

SUBJECT: **PHYSICIAN AT THE SCENE**

PURPOSE: To establish guidelines for interaction between paramedics and a patient's personal physician, or physicians at the scene of a medical emergency who may not be the patient's personal physician. The guidelines set forth in this policy are intended for physicians at the scene who are not responding as a Provider Agency Medical Director.

AUTHORITY: California Health and Safety Code, Section 1798.6(a) provides that "authority for patient health care management in an emergency shall be vested in that licensed or certified health care professional at the scene of an emergency who is most medically qualified specific to the provision of rendering emergency medical care".

DEFINITIONS:

Base Hospital Medical Director: A physician who is providing oversight for prehospital operations at a Base Hospital who meets the criteria outlined in Ref. No. 308, Base Hospital Medical Director.

EMS Fellow: A physician who is participating in an accredited postgraduate sub-specialty training program (i.e., EMS/Disaster/Research) following successful completion of a residency program in emergency medicine.

Provider Agency Medical Director: A physician designated by an approved EMS Provider Agency to advise and coordinate the medical aspects of field care who meets the criteria outlined in Ref. No. 411, Provider Agency Medical Director.

PRINCIPLES:

1. Although the law does not preclude a physician at the scene of a medical emergency from rendering patient care, it does prohibit them from directing paramedic personnel in advanced life support procedures. Such direction must come from the base hospital unless direct voice communication with the base hospital cannot be established or maintained. The following physicians may direct paramedics in advanced life support procedures at the scene of a medical emergency: the Medical Director and Assistant Medical Director of the EMS Agency, Provider Agency Medical Director, Medical Director of an approved Los Angeles based Paramedic Training School, Base Hospital Medical Director, or EMS Fellow in a Los Angeles based fellowship program.
2. Instructions by a private physician who is not on scene are subject to approval by the base hospital physician or Mobile Intensive Care Nurse (MICN) who is in direct voice contact with the paramedic.
3. A Provider Agency Medical Director may direct EMS personnel in lieu of base hospital contact.

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APPROVED: _____

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POLICY:

I. Physician Identification

- A. Paramedics shall obtain proper identification, consisting of a California Physicians and Surgeons License, and note the physician's name, license number, and license expiration date on the EMS Report Form.
- B. When a physician on scene does not have identification or is in phone contact only, base hospital contact should be made to determine the extent of permissible interaction between the paramedics and the physician.

II. Patient Care

- A. Paramedics shall contact the base hospital and notify them of the presence of the physician on scene. If base hospital contact cannot be established immediately, it shall be made as soon as possible and a full report rendered.
- B. When communication cannot be established or maintained, paramedics may assist the physician and may provide advanced life support under the direction of the physician provided that their instructions are consistent with local EMS Agency policies and procedures.
- C. If either the paramedics or the base hospital physician perceive any problem(s) with the instructions of the patient's personal physician or physician on scene, the base hospital physician or MICN should speak directly with this physician to clarify or resolve the issue. If this direct contact is not possible, paramedics should follow the direction of the base hospital so that patient care is not delayed or compromised.
- D. When the physician on scene chooses to assume or retain responsibility for medical care, paramedics shall instruct the physician that they must take total responsibility for the care given. They must also accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician unless relieved of the responsibility by the base hospital.

III. Patient Destination

- A. Except when the physician on scene has accepted responsibility for patient care, patient destination shall be determined by the base hospital in accordance with EMS Agency policies.
- B. When the physician at the scene has accepted full responsibility for patient care, the patient may be transported to a general acute care hospital with a licensed basic emergency department chosen by the physician.
- C. If the paramedic provider agency determines that such transport would unreasonably remove the transport unit from the area, an alternate destination shall be agreed upon between the physician at the scene and the base hospital physician.
- D. If the patient's condition permits, alternate transportation may be arranged.

- E. If the patient's condition requires immediate transport, the decision of the base hospital physician or MICN shall be followed.

CROSS REFERENCE:

Prehospital Care Manual

Reference No. 308, **Base Hospital Medical Director**

Reference No. 411, **Provider Agency Medical Director**

Reference No. 502, **Patient Destination**

Reference No. 514, **Prehospital EMS Aircraft Operations**

Reference No. 803, **Los Angeles County Paramedic Scope of Practice**