

West Michigan Regional MCC

System Protocol

Physician Signatures and Medical Control Contact Policy

Date: April 9, 2018

Page 1 of 2

Physician Signatures and Medical Control Contact Policy

The intent of this policy is to establish a standard for when physician signatures are required on EMS reports/forms.

Adopting MCAs will have an “X” under their MCA name. If no “X” is present, the MCA has not approved or adopted the protocol.

Allegan	Barry	Clare	Ionia	Isabella	Kent	Mason
X			X		X	X
Montcalm	Muskegon	N. Central	Newaygo	Oceana	Ottawa	
	X	X	X	X	X	

- I. **Medical Control Contact for Dead-on-Scene (DOS), Do Not Resuscitate (DNR), or Termination of Resuscitation patients; signatures for all patients who die outside of the hospital and are not transported.**
 - A. The signature on the EMS form is not, and does not constitute, a certificate of death. A physician, medical examiner, or pathologist, are the only ones permitted to sign a certificate of death, which must then be cosigned by a funeral director. Looking at statute and protocol, there is no need to get a physician to declare a time of death for EMS documentation. The EMS record or Electronic Patient Care Report (ePCR) is a legal document and may well be reviewed by the Medical Examiner, but it is not a required document needing a physician’s signature in this type of case. (I.E. – you don’t need to have EMS forms signed solely due to the death of the patient; there may be other causes to get a signature though)
 - B. A radio report is not required to be called through to On-Line Medical Control (OLMC) in order to “declare death” if the patient meets the Dead-on-Scene criteria as outlined in protocol. EMS personnel MAY choose to consult with OLMC if there is any question about the case. (I.E. – there is no need to talk with a physician to “declare” death)
 - C. For DNR patients meeting the DNR criteria listed in protocol, patient care should not be initiated, and the person may be treated as a Dead-on-Scene for reporting and signatory purposes.
 - D. A verbal report MUST be made to dispatch on a recorded line to report the DOS/DNR and get a time and number. The report must indicate that law enforcement and the medical examiner have been/will be contacted and the criteria that satisfy the DOS Procedure. (I.E. – you must call dispatch for recording and legal purposes)
 - E. Any death which is suspicious in any way must be reported to OLMC and both police and the ME must be notified and apprised of any suspicious circumstances. In these cases, the printed name (readable) of the OLMC physician must be included in the ePCR.
 - F. In Termination of Resuscitation instances (LALS or ALS level care initiated), a call must be placed through to OLMC (physician) in order to discontinue care. Since a direct order was received by a physician in order to terminate the resuscitation, a signature from that physician should be obtained if at all possible. Otherwise, another medical control physician from the same facility may sign the

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Section 8.29

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Page 2 of 2

form. The purpose of this signature is more for liability protection as professional standards review recordings are not required to be kept as long as are patient care records, nor would they be subject to a subpoena as a defense.

- 1) We do not need to have signatures on DOS calls.
- 2) We do not need signatures on DNR patients for whom no ALS or LALS care was provided.
- 3) We do not need to call in reports to physicians for patients that meet the protocol criteria for either of these two situations. The EMS crew will still need to notify dispatch of the call, record the justification for utilization of these protocols and obtain a number.
- 4) A physician must be consulted via a recorded line for any Termination of Resuscitation patient where LALS or ALS care was provided; a physician signature should be obtained on the EMS report.

II. Signatures on ePCR's and Other Forms

- A. There are really only a couple of reasons that signatures are needed. In general, whenever statute would require a physician's signature and when there is a risk of liability to the EMS provider, wherein had approval from a physician not been given, the act, task or function would have fallen outside of standing orders.
- B. Initiation of an IV and administration of all standing order protocol medications, with the exception of controlled substances, are covered by the Medical Director's signature and state approval of the protocols. Similarly, ALS level procedures, such as intubation, pleural decompression, etc. are, through protocol, delegated tasks of the Medical Director, and by statute define the scope of practice of privileged providers within the EMS system. Thus, no signature is required for these tasks unless they are expressly listed as post medical control, or for tasks that are not addressed in protocol but are ordered by a medical control physician.

Signatures are required when:

1. Controlled substances are given, both on EMS forms and on Narcotics Box Exchange forms
2. Controlled substances are wasted (RN or physician)
3. Orders are received that are listed within protocols as post radio or post medical control contact, including post contact repeated medications
4. OLMC medication dosing orders which alter or amend a protocol listed dose, route or medication
5. Procedural approval is required by protocol
6. A procedure not covered in protocol is ordered by a physician and thus becomes a delegated practice of that physician (*MCL § 333.16215*)

This does constitute the manner in which the MCA will measure compliance with these protocols. Nothing in this document is intended to conflict with current protocol, statute or state administrative rules.