



Department of Public Health
Emergency Medical Services Agency

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Policy #: 540.00
Effective Date: 07/1993
Revision Date: 06/2008
Review Date: 06/2010

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This policy supersedes any other existing policy on this subject.

Equal Opportunity Employer

Subject: **DOCUMENTATION OF PATIENT CONTACT**

Authority: California Health and Safety Code, Division 2.5 Sections 1797.220 and 1798.(a); and California Code of Regulations, Title 22, Section 100169 (a) (6) (A).

Definitions: **Advanced Life Support Call** - Any EMS call in which Advanced Life Support Procedures, as defined in Section 1797.52, Division 2.5 of the Health and Safety Code.

Basic Life Support Call - Any EMS call that does not meet the definition for an Advanced Life Support call.

Health Agent - Refers to any person other than a law enforcement officer or coroner who has authority or responsibility for the disposition of a body. A health agent could be a private physician, a home health nurse or a public health nurse.

Medical Facility - Means any clinic, hospital or physician's office.

Nursing Facility - Means any residence or care facility other than an accredited hospital providing short or long term care for the infirmed, chronically ill, or disabled persons.

Patient - Means any person who has been identified by either medical personnel, first responders, family or bystanders as warranting evaluation, or who has one or more of the following:

1. Signs and symptoms of illness which are substantial enough to warrant medical attention;
2. Experienced a mechanism of injury which is substantial enough to warrant medical attention;
3. Exposure to or suspected exposure to hazardous materials or drugs which is substantial enough to warrant medical attention.

Patient Contact - Refers to anytime during the course of an EMS call when a person is identified as a patient, as defined in this policy, and the paramedic has arrived at the scene of the incident.

Prehospital Care Report or PCR- Refers to the form (electronic or hardcopy) used for the documentation of prehospital medical care as specified by the Merced County Emergency Medical Services Agency.

APPROVED:

ON-FILE

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Prescheduled - Means appointments made in advance in which there has been no acute decline in the patient's condition in the past 24 hours.

Triage Tag - Refers to the patient documentation tag currently in use within the Merced County EMS Area for the prioritization of patients of a disaster or multi-casualty incident.

Purpose: To identify required patient information and to establish a mechanism for gathering, recording and reporting this information.

- Policy:
1. It is the policy of the EMS Agency that PCR's are left with the receiving facility prior to the ambulance departing at least 90% of the time or greater. Repeated violations of this requirement may result in disciplinary action.
 2. A PCR shall be completed for the following:
 - A. On all patients transported by ambulance from a field scene, nursing facility or a medical facility to a facility of higher care for the purpose of non-prescheduled diagnosis and treatment.
 - B. On all patients transported from one hospital to another hospital for the purpose of continuation of treatment.
 - C. In all cases of prehospital death, a completed original PCR shall be faxed to the County Coroner, Law Enforcement, or Health Agent with jurisdiction over the scene within 2 hours.
 - D. In all cases during transport when a patient's condition worsens while enroute.
 3. In all cases where patient contact is made but the patient is refusing treatment and/or transportation, a Patient Refusal Form provided by the employer and approved by the EMS Agency shall be completed and signed as specified in policy No. 542.00, Consent/Refusal of Care. All fields need to be completed, particularly those that document the patient's findings, e.g. mental status, vital signs, etc.
 4. In the following circumstances, A Prehospital Care Report will not be required if the date, times and location of the call, as well as the identification of the patient, crew unit number and destination are documented on the California Highway Patrol, or other log approved by, and made available to, the EMS Agency.
 - A. Ambulance transports to a private residence or a facility of lower care for the purpose of rehabilitation, recuperation, or long term care.
 5. For disaster scenarios or multi-casualty incidents, Triage Tags shall be utilized for immediate prioritization and patient identification. A PCR which contains complete patient information and treatment, to include the patient's original triage priority, must replace each Triage Tag that has been generated.
 - A. When a Triage Tag is used, the tag shall remain on the patient until such time that a regular hospital record is established. Once such record is established, the Triage Tag number shall be documented on the emergency room patient chart.
 - B. If the ambulance crew needs to leave prior to completion of a PCR, the crew shall remove a perforated corner of the Triage Tag, which contains the patient ID number, for later patient identification and documentation.

- Procedure:
1. The complete medical record copy of the PCR shall be given to the physician or nurse receiving the patient prior to the ambulance personnel's departure from the department or

ward receiving the patient, except as noted in Section 1 (c), (under Policy) for cases of death.

- A. An ambulance crew may respond to an emergency call prior to completing required patient documentation, if requested to do so by the authorized EMS dispatch center.
- 1) If an ambulance crew is dispatched to an emergency call prior to completing required documentation, the complete medical record copy of the PCR shall be delivered or faxed to the department or ward which has received the patient as-soon-as-possible and no later than two (2) hours after the completion of the call.
 - 2) The care provider completing the report must note on the bottom narrative portion of the PCR the time the report was delivered and the reason why the report was not submitted on time.
 - 3) A request from an authorized ambulance dispatch center for an ambulance to return to their area of responsibility will not be considered an emergency call.
 - 4) A request from an authorized ambulance dispatch center for an ambulance to respond to a priority post may, for the purpose of this policy, be considered an emergency call. For each incident where an ambulance is posted as noted above within 15 minutes of arrival at the receiving facility, the EMS Dispatch Center shall document same on the incident record, for submission to the Agency monthly. The posting of ambulances within 15 minutes of arrival at a receiving facility should not occur more than 10% of the time and excessive early posting shall be considered a violation of this policy.