

I. General Considerations

- A. A duly licensed first responder or ambulance service, having received a bona fide request for emergency medical assistance, is duty bound to respond and deliver reasonable care to the ill or injured, exercising due caution and diligence. Care must be continued until: it is transferred at an appropriate health care facility, the patient is pronounced dead by a licensed physician or has met criteria for death on scene as specified in this document, or the patient has refused care, having been deemed to possess the capacity to do so.
 - B. Emergency medical care is a continuum begun by prehospital providers that continues through diagnosis, treatment and possibly rehabilitation. The concerted, integrated efforts of the health care team, comprising prehospital providers, physicians, nurses, allied health personnel, clergy and mental health workers, allow for the best possible outcome for the patient. All serve a vital role. Recognizing this offers a guide for dealing with non-prehospital providers who wish to render assistance on the scene of an emergency.
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II. Procedure

- A. Non-physicians (nurses, midwives, physician assistants, allied health personnel, clergy, mental health workers, etc.) on the scene:
 - 1. Control of an emergency scene should be the responsibility of the individual in attendance who is most appropriately trained and knowledgeable in providing prehospital emergency stabilization and transport.
 - 2. Confrontation should be avoided whenever possible. The appropriate involvement of non-prehospital providers should be determined by the certified responding prehospital providers.
 - 3. *On-line medical direction should be sought for situations where a cooperative working relationship is failing or has failed, or the non-prehospital provider refuses to relinquish care of the patient.*
 - 4. *In any circumstance where the prehospital provider is uncertain whether care proposed by an intervener is appropriate, seek on-line medical direction.*
- B. Physician intervention on the scene:
 - 1. Control of an emergency scene should be the responsibility of the individual in attendance who is most appropriately trained and knowledgeable in providing prehospital emergency stabilization and transport.
 - 2. Confrontation should be avoided whenever possible. The appropriate involvement of non-prehospital providers should be determined by the certified responding prehospital providers.
 - 3. When EMS personnel encounter a person claiming to be a physician at the scene, the EMS provider should take reasonable steps to verify the identity of the physician without restricting the physician's access to provide potentially lifesaving care.
 - a. If the patient's private physician is present and assumes responsibility for the patient's care: the prehospital provider should generally defer to the orders of the private physician within the limits of the provider's training and certification. Medical direction should be contacted. The private physician should be expected to accompany the patient to the hospital if interventions beyond the scope and practice of the providers have occurred. The prehospital provider reverts back to following these protocols and on-line medical direction at any time when the patient's private physician is no longer in attendance.
 - b. If a physician is present who is not the patient's physician and on-line medical direction cannot be established: the prehospital provider should generally relinquish responsibility for the patient's care when the physician has identified himself and has indicated a willingness to assume responsibility and document any interventions. When these conditions exist,

- the prehospital provider should defer to the wishes of the physician on the scene within the limits of the provider's training and certification. If the care and treatment differ from these protocols, the physician should agree in advance to accompany the patient to the hospital. However, in the event of a mass casualty incident or disaster, patient care needs may require the physician to remain at the scene.
- c. If a physician is present who is not the patient's physician and on-line medical direction can be established: the on-line physician is ultimately responsible. Should any disagreement between the physician on the scene and the on-line physician exist, the prehospital provider should follow the orders from the on-line physician and place the intervener physician in contact with the on-line physician. The on-line physician has the option of managing the case entirely, working with the physician, or allowing the on-scene physician to assume responsibility.
- C. The details of any encounter with an intervener should be documented. Include the intervener's name, qualifications, and any care provided by the intervener.