



Emergency Medical Services Program Policies – Procedures – Protocols

Scene Control Policy (1007.00)

I. General Provisions:

This policy provides operational definition for scene control as it relates to patient health care authority.

II. Overview of Applicable Law:

- A. Health and Safety Code section 1798.6 and Penal Code section 409.3 are the applicable statutes regarding the function of the incident commander and the person with patient health care authority.
- B. Based on health and safety code and penal code, the incident commander is vested in the public safety agency with primary investigative authority. The Authority for patient health care management is vested in the licensed or certified health care professional who is the most medically qualified to render emergency medical care.

III. Defining Persons with Incident Command Authority and Patient Health Care Authority:

- A. The incident commander is the most experienced and qualified person from a public safety agency with primary investigative authority, who is on scene. In the absence of personnel who have primary investigative authority, the most experienced and qualified person from a public safety agency who is on scene is the incident commander.
 1. As a matter of practicality, when a public agency or private company representative is at scene (fire, law or ambulance) that agency or representative should manage the incident according to the immediate needs in accordance with ICS principles. Scene management responsibility shall transition to a public safety agency upon arrival at the incident.
- B. The patient health care authority shall be vested in that licensed or certified health care professional, which may include any paramedic or other pre-hospital emergency personnel at the scene of the emergency who is most medically qualified specific to the provision of rendering emergency medical care.

1. The California Medical Association specifies that physicians must agree to accompany the patient in transport if they are to assume the role of patient health care authority over EMS personnel at the scene.
- C. Before arrival of certified and locally accredited EMS personnel, it is appropriate to use non-certified public safety personnel or persons with other medical licensure and capable of providing emergency medical care at the scene in the role of patient health care authority.
- D. When two individuals with the same level of EMS certification and local accreditation are at the scene (such as two Kern County EMT-1's), the first EMT-1 arriving at scene or having patient contact would have patient health care authority.
 1. At said EMT-1's option, patient health care authority may be delegated to another person with equal certification.
 2. If a paramedic arrives, patient health care authority is automatically assumed by the paramedic without option.
- E. Patient health care authority shall immediately transition from an EMT-1 first responder to EMT-1 transport personnel upon arrival to the incident.
 1. If the EMT-1 first responder has optional EMT-1 scope accreditation that the EMT-1 transport personnel do not have and the patient has required or may require the optional EMT-1 scope practice procedure, the EMT-1 first responder shall accompany the patient in transport.
 2. Transition of patient health care authority may also be affected by scene hazards such as SWAT operations, heavy rescue, crash-fire-rescue, confined space rescue or hazardous materials incidents. In such hazardous situations, the IC shall determine when the patient can be safely accessed by transport personnel.
- F. Patient health care authority shall immediately transition from a first responder (whether EMT-1, paramedic, or other ALS) to paramedic transport personnel upon arrival to the incident.
 1. If a paramedic first responder or ALS first responder has patient health care authority and the patient requires or may require advanced life support intervention, yet the transport mode will be via a BLS ambulance, the paramedic first responder or ALS first responder shall accompany the patient in transport.

2. Transition of patient health care authority may also be affected by scene hazards such as SWAT operations, heavy rescue, crash-fire-rescue, confined space rescue or hazardous materials incidents. In such hazardous situations, the IC shall determine when the patient can be safely accessed by transport personnel.
- G. In medium scale or complex incidents requiring a dedicated person(s) for Medical Group Supervisor for medical group operations, resource use, communications and transportation coordination, patient health care authority may be delegated to another qualified person at the scene.

IV. Roles and Responsibilities of Incident Commander and Person with Patient Health Care Authority:

- A. Incident Commander:
 1. Management of the scene is vested in the Incident Commander in accordance with Section 1798.6. of the Health and Safety Code. Scene management includes minimizing risk of death or health impairment to the patient who is exposed to an emergency condition (i.e., rescue, extrication, hazardous material exposure). The roles and responsibilities of the Incident Commander (IC) during EMS incidents are quite complex, and this list below is not intended to provide an all-inclusive description of IC duties or re-state the provisions of the Health and Safety Code. Rather, this policy attempts to clarify only those duties as they relate to patient health care authority and EMS operations.
 2. The IC duties are as follows:
 - a. Establishment of a scene management structure using Incident Command System (ICS) principles.
 - b. Management of the incident, which includes assessment of the entire scene (type, scene hazards, number of victims and general severity of condition).
 - c. Direct and coordinate ICS operational groups to manage the incident and ensure safety in operations of each operational group.
 - d. Coordinating with the person with patient health care authority and ensuring that necessary medical resources are on scene based on the person's requests.
 - e. Resolution of problems or conflicts between operational groups in matters involving scene hazards.

