SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

SCENE MANAGEMENT
EMSAC FEBRUARY 2026

EFFECTIVE DATE: X/X/XX ***POLICY REFERENCE NO: 4044***

1. PURPOSE
1.1. To define roles and responsibilities and establish hierarchy of different EMS personnel at the scene of a medical emergency.

2. DEFINITIONS:
2.1. DEC (Division of Emergency Communications): The division responsible for dispatching emergency services.
2.2. First on-scene EMS Personnel: First EMT or Paramedic to arrive at the scene and initiate patient contact and medical assessment. These personnel may not be equipped to provide patient transport.
2.3. Transporting EMS Personnel: EMT or Paramedic to arrive on scene of an incident capable of providing patient transportation via ambulance.
2.4. "**On-Viewing":** A situation in which an EMS provider comes upon an incident during the normal course of duty without being dispatched or assigned to it.
2.5. Exception Report: A report submitted to the EMSA in accordance with policy (#6020).

3. POLICY
3.1. Coordination of Medical Care
3.1.1. If law enforcement is involved in response, EMS Personnel shall enter a scene and provide care only once law enforcement determines it to be safe.
3.1.2. Upon arrival, the most medically qualified EMS personnel shall assume responsibility for the medical care of the patient. Paramedics have medical authority over EMTs, and Emergency Medical Responders.
3.1.3. First on-scene EMS Personnel shall initiate and continue care for patients until the arrival of transport personnel. Upon arrival of transport personnel:
3.1.3.1. First on-scene EMS Personnel will immediately provide a verbal report to the Transport EMS personnel.
3.1.3.2. First on-scene EMS Personnel shall remain on scene and assist Transport EMS Personnel with patient care until the primary patient care person on the transport crew release.
3.1.4. If EMS First on-scene and Transporting EMS Personnel arrive simultaneously, the Transporting Paramedic will assume responsibility for directing patient care.
3.1.5. If the event of **conflict** between different Paramedics raises concern for patient safety, the paramedic identifying the concern shall take the following actions:

3.1.5.1. Contact Base Hospital Physician immediately and they will have final authority over patient care decisions. 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.

3.1.5.2. Report incident to the on-duty Paramedic Field Supervisor of all agencies involved.

3.1.5.3. File an exception report (by the initiating paramedic) to the EMS Agency within 24 hours of the incident.

3.2. Patient transport: If a second paramedic is on scene, they shall accompany the patient in the ambulance to the hospital IF:

3.2.1.1. The patient is hemodynamically unstable or critically ill (e.g. Cardiopulmonary Arrest or Post-ROSC, airway obstruction, status epilepticus etc.)

OR

3.2.1.2. Transport EMS Personnel, first on-scene EMS Personnel or Paramedic Field Supervisor determines it is necessary and beneficial for patient care.

4. RESPONDING UNITS- CANCELLING/UPGRADING/DOWNGRADING

4.1. Cancellation: First on-scene EMS personnel shall cancel the responding unit ambulance unit to the incident IF:

4.1.1. There is NOT a patient at the scene (patient as defined in policy 4040 section 2.5); **OR**

4.1.2. The patient is determined dead in accordance with EMS Agency Policy #4049

4.2. Upgrading code 2 →3**:** First on-scene EMS personnel should ~~request an~~ upgraded response if a life-threatening condition has been identified and additional resources are needed.

4.3. Downgrading code 3 → 2**:** First on-scene EMS personnel should downgrade ~~reduce~~ the responding resources from Code 3 to Code 2 if they determine in their best judgement that the illness or injury is not immediately life threatening and/or that the difference in Code 3 and Code 2 response time would not likely have an impact on patient outcome.

4.4. All cancelling/upgrading/downgrading will be routed through DEC.

5. EMT REQUIREMENT FOR PARAMEDIC ASSESSMENT

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5.1. EMTs should always use their judgment when considering need for paramedic assessment. While this document lists when Paramedic assessment is required prior to transport or release at the scene, EMTs need not be limited by this list and should request an ALS response whenever they feel it necessary.

5.2. Paramedic assessment is required prior to transport or release for the following patient criteria:

5.2.1. <18 years of age

5.2.2. Abnormal vital signs: Any of the following abnormal adult vital signs:

5.2.2.1. Pulse: <55 or >120

5.2.2.2. SBP: <90 ~~or >190~~

5.2.2.3. RR: <12 or >24

5.2.2.4. O2 Sat <94% (<88% for COPD patients) – if patients on usual home O2 settings

5.2.3. Symptom: Any one of the following:

5.2.3.1. Chest pain age of >35

5.2.3.2. Severe agitation ~~requiring medication~~

5.2.3.3. Respiratory distress

5.2.3.4. Glasgow Coma Score (GCS) ≤ 13 (unless consistent with known baseline)

5.3. For those patients with a life threatening, time critical situation (e.g. uncontrollable hemorrhage etc.) for which waiting for a paramedic may be longer than transport to the hospital, EMT may transport to the closest facility, if in their judgement, this will provide the most rapid ~~ALS~~ needed care for the patient. ~~An exception report shall be filed after transport.~~

6. ON-VIEWING INCIDENT (For on-viewing incident at special events see 7010)

6.1.1. EMT Units

6.1.1.1. Report the location of the incident to the DEC and request a Paramedic unit be assigned if needed.

6.1.1.2. Establish patient contact and render aid until a Paramedic unit responds.

6.1.2. Paramedic Units

6.1.2.1. Report the location of the incident to DEC.

6.1.2.2. If ~~no unit is responding, and~~ the unit on scene is available, they will establish patient contact and manage the incident in accordance with EMS Agency Policy to include transport, if indicated.

6.1.2.3. ~~If a unit is responding, establish patient contact and render aid until such time as the responding unit arrives. If the patient is unstable and the estimated time to transport to definitive care is shorter than the estimated time to arrival of the assigned unit, the patient should be transported without delay. An exception report should be filed after transport.~~

7. AUTHORITY

7.1. California Health and Safety Code, Division 2.5, Sections 1797.202, 1797.204, 1797.220 and 1798-1798.6

7.2. California Code of Regulations, Title 22, Sections 100063, 100144, 100147, 100144, 100167)a) and 100169100172 – 100175

7.3. California Medical Association, Endorsed Actions for Physicians on Scene with Paramedics

7.4. City and County of San Francisco Traffic Code sections 8000, 801, 802, 804 and Administrative Code Section 90.4