



DEPARTMENT OF PUBLIC HEALTH
Emergency Medical Services Agency

POLICY # 540.00

TITLE: **DOCUMENTATION OF PATIENT CONTACT**

APPROVED: ON-FILE

EMS Administration: James Clark, EMS Administrator

ON-FILE

EMS Medical Director: Ajinder Singh, MD CPE

EFFECTIVE DATE: 07/1993

REVISION DATE: 12/2020

REVIEW DATE: 12/2023

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I. 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).

II. DEFINITIONS

- A. **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.
- B. **Basic Life Support Call** - Any EMS call that does not meet the definition for an Advanced Life Support call.
- C. **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.
- D. **Medical Facility** - Means any clinic, hospital or physician's office.
- E. **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.
- F. **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.
- G. **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.
- H. **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.
- I. **Prescheduled** - Means appointments made in advance in which there has been no acute decline in the patient's condition in the past 24 hours.
- J. **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.

III. PURPOSE

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

IV. POLICY

- A. It is the policy of the EMS Agency that PCRs 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.
- B. A PCR shall be completed for the following:
 - 1. 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.
 - 2. On all patients transported from one hospital to another hospital for the purpose of continuation of treatment.
 - 3. In all cases of prehospital death, a completed original PCR shall be faxed to the County Coroner with jurisdiction over the scene as soon as practical.
- C. 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.
- D. 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.
 - 1. 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 and PCR.
 - 2. 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.

V. PROCEDURE

- A. An interim PCR shall be left prior to leaving the hospital for all patients transported to an emergency department except in the case of MCI or other circumstances approved by MCEMSA.
 - 1. A completed PCR shall be provided to the hospital within 24 hours of the patient arriving at the hospital.