Policy: Prehospital Care Records **#620.00**

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Medical Director:		Revision Date:	5-2017
EMS Coordinator:		Review Date:	5-2022

I. AUTHORITY

Division 2.5, California Health and Safety Code, Sections 1797.220 and 1798; California Code of Regulation, Division 9, Sections 100170 and 100171; Tuolumne County Ordinance 2111, Chapter 5.16, section 5.16.45.

II. DEFINITIONS

A. Advanced Life Support or ALS means any definitive prehospital emergency care role approved by the Tuolumne County EMS Agency, in accordance with state regulations, which includes all of the specialized services listed in H&SC § 1797.52.

B. Basic life Support or BLS means those procedures and skills contained in the EMT scope of practice as listed in Title 22, CCR, § 100063.

C. Multi-Casualty Incident or MCI means instances involving more patients than initial responding EMS resources can manage.

D. Prehospital Care Record (PCR) means a Tuolumne County EMS agency approved form for documenting the response to an EMS call and the care delivered to an EMS patient.

E. Electronic Prehospital Care Record (e-PCR) means a NEMSIS and CEMSIS compliant software program for documenting the response to an EMS call and the care delivered to an EMS patient.

F. National Emergency Medical Services Information System or NEMSIS is the national repository of EMS data from every state in the nation. The NEMSIS project was developed to help states collect more standardized elements and submit the data to a national EMS database.

G. California Emergency Medical Services Information System or CEMSIS is the California repository of EMS data. CEMSIS was developed by the California EMS Authority to collect more standardized elements from Local EMS Agencies and submit the data to NEMSIS.

H. Search and Rescue or SAR means the search and rescue services provided by the Tuolumne County Sheriff's Department.

III. PURPOSE

The purpose of this policy is to define the requirements for the initiation, completion and retention of prehospital care records.

IV. POLICY

A. Ambulance service providers and first response agencies shall use EMS agency approved forms or electronic media for documenting each EMS response and the care provided to each patient.

B. EMS Aircraft providers shall use forms or electronic media as specified in their written agreements for documenting each EMS response and the care provided to each patient.

C. Approved forms and media include:

1. NEMSIS and CEMSIS Compliant e-PCR program approved by the Tuolumne County EMS Agency
2. The Tuolumne County EMS Interim Prehospital Care Record Form;
3. S.T.A.R.T. triage tag;
4. The Tuolumne County EMS First Responder Report Form or other first response agency forms approved by the Tuolumne County EMS Agency;
5. The Tuolumne County EMS Automatic External Defibrillator (AED) Report Form, other first response agency forms approved by the Tuolumne County EMS Agency;

V. AMBULANCE SERVICE PROVIDERS

A. Ambulance providers shall initiate a prehospital care records form in each instance where an ambulance arrives on scene and patient contact or contact with families or other parties present, for the purpose of ascertaining information relevant to the medical care of the patient is initiated.

B. Ambulance providers shall initiate a prehospital care records form in each instance where a patient is being transferred or transported fromone location to another, except that only one PCR is required when transporting a patient round trip for diagnostic or therapy services.

C. Ambulance providers shall initiate a prehospital care records form in each instance where ambulance arrives on scene and evaluates a person and determines that they are not in need of emergency medical care.

D. Ambulance providers shall initiate a prehospital care records form in each instance where an ambulance is cancelled enroute to a request for ambulance service or where an ambulance arrives on scene and does not make patient contact. The time of cancellation, agency or person cancelling and reason for cancellation shall be documented. PCRs for cancelled calls and incidents with no patient contact do not need to be printed and distributed as described in § V, subsection P of this policy.

E. The paramedic responsible for the scene or care of the patient or in the case of a BLS response the EMT responsible for the scene or care of the patient shall be responsible for initiating and completing all required documentation. Patient care records completed by EMTs are required to be reviewed and countersigned by their Paramedic partner; this is not required if the responding crew does not include a Paramedic.

F. Prehospital care records completed by paramedic interns are required to be reviewed and countersigned by their Field Training Officer.

G. For patients transported to a hospital, the original completed e-PCR shall be delivered to appropriate hospital or emergency department staff before the ambulance personnel departs from the hospital. In the event that an ambulance crew is unable to complete a e-PCR while in the hospital as a result of an immediate and verified need to respond to an actual or existent request for emergency aid, the ambulance crew may depart from the hospital after the completion and submission of an interim PCR or sufficient verbal information has been provided to ensure the continuation of patient care by the hospital staff. The ambulance service provider is responsible for returning the original completed e-PCR within 12 hours of the time the ambulance crew departed from the hospital or prior to the crew going off-duty, whichever occurs first. If the receiving facility has the capability to print the e-PCR, and the crew does not leave an e-PCR prior to departing, an unusual occurrence form shall be submitted to the EMS Agency within 24 hours. If any PCR is not delivered to the receiving facility within 12 hours, an unusual occurrence form shall be submitted to the EMS Agency within 24 hours.

H. In cases where the patient is determined dead in the field, the original completed PCR shall be delivered to the Tuolumne County Coroner's Office within 12 hours of the time the ambulance crew departed from the scene or prior to the crew going off-duty, whichever occurs first.

I. Completed e-PCRs must have a timestamp showing the time of delivery to the appropriate facility. If the e-PCR is e-mailed or fax, the timestamp of the receiving fax or e-mail will be used to determine the time of delivery. Completed e-PCRs not having a timestamp will be considered late in the absence of other compelling information.

