

# SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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## SCENE MANAGEMENT, PHYSICIAN ON SCENE and MASS GATHERINGS PUBLIC COMMENT JANUARY 2026

### I. PURPOSE

- A. To define roles and responsibilities and establish hierarchy of each level and type of responder at the scene of a medical emergency, mass gathering, and/or special event. This policy applies to the following roles:
  - 1. First Responders, Basic Life Support (BLS),
  - 2. Emergency Medical Technician-I (EMT-1),
  - 3. Advanced Life Support (ALS) prehospital providers,
  - 4. Emergency Medical Technician-Paramedic (EMT-P), and
  - 5. Physicians on scene of medical emergencies.

### II. AUTHORITY

- A. California Health and Safety Code, Division 2.5, Sections 1797.202, 1797.204, 1797.220 and 1798-1798.6
- B. California Code of Regulations, Title 22, Sections 100063, 100144, 100147, 100144, 100167)a) and 100169100172 – 100175
- C. California Medical Association, Endorsed Actions for Physicians on Scene with Paramedics
- D. City and County of San Francisco Traffic Code sections 8000, 801, 802, 804 and Administrative Code Section 90.4

### III. POLICY AND PROCEDURES

#### A. Scene Management

##### 1. Scope of Practice

- a) While on the scene of an emergency, prehospital personnel shall manage the medical care of patients within their scope of practice and in coordination with all other personnel on scene.
- b) Prehospital personnel shall provide care in accordance with EMS Agency Treatment Protocols appropriate to the level of certification or licensure of the individual providing care.
- c) Prehospital personnel shall not deviate from EMS Agency Treatment Protocols or policies without specific permission to do so from the EMS Agency Medical Director or his/her designee.

**2. Medical Authority**

- a) Paramedics have medical authority over EMT-1s, First Responders, and law enforcement personnel.
- b) All personnel have a duty to act and must continue to provide appropriate care to the patient within the scope of their certification or licensure.
- c) Transporting Paramedics shall assume medical authority upon arrival after receiving a verbal report from a non-transport Paramedic on scene.
- d) If there is a disagreement between medical personnel on scene about the medical management of patients, the Base Hospital Physician will be contacted immediately and the most conservative patient-based decision shall prevail until consultation with the Base Hospital Physician is completed and further instruction conveyed.
  - (1) If the disagreement occurs between providers of different agencies, all providers will remain on scene and continue to care for the patient(s) up to and including providing transport with another agency's personnel in charge if so directed by the Base Hospital Physician.
- e) First Responders and BLS personnel may allow properly identified medical personnel to assist with the care of the patient, but shall maintain medical authority prior to the arrival of a Paramedic.

**3. Procedure for Scene Management**

- a) Coordination of Medical Care
  - (1) Prehospital personnel shall enter a scene and begin providing care only if a scene is determined to be safe.
    - (a) Law enforcement or other assistance to mitigate identified hazards will be requested as needed to secure a scene.
    - (b) If necessary, EMS personnel shall withdraw from any scene where an immediate hazard is identified and wait for appropriate assistance to arrive before entering.
  - (2) Upon arrival, the most medically qualified personnel shall assume responsibility for the medical care of the patient.
  - (3) First responder personnel, both ALS and BLS, shall initiate and continue care for patients until the arrival of transport personnel.
    - (a) On arrival of transport personnel, BLS first responders will immediately provide a verbal report to the most medically qualified person.

- (b) ALS first responders will provide a verbal report to ALS transport personnel as soon as possible.
  - (c) First response personnel shall remain on scene and assist transport personnel with patient care until the primary patient care person on the transport crew releases the first responders.
  - (d) When first response and transport ALS personnel arrive simultaneously, the transport Paramedic will assume responsibility for, and direct, patient care.
- (4) In cases where conflict regarding patient care exists between Paramedics on-scene and there is a belief that a negligent act or policy deviation that will harm the patient is about to, or has occurred, then the Paramedic with that belief shall initiate the following actions:
- (a) The Base Hospital Physician will be contacted immediately and have final authority over patient care decisions;
  - (b) All parties will remain on scene and work under the direction of the Base Hospital Physician to effect care and transport of the patient;
    - (i) If directed by the Base Hospital Physician, the initiating Paramedic will assume responsibility for patient care and accompany the patient during transport, which may be done in an on-scene ambulance, regardless of agency affiliations.
  - (c) Incident shall be reported to the on-duty Paramedic Field Supervisors or all agencies involved, and
  - (d) The initiating Paramedic will file a Sentinel Event report with the EMS Agency within 24 hours of the incident.
- b) Change in the Code of Responding Units
- (1) Cancellation of responding units
    - (a) First arriving ALS and BLS personnel shall cancel other responding units when:
      - (i) it is determined that the patient is not at the scene; or
      - (ii) the patient is determined dead and cardiopulmonary resuscitation (CPR) is withheld or terminated in accordance with EMS Agency Policy #4050, *Death in the Field*; or

