility.
 - 3. If the patient's condition is stable, paramedics may contact the Base Station, asking for treatment and patient destination guidance. Paramedics will follow the direction of the Base Station in this instance, and paramedics from both the EMSIA and the transporting agency shall accompany the patient to the hospital. The paramedic who had established primary patient care responsibility would remain doing so.
 - 4. In instances when Base Station contact cannot be made or would not be helpful given the circumstances of the disagreement, the IC is empowered to facilitate a resolution, and if need be, make a command decision in order to end the disagreement stalemate.

5. At no time should patient care or transport be delayed to resolve a perceived treatment error or discrepancy. Problem resolution shall be done after the transport.
6. After the call, both parties should meet to determine a final resolution of the conflict, and if this is not possible, incident reports will be filed with the EMSIA EMS BC and transporting agency Clinical Manager. The EMS BC and transporting agency Clinical Manager are charged with incident investigation and reporting to County EMS.