On-Scene Operations

Accessing Patient or Call Location

Supersedes: 07-01-05
Effective: 03-01-16

1.   While enroute to an incident location, responding crews should monitor the radio and mobile workstation for updated location or access information. Upon arrival on scene, personnel should proceed directly to the location as provided by the dispatcher with appropriate equipment, based upon the nature of the reported emergency and location of the patient.

2.   If the incident and/or patient cannot be located, personnel should notify the dispatcher to request verification of the address/location to ensure the unit has responded to the correct location. When appropriate, EMS personnel should initiate dialogue with bystanders to determine if they can provide any further information or assistance.

   2.1. If the incident was reported to be at an indoor location and there is no response to attempts to enter the location, personnel should check to make sure the door is locked and that there is not an alternate means into the location. Attempts should be made to contact individuals who are authorized to gain access such as neighbors, building manager, security guard, or Housing authority police, etc.

   2.2. When appropriate, responding crews should initiate a search of the immediate area. The scope of the search will often depend on the nature of the incident. For example, when investigating a reported motor vehicle collision it may involve investigating several cross streets. While investigating a reported person down, it may involve looking in adjacent doorways or alley.

3.   Having been notified that there is no visible incident and/or patient, or that a crew is unable to gain access to the location, the dispatcher shall review the incident history to verify incident information, and ensure the unit has the most up to date location and access information.

4.   At the same time, the dispatcher (or designee) should attempt a callback to obtain further information about the location of the incident and/or patient or to request access for the crew.

   4.1. If the callback goes to an answering machine or voice mail, a message should be left advising the caller to contact 9-1-1 to provide further information.

   4.2. Cross-referenced incidents, or incidents already closed as "duplicate" should be reviewed in case they contain different callback information. A notation shall be made in the CAD text indicating the results of any attempted callback (no answer, voice mail, etc.)

4.3. In situations where the reporting party cannot be contacted on callback, the BEMS calltaker or supervisor should review the 9-1-1 recording to confirm the entered location information is correct. If another agency entered the incident, that agency's dispatch supervisor should be contacted to review the call recording.

5.   If access to the location / patient still cannot be achieved, a determination should be made as to the need for further resources to force entry. This determination should be made based on a variety of factors, including type of reported emergency, history of the premises or patient, number of witnesses in the area, etc. Field and/or Dispatch Supervisors should assist with the decision to force entry.

5.1. When the nature of the call or information in the call entry text presents a reasonable suspicion that the patient may be unable to assist members in gaining access and forced entry is warranted, the Boston Fire Department should be requested to assist.

5.2. The Boston Police Department, or police agency in whose jurisdiction the premises are located will be responsible for securing the premises after a forced entry.

5.3. In some circumstances, it may be appropriate for EMS personnel to force entry prior to the arrival of ancillary agencies (for example: when the patient is in plain view on the floor and appears to be seriously ill or injured). In such cases, members should try to use the least intrusive method to gain access.

6.   Personnel shall document all significant findings on the PCR (or CAD incident text in the case of the Dispatcher).