6.18 Patient Belongings

A. All patient belongings shall be returned to the patient or transferred to the appropriate hospital staff or relative. To assist in identifying patient’s items and transferring those items to the receiving facility, the Department has developed a pre-marked belongings bag for this purpose. Items such as keys, eyeglasses, dentures and prescription medications are to be placed in the bag, sealed and properly identified on the envelope as well as the PCR.
   1. It is imperative that all HFD members return identification items to the patient.
   2. Any items that are placed in a patient property bag and given to the receiving staff at the hospital must be documented in the patient care report with a description of the items and the name of the employee receiving the items.

B. Items found on a unit shall immediately be given to the Station Captain. If the Station Captain determines that the property is unable to be returned to the owner, the item(s) will be logged in the station log by the officer and if not yet done, placed in the evidence bag with identifying information. Larger items will be tagged and identified as appropriate in the station log.

C. The Station Officer will then contact an EMS Supervisor to deliver the items to EMS Headquarters during normal operating hours. The EMS Supervisor will deliver the property to a classified member at EMS HQ. If the items are reported to the Station Captain at a time that does not allow the items to be delivered to the EMS HQ that day, the Station Captain will account for the items in the Captain’s log and EMS Supervisor will deliver item to EMS HQ the next normal working day.

6.19 Physician Intervener at the Scene

A. Physicians may provide assistance to EMS personnel. Treat them with professional courtesy. Physicians should identify themselves and be prepared to provide identification indicating they are a physician. All physicians licensed in the state of Texas are provided with a wallet-sized identification card with their name, address and medical license number indicated.

B. A physician may merely offer assistance or may assume responsibility for patient care. If a physician desires to assume responsibility for patient care, that individual must provide physician identification. Inform the physician that once they assume medical responsibility for the care of the patient they are expected to accompany the patient until care is transferred to another physician.

C. When a patient’s private physician is present and provides proof of identity, EMS personnel should comply with his/her medical direction.

D. Follow medical direction given by the on-scene physician who assumes responsibility for patient care provided it is similar to HFD protocols and standing orders. Report any conflicts immediately to an EMS Supervisor and on-line EMS physician.

6.20 Requesting Assistance

A. ALS Unit Requesting BLS Units for Transports:
   1. BLS units will respond in an emergency fashion during all initial incident dispatches unless directed otherwise by OEC. ALS units may request a BLS unit for minor emergency transportation or for assistance at a scene for purposes other than routine BLS transport (such as for a multiple victim motor vehicle incident). The ALS unit should advise OEC of the type of BLS unit requested (ambulance vs. EMS apparatus) and to have the BLS unit(s) respond “emergency” or “non-emergency” as appropriate.
   2. Other special situations, which may require the use of emergency lights and sirens by the BLS units while responding are heavy traffic and periods of high call volume. OEC or an EMS Supervisor may advise the BLS unit to “respond emergency” during a period when a substantial number of units are unavailable in the service area. They shall notify OEC of their