(iii) transport personnel arrive first and determine that no assistance is necessary from other responders.

(b) After completing the primary and secondary patient exam and establishing the chief complaint, an ALS first responder may cancel the responding transport unit if it is determined that the patient will not be transported by ambulance.

(2) Upgrading or downgrading responding units

(a) Prehospital personnel on-scene of a prehospital emergency incident may request a change in the response of responding units. All such requests will be routed through the provider's dispatch or the Emergency Communications Department (ECD), whichever is most appropriate.

(b) Prehospital personnel on-scene with a patient may request a downgraded response of an ambulance after determining that no life threatening condition exists and that the time saved from lights and siren use would not likely impact patient outcome.

(c) Prehospital personnel on scene with a patient shall request an upgraded response upon determination that a life threatening condition exists, or that any delay in transport or arrival of ALS may impact patient outcome.

c) Patient transport

(1) A second Paramedic shall accompany the patient in the ambulance to the hospital under the following situations:

- (a) Cardiopulmonary arrest
- (b) Patients in cardiac arrest or those who are post-arrest with return of spontaneous circulation in the field
- (c) Airway obstruction or respiratory insufficiency with inadequate ventilation
- (d) Hypotension with shock
- (e) Status epilepticus
- (f) Acute deteriorating level of consciousness
- (g) The transport Paramedic requests assistance during transport due to the patient's condition
- (h) The First Response Paramedic believes it is necessary for patient care
- (i) A Paramedic field supervisor determines it is necessary.

- (2) A first response Paramedic should strongly be considered as a necessity with any patient requiring a lights and siren transport.

d) "On-Viewed" Incidents

- (1) On-view refers to a situation in which a provider, during the normal course of business, arrives first on scene of an EMS incident without being dispatched or otherwise assigned to it.
  - (a) This section also applies to situations in which a transport-capable ALS vehicle is dispatched as a first responder.

(2) ALS units

- (a) Report the location of the incident to the ECD and ascertain if a unit is responding.
- (b) If no unit is responding, and the unit on scene is available, that unit will establish patient contact and manage the incident in accordance with EMS Agency Policy to include transport, if indicated.
- (c) If a unit is responding, establish patient contact and render aid until such time as the responding unit arrives.
  - (i) If the patient is unstable and the ETA to definitive care is shorter than the ETA of the assigned unit, the patient should be transported without delay.
  - (ii) In all cases where this option is selected, the transporting provider's Medical Director will complete a clinical review of the situation and determine if immediate transport was indicated and forward that review to the responding provider.
- (a) If a disagreement exists as to the necessity of immediate transport, an Exception Report along with all supporting documentation should be filed with the EMS Agency.

(3) BLS Units

- (a) Report the location of the incident to the ECD and request an ALS unit be assigned.
- (b) Establish patient contact and render aid until the ALS unit arrives.

e) BLS Units on Scene of ALS Acuity Patients

(1) This procedure applies to patients encountered by BLS units outside of acute care facilities. If, during an interfacility transfer, a BLS unit encounters a patient that may require a level of care they are unable to provide, the BLS personnel should consult with the transferring physician and their supervisor.

(a) An acute care facility is defined as a facility recognized as a general or critical care hospital.

(2) BLS units on scene of the following shall immediately request an ALS unit to respond:

- (a) Acute abnormalities of airway, breathing, or circulation that are changes from the patient's baseline status
- (b) ALOC that is an acute change from the patient's baseline
- (c) Chest pain
- (d) Cardiac arrest
- (e) Motor vehicle accidents
- (f) Obstetric emergencies
- (g) Pediatric patients
- (h) Seizures
- (i) Specialty care patients (i.e., burns)
- (j) Trauma patients requiring the trauma center and
- (k) Any patient who, in the judgment of the attending EMT-1, would benefit from evaluation or treatment by a Paramedic.

