

EMS Incidents with Medical Personnel On Scene

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1. NOTIFICATION OF FIRST RESPONDERS In that many health centers, physician's offices, clinics, and long term care facilities in the City of Boston have personnel on site that are capable of providing patient care that meets or exceeds first-responder protocols, patient outcome would not be improved by using EMS first responders to such locations. Therefore, after having followed established EMD Guidecard criteria and arriving at a TYPE Code that would normally generate a combined response, first responders may be deleted during call entry under the following circumstances:
 - 1.1. When a caller states the incident is at a location with personnel trained to provide patient care and the TYPE code is normally combined with first responders, quickly determine the following: are medical personnel with immediate access to oxygen and a defibrillator currently treating the patient? If the answer is NO, combine the incident. If medically trained staff and appropriate equipment are available, a first responder response is not necessary, with the following exceptions:
 - 1.2. First responders should not be deleted during call entry from a CARST.
2. PRIMARY AMBULANCE RESPONSE: HEALTH CLINICS AND HOSPITALS
 - 2.1. Boston EMS is the primary EMS response agency to any hazardous material incident, building fire, incendiary device standby, trauma or any other incident involving a potential for building evacuation or multiple casualties.
 - 2.2. Boston EMS is the primary EMS response agency to a medical emergency at a Health Clinic, Hospital, or physician's office where the patient is NOT located in a patient care area (such as a parking garage or administrative office building).
 - 2.3. Upon receipt of a reported Priority 1P Incident (CARST, CHOKE, EXHEM1), or OBGYN1, SHOT, STAB, or STROKE, the Dispatcher should dispatch the appropriate BEMS units, utilizing back-up services as needed per standard operating procedure.
 - 2.4. With the exception of the Incident TYPES listed above, upon receipt of a reported Priority 1-3 incident in a staffed treatment area of a Licensed Health Clinic (designated with the prefix "HC" in CAD), Hospital (designated with the prefix "HOSP" in CAD), or physician's office, the dispatcher should first poll the availability of private EMS providers.
 - 2.4.1. If an appropriate level (based on the TYPE code) private EMS unit is available to respond, and their response time is not significantly longer than it would take a

Boston EMS Policy and Procedure Manual

Boston EMS unit to respond, the incident shall be referred to the private ambulance for service.

- 2.4.2. Boston EMS will respond to a licensed health clinic, hospital, nursing home, or physician's office when back-up services are not immediately available, thereby striving to maintain Boston EMS unit availability for simultaneous occurring emergencies at other locations throughout the City.