



MEDICAL CONTROL POLICY STATEMENT/ADVISORY

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Staging at Nursing Facilities

All Field Providers:

Recently we have seen an increase in calls that crews are being staged. One of these increases involves nursing homes and other extended care facilities. Protocol 8-21 has an extensive list of reasons that providers should and should not be staging. See below:

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

Staging at nursing homes and other extended care facilities should be limited to a small number of circumstances (Shootings, chemical exposures with symptoms). The safety of providers is the highest priority and other circumstances may arise. However, statistically, residents in these types of facilities rarely pose a threat to providers.

If you have any questions, do not hesitate to reach out.

Attachments: Protocol 8-21 – Violent/Chemical/Hazardous Scene