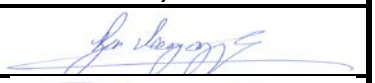
RIVERSIDE COUNTY EMS AGENCY	Operational Policy	3303
	Effective **April 1, 2018**	Expires **March 31, 2019**
Policy: **Scene Management**	Approval: Medical Director **Reza Vaezazizi, MD**	Signed 
Applies To: **PSP, EMT, AEMT, PM, MICN, BHP, EMS System**	Approval: REMSA Director **Bruce Barton**	Signed 

PURPOSE

The purpose of this policy is to clarify the local 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.

AUTHORITY

California Health and Safety Code - Division 2.5: Emergency Medical Services [1797. - 1799.207.]
California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services

Authority for Scene Management

As stated in the California Health and Safety Code Section 1798.6, "Authority for the management of the scene of an emergency" is "vested in the appropriate public safety agency having primary investigative authority", ordinarily law enforcement or fire suppression. Scene management at this highest level includes not only the safety of the EMS team and its patient(s) but "other persons who may be exposed to the risks", the public. 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.

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'.

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.

Authority for Patient Health Care Management

As stated in the California Health and Safety Code Section 1798.6, "Authority for patient health care management in an emergency" is "vested in . . . any paramedic or other prehospital emergency personnel, at the scene of the emergency who is most medically qualified". Authority to provide EMS lies with the Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), or Paramedic (PM) 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"; perhaps someone trained as a First Responder (FR). All personnel will immediately handoff authority for patient health care management to any arriving EMS provider who is REMSA authorized at a higher level.

Having accepted authority for patient health care management, first response personnel (REMSA Policy 3101 – First Response Agencies) authorized at the same level as transport personnel (REMSA Policy 3202 – Transport Services) will handoff individual patients as soon as possible when medically appropriate. The authority for each patient passes with completion of the handoff report and acceptance of the transfer of care, while the authority for management of the multi-patient scene is not typically passed to transport service personnel.

In the exceptional situation when transport service personnel have accepted authority for management of the multi-patient scene, they will immediately pass this authority to any arriving first response personnel who are REMSA authorized at an equal or higher level, and then resume the transport role as soon as possible.

Authority for Patient Disposition

Ordinarily the two primary components of patient disposition, destination and mode of transport, are indicated by patient's preference, clinical needs, and operational requirements. 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.