

	1214	Outside Provider on Scene
Nor-Cal EMS Policy & Procedure Manual		Treatment Guidelines
Effective Date: 10/17/2022		Next Revision: 10/17/2026
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

AUTHORITY

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9, Section 1797.220 and 1799.104 (a).

POLICY

To define the role of a physician, advanced practice provider, or other provider who responds to (*or is on scene of*) a medical emergency and is not a part of an organized incident response.

Definitions:

Physician: A clinically experienced healthcare provider who has earned a medical degree as a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) and is licensed to practice medicine.

Physician Assistant/Associate (PA): A type of mid-level health care provider. PAs may diagnose illnesses, order and interpret diagnostic and laboratory tests, develop and manage treatment plans, prescribe medications, and may serve as a principal healthcare provider.

Nurse Practitioner (NP): An advanced practice registered nurse and a type of mid-level practitioner. NPs are trained to assess patient needs, order and interpret diagnostic and laboratory tests, diagnose disease, formulate and prescribe medications and treatment plans.

Physician on Scene:

If a physician wants to assist on scene, he/she must state their name as a physician licensed in the State of California and provide verifiable proof of identity and licensure. Verifiable proof includes, but is not limited to:

- A. A valid State medical license card.
- B. Known affiliation by EMS personnel.
- C. Patient confirmation as their private physician.

Once identification has been confirmed, the California licensed physician may choose one (1) of the alternatives listed below:

- A. Offer assistance with another pair of eyes, hands, or suggestion, having the life support team remain under base hospital control; or,
- B. Request to talk to the base station physician and directly offer medical advice and assistance; or,
- C. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at the hospital and responsibility is assumed by the receiving physician. In addition, the physician **MUST** sign all instructions given in accordance with local policy and procedure (Whenever possible, the physician will remain in contact with the base hospital physician).
- D. Take complete responsibility, and after assessment and base hospital physician-to-physician contact, release the patient for further outpatient treatment collaboratively deemed non-emergent.

Private Physicians:

If the patient's private physician intervenes in person or by telephone, the physician **MUST** make base hospital contact to discuss direction and treatment course. The **ONLY** instance when physician orders (not including the base hospital physician) can be taken via telephone is in determining Do Not Resuscitate (DNR) status.

Advanced Practice Provider (APP) on Scene:

Once identification has been confirmed, the California licensed APP may choose one (1) of the alternatives listed below:

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- A. Offer assistance or suggestion having the life support team remain under base hospital control; or,
 - B. Request to talk to the base station physician and directly offer medical advice and assistance; or,
 - C. Take complete responsibility, and after assessment and base hospital physician agreement, release the patient for further outpatient treatment collaboratively deemed non-emergent.

In the instance that an APP provides care, the base hospital physician assumes responsibility as supervising physician, making base hospital physician contact required.

Other Provider on Scene:

Out-of-State Physicians may offer assistance or suggestion having the life support team remain under base hospital control.

Out-of-State APPs may assist with the life support team remaining under base hospital control.

In-State (*Out-of-Region*) Paramedics, upon presenting verifiable proof, may assist the advanced life support (ALS) team or assume care from basic life support (BLS) units with base hospital contact. In State (*Out-of-Region*) Paramedics MUST remain within their LEMSA's scope of practice.

Out-of-State Paramedics may provide BLS care unless deployed under mutual aid with a completed and approved request for recognition by Nor-Cal EMS.

Registered Nurses (RN)—unless part of the interfacility team—may assist as an extra pair of hands with the life support team remaining under base hospital control.

Other Healthcare Providers: NorCal EMS does not recognize other healthcare providers—other than those listed above—as having the authority to provide or assume care. This includes naturopathic physicians, international physicians, podiatrists, chiropractors, or other allied health care professionals. These individuals may offer ancillary assistance only and may not assume care nor provide medical treatment.

Conflict Resolution:

If any unresolved conflict arises regarding a patient care issue, the prehospital provider shall contact the base hospital physician *immediately*. The base hospital physician will have the final authority over medical care to be provided by prehospital responders. In areas of low radio or cellular ability, care outside established NorCal EMS protocols will be held until base hospital is consulted.

Documentation:

PCR documentation must include—at minimum—the name of the physician or APP assuming care or responsibility, including license number, if known. PCR must document all interventions provided by the physician or APP and approximate base hospital contact and hand-off time. PCR must also note base physician name.

Malpractice:

Physicians or APPs authorized to assume responsibility for on-scene care by this policy, acknowledging all malpractice implications of their actions. It will be assumed by NorCal EMS, and its providers, that their authority is fully insured by malpractice coverage in the event of an adverse patient outcome. NorCal EMS, nor its medical director, assumes responsibility for the assessment, treatment, or disposition of patients provided by providers outside the purview of its authority. Additionally, outside the instance of conflict unresolved through base hospital contact, EMS providers assume no legal responsibility.

**NOTE TO PHYSICIANS ON INVOLVEMENT WITH
EMS PERSONNEL**

EMS personnel operate under standard policies and procedures developed by the Local EMS Agency and approved by their Medical Director under 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 and CCLHO.

Assistance rendered in the endorsed fashion, without compensation, is covered by the protection of the "Good Samaritan Code" (see Business and Professional Code, Sections 2144, 2395-2298 and Health and Safety Code, Section 1799.104).

**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 one of the following:

1. Offer your assistance with another pair of eyes, hands or suggestions, but let EMS personnel 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 EMS personnel and physically accompany the patient until the patient arrives at a hospital (if safety allows) and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedures.