



STANDARD OPERATING PROCEDURE

Contra Costa County Operations
Service, Vision, Leadership, Technology

SOP # 214

Approved By:

Interagency Relationships
Updated: May 1, 2016

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General Manager

A. Purpose

The purpose of this policy is to establish standards related to employee contact with the many different police, fire and other professional personnel of interfacing agencies and is intended to maximize the opportunity to provide seamless, quality patient care.

B. Policy

It is the policy of American Medical Response (AMR) that full cooperation is to be given to all outside agencies.

C. Incident Command

1. Authority for the management of the scene of an emergency shall be vested in the appropriate public safety agency having primary investigative authority. (California Health and Safety Code, Div. 2.5, Ch 5)
2. At the scene of an emergency, AMR employees will follow the orders of the Incident Commander or designee in the chain of command.
3. At an incident involving an AMR unit and fire department unit, the highest ranking officer of the fire department unit (usually the Captain) will be the Incident Commander.
4. Upon arrival at scene, the AMR unit shall report directly to the Incident Commander and/or Fire Company Officer unless the AMR unit is the first to arrive.
5. AMR employees may be assigned to command positions by the Incident Commander.

D. Patient Care

1. Authority for patient health care management in an emergency shall be vested in that licensed or certified health care professional, who may include any paramedic or other prehospital emergency personnel, at the scene of an

emergency who is most medically qualified specific to the provision of rendering emergency medical care. (California Health and Safety Code, Div. 2.5, Ch 5)

2. The paramedic for the first arriving unit shall be responsible for patient care.

a. Turn-over of Patient Care

- i. The transfer of patient care from a first responder paramedic to a transporting paramedic is a choice, not a requirement. That choice is dependent on several factors to include, but not limited to: patient acuity, department SOPs, etc.
- ii. When patient care is transferred from the first responder paramedic to the transporting paramedic, the transporting paramedic shall have patient care responsibility. The first responder is then in an assisting role.
- iii. If care is not transferred from the first responder paramedic, the transporting medic shall act in an assisting role to the first responder paramedic.
- iv. Teamwork and communication, along with professionalism, integrity, and patient advocacy, are essential to quality patient care. Failure to effectively communicate at medical and rescue emergencies is problematic for both patient care and the safety of all parties. . If interagency issues arise with respect to the values listed above, then it is the employee's responsibility to follow **SOP 220: Conflict Resolution**.

E. Supply Exchange with Fire Departments

1. BLS equipment and supplies used by the Fire Department on patients transported by AMR units will be exchanged with AMR stock on a "One for One" basis at the time of service or immediately thereafter.
2. ALS equipment and supplies used by the Fire Department on patients
3. transported by AMR units will be exchanged with AMR stock on a "One for One" basis at the time of service or immediately thereafter. AMR only restocks our current products to allied agencies.
4. Narcotics will not be exchanged.

F. Inter-Agency Conflict

- a. Interagency conflicts shall be resolved in accordance with **SOP 220: Conflict Resolution**.

G. Enforcement of Policy

1. Violations of this policy are subject to corrective action up to and including termination of employment.

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