Approved 9/2/26, Effective 1/15/27, replaces all prior versions

14J - SCENE COORDINATION

Emergency Medical Services in Metropolitan Oklahoma City and Tulsa are provided by several agencies that must interact cooperatively to achieve the goal of quality patient care. Interactions between on-scene personnel must be predictable and consistently professional. The following protocol has been developed to facilitate optimal scene coordination including transfer of care and timeliness of patient transport. Additional benefits include promoting a collaborative practice of EMS medicine and improved scene safety for patients and EMS professionals.

If a disagreement regarding patient care occurs, protocol, OMD or OLMC guidance is to be sought, avoiding any unnecessary delay in transport of critical patients.

The following guidelines are most commonly applicable to scenes involving a single or limited number of patients. Mass casualty incidents should be managed per Protocol 15A: Multiple Patient Scene/Mass Casualty Event Concepts.

1. The first arriving crew will bring all indicated mobile medical equipment to the patient side.
2. The first arriving crew will relay information regarding current level of professional (EMT, EMT-I, AEMT, Paramedic), scene safety/staging, scene access, and equipment needs, as appropriate, to additional responding crews through 800 MHz radio systems, shared frequencies, or relay through respective communication centers.
3. The transporting agency crew will bring all indicated mobile medical equipment and the stretcher to the patient side, unless otherwise notified by crew(s) on-scene.
4. The first on duty OMD credentialed EMS professional on-scene will assume charge of and direct patient care. If a paramedic is not present and the call type and/or patient condition indicates need for paramedic assignment and scope of practice care, the on-scene officer or designated personnel in charge will brief the first arriving paramedic on assessment and treatment of the patient(s). The paramedic will verbally acknowledge receiving the patient-centered briefing, then assume charge of and direct patient care.
5. In the event there is a District Chief(s)/EMS Supervisor(s)/EMS Officer(s) on scene, care should then be coordinated through these supervisory paramedics. This does not mean the care interventions must all be personally performed by these supervisory paramedics if other OMD credentialed paramedics are on scene, but the care plan should be coordinated by these supervisory paramedics. In the event there is a differing opinion as to proper care among on-scene supervisory paramedics, the transporting agency's on-scene supervisory paramedic is to take the lead. As per the highlighted statement above, OMD or OLMC guidance is to be sought if needed to further resolve any time-sensitive care disagreements.
6. On arrival of the transporting unit, the officer or designated person in charge will brief the transporting agency paramedic (if the call type and/or patient condition indicates need for paramedic assignment and scope of practice care) on assessment and treatment of the

Protocol 14J: Scene Coordination, cont.

patient(s). The transporting agency paramedic will verbally acknowledge receiving the patient-centered briefing, then assume charge of and direct patient care. In the event the transporting agency paramedic and a non-transporting agency paramedic arrive on scene simultaneously, the transporting agency paramedic will assume charge of and direct patient care, though is expected to remain cognizant of clinical input from all relevant OMD credentialed providers on scene.

7. If the transporting agency paramedic (if the call type and/or patient condition indicates need for paramedic assignment and scope of practice care) is first on-scene, as soon as it is clinically practical, the transporting agency paramedic will brief subsequent arriving professionals on assessment and treatment of the patient(s) and assign tasks consistent with treatment protocols.
8. Avoid unnecessarily repeating questions to the patient that have been answered.
9. All personnel will assist each other in every possible way (i.e. moving/gathering of equipment, lifting and movement of stretcher).
10. Once charge of patient care is appropriately transferred, a confirmatory patient assessment by the transporting agency paramedic may be necessary. As a routine practice, such reassessments should not delay ongoing care and/or timely transport. Transport should not be delayed or interrupted for patient care documentation.
11. If a patient has been loaded into the ambulance prior to additional crew arrival(s), at least one additional crew will inquire with the transporting agency paramedic (if the call type and/or patient condition indicates need for paramedic assignment and scope of practice care) if they can be of assistance.
12. All personnel will work cooperatively and in a professional manner to ensure ongoing high quality of patient care. If any EMS personnel on-scene believes patient condition requires additional support, including accompanying the patient during transport, this shall be discussed with the transporting agency paramedic (if the call type and/or patient condition indicates need for paramedic assignment and scope of practice care)..
13. The transport agency crew will accept response cancellations from non-transport agency crew on-scene when clinically appropriate. Conversely if non-transport agency personnel are informed by the on-scene transporting agency crew that no clinical assistance is required the non-transporting agency units will cancel their response, unless non-clinical scene characteristics dictate a continued response.
14. In the case of a BLS 911 upgrade to an ALS/Paramedic level call, the paramedic who receives report will perform a physical examination and assessment prior to making decisions regarding final disposition. As a reminder, once a BLS 911 upgrade to ALS/Paramedic assignment has been made, the paramedic may not “downgrade” the call back to BLS 911 for non-paramedic transport or refusal of care by non-paramedic.
15. The EMS System for Metropolitan Oklahoma City and Tulsa supports the National Incident Management System guidelines, even in single patient encounters. Be familiar with NIMS (See Protocol 15A: Multiple Patient Scenes/Mass Casualty Event Concepts) and be able to utilize when indicated.

Protocol 14J: Scene Coordination, cont.

Special Note: ALS First On-Scene at 911 BLS Assigned Response

In the rare instance that an OMD credentialed ALS professional is first on scene of a 911 BLS assigned response, they should assess all patients and determine if there is a need for the response to be upgraded to an ALS level call. If ALS care is needed, the ALS professional will assume charge of and direct patient care, until transitioning ALS care to an ALS transport unit-based paramedic (if applicable). If the ALS professional determines that no ALS-only scope of practice patient care is required, the ALS professional can transition care to the 911 BLS EMTs. The transporting EMTs shall verbally acknowledge receiving transition of care, then assume BLS scope of practice patient care.