COUNTY OF EL DORADO
EMERGENCY MEDICAL SERVICES AGENCY

DOCUMENTATION POLICY

Effective Date October 1, 2025

CONTENTS

AUTHORITY:

The overall responsibility for administration of emergency medical services (EMS) in the County of El Dorado and the specific responsibility to establish and operationalize an EMS documentation system lies with the County of El Dorado Local Emergency Medical Services Agency (EDCEMSA/LEMSA) pursuant to and supported by:

1. California Health and Safety Code, Div. 2.5, Ch. 4, Art 1, Sec. 1797.200, 1797.227
2. California Code of Regulations, Title 22, Div. 9, Ch. 3.3, Art 8, § 100097.01
3. California Code of Regulations, Title 13, Div. 9, Ch. 5, Art 1, Sec.1100.7
4. Centers for Medicare and Medicaid Services (CMS)
5. Legislation (e.g., AB 40, SB 1061, etc.)
6. Documentation, Liability Protection and Revenue Recovery Best Practices

Documentation Mandates: Pursuant to Tit. 22, § 100097.01, the Paramedic is responsible for accurately completing a NEMSIS/CEMSIS compliant record for EMS responses, as outlined in this policy.

Importance of Accurate Documentation: ePCRs are read and reviewed by a variety of entities, including but not limited to the LEMSA, CQI committees, hospitals, ambulance billing contractor, insurance processors/payors, appeals boards, Patients, attorneys, etc. It is important to ensure documentation is clear and understandable to the reader.

* Best Practice: To ensure ePCRs are clear and professional, proofread all ePCRs prior to completion.

GENERAL PROVISIONS:

For any **EMS Response** in El Dorado County, the following applies:

1. **ePCR Platform**: The required documentation elements shall be captured on the LEMSA approved Electronic Prehospital Care Report (ePCR) platform, ImageTrend. Exceptions to this platform must be approved by the LEMSA on a case-by-case basis.

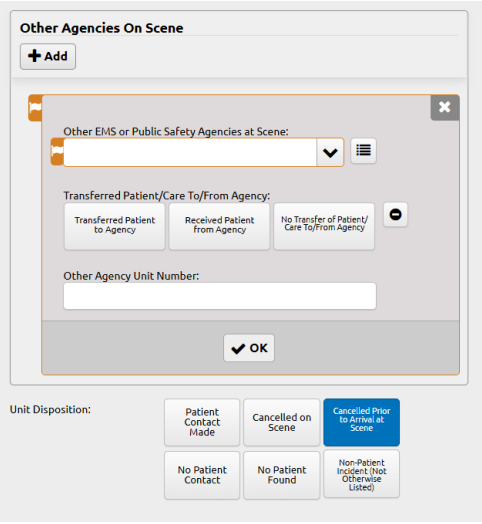
2. **ePCR Requirement**: At least one (1) ePCR shall be generated for each medical incident. Dry Runs/Cancelled Calls: In cases where a transport unit(s) responding to a medical incident is/are cancelled prior to arrival, all transport units "dispatched AND enroute" will be responsible for documenting the cancelled response on an ePCR.

3. **Documentation Compliance**: The ePCR shall be completed accurately in accordance with these policies and procedures. Deliberate falsification of a patient care record, signature(s) or failure to comply with these policies and procedures shall result in formal investigative action per 1798.200 of the California Health and Safety Code.

4. **Documentation in Performance of Patient Care**: Each Paramedic that provides care to a Patient is responsible for completing a NEMSIS/CEMSIS compliant ePCR. Every EMS unit (e.g., engine, truck, squad, transport, etc.) whose crew performs any level of Patient Care, shall complete an ePCR capturing all crew member activities of that unit.

    a. All actions performed shall be accurately documented to the correct crew member, time stamped and validated by the signature of all crew members on that unit.

    b. Pre-hospital transfers of care may be documented in the ePCR platform, under "Other Agencies on Scene" on the Rapid Entry Screen. (See screenshot below).



c. When the transport unit has “Assumed Primary Care from Another EMS Crew”, the Transport Paramedic shall attach the ePCR from the EMS Crew who “Initiated Primary Care” and ePCR from any EMS Crew that “Provided Care Supporting Primary EMS Crew” to the transport ePCR, prior to submitting the transport ePCR for documentation review (See ANNEX 1).

d. All supporting documentation (e.g. Hospital Face Sheets, Physician Certification Statements, diagnostic readings, ePCRs from other response units, etc.) shall be attached prior to submitting the transport ePCR for documentation review. See Mandatory Documentation Elements, 11 for additional information.

e. Each non-transport unit’s completed ePCR shall be made available to the transporting unit and the LEMSA.

