



PHYSICIAN AT SCENE

Effective: September 12, 2014
Replaces: January 22, 2007
Review: November 12, 2017

Resources:
None

I. Purpose

The purpose of this policy is to provide a procedure for prehospital personnel and physicians (MD and DO) to follow whenever a physician is on the scene of an EMS incident, including a physician's office, hospital, clinic, or other emergency or non-emergency response or transfer scene where a physician may be present.

II. Procedure

A. Identification

If a person at the scene states that they are a physician, the prehospital personnel shall request proper identification to confirm that person is a California licensed physician (MD or DO). Such identification may include a valid California physician's medical license or other identification that indicates the physician's California medical license number and business address. An individual identified as a physician by their office or clinic staff or whom the prehospital personnel personally know may be presumed to be a California licensed physician.

If the person who has stated that they are a physician but refuses to provide positive and reasonable proof of identification as a California licensed physician, or if the physician refuses to speak with the Base Hospital physician when reasonably requested, prehospital personnel are to retain medical control of the patient, provide treatment in accordance with established treatment protocols or as directed by the Base Hospital, and to limit that person's participation in patient care to the level provided by a member of the lay public in rendering assistance at the scene of a medical emergency.

B. Physician Involvement

The physician should be asked by the prehospital personnel what level of involvement they wish to have in the care of the patient and if there is no

prior physician/patient relationship and the patient is conscious and able to give informed consent, the patient shall be asked if they consents to treatment by the physician at the scene. The physician may:

1. **Relinquish patient care:** If the physician wishes to relinquish patient care, the physician shall be advised by the prehospital care personnel that he/she may do so, and that prehospital patient care will be under the direction of the EMS Medical Director (via standing orders) and the Base Hospital physician (via online medical control). The physician shall also be advised that he/she remains responsible for the care provided by him/her until another physician at the receiving facility accepts the patient. If the physician agrees, prehospital personnel should assume medical control of the patient and provide treatment in accordance with established treatment protocols or as directed by the Base Hospital.
2. **Assist in patient care:** If the physician wishes to assist with patient care, the physician shall be advised by the prehospital care personnel that he/she may offer advice and assistance; however, the prehospital patient care would remain under the direction of the EMS Medical Director (via standing orders) and the Base Hospital physician (via online medical control). If necessary, the physician may also consult with the Base Station physician in developing an appropriate treatment plan for the patient. If the physician agrees, prehospital personnel should assume medical control of the patient, and in collaboration with the physician at scene, provide treatment in accordance with established treatment protocols or as directed by the Base Hospital.
3. **Manage patient care:** If the physician wishes to manage patient care, the physician shall be advised by the prehospital care personnel that if the physician directs patient care he/she is accepting medical responsibility for the patient at the scene, during subsequent transport, and until the patient is accepted at an appropriate medical facility, and must accompany the patient in the ambulance.

C. Conflict Resolution

Prehospital personnel shall immediately contact the Base Hospital if a patient care management or treatment conflict cannot be resolved. Prehospital care personnel should describe the situation to the Base Hospital and request that the physician at scene and the Base Hospital physician speak directly, and provide treatment only as directed by the Base Hospital physician. Any conflict requiring Base Hospital contact shall also be reported in writing to the Agency via a System Variance Report.

D. Documentation

In addition to the routine patient care documentation, prehospital care personnel shall document the following on the prehospital care report (PCR):

1. Physician's name
2. California medical license number
3. Business telephone number
4. Level of patient care involvement
5. All procedure(s) and treatment(s) performed by the physician at scene (or obtain a copy of the patient's medical record to accompany the PCR, if applicable)