EMERGENCY DEPARTMENT
RULES AND REGULATIONS

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# EMERGENCY DEPARTMENT
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EMERGENCY DEPARTMENT
RULES AND REGULATIONS

ARTICLE I - Statement of Purpose

To establish the guidelines and practices and the scope of treatment of the Emergency Department physicians and personnel as approved by the Medical Staff Executive Committee and the Governing Board. These guidelines have been specified by the Emergency Department Committee. They will be initiated by the Director under the supervision of the Emergency Department Committee.

ARTICLE II - Authority

These policies have been formulated in the Emergency Department under the auspices of the Emergency Department Committee as delegated by the Executive Committee of the Medical Staff.

ARTICLE III - Responsibilities of the Emergency Department

The purpose of the Emergency Department is to provide emergency treatment. Follow-up care will not be included with these exceptions:

1. Patient from out of area can be seen for follow-up care when unable to make other arrangements.

2. On a weekend when the patient needs daily follow-up care and has no private physician and/or until the referral physician is available.

3. Treatment of Industrial Cases Involving Sutures - If there is no physician of choice or no company physician, the Emergency Department physician will use his/her discretion for follow-up care. The patients may return to the Emergency Department for simple follow-up, such as suture removal and wound checks.

Every applicant for treatment will receive a medical screening examination.

All patients under the age of 8 (eight) weeks will be seen in the main Emergency Department in lieu of the Fast Track.

Emergency patients will receive necessary treatment regardless of their financial status and no person will be denied emergency treatment on the basis of sex, race, age, creed, color, national origin, or to an individual with a disability.

Any patient who presents to the Emergency Department via the 911 system shall be evaluated by an Emergency Department physician. The only exception to this would be patients who are greater than 18 weeks pregnant and have a pregnancy-related problem.
ARTICLE IV - Responsibilities of Physicians on Call

Staff physicians sharing the responsibility for on-call physician back up coverage to the Emergency Room will be assigned definite call days. The particular physician so assigned must be available or be responsible for obtaining a staff physician to take his place (March 8, 1983) and to notify the Emergency Department of same. The call day is 24 hours from 7:00 a.m. to 7:00 a.m. A roster of specialists will be available in the Emergency Department. The on-call physician will be notified with the monthly schedule by mail. TMMC Medical Staff physicians in good standing with approved privileges in a Department will be placed on the Emergency Department call list of the appropriate department, once proctoring has been satisfactorily completed.

In order to facilitate patient flow through the Emergency Department and to provide timely service to patients and physicians, the time period for which all physicians must return a call from the Emergency Department is twenty (20) minutes. This includes PMD's and those physicians who are serving on the Emergency Department On-Call Panel.

Once a physician has been called and there is no response within 40 minutes, the following process will be set into motion:

A. At the discretion of the ED physician, the Administrative Supervisor will be contacted to facilitate the communication.

B. At the discretion of the ED physician, the Chief of the physician’s department, the Medical Director of the Program or HMO will be contacted.

C. At the discretion of the ED physician, the Chief of Staff may be contacted.

ARTICLE V - Treatment of Specific Cases

After the Emergency Department physician has examined a patient and feels that the patient should be admitted, the attending physician must see the patient if the Emergency Department physician so requests. The patient may be admitted without being seen by the attending physician if the Emergency Department Physician and Attending Physician both concur. Emergency physicians may not write admitting orders.

ARTICLE VI - Records

Every patient must have a permanent record containing the history, findings, and treatment or disposition.

The physician involved is responsible for the record.

Periodic spot review of records should be made by the Emergency Department Committee.
All patients who are evaluated and/or given a prescription in the Emergency Department are required to have a chart generated.

ARTICLE VII - Consent

In an emergency situation where a minor is involved and parents are unavailable for consent, the Emergency Department physician may perform all emergency treatment required.

In case of an unconscious or otherwise incompetent patient who is unable to give consent or a child whose parents are unavailable for consent and who requires immediate treatment to prevent the further aggravation or deterioration of his condition, no consent is necessary because consent is implied by law. The treatment physician should document on the chart those factors which indicated that the patient was in need of immediate treatment. A second consultation is not required to establish such implied consent.

ARTICLE VIII - Unassigned Emergency Patients

All emergency patients who do not have a physician practicing on the staff will be assigned to the physician on the Emergency Department call list by the Emergency Department staff. The physician to whom the case is assigned will carry out the treatment necessary to preserve the welfare of the patient.

ARTICLE IX - Non-Response

The Emergency Department will document the names of all physicians who do not respond to a call from the Emergency Department when they are on the call list. The documented names of physicians not responding will be reported to the Chief of Staff and the Medical Executive Committee.

ARTICLE X - Anesthesia

No patient will receive general anesthesia in the Emergency Department. Characteristics of General Anesthesia are outlined in the Conscious Sedation, I.V policy and are described as follows:

a. Unresponsiveness to physical stimulation.
b. Unresponsiveness to verbal command.
c. Inability to maintain a patent airway.
d. Loss of protective airway reflexes.
e. Loss of lid reflexes.
ARTICLE XI - Contract Emergency Physician Responsible for 24-Hour Coverage

A. Qualifications of Emergency Physicians

1. Currently licensed by the State of California as a physician and Surgeon.
4. All physicians must be Emergency physicians and either Board Certified or Board Qualified in Emergency Medicine.

