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References	Effective 04/18/83

I. POLICY

Patient care responsibility will be based upon the individual's level of certification.

II. PROCEDURE

The division of duties and responsibilities between EMS personnel in prehospital care situations is as follows:

A. ALS Personnel

1. Division of Responsibilities

a. If multiple ALS personnel of the same certification are on scene, the first arriving ALS person will coordinate the medical response as the "patient team leader". If the incident is a Multi-Casualty Incident (MCI) or Haz Mat Incident, the ALS patient team leader will assume the role of "EMS Medical Group Supervisor" and shall coordinate the medical response with the Incident Commander. In the absence of, or prior to the arrival of ALS personnel, the first-in BLS personnel (preferably an EMT) shall function as the patient team leader.

b. All other ALS and BLS personnel will be responsible for monitoring the patient(s) status, providing the appropriate care in accordance with established EMS policies, performing other duties as directed, and providing advice to the patient team leader. The patient team leader should involve other personnel in patient care as early as possible, especially if a turnover of care is anticipated. The patient team leader, consistent with the procedures herein, should release associated responders (first responders, ambulances, or helicopters) from the incident if their assistance will not be required. Each of the responding personnel has a duty to act to the best of their abilities, consistent with local protocols for their certification level.

2. When present, ALS personnel are responsible for the following tasks:

a. Complete patient acute history of the incident and physical assessment, including breath sounds, must be performed by an ALS person. Obtaining portions of the patient's past medical history (e.g., history, medications, etc.) and vital signs may be assigned to a BLS person.

Approved By		Revision
EMS Director	**Daniel J. Lynch** (Signature on File at EMS Agency)	**07/03/2018**
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b. All Base Hospital communications shall be initiated and maintained by ALS personnel. Notification calls may sometimes be made by the EMT (no ALS orders are to be sought or given) in STAT transport situations where the ALS person is functioning under protocol and does not have time to make Base Hospital contact.

c. Drawing medications or solutions into syringes may only be performed by ALS personnel.

d. Adding medications to solutions or injecting medications via IV tubing may only be performed by ALS personnel.

e. All invasive procedures (i.e., IV's, needle thoracostomy, advanced airway, injections, drawing blood, etc.) may only be performed by ALS personnel.

B. BLS Personnel

EMTs may only perform those skills identified in EMS Policy #119. When an ALS person is present, the BLS person(s) may assist the ALS person(s) with the following procedures and skills:

1. Extrication, moving patient, splinting, bandages, etc.

2. Vital signs and obtaining portions of the patient's past medical history.

3. Insertion of a pharyngeal airway and ventilation by bag mask and/or oxygen-powered breathing device when training has been received in these techniques.

4. Ventilation via the esophageal airway or endotracheal tube after the esophageal airway or endotracheal tube has been inserted by an ALS person. This should be directly supervised by the ALS person. Ventilation via transtracheal jet insufflation should be done by ALS personnel.

5. Initiating oxygen therapy via nasal cannula or face mask. When ALS personnel are present, the ALS person will prescribe the liter flow to be used.

6. Perform fingerstick for blood glucose testing.

7. Attaching IV tubing to solution containers and filling tubing in preparation for IV insertion. This may be performed by BLS personnel who have received approved training in accomplishing this aseptically and are directly supervised by an ALS person.

8. BLS personnel may assemble preloaded medication containers in an emergency situation. This must be directly supervised by the ALS person, and it will always be the responsibility of the ALS person to ensure proper medication, dosage, absence of air in the preload and aseptic technique is utilized during preparation. This may only be performed by BLS personnel who have received approved training in this technique.

C. Use of Staffing and Release of Units to "Available" Status

The patient team leader is responsible for appropriately utilizing resources (personnel and equipment) at the scene of the incident. If some resources are not needed for the incident, based upon the assessment of the patient's condition, they should be released by the patient team leader (in conjunction with the incident commander, as applicable).

1. When an ambulance is responding with a basic life support (BLS) first responder (including BLS defibrillation units):

a. ***After*** the ambulance has arrived ***and*** if the patient is non-stat, and if first responder personnel are not needed for patient assessment and treatment, then the patient team leader should release the first responder unit to return to service.

b. Upon being released, the BLS first responder should notify its dispatch center that it is available for service. At the discretion of the ranking officer on the BLS first responder unit, the BLS first responder unit may remain at the scene to assist the ambulance personnel with patient care (but would be available for other responses) or return to station or first-in area.

c. The BLS first responder unit should not return to full service status until the ambulance has arrived and the ambulance personnel have completed an assessment sufficient to identify if the patient's condition is non-stat and that the first responder unit is not needed. The patient team leader shall ensure that the BLS first responder unit's response, assessment, and treatment(s) are documented on the patient prehospital care report consistent with EMS Policy #811.

2. Ambulance Responding with an ALS First Responder

a. If the ambulance arrives first:

(1) If the patient is non-stat and ALS first responder personnel are not needed for patient assessment and treatment, the patient team leader should release the ALS first responder unit to return to service.

(2) Upon being released, the ALS first responder should notify its dispatch center that it is available for service. At the discretion of the ranking officer on the ALS first responder unit, the ALS first responder unit may remain at the scene to assist the ambulance personnel with patient care (but would be available for other responses) or return to station or first-in area. The patient team leader shall ensure that the ALS first responder unit's response, assessment, and treatment(s) are documented on the patient prehospital care report consistent with EMS Policy.

b. If the ALS first responder unit arrives first:

(1) The paramedic on the first responder unit is the patient team leader and has an obligation to complete the patient assessment and vital signs. The patient team Leader shall coordinate treatment, decide whether to continue treatment to the hospital, or transfer care of the patient to an appropriately staffed ambulance. The paramedic first responder unit should not return to full-service status until the patient turnover has been completed. Turn-over of a patient should not prolong the on-scene time and patient treatment should still occur during transport in accordance with EMS protocol.

(2) The key to the procedure regarding first responder units returning to available status is effective communications between the ambulance and first responder personnel. Misunderstandings in this situation could result in conflict between the personnel and could negatively affect patient care. *Any conflicts which develop should be resolved after the patient has been evaluated, treated and transported.*

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D. These responsibility assignments are primarily directed to those field situations where one ALS person is present and is assisted by BLS personnel. This would also apply to multiple patient situations where an ALS team is split up and the individuals are assisted by BLS personnel.

E. Patient care responsibilities rest with the highest medically certified member of the prehospital team. At the discretion of the paramedic, patient care responsibility may be turned over to a lesser level of certification. This includes turning a patient who has received an assessment by a paramedic (and it is determined that the patient requires no ALS care) to personnel of a BLS ambulance assisting at an incident or to the EMT partner of the paramedic to allow the EMT partner to attend to the patient.

F. If resources for patient management are limited, off-duty EMS personnel (locally certified/accredited) may assist with ALS procedures if they stop to assist at an emergency where ALS units are at scene. On-duty personnel should attempt to integrate the abilities of off-duty personnel if such assistance is essential. If ALS assistance by off-duty personnel is not essential, it should be avoided. Personnel are <u>not</u> authorized to carry ALS supplies when off duty.