

EMS SCENE MANAGEMENT AND INTER-AGENCY RELATIONS

OBJECTIVE:

Provide consistent, countywide, guidelines that promote positive inter-agency relationships on the scene of EMS emergencies, with patient care being the focus of the Patient Care Team.

GENERAL GUIDELINES:

- ✓ Safety of response personnel is the highest priority.
- ✓ Following that, patient care and customer relations will be given the next highest priority.
- ✓ For scene safety and security, personnel shall secure clearance from the Incident Commander prior to entering the scene.
- ✓ On-scene Medical Authority will be in accordance with Spokane County Patient Care Protocols.
- ✓ First personnel on-scene will bring adequate equipment to the patient area to provide complete patient care.
- ✓ The stretcher will be brought to the patient area by transport personnel unless otherwise directed.

COMMUNICATIONS:

- ✓ Responding apparatus/units will monitor the appropriate radio frequencies assigned to the incident by CCC.
- ✓ All agencies will provide timely communications with CCC when arriving on-scene and at other times during the incident.
- ✓ Units will contact the IC on arrival for assignment.
- ✓ Updates to incoming units should be unit to unit and not through CCC.
- ✓ Incoming units will be briefed as soon as practical by IC or designated personnel.

INCIDENT COMMANDER:

- ✓ Fire Department will establish Incident Command on all emergencies.
- ✓ If other agency is on-scene, IC will get a briefing as soon as practical□

- ✓ The IC will remain in charge of the overall scene, regardless of who is in charge of patient care.
- ✓ Requests for additional resources will be made by the IC. Requests from field units will be made to the IC.
- ✓ IC will be responsible for staging (placement) of all apparatus & vehicles.
- ✓ Incident Command will be conducted in accordance with the Spokane County Incident Command Plan.

MVA AND HAZARDOUS AREA:

- ✓ Once command is established, anyone without proper PPE in the Hot Zone will be replaced or removed as soon as possible. Motor Vehicle Accidents are hazardous areas.
- ✓ No one will enter the Hot Zone from that time forward without proper PPE until the IC determines that the scene is safe.
- ✓ Incoming apparatus/units will stage out when responding to larger incidents, hazardous materials incidents or major motor vehicle accidents.

TRANSFER OF PATIENT CARE

- ✓ The person in charge of patient care will remain in charge until a report has been provided detailing the condition of the patient, treatment provided and any other pertinent information.
- ✓ Transfer of patient care will be formally completed and will not be assumed.
- ✓ Where there is no agreement in transfer of patient care between paramedics, no transfer of patient care will occur. Both paramedics will complete patient care reports for submission to the QI Committee at a later date.

TRANSPORT:

- ✓ No attempt will be made to dissuade patients from being transported. In the event the patient openly refuses transport, a medical release will be obtained by on-scene medical authority.

- ✓ When the FD paramedic is in charge of patient care he/she will remain in charge when accompanying the patient to the hospital.
- ✓ Transport destination will be in accordance with Spokane County Protocols.
- ✓ Patient transport agency will be determined by the incident commander or their designee representing the jurisdictional EMS agency.
- ✓ In circumstances of mass casualty, the Patient Transportation Group Supervisor shall determine the most appropriate vehicle and staffing for emergency transport.
- ✓ Moving the patient is the transporting agency's responsibility; FD assistance may be requested.
- ✓ The use of BLS personnel to assist with patient care during transport will be agreed upon by the on-scene medical authority.
- ✓ All written documentation available will be provided to transport personnel.
- ✓ If FD personnel accompany the patient during transport, transporting agency personnel will assist with attending patient during transport.
- ✓ The decision to allow passengers to ride in the transporting apparatus (vehicle) will rest solely with the transporting agency.

CONFLICT RESOLUTION:

It is recognized that differences of opinion will occasionally occur. Differences of opinion shall not delay therapy or negatively impact the outcome of patient care. If a particular therapy is recognized as potentially harmful, the patient care team will consult medical control to ensure appropriate therapy. The on-scene medical authority will be responsible for making the final determination when such conflict arises. Personnel are encouraged to resolve differences of opinion at their level, whenever possible. In all cases, both parties will exercise professionalism and respect. Any action that is considered to be unprofessional or disrespectful will not be tolerated by any agency.

- ✓ Conflict shall never be exhibited in front of a patient, the patient's family, hospital staff, or the general public. When a difference of opinion arises, the personnel from the respective agencies should professionally discuss the incident in private. It is expected that this

occur as soon as possible so that differences can be resolved to the satisfaction of all parties.

- ✓ If no resolution to an issue can be achieved, the involved parties should contact their respective agencies and follow the chain of command. In most cases, this will be the individual's immediate supervisor.
- ✓ The Supervisors will then contact each other and discuss the differences in an attempt to remedy any conflict. If no resolution can be achieved at this point, the administration of each agency will be contacted for final resolution. Under no circumstances shall an employee contact another agency's administration.
- ✓ Final resolution, when administration is involved, will be achieved collaboratively. The resolution will be clearly communicated to the involved parties and will be binding upon all parties.