

EMS System Operations
Physician On Scene**Date: 07/01/2026**
Policy #4060

- I. Purpose:**
- II.** To establish guidelines for interaction between EMS personnel and physicians on scene for prehospital patient care.
- III. Authority:**
 - A. California Health and Safety Code – Division 2.5: Emergency Medical Services, Section 1798., 1799.104
 - B. California Code of Regulations, Title 22 – Division 9
- IV. Definitions:**
 - A. Approved EMS Physician: Includes the Medical Directors of the in county EMS or fire agencies, Base Hospital Medical Director, EMS Fellow in an Imperial County associated fellowship program as approved by the Medical Director of the EMS Agency.
 - B. Base Hospital Medical Director: A physician who is providing oversight for prehospital operations at a Base Hospital who meets the physician criteria outlined below.
 - C. EMS Fellow: A physician who is participating in an accredited postgraduate sub-specialty training program (i.e., EMS/Disaster/Research) following successful completion of a residency program in emergency medicine or fellowship in pediatric emergency medicine.
 - D. Provider Agency Medical Director: A physician designated by an approved EMS Provider Agency to advise and coordinate the medical aspects of field care who meets the criteria outlined below. This includes the LEMSA medical director.
 - E. Physician at the Scene: A licensed physician who is not otherwise designated as an Approved EMS Physician
 - F. EMS Physicians who fulfill the above descriptions, and desire to be Approved EMS Physician should submit a request for Approved EMS Physician status from the LEMSA. Approved physicians will be provided written documentation of their status from the LEMSA.
- V. Policy:**
 - A. MS personnel may only follow orders from a Base Hospital Physician (MD or DO) or authorized MICN.
 - B. In accordance with the procedures outlined below, appropriate EMS personnel may utilize the assistance of an “on scene” physician (MD or DO) in the care of patients.
 - C. Although the law does not preclude a “physician at the scene” of a medical emergency from rendering patient care, it does prohibit them from directing paramedic personnel in advanced life

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support procedures. Such direction must come from the base hospital unless direct voice communication with the base hospital cannot be established or maintained.

- D. Approved EMS Physicians may direct EMS personnel at the scene of a medical emergency in alignment with approved Imperial County policies.
1. An Approved EMS Physician may direct clinical care at the scene independent of the Base Hospital. However, communication that medical care was directed by an Approved EMS Physician shall be documented on the EMS patient care record and communicated to the receiving hospital.
 2. An Approved EMS Physician may direct patient disposition based on all Imperial County EMS Agency policies.
- E. When a bystander at an emergency scene identifies himself/herself as a physician, EMS personnel shall facilitate immediate consultation with a Base Hospital Physician by providing radio or phone contact.
- F. The Base Hospital Physician shall relay the information as provide in Attachment A of this policy to the on scene physician.
- G. If the physician on scene chooses to take total responsibility for the patient:
1. EMS personnel shall request identification, including but not limited to, a valid United States Medical License and some form of identification that includes a picture.
 2. The Base Hospital Physician must approve or deny a physician on-scene's request to take total responsibility for the patient.
 3. EMS personnel may assist the physician on-scene within their scope of practice under the direction of the Base Hospital Physician, and they feel the care is appropriate.
 4. If EMS personnel and the physician on scene develop conflict. 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.
 5. Medications and equipment may be made available for the physician on scene's use.

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- H. EMS personnel shall obtain a copy of the physician's State of California licensure and document the physician's involvement with patient care on the patient care record. Documentation shall include, at a minimum, the following information:
1. Physician's Name
 2. State of California Physician and Surgeon's License or type of License
 3. License Number
 4. License Expiration Date
 5. Level of patient care involvement
- I. A physician with an existing patient-physician relationship:
1. The physician may care for the patient if all of the criteria listed above are met.
 2. Paramedics may utilize skills within their scope of practice to assist physicians accompanying their own patients; those skills and medications not in the paramedic's scope of practice will be administered by the physician. Any concerns about scope of practice or other issues shall be referred to the Base Hospital Physician.
- J. Mode of transport and destination shall remain an EMS operational decision. Should a conflict arise over the mode of transportation, the Base Hospital Physician shall have final authority for determining the best interest of the patient.

APPROVED:

Katherine Staats, M.D. FACEP
EMS Medical Director

EMS Policy #4060 Attachment A**NOTE TO PHYSICIAN ON INVOLVEMENT WITH EMT-PARAMEDICS**

An ALS support team (EMT-Paramedic) operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under the authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can perform are restricted by law and local policy.