5. **Submission Timelines**: To ensure timely inclusion of ePCR data into the Patient’s medical record and to ensure compliance with this Documentation Policy, ePCRs shall be completed and put in ‘finished’ status within 24 hours of service delivery or before the end of the Provider’s work shift, whichever is less.

6. **Exceptions**: Deviations from any of these provisions is permissible only when/if the provision(s) is not aligned with contract terms, or as otherwise approved in writing by the LEMSA.

MANDATORY DOCUMENTATION ELEMENTS:

Documentation shall include the following elements to be considered a complete medical record:

1. **Dispatch Elements**
    a. Date and estimated time of incident.
    b. Time of receipt of the call (available through dispatch records).
    c. Time of dispatch to the scene.
    d. Time of arrival at the scene.
    e. Location of the incident.
    f. Confirmation of Patient or Person/Non-Patient contact.
    In cases where a Patient is deemed a Person/Non-Patient, the Provider shall document a clear rationale for this determination in the ePCR; explicitly confirming the absence of:
        1. A complaint, or,
        2. An observable medical need.

2. **Disposition Elements (NEMSIS v3.5+)**
    a. Unit disposition.
    b. Patient disposition.
    c. Crew disposition. Interns are considered crew members (See ANNEX 2).
    d. Transport disposition.

Unit Disposition eDisposition.27	Patient Disposition eDisposition.28	Crew Disposition eDisposition.29	Transport Disposition eDisposition.30
Patient Contact Made	**Patient Evaluated and Care Provided**	Initiated and Continued Primary Care	Transport by This EMS Unit (This Crew Only)
Cancelled on Scene	Patient Evaluated and Refused Care	Initiated Primary Care and Transferred to Another EMS Crew	**Transport by This EMS Unit, with a Member of Another Crew**
Cancelled Prior to Arrival at Scene	Patient Evaluated, No Care Required	Provided Care Supporting Primary EMS Crew	Transport by Another EMS Unit
No Patient Contact	Patient Refused Evaluation/Care	**Assumed Primary Care from Another EMS Crew**	Transport by Another EMS Unit, with a Member of This Crew
No Patient Found	Patient Support Services Provided	Incident Support Services Provided (Including Standby)	Patient Refused Transport
Non-Patient Incident		Back in Service, No Care/Support Services Required	Non-Patient Transport (Not Otherwise Listed)
		Back in Service, Care/Support Services Refused	No Transport

3. **Demographic Elements (Required for Patient and Person/Non-Patient)** Legal name (first, last).
    a. Date of birth.
    b. Sex (as well as identified gender, when specified by the Patient or Person/Non-Patient).
    c. Weight, if necessary for treatment.
    d. Mailing address.
    e. Physical address.
    f. Email address.
    g. If transporting:
        - Copy of Patient's Driver's License/Identification Card.*
        - Copy of Patient's Insurance Card.*

*Best Practice: Obtaining this identification information is highly recommended.

