

SOP Template: On-scene Arrival Procedures and Patient Assessment

This SOP details the **on-scene arrival procedures and patient assessment** for emergency responders, including initial scene safety evaluation, establishing scene control, rapid patient triage, comprehensive primary and secondary assessments, vital signs monitoring, and documentation. The goal is to ensure a systematic approach to patient evaluation and care, prioritizing safety, accuracy, and effective communication to optimize treatment outcomes.

1. Purpose

To standardize the process for emergency responders during on-scene arrival and patient assessment, ensuring safety, thorough evaluation, and high-quality care.

2. Scope

This SOP applies to all emergency response personnel involved in prehospital patient care.

3. Procedures

- Initial Scene Safety Evaluation**
 - Assess for environmental hazards (traffic, fire, violence, chemicals).
 - Don appropriate personal protective equipment (PPE).
 - Ensure the scene is safe before entering.
- Establishing Scene Control**
 - Announce arrival and identify self to bystanders and other agencies.
 - Request additional resources if needed (fire, police, backup medical).
 - Maintain control over crowd and scene dynamics.
- Rapid Patient Triage**
 - Conduct an immediate triage if multiple patients are present (use START or appropriate system).
 - Identify and prioritize patients based on severity of condition.
- Primary Assessment (ABCs)**
 - Assess Airway: Ensure it is open and clear.
 - Assess Breathing: Look, listen, and feel for breathing; provide oxygen as needed.
 - Assess Circulation: Check pulse, control hemorrhage, assess skin color/temp.
 - Identify and correct life-threatening conditions immediately.
- Secondary Assessment**
 - Obtain patient history (SAMPLE/OPQRST as appropriate).
 - Perform a focused or head-to-toe physical assessment.
 - Identify further injuries or medical conditions.
- Vital Signs Monitoring**
 - Monitor and record blood pressure, heart rate, respiratory rate, SpO₂, temperature, and pain score.
 - Continue vital sign reassessment as patient condition indicates.
- Documentation**
 - Document scene findings, assessments, interventions, and patient response in the appropriate medical record or ePCR.
 - Communicate pertinent findings to receiving medical facilities or additional responding units.

4. Key Assessment Summary Table

Step	Key Actions	Documentation Required
Scene Safety	Hazard check, PPE, entry clearance	Scene conditions, PPE used
Scene Control	Identify, request backup, manage crowd	Resources called, scene dynamics
Triage	Severity assessment, prioritization	Triage category, rationale
Primary Assessment (ABCs)	Manage life-threats, ABC checks	Findings, immediate interventions
Secondary Assessment	SAMPLE/OPQRST, physical exam	History, examination notes
Vital Signs	Monitor, reassess	All vitals with times

Documentation	Record & communicate findings	Complete patient care report
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5. References

- [NREMT Paramedic Guidelines](#)
- [National EMS Scope of Practice Model](#)