If s/he wants to assist, this can only be done through one of the alternatives listed. These alternatives have been endorsed by CMA, State EMS Authority, CCLHO and BMQA.

Assistance rendered in the endorsed fashion, without compensation, is covered by the protection of the “Good Samaritan Code” (see Business and Professions Code, Sections 2144, 2395-2398 and Health and Safety Code, Section 1799.104).

ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself to the paramedic by name as a physician (MD or DO) licensed in the State of California, and consulting with the Base Hospital Physician showing proof of identity, you may choose to do one of the following:

1. Offer your assistance with another pair of eyes, hands, or suggestions, but let the EMS team remain under Base Hospital control; or,
2. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedure.
(Whenever possible, remain in contact with the base station physician.)

The California Health and Safety Code, Division 2.5, Chapter 5, Section 1798.6(a) states as follows:

Authority for patient health care management in an emergency shall be vested in that licensed or certified health care professional, that may include any paramedic or other prehospital emergency personnel, at the scene of the emergency who is most medically qualified specific to the provision of rendering emergency medical care. If no licensed or certified health care professional is available, the authority shall be vested in the most appropriate medically qualified representative of public safety agencies who may have responded to the scene of the emergency.

A key phrase in this is “...who is most medically qualified specific to the provision of rendering emergency care.” The most medically qualified person certainly ought to be the base hospital physician, who is

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familiar with the county EMS system and paramedic procedures and protocols, and consequently, by extension, the base hospital nurse on the radio. The paramedic on scene is viewed as an extension of the base hospital physician, acting as his eyes and ears, and functions under his/her directions and orders.

Almost always, physician on scene would be less qualified **specific to the provision of rendering emergency care**, and the paramedic/base hospital physician would be legally in charge of the scene.

It is certainly in everyone's best interest to have a smoothly operating team at the scene, and it is imperative that any physician on scene, expressing in whatever manner that he/she wants to be in command medically, be immediately put in radio contact with the base hospital physician.

The following is some suggested dialogue for the base hospital physician...

“Doctor, my name is I am the base hospital physician at Hospital and we are in medical control of the paramedic unit at your scene.”

“Generally, the medics can most effectively get the patient under treatment and into the emergency care system under our radio direction, and if that is alright with you, I can give them that direction by radio. Would that be alright with you?”

“If so, let me speak to the medics on the radio and I will get things under way with them. Perhaps, if you wish, you could stand by to lend an extra pair of eyes and hands but remember that the paramedics are closely limited by state law and county policies on what specific procedures they can do, and state law allows them to take orders only from the base hospital.”

IF THE PHYSICIAN INSISTS ON TAKING MEDICAL CONTROL

“Doctor, I understand that you wish to take total responsibility for the care given by the EMS team. To do so, requires that you are licensed in the State of California and can show your license to the medics on scene. You must also accompany the patient until they arrive at the hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given with local policy and procedure. Is that your wish and intention?”

“If so, I would ask that you state your name for the radio record and show the paramedics your California license. Could you also briefly tell me if you are on the staff of any local hospitals and what your training or specialty is, particularly with reference to the care of this patient.

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“Please be advised again, that the state law does not allow the paramedic to take orders from anyone other than the base hospital physician, but they can assist you within their scope of practice. ... (it is the base hospital physician’s option to make the equipment and drugs available to the on scene physician if s/he approves of his/her scene control.)

“Doctor, based on the information you have given me on the radio record, I am turning over medical control of the scene to you. You may request medications and drugs from the paramedics and they will assist you within their scope of practice. I will be standing by on the radio in case a problem arises and you need to discuss something further with me. If you would put the medics back on the radio, I will so advise them. Thank you.”

If you cannot establish the competence of the on scene physician to your satisfaction, you should not turn over medical control. You may reference the previous information in a manner such as...

“California Health and Safety Code, Section 1798.6 specifically states that authority for patient health care management in an emergency shall be vested in that licensed...professional...who is most medically qualified specific to the provision of rendering emergency medical care. In this case, while I want to thank you for your offer of assistance, I’m afraid I do not feel comfortable that I can reasonably turn over emergency care of the patient. If you wish to discuss this with me or my base hospital medical director, Dr. ... you may phone us later at our hospital at phone number ... Could you please put the medics back on the radio so I may give them the orders necessary for the patient’s care.”