



## MEDICAL CONTROL POLICY STATEMENT/ADVISORY

**No.** 2015-02  
**Date:** January 30, 2015  
**Re:** Staging Protocol/Policy

**Office of the Medical Director**  
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All SVMCA Providers and Communications Personnel:

Recently, the SVMCA implemented a new staging protocol. This replaces the prior "process" of staging medical resources to await the arrival of law enforcement prior to making patient contact.

The new protocol lists situations that do not require staging; those that do; and some situations in which the dispatchers may use discretion. This takes the place of the prior process in which dispatchers had a vague policy to provide guidance in potential staging situations. As a result, the process led to medical units staging in varying and unnecessary situations. The new protocol will provide uniformity to the system and will decrease the number of times that medical units stage for law enforcement.

On the surface, it would appear that staging is merely a cumbersome practice with little to no consequence. I firmly disagree with this stance. Staging in unwarranted situations drains medical resources by increasing call length and decreasing the available resources to all patients in our system. It also has the obvious consequence of delaying patient contact and care when a delay is not necessary. The ripple effects into law enforcement and the fire service mean that these resources are not available for situations where they would be of benefit. It also delays law enforcement from timely response to EMS calls where they are truly needed.

We believe that your safety is important. The new protocol tries to logically evaluate when staging is of benefit and when it is not. The new process will be much more efficient and beneficial to all providers and patients.

If you have any questions or concerns, please feel free to contact our office.

A handwritten signature in black ink, appearing to read 'Noel Wagner'.

Noel Wagner, MD NREMT-P  
Medical Director, SVMCA

Attachments: 6-26 Violent/Chemical/Hazardous Scene Protocol

**Saginaw Valley Medical Control Authority**  
**System Protocols**  
 VIOLENT/CHEMICAL/HAZARDOUS SCENE

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***Violent/Chemical/Hazardous Scene***

**Purpose:** To ensure safety of EMS personnel when faced with known or potentially violent/hazardous situations.

Note: The protocol applies to any situation which may expose EMS personnel to known or potentially violent or hazardous situation. As always, EMS will operate within established Incident Command System.

**I. Staging**

A. Dispatchers involved with the initiation of a response or gathering of pre-arrival information (All PSAPs) can order any EMS unit to stage so that the scene can be secured by appropriate personnel (law/HAZMAT) before entering.

**B. General Guidelines:**

<b>Staging Situations</b>	<b>Non-Staging Situations</b> <i>( unless other staging triggers exist)</i>
<ul style="list-style-type: none"> <li>• Shooting/Stabbing</li> <li>• Assaults where assailant still present</li> <li>• Weapons known to be present at a violent scene</li> <li>• Psychiatric:                             <ul style="list-style-type: none"> <li>○ Suicide attempt with a weapon and the patient is still conscious</li> <li>○ Violent psychiatric patient (<i>not including geriatric, nursing home, physician office, and pediatric</i>)</li> </ul> </li> <li>• Subjective dispatcher discretion based on “<i>bad feeling</i>”, intuition, or location history</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiac arrests (family is upset)</li> <li>• Nursing home residents</li> <li>• Combative geriatric patients</li> <li>• Combative/confused diabetic patients</li> <li>• Patients in doctor’s office or clinic</li> <li>• Assault where the assailant has left or the incident occurred elsewhere</li> <li>• Carbon monoxide poisoning or alarm</li> <li>• Psychiatric:                             <ul style="list-style-type: none"> <li>○ Calm and cooperative patient</li> <li>○ Suicide attempts that are:                                     <ul style="list-style-type: none"> <li>▪ Calm/cooperative</li> <li>▪ No weapon involved</li> <li>▪ Overdose</li> <li>▪ Unconscious</li> </ul> </li> </ul> </li> </ul>

**C. Procedure**

1. Dispatcher will notify responding units over the air to stage.
2. Information about staging units will be shared between all PSAPs.
3. Information regarding scene safety will be given over the air and will not be provided via text, pager, or phone.
4. Unit will stage out of view from the scene and advise dispatch of arrival and their location (*Exception: Excited Delirium will stage in view of scene*).
5. Once law enforcement secures the scene, the EMS unit may enter with caution.



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**D. Special Considerations**

1. Field supervisor or ranking officer can modify the staging procedure after considering risks to the crew and to the potential patient.
2. In situations where law enforcement is not available for an extended period of time, coordination between dispatch centers and field supervisors should occur.
3. Caution statements should be given to responders when staging may not be appropriate but the dispatcher has a sense that a scene may escalate (crowds forming, upset families, etc.).

**II. HAZMAT Scenes:**

1. Responding units will stage upwind of the scene and at a safe distance where exposure to substances can be minimized.
2. Dispatch should advise EMS of wind direction and suggested routing to the scene.
3. In situations where a patient may be contaminated, refer to **Contaminated Patient Procedure**.