- f. Maintaining scene management duties; networking and monitoring each operational group until the incident is resolved and scene resources are released.
3. There are inherent safety concerns when EMS aircraft respond to an emergency scene. The IC is responsible for scene safety, including provisions for EMS aircraft ingress and egress. The incident commander shall consult with the person vested with patient health care authority if the IC has concerns involving safety of EMS aircraft use at the scene. If the IC determines the scene is unsafe for EMS aircraft use, the IC has authority to direct that an alternative rendezvous site be used. The EMS aircraft pilot shall be the final decision authority in regard to flight safety.

B. Patient Health Care Authority:

1. The person with patient health care authority is responsible for implementing the assigned portion of the incident objectives; specifically medical care of the patients. The person is also responsible for the following:
 - a. Assessment of the medical aspects of the incident, number of patients, and initiation of triage to determine severity of injury(ies).
 - b. Ensuring that the necessary medical resources to provide patient care and transportation are requested through the IC; and as warranted requesting cancellation of medical resources through the IC.
 - c. Providing appropriate emergency medical care at the scene within the medical group.
 - d. Preparing and loading patients for transportation, including selection of Basic Life Support or Advanced Life Support level care and transportation for the patient(s).
 - e. The selection of patient transport destinations is based on the *Ambulance Destination Decision Policy and Procedures*. The IC shall be advised of the transport destination.
 - f. Determination of transport mode is a medical decision and (e.g., ground ambulance or air ambulance) and shall be made by the person with patient health care authority. The transport mode decision shall be based on the *Ambulance Destination Decision Policy and Procedures* and the *EMS Aircraft Dispatch-Response-Utilization Policy and Procedures*. The IC shall be advised of the transport mode decisions.

- g. Requests for additional resources whether they be ground or air, or cancellation thereof, shall be made through the IC.
- h. Advising the IC of any problems or needs related to implementation of the incident objectives.
- i. Initiating patient transport from the scene and advising the IC of same for purposes of resource tracking and situation awareness.
- j. Maintaining medical operations in a safe and efficient manner until the incident is secured.

V. Interaction Between IC and Patient Health Care Authority:

- A. First responders will commonly participate in direct patient medical care under the direction of the person with patient health care authority; or take the responsibility of patient health care authority until an individual with higher EMS certification arrives at scene. This is both a needed and recommended action.
- B. Notwithstanding extenuating circumstances related to scene safety, the IC shall not countermand medical decisions made by the person with patient health care authority, and the IC shall never interfere in emergency medical treatment at the scene. Medical decisions in the context of this section are as follows:
 - 1. Patient assessment of basic and advanced life support treatment procedures used at the scene and during transport.
 - 2. Level of ground ambulance to be responded to or used for patient transport.
 - 3. Once the patient rescue or extrication is completed, the patient's movement and loading.
 - 4. The ambulance destination (hospital).
 - 5. The transport mode (ground ambulance or air ambulance). The safety decision to authorize landing of an air ambulance at the scene is retained by the IC.
 - 6. The number of patients loaded into one ambulance.
 - 7. The time the ambulance leaves the scene.
 - 8. Coordination of off-scene ambulance rendezvous during transport.
- C. Medical decisions or actions of the person with patient health care authority that seem to be non-compliant with the EMS Division's policies and procedures should be brought to the attention of the IC. The IC may intervene by advising the medical personnel of such concerns and recommending a course of action. If such concerns persist after

consultation, IC should submit a written incident report detailing the concerns and forward it to the EMS Division for investigation.

- D. The person with patient health care authority shall comply with all IC decisions regarding scene safety. The person with patient health care authority shall keep IC informed of resource needs and medical decisions.

VI. Scene Control Problem Reporting and Incident Review:

- A. Any significant problem which poses a potential or actual threat to patient care or public health and safety that requires immediate attention should be brought to the attention of the IC, or incident Safety Officer if one is appointed. If necessary, the EMS Program on-call duty officer may be contacted. Personnel should follow up by preparing an incident report which provides a factual summary of the incident, actions, results and incident outcome.
- B. Incident reports shall be submitted through the organization, agency or department chain of command prior to referral to the EMS Program.
- C. For questions related to the policy or an incident, contact the EMS Program at (661) 321-3000 during routine office hours, or if immediate contact is necessary, the EMS duty officer can be reached through ECC.

