

## General Policy and Procedure

### **On-Scene Physician Interaction**

The ALS system will be available at all times to provide advice and support for health professionals in emergency medical settings with regard to ALS protocols and capabilities. It will stand ready to assume responsibility for patient care on-scene or in transport upon request of a physician who has initiated treatment of a patient with whom he has an established physician-patient relationship.

The best medical care will be assured by establishing good communication between a physician in attendance at the scene and Medical Control. Paramedic(s) may only perform ALS procedures under direct orders of a responsible physician in attendance or under protocol through Medical Control.

The ALS system Medical Control physician is considered the highest medical authority at the scene of a medical emergency with a patient unattended by a physician. An on-scene physician who does not have an established physician-patient relationship and wishes to assume responsibility for the patient must therefore seek permission from the Medical Control physician in order to do so.

(Pursuant to Michigan P.A. 179 of 1990 the Paramedic is to receive orders for field patient care directly from a base-station physician. However, the patient's private physician has the legal right to treat/transport his own patient under his personal direction with assistance from the Paramedic if he so desires).

#### **Procedure:**

##### A. Physicians Office or Clinic

1. Paramedic(s) responding to calls from a private physicians office or clinic will identify themselves and the availability of monitoring and communications equipment to provide access to ALS Medical Control. Paramedic will set up this equipment if there is no objection from the physician in attendance.
2. Paramedic may ask physician if he wishes to communicate with Medical Control to facilitate continuing patient care, Paramedic will assist with communications. The two physicians may consult regarding the patient's further care and subsequent transport.
3. If the physician in attendance wishes to continue to give orders to be used in transport, he must have online medical control approval and will be required, with that approval, to accompany the patient to the hospital and sign off on his orders on the ambulance run report.
4. If the physician in attendance does not wish to accompany the patient to the hospital, he will release the patient to the Medical Control physician for continuing care during transport.
5. Upon departure from a scene, if Medical Control was not contacted, the paramedic should contact Medical Control as usual.

##### B. Ambulatory Patient Care Facility to Hospital Transfers

1. For this policy Ambulatory Patient Care Facility (APCF) is defined as a patient care facility that is not a hospital based emergency department or a private physicians office or clinic. This policy is intended to provide guidelines for the determination of the destination and care to be given enroute from APCF to a hospital.
2. APCF to hospital transfers are considered a physician to physician transfer. The best medical care will be assumed by establishing good communications between the APCF. physician, EMS personnel, the accepting physician, and medical control.

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3. Paramedics responding to an APCF should receive a patient report from the treating physician (or designee). This report should include the physician's assessment, the requested destination, name of the person who accepted the transfer, care to be given during transport, and any potential problems felt likely to occur in route.
4. If EMS personnel do not agree with the destination or proposed orders they should discuss this with the transferring physician. If an agreement is not reached medical control will be contacted to determine the destination and care to be given by EMS personnel in route to the hospital.
5. Medical direction should be obtained from the requested hospital (patient's request). The base station physician should have input from the paramedics, the accepting physician, and the transferring physician.
6. Transport of unstable patients should not be delayed to contact medical control. It is recommended that the senior paramedic inform the transferring physician that medical control will be contacted in route to determine the destination and /or orders for care to be given in route.

C. Physician On-scene

1. Paramedic(s) will make a reasonable effort to establish the identity or credentials of anyone at the scene of a medical emergency (not a physician's office or clinic) who professes to be a Michigan licensed physician in active medical practice.
  2. An on-scene physician must identify himself and verify to Medical Control either the fact of an established physician-patient relationship with the patient, or willingness to assume responsibility for the patient and to accompany the patient to the hospital. The Medical Control physician may allow the on-scene physician to provide on-scene Medical Direction and then not accompany the patient to the hospital. Should this occur the Medical Control physician re-assumes responsibility for the patient during transport.
  3. The Medical Control physician will verify over the radio his delegation of responsibility to the physician on-scene and the nature of that delegation.
  4. A physician on-scene may participate with paramedic(s) in the resuscitation of a patient with permission of Medical Control without assuming full responsibility for the patient. This responsibility will, in this case, remain with the Medical Control physician and the ALS system.
  5. An approved Washtenaw/Livingston County physician that responds as part of an EMS crew is expected to assume medical control for and give medical direction for the care of any and all patients for which a physician-patient relationship is established at the scene, and for all patients transported by the crew of which the physician is a part.
- D. If an on-scene health care professional has identified himself/herself, and obstructs efforts of the paramedic(s) to aid a patient for whom they are called, or who insists on rendering patient care inconsistent with the system standards and resists all invitation to function appropriately to the point where his continued intervention will result in obstruction to rendering good and reasonable patient care, the Paramedic should:
1. Communicate the situation to the participating hospital via radio.
  2. Public safety should be requested to become involved, if necessary, so that the team members continue to provide patient care according to system protocol.
  3. Behavior of the on-scene health care professional should be documented on the ambulance report form.
- E. It should be noted that responsibility for the patient at the scene rests with the base station medical control physicians. Decisions releasing medical care responsibility to other physicians should have careful consideration.

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- F. On-Scene Interaction with Emergency Medicine Residents, Medical Control Physicians and the EMS Medical Director:
  - 1. Emergency medicine residents as part of their residency training will be participating in pre-hospital care. In each of their three years they will be third-riding and can be a valuable addition to the pre-hospital care team.
  - 2. First year residents will participate primarily as observers. They may assist pre-hospital personnel upon request.
  - 3. Second year residents should begin to participate as part of the pre-hospital care team taking direction from the senior paramedic. They should be encouraged to participate with procedures (IVs, backboarding, intubation, and others as possible).
  - 4. Third year residents should also participate as in #3. They may provide on-scene medical direction at the request of the senior paramedic. If on-scene direction is used the same radio procedures should be used as if on-scene direction was not available. Inform the hospital of the care given and the name of the resident at the scene in addition to the usual report.
  - 5. Third riding Medical Control Physicians and the EMS Medical Director may provide on-scene medical direction as in #4.
  - 6. The senior paramedic is in charge of patient care at the scene. Any conflicts that arise will be resolved by the senior paramedic or Medical Control and will be reported promptly to the Medical Director. If on-scene direction is not agreed to by the senior paramedic at the scene, Medical Direction may be obtained in conventional ways by contacting the appropriate medical control hospital.
  
- G. Physician on scene of a Tactical Emergency Medical Service (TEMS) situation:
  - 1. In the event of a tactical emergency medical service situation, from here on referred to as TEMS, the responsibility of medical direction will rest upon the medical control physician.
  - 2. An approved Washtenaw/Livingston County physician with special training in the tactical environment may elect to respond to a TEMS situation. In this environment it will be expected that this physician will assume medical control for and give medical direction for the care of any and all patients for which a physician-patient relationship is established at the scene, and for all patients transported by the TEMS crew of which the physician accompanies.
  - 3. At the time when the on-scene physician is no longer directly involved with patient care, the responsibility of medical direction will fall upon the medical control physician.

**1-05b**

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