B. Proctoring Protocol for Emergency Physician Applicants

1. Proctoring is performed by direct observation of a new physician while working in the Emergency Department.
2. The total time he must spend being proctored must equal or exceed 27 hours.
3. Members of the medical staff with unrestricted privileges shall be eligible to serve as proctors.
4. The Medical Director(s) of the Emergency Department will evaluate proctoring information and release the physician when it is determined that proctoring has been satisfactorily completed. If an initial appointee or a member exercising new clinical privileges fails within one (1) year to complete proctoring as required, then the member shall be deemed to have voluntarily surrendered those specific privileges.
5. The Medical Director(s) of the Emergency Department will issue a written report to the Emergency Department Committee which will include an evaluation of the new physician's performance. The cases observed during the proctoring included the range and scope of services provided by Torrance Memorial Medical Center.

C. Duties of Emergency Physicians

1. Primary concern is care of patients regarding themselves for treatment in the Emergency Department, and care of such patients must take precedence.
2. Respond to CODE BLUE Calls and take charge in supervising Primary Team.
ARTICLE XII - Patient Transfer Guidelines

1. Patients transferred from TMMC Emergency Department must be stable, unless the definitive care the patient needs is not available here (i.e., hyperbaric chamber).

2. Vital signs must be measured and recorded just before the patient leaves the Department.

3. A physician or other responsible party at the receiving hospital must be notified before the patient is transferred and he/she must accept the patient. His/her name, the facility, and time of acceptance should be noted.

4. A copy of all chart information, including x-rays, must go with the patient.

5. The patient must give his/her consent for the transfer.

6. When a patient is accepted for transfer from another acute care facility or Emergency Department by a member of the Medical Staff, an emergency evaluation will not be performed at TMMC unless the ED physician determines an emergent evaluation is required (i.e., unstable patient). The Medical Staff Member accepting the transfer will be required to see the patient per hospital policy.

ARTICLE XIII - Specific Rules and Regulations

A. D & C's will not be done in the Emergency Department.

B. Removal of fecal impaction is not usually considered an Emergency Department procedure.

C. Reading of X-ray files by an Emergency Department physician is only tentative; the films will be re-read by a radiologist within 24 hours, and the physician will be notified of any corrections immediately.

ARTICLE XIV – Criteria for Consultation

A. As needed, contact is made to a member of the Torrance Memorial Medical Staff in assistance with the diagnosis and management of a patient which includes, but not limited to, admission decision or to ensure outpatient follow-up.
MEMORANDUM

DATE: 

TO: Emergency Department Committee

FROM: Gerald Reich, M.D./Franklin D. Pratt, M.D.
Co-Medical Directors, Emergency Department

SUBJECT: Proctoring Release for XXXX XXXXXX, M.D.

This memorandum will confirm that XXXX XXXXXX, M.D., has completed the proctoring requirements for Emergency Medicine Core Privileges and Deep Sedation in the Emergency Department at Torrance Memorial Medical Center. His performance has been within the departmental expectations.

- No further proctoring is required

Distribution
APPENDIX II

Transfer Policy

It is the policy of Torrance Memorial Medical Center that emergency services and care shall be provided to any person requesting the services or care, or for whom services or care is requested for any condition in which the person is in danger of loss of life, or serious injury or illness, to the extent that the hospital has appropriate facilities and qualified personnel available to the services or care.

In no event shall the provision of emergency services and care be based upon, or affected by, the person's race, ethnicity, religion, national origin, citizenship, age, sex, pre-existing medical condition, physical or mental handicap, insurance status, economic status, or ability to pay for medical services, except to the extent that a circumstance such as age, sex, pre-existing medical condition or physical or mental handicap is medically significant to the provision of appropriate medical care to the patient.

Emergency services and care shall be rendered without first questioning the patient or any other person as to his or her ability to pay therefor. However, the patient or his or her legally responsible relative or guardian shall execute an agreement to pay therefor or otherwise supply insurance or credit information promptly after services are rendered.

Consistent with its licensure and requirements of law, Torrance Memorial Medical Center has adopted a policy prohibiting discrimination in the provision of emergency services and care based on race, ethnicity, religion, national origin, citizenship, age, sex, pre-existing medical condition, physical or mental handicap, insurance status, economic status, or ability to pay for medical services, except to the extent that a circumstance such as age, sex, pre-existing medical condition, or physical or mental handicap is medically significant to the provision of appropriate medical care to the patient.

Torrance Memorial Medical Center requires that physicians who serve on an "on-call" basis to the hospital's Emergency Department cannot refuse to respond to a call on the basis of the patient's race, ethnicity, religion, national origin, citizenship, age, sex, pre-existing medical condition, physical or mental handicap, insurance status, economic status, or ability to pay for medical services, except to the extent that a circumstance such as age, sex, pre-existing medical condition, or physical or mental handicap is medically significant to the provision of appropriate medical care to the patient.

Torrance Memorial Medical Center shall inform all persons presenting to the Emergency Department or their representatives, if any are present and the person is unable to understand verbal or written communication both orally and in writing, of the reasons for transfer or refusal to provide emergency services and care and of the person's right to emergency services and care prior to transfer or discharge without regard to ability to pay.