

**I. Purpose:**

- A. To set the minimum requirements for patient care records, distribution, reporting, and data collection. Each first response agency and/or transport agency may adopt additional requirements to meet their administrative and operational needs.

**II. Authority:**

- A. California Health and Safety Code – Division 2.5: Emergency Medical Services [1797 – 1797.206 and 1797.227.]
- B. California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services

**III. Definitions:**

- A. Patient Care Record – The permanent legal medical record that documents all aspects of prehospital care or refusal of care.

**IV. Policy:**

- A. An Imperial County EMS Agency authorized electronic patient care record (ePCR) shall be completed for every 911 response as described below. Each PCR/ePCR shall be completed by an Imperial County EMS Agency authorized provider who is accredited to provide care at or above the level of care rendered.
- B. All providers shall use an electronic health record system that exports data in a format that is compliant with the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information System (NEMSIS) standards and include those data elements that are required by the local EMS agency.
- C. The electronic health record system used must be compatible with the local EMS agency's data system, so that the local EMS agency may collect data from the provider.
  1. A local EMS agency shall not mandate that a provider use a specific electronic health record system to collect and share data with the local EMS agency.
  2. This policy does not modify or affect a written contract or agreement executed before January 1, 2016, between a local EMS agency and an emergency medical care provider.
- D. Calls that require an electronic patient care report include:

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1. Transport Providers (EMT, AEMT, Paramedics) shall complete an ePCR on every EMS response, to include 911, interfacility transfers, "dry runs," and for patients who refuse care and/or transportation.
  2. ALS/LALS first responders shall complete an ePCR on every EMS response, to include 911, "dry runs," and for patients who refuse transport and/or care.
  3. BLS first responders shall complete a paper PCR, or ePCR if available, on every EMS response, to include 911, "dry runs," and for patients who refuse transport and/or care.
- E. The PCR/ePCR shall accurately and completely document the patient response and care while including the information required by Title 22, Chapter 3.3, Article 8, Section 100097.01.
- F. All procedures attempted or performed are to be documented, regardless if successful or not. Provider shall make every attempt to document all administration of medication and procedures, including those performed and administered by other providers involved in patient care.
- G. If an electronic Patient Care Report (ePCR) is completed by a paramedic training program intern, the report narrative shall clearly indicate that the documentation was completed by a student intern. The narrative must also identify the precepting paramedic and include a statement confirming that the preceptor directly supervised the call and reviewed and approved the documentation for accuracy and completeness.
- H. Electronic patient care record distribution shall be as follows:
1. The first response agency's completed ePCR must be available through electronic means within twelve (12) hours.
    - a. Fireline Emergency Medical Paramedics working on deployment must have completed ePCR available within forty-eight (48) hours.
  2. The transport service provider's ePCR shall be available through electronic means within twelve (12) hours of leaving the receiving facility that received the associated patient.
  3. Access to the ePCR will be provided to the following:
    - a. The Imperial County EMS Agency
    - b. The designated base hospital or receiving hospital that received the associated patient.
    - c. The base hospital that provided medical direction for a specific patient or incident.

- d. The Imperial County Sheriff, Coroner's Office for patients where obvious death, or when resuscitation is ceased, in the field.
- 4. Required hardware, internet access, and administration are the responsibility of each organization accessing the ePCR.
- I. Paper patient care record distribution shall be as follows:
  - 1. Paper charts should only be used out of necessity due to loss or incapacitation of the electronic PCR system
  - 2. Paper PCRs shall be submitted by facsimile transmission, or hand delivered, to the receiving hospital that received the associated patient within twelve (12) hours.
  - 3. Paper PCRs shall be submitted to the Imperial County Sheriff, Coroner's Office for patients where obvious death, or when resuscitation is ceased, in the field.
  - 4. Paper PCRs shall be retained, as described below, by the EMS provider agency for all patients refusing care and/or transport.
  - 5. Copies of the paper PCR will be provided upon request to:
    - a. The Imperial County EMS Agency
    - b. The designated base hospital that provided medical direction for a specific patient or incident.
  - 6. Required forms, hardware, phone lines, and administration are the responsibility of each agency or service utilizing paper PCRs.
- J. Documentation requirements may be deferred when emergency response is required but must be completed as soon as possible. In each instance where a PCR/ePCR is not completed within twelve (12) hours, an Imperial County EMS Agency Incident Report shall be submitted to the Imperial County EMS Agency. Incident Report forms can be found on the Imperial County EMS website.
- K. Multi-casualty incidents (MCI) records, including incident command system forms and triage tags, will be distributed in this manner:
  - 1. A hard copy of the MCI records shall be provided to the base hospital that provided medical direction and the Imperial County EMS Agency within three (3) business days of the request.
  - 2. The Imperial County EMS Triage Report Form may be used by BLS/ALS/LALS first response agencies in lieu of individual paper PCR/ePCRs for multi-casualty incidents.

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- L. Voice recordings and base hospital communication logs will be distributed in this manner:
  - 1. Recordings and logs will be submitted to the Imperial County EMS Agency within three (3) business days of the request.
- M. Each EMS provider agency, receiving hospital, and base hospital will review patient care records as established by the Imperial County EMS Agency Quality Improvement Program.
- N. Each EMS provider agency, receiving hospital, and base hospital shall retain records for a minimum of seven (7) years, or in the case of an un-emancipated minor, a minimum of one year after reaching the age of 18, but in no event less than seven (7) years.
- O. Each EMS provider agency shall be responsible for maintaining paper PCRs and/or ePCRs in compliance with current Health Insurance Portability and Accountability Act (HIPAA) in accordance with state and federal law.
- P. Each EMS provider agency utilizing an ePCR data system shall be responsible for submitting ePCR data, in an approved electronic format, to the Imperial County EMS Agency. The EMS Agency will pool EMS provider agency data for County wide analysis, quality improvement processes, and research. The EMS Agency may validate and report this data to the California EMS Authority in compliance with current regulations.

APPROVED:

SIGNATURE ON FILE – 07/01/25

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