Interagency Interaction Guidelines

Introduction: Emergency Medical Services in the Albuquerque Metro Area is provided by several agencies that must interact cooperatively within a two-tiered EMS system. In order to achieve the goal of Quality Patient Care, it is critical that interactions between the services be predictable and consistently professional. The following guidelines have been developed jointly by AFD, BCFD, and AAS, in order to facilitate optimal patient care, transfer and scene flow, and so that all field providers can approach scenes with the same expectations and cooperation.

1. The first arriving unit will relay information regarding scene safety, scene access, equipment needs, and staging, as appropriate, to subsequent arriving units utilizing the 800 MHz radio system or relay through respective communication centers.

2. The ALS transport provider will bring in their stretcher when immediate patient transport is deemed necessary by the first arriving EMS units via radio or once the need for transport has been determined. It is optimal to bring in the stretcher upon arriving on scene on all calls. Good judgment should be used at all times.

3. The first on duty paramedic to arrive on scene will assume charge of and direct patient care (lead paramedic), in accordance with their capabilities. All subsequent pre-hospital providers will take direction from that person.

4. The lead agency (agency first on scene) is responsible for directing patient assessment and care. If a paramedic is not present with the lead agency, the officer, or designated person in charge, will brief the first arriving paramedic on patient condition and transfer patient care responsibilities to the lead paramedic This includes:
   - Obtaining consent for treatment and transport
   - Obtain a signed and fully documented refusal on any patient who refuses treatment/transport and meets refusal criteria in accordance with the City of Albuquerque/bernalillo County EMS Guidelines
5. Once the lead paramedic is on scene, the second arriving paramedic will approach the lead paramedic and offer assistance. As soon as it is clinically practical, the lead paramedic will give a brief verbal report to subsequent arriving EMS units.

6. The first arriving unit will bring in appropriate equipment upon their arrival. If ambulance and rescue/paramedic personnel arrive simultaneously, then the rescue/paramedic personnel will take in their equipment and ambulance personnel will bring in their stretcher (if deemed necessary).

7. In the event the ALS transport paramedic and fire/rescue personnel arrive on scene simultaneously, the fire department paramedic will take responsibility of directing patient care. Paramedics will work cooperatively and in a professional manner to ensure high quality patient care. If a disagreement regarding patient care occurs in this context, MCEP guidance will be sought.

8. The first arriving EMS providers will begin to assess the patient, (history and physical) and gather other pertinent information. Other arriving personnel will approach the first EMS provider to obtain patient report (see #3). It is inappropriate for subsequent arriving providers to go directly to the patient and repeat questions that have been asked. Although the first arriving paramedic is in charge of patient care, please remember that this is a team concept and any disagreements will be approached from that standpoint, or deferred to an MCEP.

9. All agencies will assist each other in every possible way (i.e., moving/gathering of equipment and stretcher); however, due to risk management considerations, any time there is a patient on a stretcher, employees from that agency must perform operation of the stretcher at the head and the foot. Other personnel on scene will be utilized to help lift in the interest of patient safety and comfort.

Interagency Interaction Guidelines Continued

10. The ALS transport paramedic assumes responsibility of patient care after receiving a complete patient turnover report. In critical life-threatening situations, the transfer of patient care responsibility will automatically happen once the patient is loaded into the back of the ambulance. Although the ALS transport paramedic is in charge of patient care, please remember this is a team concept and any disagreements will be approached from that standpoint, or deferred to an MCEP. While awaiting MCEP advice, the ALS transport paramedic will continue to direct patient care. Disagreements will not delay transport. Again, patient care will remain a cooperative effort.

11. Upon transfer of patient care, an appropriate patient turnover report must be given and accepted in a professional manner by both services involved. Once patient care is transferred, a confirmatory patient assessment by the transport paramedic is both appropriate and necessary. However, as a routine, such assessment should not delay transport, and should be done en route if possible. Transport should not be delayed in order for fire/rescue personnel to complete their written patient report.
12. Upon transfer of patient care, an appropriate patient turnover report must be given and accepted in a professional manner by both services involved. Once patient care is transferred, a confirmatory patient assessment by the transport paramedic is both appropriate and necessary. However, as a routine, such assessments should not delay transport, and should be done en route if possible. Transport should not be delayed in order for fire/rescue personnel to complete their written patient report.

13. If a patient has been loaded into the ambulance prior to the fire/rescue unit arrival (BLS or ALS), it is appropriate for the arriving personnel to inquire if they can be of any assistance. If the ALS transport provider deems assistance unnecessary, the fire department unit may cancel at their discretion. Transport will not be delayed in order for BLS or ALS reassessment, information gathering and/or report writing if the patient is loaded and ready for transport.

14. If in the judgment of any paramedics on the scene, patient care requires additional support, other agency personnel may accompany the patient to the hospital in the transporting unit.

15. The ALS transport provider will accept cancellations from all fire/rescue agencies. It is appropriate for on scene agencies to downgrade responding units when emergency response is not medically necessary. If fire/rescue personnel are informed by the transport medic that no assistance is required the fire/rescue units may cancel, without further intervention or assessment as appropriate.

16. The Bernalillo County EMS system follows the Incident Command System structure. Be familiar with the ICS and be able to execute it when called for. A good example of this would be any scene where hazards such as fire, fluids, power lines, etc. exist. In these situations, the incident commander is in charge of all personnel to ensure that only properly protected and/or trained responders will be in the “hot” zones. Fire Department IC will direct all responding EMS personnel to an appropriate staging area for duty assignments.