

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 555
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References		Effective 04/18/83

I. POLICY

In accordance with established procedures, appropriate emergency medical personnel (defibrillation, accredited EMT-Is, EMT-IIs, and EMT-Paramedics) may utilize the assistance of an “On-Scene” Physician in the care of stable and/or unstable patients.

II. PROCEDURE

A. Physician Assistance with an Unstable Patient

An “unstable patient” is defined by the prehospital personnel at the scene to have present or impending respiratory or circulatory failure (i.e., unstable airway, need for intubation, shock, cardiac dysrhythmia with either hypotension, congestive heart failure, cardiopulmonary arrest, or chest pain or category immediate/red in a multi-casualty incident).

When at the scene with an unstable patient, if an individual offers their assistance and introduces themselves as a licensed physician in the State of California, the prehospital person shall:

1. Defer any procedure for identification and immediately allow the physician to assist or direct patient care to the level that the physician desires;
2. When appropriate, describe the three options for physician involvement and, as appropriate, provide the physician the opportunity to read the “Note to Physician on Involvement with EMT-IIs and EMT-Ps” card;
3. At the earliest convenience, notify the Base Hospital Physician of the situation and of the On-Scene Physician’s level of involvement;
4. If appropriate, allow the physician to speak with the Base Hospital Physician;
5. Follow the direction of the Base Hospital Physician.
6. In cases of controversy between the On-Scene Physician and prehospital personnel regarding patient care, the Base Hospital Physician will be the final arbitrator for medical direction of the paramedic.

Approved By EMS Division Manager	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	04/19/2005

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B. Physician Assistance with a Stable Patient

When at the scene of an emergency involving a stable patient, if an individual offers their assistance and introduces themselves as a licensed physician in the State of California, the prehospital person shall:

1. If the prehospital person does not know the physician's identity, request identification;
2. Provide the physician the opportunity to read the California Medical Association "Note to Physician on Involvement with EMT-II or EMT-Ps" card, and describe for the physician the three levels of possible physician involvement;
3. Advise the Base Hospital Physician of the situation and of the On-Scene Physician's level of involvement;
4. If appropriate, allow the physician to speak with the Base Hospital Physician;
5. Follow the direction of the Base Hospital.
6. In cases of controversy between the On-Scene Physician and prehospital personnel regarding patient care, the Base Hospital Physician will be the final arbitrator for medical direction of the paramedic.

C. Options for Physician Assistance

1. Offers Assistance Only - A physician may offer BLS level assistance as another pair of eyes or hands or in making suggestions, but allows medical direction to remain with the Base Hospital or standard prehospital protocols.

In this situation, prehospital personnel shall follow their normal operational policies and procedures.

2. Offers Medical Advice and Assistance - A physician may request to speak to the Base Hospital Physician and offer medical advice and assistance.

In this situation, prehospital personnel shall follow the direction of the Base Hospital Physician.

3. Takes Total Responsibility - A physician may take total responsibility for the care given to the patient and, if possible, physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician.

D. Physician Request to Utilize ALS Drugs or Equipment

If a physician at the scene of an unstable patient request to use the prehospital unit's drug and/or equipment inventory, the requested drugs and/or equipment should be made available immediately. If a physician at the scene of a stable patient request to use the prehospital unit's drug and/or equipment inventory, the requested drugs and/or equipment should be made available after the physician is either recognized by the EMT-II or EMT-Paramedic or provides appropriate identification.

E. Role of the Paramedic

ALS personnel shall function within their accredited scope of practice only. Initially, ALS personnel should provide care identified in the "Standing Orders" portion of the EMT-II or EMT-Paramedic Treatment Protocols. The Base Hospital Physician should be immediately notified and informed of the patient's progress and treatment being provided. If the On-Scene Physician is requesting ALS personnel to perform treatment outside the accredited scope of practice or treatment only allowed with Base Hospital approval, ALS personnel should inform the Physician of their limitations and the need to notify the Base Hospital Physician.

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The Base Hospital Physician may direct ALS personnel to actively assist the physician as appropriate with patient care. The On-Scene Physician shall sign the Prehospital Care Report for all instructions given.

F. Physician Involvement Card

A California Medical Association “Note to Physician on Involvement with EMT-II or EMT-Paramedics” card shall be available on each ALS unit, BLS unit, and defibrillation unit within Fresno, Kings, Madera, and Tulare Counties.

The following is a sample of the “Note to Physician on Involvement with EMT-II or EMT-Paramedics” card. Copies are available through the Central California EMS Agency.

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STATE OF CALIFORNIA

**NOTE TO PHYSICIAN ON INVOLVEMENT WITH EMT-IIs and EMT-Ps (PARAMEDIC)**

A life support team [EMT-II or EMT-P (Paramedic)] operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under the Authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can do are restricted by law and local policy.

If you want to assist, this can only be done through one of the alternatives listed on the back of this card. These alternatives have been endorsed by CMA, State EMS Authority, CCLHO, and BMQA.

Assistance rendered in the endorsed fashion, without compensation, is covered by the protection of the AGood Samaritan Code≡ (see Business and Professions Code, Sections 2144, 2395-2398 and Health and Safety Code, Section 1799.104).

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ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself by name as a physician licensed in the State of California, and, if requested, showing proof of identity, you may choose to do one of the following:

1. Offer your assistance with another pair of eyes, hands, or suggestions, but let the life support team remain under base hospital control; or,
2. Request to talk to the base station physician and directly offer your medical advice and assistance; or,
3. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedure. (Whenever possible, remain in contact with the base station physician.

(REV. 7/88) 88 49638 Provided by the Emergency Medical Services Authority