4. **Clinical Elements**
    a. Chief Complaint (including cause of injury, where applicable).
    b. **S**ubjective Information (The Patient's Story)
        - Patient description.
        - Chief complaint.
        - History of the present event (What happened? When? Where? How? Duration? What interventions were attempted? Did any intervention provided improve the patient's overall condition?)
        - Allergies, current medications, past medical history, and any medications taken (including time and quantity).
    c. **O**bjective Information (The EMS Provider's Story)
        - Provider's impression of the scene and Patient.
        - Vital signs at protocol determined intervals.
        - Physical exam findings.
        - General observations (environmental conditions, patient location/position, behavior, etc.).
        - Information derived from diagnostic tools (cardiac rhythm, $EtCO_2$, etc.).
    d. **A**ssessment (The Provider's impressions):
        - Primary Impression: The EMS Provider's initial assessment of the Patient's most significant condition which guides the immediate management and treatment given to the Patient.
        - Secondary Impression: Other significant problems or conditions identified during the Provider's assessment that may or may not be directly related to the primary impression that may need to be addressed.
    e. **P**lan (The EMS Provider's Plan of Treatment):
        - What care was provided to the Patient? This should include treatment provided prior to the Provider's arrival as well as what the Provider did

for the Patient.
- Chronological account of care rendered (documented in 'Procedures') and the Patient's response(s) to that care.
- All Continuous Quality Improvement (CQI) indicators per applicable protocol(s).

5. **Diagnostic Scores**: The Provider shall document any diagnostic scores, scales or screening results pertinent to the Patient's clinical presentation, in the designated sections of the ePCR and in accordance with applicable protocols. These include, but are not limited to:
    a. Glasgow Coma Scale (GCS)
    b. Trauma Score
    c. Pain Scale
    d. Cincinnati Pre-Hospital Stroke Scale (CPSS)
    e. APGAR Score

6. **Provider Interpretation of Device Output(s):** Where applicable, the Provider shall document their clinically informed interpretation of any device output, such as ECG strips, and shall ensure that the attached outputs support their interpretation. Non-diagnostic strips, such as the monitor 'boot-up sequence', lead faults and pseudo-ectopy from road vibration, may be omitted.

7. **Narrative Documentation**: Mnemonic devices and acronyms such as SOAP or CHART (See ANNEX 3) are highly recommended to help the Provider structure their narrative and capture the clinical elements. Discretion in the use of such formats is reserved to the contracted agencies and/or Provider agencies, as long as 22 CCR § 100097.01 and Documentation Policy requirements are met.

8. **Additional Time Elements**
    a. Time of departure from scene.
    b. Base contact details.
    c. Time of arrival at receiving facility (if transported) and facility name.
    d. Time of arrival and location of landing zone/rendezvous point, (if applicable).
    e. Time of Transfer of Care at receiving facility (documented by electronic signature in eOther.19) to comply with APOT regulations.
    f. Time back in service.

9. **Ambulance Patient Offload Time**: The LEMSA, in compliance with California Health and Safety Code 1797.120 and Assembly Bill 40, calculates and reports hospital ambulance Patient offload times (APOT) to the California EMS Authority (EMSA) using standardized criteria and methodology.

    APOT is defined in statute as a time interval. Therefore, process controls are

established for collecting the beginning and ending timestamps to be utilized for the calculator of the time interval:

Clock Start: Patient Arrival at Destination Hospital
The time the ambulance arrives at the Emergency Department (ED) and stops at the location outside the hospital ED where the Patient will be unloaded from the Ambulance. Time is communicated to Dispatch by the Provider.

Clock Stop: Ambulance Patient Transfer of Care Occurs
When the Patient is transferred to the emergency department gurney, bed, chair or other acceptable location and the emergency department has assumed the responsibility for care of the Patient. Clock Stop occurs at the time the ePCR is signed by the receiving hospital staff (NEMSIS element eOther.19).

10. **Purpose of Signatures and Required Signatures:** Signatures are required on all ePCRs. A signed ePCR becomes part of the Patient's permanent medical record, and signatures are necessary to ensure the record is complete and legally sound. Certain regulations, laws (e.g. HIPAA, California Assembly Bill 40, and California Senate Bill 1061, etc.) and Insurance Providers require proper authentication and signatures.

    A Patient's signature authorizes treatment, permission for transport (if applicable) or refusal of care. A Patient's signature is also required for HIPAA compliance and agreement of financial responsibility for services rendered.

    Crew Members' signatures hold the Provider(s) accountable for the information documented in the ePCR and affirm that the Provider(s) has/have reviewed and approved the content of the ePCR.