(3) BLS units on scene of unstable patients shall ascertain the ETA of the closest ALS unit and determine the ETA, including patient packaging and extrication, to the closest Receiving Hospital.

(a) If the ETA of the ALS unit is shorter, BLS units shall stay on scene and render aid, turning over care when the ALS unit arrives.

(b) If the ETA including patient packaging and extrication to the closest Receiving Hospital is shorter, the BLS shall transport the patient Code 3 to that hospital.

f) Documentation

(1) An EMS Agency approved Prehospital Care Record (PCR) shall be completed for each patient contact.

- (2) The person primarily responsible for directing patient care on scene and during transport will complete the report.
- (3) All procedures noted on the PCR shall be accompanied by the identification (Paramedic number) of the Paramedic who performed the procedure.

## **B. Physician On-Scene**

1. A Paramedic may not accept direction from any source except the Base Hospital Physician, except under the following circumstances:
  - a) a qualified physician on scene agrees to direct patient care and accompany the patient to the hospital; and
  - b) Physician direction is within the Paramedic Scope of Practice.
2. A qualified physician is any physician licensed in the State of California.
3. Do Not Resuscitate (DNR) Decisions
  - a) An on-scene physician, after identifying himself/herself as the patient's physician, may issue a written DNR order which emergency medical services (EMS) personnel may follow. This order should preferably be written directly on the PCR and followed by Base Hospital Physician consultation for approval (reference EMS Agency Policy # 4051, *DNR Policy*, Section V.A.4.).
    - (1) In this circumstance, the Base Hospital physician may waive the requirement for the physician to accompany the patient during ambulance transport.
4. Procedure for Physician On-Scene of a Prehospital Call
  - a) The Paramedic shall:
    - (1) Verify identity and credentials of the on-scene physician. A physician must produce a current California medical license, and show it to the Paramedic with a valid photo ID demonstrating that he/she is the person whose name is on the medical license.
    - (2) Advise the physician of the options as described below;
    - (3) Contact the Base Hospital Physician for consultation or conflict resolution as needed.
  - b) Physician Options:
    - (1) Assist and offer advice regarding patient care, but allow the Paramedics to remain in control of the scene and transport the patient according to EMS Agency Policy; or
    - (2) Consult with the Base Hospital Physician and offer advice on the care of the patient, allowing the Base Hospital Physician to direct care and transport; or

- (3) Accompany the patient to the hospital and assume total responsibility for patient care until this responsibility is assumed by the receiving physician.
  - (a) In this case, the Paramedics will assist the physician as requested provided they operate within the standard of care and the Scope of Practice.
  - (b) Paramedics will advise the Base Hospital Physician of the situation.
  - (c) All orders given by the on-scene physician shall be documented on the PCR and signed by the physician.
  - (d) The physician's name and contact information will be documented on the PCR.

#### C. Mass Gathering and/or Special Events

1. In mass gatherings where physicians are present as part of an organized system of providing care on site, Paramedics may provide care with these physicians according to site-specific scene protocols.
  - a) Patients at these sites who are physically seen and assessed by the designated mass-gathering physician are the responsibility of that physician and should be treated accordingly.
    - (1) Paramedics may assist in treatments that do not exceed their Scope of Practice under the direct supervision of the designated mass-gathering physician on site.
    - (2) Paramedics may transfer care of stable patients who were injured or became ill on-site and were cared for by Paramedics assigned to the event, to the on-site physician provided that:
      - (a) The on-site physician accepts the transfer of care; and
      - (b) There are adequate resources (facility, equipment, etc.) on-site to care for the patient.
  - b) Once 9-1-1 is activated and Paramedics not assigned to the event arrive at the scene, the arriving Paramedics will follow the guidelines in Section III.A. and B. of this policy.
2. Patients who are **not physically seen** and assessed by the designated mass-gathering physician but who are assessed by Paramedics, are the responsibility of those Paramedics who must follow relevant Standard Treatment Protocols and EMS system policies, including releases Against Medical Advice (AMA).
  - a) Conflict resolution: In the event conflict arises regarding a patient care issue, the Paramedics and mass-gathering physician will attempt to resolve it. In cases where resolution is not forthcoming, the Base Hospital Physician will be contacted and will have final authority over medical care to be provided by responding Paramedics.