J. The EMS Agency may excuse or exempt the late delivery of a completed ePCR under extreme circumstances.

K. Electronic transmission of e-PCRs is permitted if the means of transmission (e-mail, fax or health information exchange) is encrypted and secure.

L. The time recorded by the timestamp, fax, e-mail shall be entered on the Base Hospital Log.

M. In cases where a patient is treated and released at scene or refuses transport the e-PCR shall be completed within 12 hours of the time the ambulance crew departed from the scene or prior to the crew going off-duty, whichever occurs first.

N. In cases where a patient is flown out from scene or transported from scene by another unit the e-PCR shall be completed and faxed or e-mailed to the receiving facility within 12 hours of the time the ambulance crew departed from the scene or prior to the crew going off-duty, whichever occurs first.

O. In cases where the patient is transported to a non-medical facility such as a home, the original prehospital care record shall be delivered to the transferring facility.

P. The second copy of all forms shall be delivered to the ambulance provider and the third copy of all forms shall be delivered to the base/receiving hospital nurse liaison prior to the crew going off-duty.

VI. Record Retention

A. Except for a minor patient, an ambulance service may not destroy a medical record or report about a patient for seven (7) years after the record or report is made or longer if so required by law or regulation or;

B. In the case of a minor patient, a medical record or report about a minor patient may not be destroyed until the patient attains the age of majority plus three (3) years or for seven years after the record or report is made, whichever is the later

C. In no event shall records be retained for less than seven (7) years.

VI. BLS FIRST RESPONSE AGENCIES

A. BLS First response agencies may initiate a first responder report form in each instance where a first responder arrives on scene and patient contact or contact with families or other parties present, prior to the arrival of an ALS Ambulance or ALS First Response Agency, for the purpose of documenting information relevant to the medical care of the patient A triage tag may be used in lieu of a first responder report form when caring for patients at a declared multi-casualty incident (MCI).

B. If a first responder agency presents a first responder report form to ALS Ambulance or ALS First Responder Unit, the crew of the ALS Ambulance or ALS First Responder Unit shall include a copy the first responder report form with the patient record copy of the e-PCR.

VII. ALS FIRST RESPONSE AGENCIES

A. If an ALS first response agency arrives on scene and patient contact or contact with families or other parties present prior to an ALS ambulance, the ALS first response unit shall initiate a prehospital care record form, for the purpose of documenting information relevant to the medical care of the patient.

B. The highest EMS certified or licensed first responder on scene shall be responsible for initiating and completing all required ALS first responder documentation.

C. Patient care records completed by paramedic interns are required to be reviewed and countersigned by their Field Training Officer.

D. For patients transported to a hospital, the original completed e-PCR shall be delivered to appropriate hospital or emergency department staff before the ALS

First Responder personnel departs from the hospital. In the event that anALS First Response Unit crew is unable to complete a e-PCR while in the hospital as a result of an immediate and verified need to respond to an actual or existent request for emergency aid, the ALS First Responder crew may depart from the hospital after the completion and submission of an interim PCR or sufficient verbal information has been provided to ensure the continuation of patient care by the hospital staff. The ALS First Response Provider is responsible for returning the original completed e-PCR within 12 hours of the time the ALS First Response Unit crew departed from the hospital or prior to the crew going offduty, whichever occurs first.

E. In cases where the patient is determined dead in the field, the original completed PCR shall be delivered to the Tuolumne County Coroner's Office within 12 hours of the time the ALS First Response Unit staff prior to the crew going offduty, whichever occurs first.

F. In cases where a patient is treated and released at scene orrefuses transport the e-PCR shall be completed within 12 hours of the time the ALS First Response Unit crew departed from the scene or prior to the crew going offduty, whichever occurs first.

G. In cases where a patient is flown out from scene or transported from scene by another unit the e-PCR shall be completed and faxed or e-mailed to the receiving facility within 12 hours of the time the ALS First Response Unit crew departed from the scene or prior to the crew going off-duty, whichever occurs first.

H. In cases where the patient is transported to a non-medical facility such as a home, the original prehospital care record shall be delivered to the transferring facility.

I. The second copy of all forms shall be delivered to the ALS First Response provider and the third copy of all forms shall be delivered to the base/receiving hospital nurse liaison prior to the crew going off-duty.

VIII. TRIAGE TAGS AND MULTI-CASUALTY INCIDENTS

A. In addition to their use in sorting and prioritizing patients, triage tags may be used by ambulance and first responder personnel in lieu of prehospital care records for documenting patient care while at the scene of a multi-casualty incident (MCI).

B. The disposition of all patients involved in an MCI shall be documented on a Patient Transportation Summary Worksheet (refer to Policy No. 810.00), including patients involved in an MCI and who are released at scene.

C. Regardless of the use of triage tags or other MCI patient documentation, the transporting ambulance crews shall complete an e-PCR for all patients transported from an MCI.

D. Triage tag and Patient Transportation Summary Worksheet may be used to document instances where more than one person is evaluated and determined not to be in need of emergency medical care, such as a non-injury bus accident. The triage tag must contain all patient demographic information, All triage tabs, including the "RE-TRIAGED" tab are to be removed from the triage tags. All triage tags and Patient Transportation Summary Worksheets shall be scanned and electronically submitted to the EMS Agency with 72 Hrs.