

Policy:	Interacting with Healthcare Provider on a Call	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: September 2017
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PURPOSE

To outline the actions that must be taken by a [Paramedic](#), when a healthcare provider is offering to assist on scene or en-route to the hospital.

POLICY

This policy is intended to address those situations that fall outside the Medical Directives of the Advanced Life Support Patient Care Standards (ALS PCS), as they relate to the *Comprehensive Care* and *Responsibility of Care* sections of the ALS PCS or the Basic Life Support Patient Care Standards (BLS PCS) when involving interactions with non-Paramedic healthcare providers.

PROCEDURE

The following guidelines are to be applied when a [Paramedic](#) crew encounters a healthcare provider (initial responder), who has begun patient care prior to the arrival of the [Paramedic](#) crew. This may include, but is not limited to: Physicians, Nurses, Midwives, Respiratory Therapists, Physician Assistants and Third-party [Paramedics](#).

1. [Paramedics](#) will attempt to determine the [authorized](#) level of [certification](#) of the healthcare provider and regulatory designation, if applicable.
2. The [Paramedics](#) will assume patient care if the healthcare provider is delivering a level of medical care that is below or comparable to that provided by the transporting [Paramedics](#).
3. Where a healthcare provider is rendering care beyond the scope of the transporting paramedics, the healthcare provider may continue care with the assistance of the transporting [Paramedics](#); however the [Paramedics](#) may only treat a patient within their [authorized](#) level of [certification](#) using medical directives approved by the [Regional Base Hospital Program \(RBHP\)](#). Under no circumstances are [Paramedics](#) to treat a patient outside their medical directives or provide care ordered by the on-scene physician or other healthcare provider.
4. Transfer of care will need to be determined on a case-by-case basis according to the level of medical care required. The level of medical care will be identified by the sophistication of the medical equipment or treatment that the healthcare provider is using on a particular call.
5. If the patient requires ongoing care during transport, which was initiated by the healthcare provider, and falls outside the scope of practice of that [Paramedic](#), a healthcare provider capable of providing that level of care should accompany the patient.
6. The healthcare provider should continue care using all available equipment and supplies to deliver care to the patient during transport. The [Paramedic](#) will ride in the back of the ambulance during transport with the attending healthcare provider and assist in care within the [Paramedic's authorized](#) level of [certification](#).

7. Any occurrence where a [Paramedic](#) finds that the healthcare provider should have attended to the patient during transport but refuses to do so, a [Paramedic](#) may contact a BHP Physician to consult on the potential risks of continuing care by alternate means while initiating transport. When a healthcare provider refuses to continue care to the hospital, [Paramedics](#) will assume and continue patient care according to their [authorized](#) level of [certification](#).
8. [Paramedics](#) must document clinical care provided to the patient and the credentials of the healthcare provider in detail on the Ambulance Call Report (ACR). Should the healthcare provider care or management of the patient be in contradiction with the approved [BLS PCS](#) or [ALS PCS](#), the [Paramedic](#) will contact the BHP Physician for guidance before assuming full control of the situation.
9. If a healthcare provider arrives after the [Paramedic](#) crew, and the patient requires care beyond the scope of the [Paramedic's](#) level of [certification](#), care of the patient may be assumed by the healthcare provider as long as the healthcare provider has the equipment and skills necessary to provide the required care. The [Paramedic](#) crew should act in a supportive role during transportation according to their [authorized](#) level of [certification](#), if the healthcare provider assumes care and accompanies the patient during transport to the receiving facility.
10. In the event of disagreement between the healthcare provider and the [Paramedic](#), the [Paramedic](#) should contact the BHP Physician and/or their Supervisor.

DEFINITIONS

Authorization

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

Paramedic

Means a Paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOH.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

REFERENCES

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

[Basic Life Support Patient Care Standards Version 3.3](#)

Emergency Health Services Branch Ministry of Health, January 11, 2021

Delegation of Controlled Acts, Policy Statement #5-12, College of Physicians and Surgeons of Ontario (CPSO)

Ambulance Call Report Completion Manual

Ambulance Service Documentation Standard