




March 26, 2010

To: Santa Clara County EMS System Stakeholders

From: Josh Davies 
Interim EMS Division Manager

Subject: Open Comment Period ~
Draft Review of New Physician Field Response Policy

The Santa Clara County EMS Agency announces the open comment period for Prehospital Care Policy #616: Physician Scene Request and Response from March 26, 2010 through May 26, 2010. This is a new policy.

Comments should be made via email to Christopher.Seymour@phd.sccgov.org by the close of business on May 26, 2010.

Thank you for your time and continued support of our Emergency Medical Services System.

Attachment:

- Prehospital Care Policy #616



County of Santa Clara Emergency Medical Services System

Policy #616: PHYSICIAN SCENE REQUEST & RESPONSE

PHYSICIAN SCENE REQUEST & RESPONSE

Effective Date XX
Replaces New

Resources
None

I. Purpose

To establish a formal mechanism for requesting physician assistance in the prehospital environment by public safety departments and/or the EMS Agency.

II. Considerations for Physician Response

- A. A request for physician assistance may be made where a life-saving procedure or surgical extrication (that is not within the scope of practice of a paramedic provider) is required due to the inability to extricate a patient from their environment (trench, vehicle, collapse, machinery, etc.).
- B. In accordance with Santa Clara County Prehospital Care Policy, paramedics shall first establish Base Hospital Contact for consultation *prior* to requesting a physician field response through the Incident Commander.
- C. County authorized physician response includes the delivery of additional equipment or supplies that are not carried by prehospital care providers and may that may only be used by the physician (not paramedics).
 - 1. The physician may not provide medical direction to prehospital providers that exceed the established scope of practice in Santa Clara County.



County of Santa Clara Emergency Medical Services System

Policy #616: PHYSICIAN SCENE REQUEST & RESPONSE

2. Prehospital personnel may assist a County authorized on-scene physician in accordance with the Santa Clara County Physician On-Scene Policy.

III. Considerations for Requesting Response

- A. Considerations for requesting a physician response include, but are not limited to:
 1. Critical care that may be beneficial for the patient exceeds the capabilities of on-scene paramedic personnel.
 2. Base Hospital consultation has occurred.
 3. The patient would be considered medically salvageable if the entrapment was mitigated.
 4. In most cases, the minimum response time for a physician will likely exceed 45 - 60minutes.
- B. If the conditions in item A exist, then the paramedic may request the dispatch of a physician to the scene through the Incident Commander. The Incident Commander shall determine if the request is appropriate for the scene conditions and then shall notify the EMS Duty Chief via County Communications.
- C. The on-scene paramedic shall advise the Base Hospital that a request for a physician has been made by the Incident Commander. The Base Hospital shall then evaluate the ability to provide a physician and shall wait for contact from the EMS Duty Chief.
- D. If a physician is available, the EMS Duty Chief will respond to Santa Clara Valley Medical Center, or other designed location, to retrieve the physician and then provide transport to the scene.
 1. Based on the location and/or nature of the incident, the EMS Duty Chief may facilitate air transportation in lieu of ground transportation.
 2. In the event that the EMS Duty Chief is not able to respond to retrieve the physician, alternate emergency transportation will be arranged for the physician by the EMS Duty Chief.



County of Santa Clara Emergency Medical Services System

Policy #616: PHYSICIAN SCENE REQUEST & RESPONSE

- E. The EMS Duty Chief will advise the Incident Commander of an Estimated Time of Arrival for the physician or that a physician response is not available through respective PSAPs.
- F. If a physician field response is not available, the Incident Commander may discuss other potential medical-health resource options, if any, with the EMS Duty Chief.

IV. On Scene Operations

- A. Physicians operating in the field shall always have a safety escort while working on the scene of an emergency. This shall normally be provided by the EMS Duty Chief.
- B. The physician shall not be placed in any environment that is deemed hazardous and may elect to not provide services after evaluating the scene of the emergency. Personal protection and safety shall override any potential augmented medical services.
- C. The EMS Duty Chief shall serve as the guide to the physician while on scene. This shall include communications, integration with the Incident Command System, safety, and shall serve as the liaison between prehospital care providers and physician in relation to permissible prehospital care provider medical care activities.
- D. The physician shall report to the EMS Duty Chief while responding to, at the scene of, and returning from an emergency response in relation to operational practices of the EMS/Public Health System.
- E. The EMS Duty Chief shall provide basic personal protective equipment for the physician prior to entry into the scene. This will include jacket/pants, helmet, goggles, and work gloves.
- F. If the physician provides care to a patient in the field, they shall accompany the patient to the hospital in the ambulance. If the patient is not transported, the actions of the physician must be documented in the prehospital providers patient care report prior to departure from the scene.



County of Santa Clara Emergency Medical Services System

Policy #616: PHYSICIAN SCENE REQUEST & RESPONSE

V. Reporting and Quality Management

- A. The requesting Incident Commander shall insure that the patient care record is electronically transmitted to the Santa Clara County EMS Agency within 24 hours of requesting a physician scene response.
- B. All field physician responses shall be medically reviewed by the EMS Medical Director and clinical and operational quality management committees as appropriate.

DRAFT