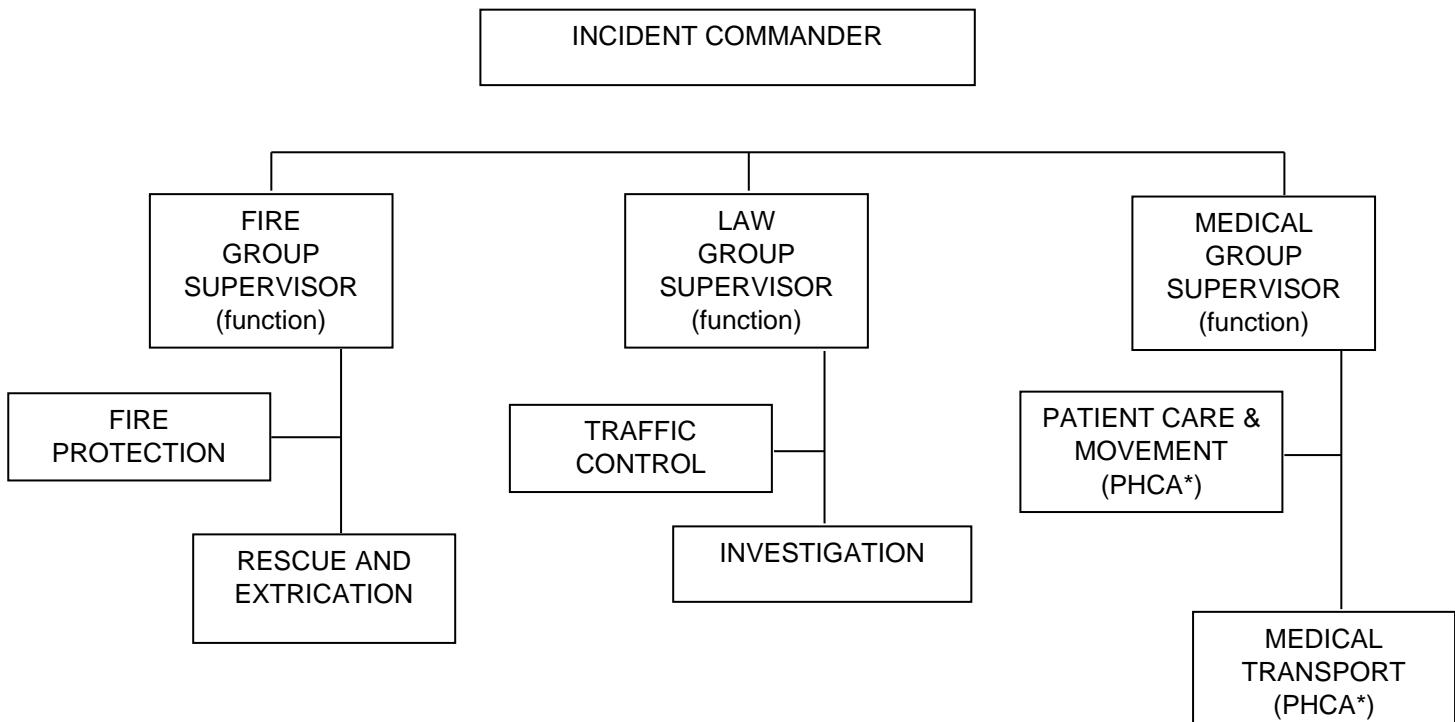
Revision Log:

10/01/1991	Effective date of original policy
1/20/2002	Revisions implemented
11/10/2011	EMCAB approved proposed revisions re-wrote policy to simplify document; placed ultimate authority for medical decisions with the most medically qualified; incident commander retains authority over scene safety.
3/1/2012	Effective date of revisions that were approved by EMCAB
6/30/2024	Grammer and readability.

APPENDIX A

INCIDENT COMMAND STRUCTURE

(FOR SMALL OR MEDIUM SCALE EMS INCIDENTS)



NOTE: The structure may expand and change as necessary to meet the needs of the incident, in accordance with ICS principles. *PHCA is a person with patient health care authority.