A. Purpose and Scope

When a verified physician on scene requests help, MDFR will assist. Athletes who meet the release criteria in Section D may be released to that physician's care.

1. Applies to credentialed athletes, drivers, pit crew and team personnel inside the restricted competition area of designated special events (e.g., NASCAR, NFL, FIFA, etc).
2. Spectators and all others follow standard MOM protocols.
3. Patients 15 or younger or with anatomical and physical characteristics of a pediatric patient (***FAC 64J-2.001***), are managed under standard MOM protocols.
4. All MOM protocols apply except where this protocol states otherwise. If there is any doubt about the patient's condition, transport via MDFR ALS Rescue (**Protocol 04**).

B. Definitions

1. **On-Scene Physician:**
    - An MD or DO with an active Florida license
    - An out-of-state or foreign physician meeting ***FS 456.023*** who is employed or designated by a sports entity visiting the state for a specific sporting event. Out-of-state and foreign physicians may receive only members, coaches and staff of the team for which they are employed or designated. They are not legally covered to provide care to members of other teams or the public.
2. **Critically Ill:** Meets the Unstable Patient definition in **Protocol 04**, **Section C.16**.
3. **Alert Criteria:** Trauma Alert (**Protocol 05**), Stroke Alert (**Protocol 13**) or STEMI Alert (**Protocol 11**).

C. Assisting the On-Scene Physician

1. **Verify**
    - Florida-licensed physician: confirm on the pre-event roster, or check photo ID, team credential and Florida license number.
    - Out-of-state and foreign physicians must be on the pre-event roster with ***FS 456.023*** eligibility confirmed before the event.
    - An unverified physician is treated as a bystander. Verification never delays care of an unstable patient.
2. **Assess:** MDFR completes its own assessment, including vital signs and GCS (**Protocol 01**).
3. **Scope:** MDFR performs only interventions within MDFR protocols and Florida scope of practice. The physician may perform others personally.
4. **Physician-Accompanied Transport:** If the physician directs care beyond MDFR protocols, or wants to direct care en route, the physician rides in the Rescue.
5. **Destination:** Alert criteria or critically ill patients go to the closest appropriate facility (**Protocol 04**). Stable patients may go to the facility the physician or patient requests if such a facility has been previously established (**Protocol 04**, **Section B.1.b**).

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D. Release to the On-Scene Physician

MDFR may release the athlete only when all of the following are met:

1. The physician is verified, on scene, and accepts responsibility for the patient. The physician's signature acknowledges the acceptance of the patient and continuing medical care.
2. The patient does not meet Alert criteria and is not critically ill.
3. The patient has a current GCS of 15 and can provide consent.
    a. A loss of consciousness that has resolved does not prevent release.
    b. Initial GCS 13 or 14 that improves to 15 does not prevent release provided the patient did not meet any trauma alert criterion, including Best Motor Response less than 5, at any point.
    c. If GCS is less than 13 after trauma, the patient must be transported as a Level 1 trauma alert. On-scene physician agreement is not required.
4. The patient, asked directly, agrees.
5. Patients 16–17 years of age may be released only with a parent or legal guardian present and consenting (**Protocol 03**) except emancipated minors (**Protocol 02**). A coach, team official or team physician cannot consent for a minor.
6. If the patient is currently unconscious, has a current GCS below 15, cannot provide consent, lacks capacity or declines release, follow standard MOM protocols.
7. For released athletes, the mandatory transport conditions in **Protocol 04**, **Section B.1.h** do not require MDFR transport, unless MDFR identifies an Alert or another time-sensitive emergency (e.g., suspected aortic dissection, non-traumatic hemorrhage).

Release process: Give the physician a verbal report. The patient signs the release on the ePCR, and the On-Scene Physician signs the ePCR; release cannot be completed without it. MDFR stays until care is physically handed over and advises the patient to call 911 if their condition changes.

E. Disagreement

If MDFR and the physician disagree, the higher level of care applies and care is never delayed (**Protocol 04**, **Section B.1.b**). Contact the EMS Field Supervisor. An EMS Field Supervisor on scene has final authority. If the patient wants MDFR transport, MDFR transports.

F. Documentation

Complete an ePCR for every athlete contact (**Procedure 40**). The On-Scene Physician signs as accepting care (release) or as the physician directing care (accompanied transport). The narrative includes:

1. Physician's name, medical license number, state or country of medical license and associated team.
2. MDFR's assessment, including initial and serial GCS with times, including BMR, and any loss of consciousness with its approximate duration.
3. Physician directions carried out or declined as outside MDFR scope.
4. The patient's agreement, the disposition, destination and time of handover.

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