STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

2-3-97

November 28, 1996

Dear Chief:

Thank you for your Faxed inquiry, dated November 5, 1996, regarding authority at the scene of EMS incidents. You posed three questions which, for purposes of clarity, I will state in *italics*, followed by my response.

1. *Emergency Medical Calls - who has overall authority/responsibility for these calls? 1st Responder? Emergency Medical Services Provider? Which authority regulates this - OEMS regulations or State of Connecticut Statutes.*

   Generally speaking, the authority for state agencies to develop regulations derives from their enabling statutes. A given statute may provide for the establishment of a particular agency, define its authority, and authorize the development of regulations to assist the agency in carrying out its defined statutory responsibilities. Statutes supersede regulations when there is a conflict between the two. The statutes that govern Emergency Medical Services in Connecticut, and the regulations that flow from them, are silent on the issue of authority for prehospital patient care management.

   Section 7-313e of Connecticut General Statutes does define the "Authority of fire officer during emergency." This statute states:

   Notwithstanding any provision in the general statutes or a municipal ordinance to the contrary, the fire chief of the municipality, or any member serving in the capacity of fire officer-in-charge, shall, when any fire department or company is responding to or operating at a fire, service call, or other emergency, within such municipality, have the authority to: (a) Control and direct emergency activities at such scene; (b) order any person to leave any building or place in the vicinity of such for the purpose of protecting such person from injury; (c) blockade any public highway, street, or private right-of-way temporarily while at such scene; (d) at any time of the day or night, enter any building, including a private dwelling, or upon any premises where a fire is in progress or near the scene of any fire, or where there is reasonable cause to believe a fire is in progress, for the purpose of extinguishing the fire or preventing its spread; (e) inspect for the purposes of preventing fires and preplanning the control of fire all buildings, structures or other places in their fire district, except the interior of private dwellings, where any combustible material, including but not limited to waste paper, rags, shavings, waste, leather, rubber, crates, boxes, barrels or rubbish, that is or may become dangerous as a fire menace to such buildings, structures or other places has been allowed to accumulate

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or where such chief or his designated representative has reason to believe that such material has accumulated or is liable to be accumulated; (f) order disengagement or discouplement of any convoy, caravan or train of vehicles, craft or railway cars for the purpose of extinguishing a fire or preventing its spread; and (g) take command of any industrial fire brigade or fire chief when such fire company or department has been called to such industry."

I have quoted this statute section in its entirety because it is frequently (and incorrectly) cited as the statute that gives the fire service overall authority at the scene of EMS incidents to which it responds. The statute's obvious intent is to provide the authority for scene management as it relates to the prevention and abatement of fire hazards. It is silent on the issue of authority for prehospital patient care management at EMS incidents.

Given the fact that both the Connecticut General Statutes and the EMS regulations are silent on the issue of patient management authority at the scene of an EMS incident, what follows is the OEMS position on this issue:

Scene management authority, which shall provide for the safety of all those who are at the scene, rests with public safety agencies (i.e. police or fire agencies) when they are present at the scene of an EMS incident. Patient management authority rests with certified EMS responders who have been properly dispatched to the scene. The authority for patient management shall flow from lower to higher levels of emergency medical certification as they arrive at the scene.

With respect to patient management authority, the fundamental issue is "What is medically appropriate?" not "Who's in charge?" The practice of medicine contemplates the orderly transfer of patient care from one level of care provider to another. For example, in the hospital emergency department setting a triage nurse may initially assess and treat a patient's complaint. When the physician comes to see the patient the nurse's obligation is to recognize that he/she must willingly transfer the responsibility for the care of the patient to this individual with a higher level of medical training and credential, report what has been found, and what has been done thus far. The nurse must then be guided by the physician's instructions. Should the patient's personal physician arrive, the Emergency Department physician reports to his/her peer and expeditiously relinquishes authority for management of the patient. Even though these kinds of authorities are generally not written in law, medical appropriateness dictates that there should be cooperation, not competition, between peers with respect to patient management.

Similarly, when certified Medical Response Technicians (MRTs) acting as first responders are at an EMS incident they are the highest level of emergency medical authority unless and until certified EMTs arrive at the scene. The medically appropriate expectation is that the first responder MRTs will expeditiously report to the EMTs what they have found, what they

have done, and then be guided by the EMTs instructions. The same process holds true for EMTs when paramedics arrive at the scene.

When the First Responder EMS personnel have the same level of EMS certification as the transporting Basic Ambulance personnel who arrive subsequently, the expectation is that there will be teamwork and cooperation between the two, not confrontation, regarding who is in charge. The transport personnel will ultimately assume responsibility for the patient during transport and should therefore be briefed as soon as possible regarding the patient's chief complaint, pertinent history, and what has been done prior to their arrival. It is also expected that transporting personnel will become actively involved in on-scene patient management as soon as is practical.

2. *Vehicular accident/trauma incident, patient extricated/packaged by first responder and turned over to emergency medical services provider: who is responsible/liable for what?*

In this type of situation, responders at all levels are legally responsible to act within the scope of their training and certification. The legal "reasonable man doctrine" obligates individuals in such cases to act in a way that is consistent with what "a reasonable and prudent person with the same or similar training would do in the same or similar circumstances.

First responders must, therefore, do what is reasonable and prudent within the scope of their training and certification. Upon the arrival of properly dispatched persons with a higher level of emergency medical certification, first responders must expeditiously report what they have found, what they have done, and be guided by the instructions of the persons with higher levels of emergency medical certification.

When the First Responder EMS personnel have the same level of EMS certification as the transporting Basic Ambulance personnel who arrive subsequently, the expectation is that there will be teamwork and cooperation between the two, not confrontation regarding who is in charge. The transport personnel who will ultimately assume responsibility for the patient during transport should therefore be briefed as soon as possible regarding the patient's chief complaint, pertinent history, and what has been done prior to their arrival. It is also expected that transporting personnel will become actively involved in on-scene patient management as soon as is practical.

3. *Considering the "Golden Hour" for trauma patients and current EMT-B training guidelines when applied to time constraints for medical actions, what authority/responsibility/liability does the emergency medical service provider have versus the 1st responder?*

There is nothing in the trauma literature nor the EMT-B training guidelines that would change the previously provided answers with respect to the responsibility and authority of EMS providers with particular levels of certification who care for trauma patients. The

literature defines the golden hour as beginning at the time of the injury and ending at the patient's admission to the operating room, if that is the care required by the patient's injuries. Therefore, expeditious patient care in the field consists of rapid response and assessment, completion of critical stabilizing interventions, and rapid transport to the appropriate trauma facility. Cooperation among all personnel at the scene is fundamental to giving the best patient care.

I know this has been a lengthy response to what, at first glance, seems a simple regulatory question. As you can see, the issue of transfer of patient care is a medical issue, and the provision of clinical care is seldom legislated; rather, it is based on the medical tradition which places optimum care of the patient at the center of all concerns. As an EMS attorney said, "The way to avoid legal problems in providing patient care is to concentrate on practicing good medicine, not good law."

I hope our answers for your situations have been helpful to you and your colleagues. The solution probably lies in a dialogue among all the responding agencies to define the expectations for how patient care will be managed and transferred during operations and how problems which may arise will be resolved. If there is any way in which I, or other members of the staff can be of help, please feel free to call me at any time.

Sincerely yours,

E. Marie Wilson
Chief, System Development
Office of Emergency Medical Services

cc: Michael Kleiner
Jim Kane

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