

Pre-Hospital Care Reports

500.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the requirements for documentation of patient responses, and the related document distribution, storage, and disclosure (Health and Safety Code § 1797.200; Health and Safety Code § 1797.227; 22 CCR 100170; 22 CCR 100171).

500.1.1 DEFINITIONS

Definitions related to this policy include:

Patient - A person who meets any one of the following criteria:

- Has a chief complaint
- Has obvious symptoms or signs of injury or illness
- Has been involved in an event that the average first responder would believe could cause an injury
- Appears to be disoriented or to have impaired psychiatric function
- Has evidence of suicidal intent
- Is deceased

Patient refusing medical care against medical advice (AMA) - A competent patient who is determined by an Emergency Medical Technician (EMT) or base hospital to have a medical problem that requires the immediate treatment and/or transportation capabilities of the Emergency Medical Services (EMS) system, but who declines medical care despite being advised of his/her condition and the risks and possible complications of refusing medical care.

500.2 POLICY

It is the policy of the Fresno County Fire Protection District to follow the patient documentation and distribution guidelines developed by the local, regional, or state EMS authority.

500.3 PROCEDURE

A Pre-Hospital Care Report (PCR) shall be completed for every patient response (22 CCR 100171). This includes a patient who is released at the scene, meets the criteria for pronouncing death in the field, is an inter-facility transport, or is involved in a multi-casualty incident.

A PCR and a patient release form must be completed for all patients who refuse evaluation, treatment, and/or transport.

Contact with persons who do not meet the criteria required for the definition of a patient should be recorded in the District's incident reporting system to document that assistance was offered and declined. The District's reporting requirements concerning personal identification information, including a person's name, age, date of birth, and sex, should be followed.

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An EMS evaluation, performed minimally by an Emergency Medical Technician (EMT), may or may not be required for non-medical requests for assistance, such as “service calls” or “back-to-bed” requests. A PCR shall be completed for any person meeting the patient criteria.

For continuous quality improvement, the local or regional EMS authority, District EMS supervisors, and the designated hospital receiving center shall review their copies of the PCR and discuss any areas of concern.

500.4 DISTRIBUTION OF PCR COPIES

- (a) If a patient is transported to a designated hospital receiving center, copies should be distributed as follows:
 - 1. Copy retained by the District
 - 2. Copy sent to the base hospital or alternative base station
 - 3. Copy left at the designated hospital receiving center with the patient
 - 4. Copy sent to the local EMS authority
- (b) If a patient is not transported or refuses care and leaves AMA, copies should be distributed as follows:
 - 1. Copy retained by the District
 - 2. Copy sent to the base hospital or alternative base station
 - 3. Other copies sent per local EMS authority policy
- (c) If a patient is declared dead and is not transported, copies should be distributed as follows:
 - 1. Copy retained by the District
 - 2. Copy sent to the assigned base hospital or alternative base station
 - 3. Copy left with the body for the coroner’s office
 - 4. Copy sent to the local EMS authority
 - 5. Other copies sent per local EMS authority policy

500.4.1 FORM OF COPIES

Copies should be sent to the local EMS authority in the form required by Health and Safety Code § 1797.227 or any written agreement with the EMS authority entered into before January 2016.

500.5 PCR STORAGE

PCRs shall be maintained and secured in a manner in which they are accessible only to individuals who are members of the health care team, are involved in education and training, are part of the quality assurance review, or are affiliated with the local EMS authority. All copies of the PCRs must be secured to prevent access by non-authorized individuals.

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500.6 ADDITIONAL REPORTING REQUIREMENT

In addition to a PCR, if the patient contact involves an injury inflicted by a firearm or is a result of assaultive or abusive conduct (as defined by Penal Code § 11160(d)), a report shall be made (Penal Code § 11160):

- (a) By telephone, immediately or as soon as practicable, to local law enforcement.
- (b) By written report to local law enforcement within two working days, on the appropriate form as provided in Penal Code § 11160.