    Signature Requirements: The following outlines the signature requirements on the ePCR for various situations.

    a. **Person/Non-Patient, No Patient Contact, No Patient Found, Cancelled Enroute (TRANSPORT UNITS ONLY):**
    Requirement: **ONE*** of the Crew Members listed as unit Personnel on the ePCR:
        - Primary Care Provider
        - Medic Unit Driver
        - Paramedic Intern (if applicable)

*Best Practice: All crew members sign the ePCR.

b. **Patient Contact: Against Medical Advice (AMA)** (See Refusal of Care and/or Transportation Field Policy)
Requirement: The Primary Care Provider most involved in Patient Care and responsible for the Patient's Disposition; **AND** a signature from ONE of the following (in order of preference):
   - Immediate family member
   - Law enforcement officer
   - Other EMS personnel; **AND**,

   Requirement: Patient

c. **Patient Contact with Transport – Patient IS ABLE to Sign**:
Requirement: ALL the Crew Members listed as unit Personnel on ePCR
   - Primary Care Provider
   - Medic Unit Driver
   - Paramedic Intern (if applicable); **AND**,

   Requirement: Patient; **AND**,
   Requirement: Receiving facility Personnel to document APOT "Transfer of Care"

d. **Patient Contact with Transport: Patient IS UNABLE to sign:** In the narrative, clearly document the reason why the Patient is unable to sign.
Requirement: **ALL** the crew members listed as the unit Personnel on ePCR
   - Primary Care Provider
   - Medic Unit Driver
   - Paramedic Intern (if applicable); **AND**,

   Requirement: Patient Representative, in order of preference
   - Legal Guardian, or
   - Receiving Facility Personnel on Patient's behalf; **AND**

   Requirement: Receiving facility Personnel to document APOT "Transfer of Care"

e. **Patient is Transported to Landing Zone:** Location of Landing Zone is required in the narrative and Landing Zone Field in the ePCR. The Destination will always be the Receiving Facility.
Requirement: **ALL** the crew members listed as the unit Personnel on ePCR
   - Primary Care Provider
   - Medic Unit Driver
   - Paramedic Intern (if applicable); **AND,**

   Requirement: Patient (if able) or Patient Representative; **AND,**
   Requirement: Receiving Flight Crew Personnel to document APOT "Transfer of Care"

11. **Attachments:** All transports require supporting documentation in the form of attachments. All attachments and supporting documentation shall be legible and attached in a portrait (vertical) orientation to the ePCR. Copies of face sheets and other paper records (e.g., Physician Certification Statements, etc.) shall be captured and attached to the corresponding ePCR. Hard copies of these documents shall be made available to the LEMSA office, upon request. Attachments shall be JPEG or PDF format only. The following are examples of attachments that may be required:

    a. Hospital Face Sheets (see Annex 1)
    b. Physician Certification Statement (PCS Form), for all inter-facility transports
    c. ePCRs from other Providers and Response Units
    d. Diagnostic Readings
    e. Copies of Patient Identification and Insurance Card(s)*

*Best Practice: Obtaining this identification information is highly recommended.

12. **Unusual Circumstances**

    The above elements shall be considered a minimum; expanded upon as necessary, to create a comprehensive medical, legal and reimbursable record of the EMS response. On occasion, unusual circumstances may present, including, but not limited to:

    Patient Unable to Sign: In cases where a Patient is unable to sign, the Provider shall document, in detail, the circumstance(s) making signature impossible (*i.e. 'unable to sign due to altered LOC'* or *'unable to sign due to feces/blood contamination',* etc*.).* In such cases, the signature of a responsible party such as a family member, the receiving facility, or Provider will suffice.

    Minors: In cases where a Patient is a minor, the Provider shall contact the minor's parent/legal guardian, as the situation allows, to receive authorization for treatment and/or transport of the minor Patient. The parent/legal guardian's name and contact information shall be documented in the narrative of the ePCR.
    Timelines: Document times as accurately as possible and ensure chronological consistency.

    ePCR Platform Failure: In the event of mass casualty incidents or network failure, use LEMSA approved paper forms and transcribe into ePCR once the issue resolves.

    Abbreviations: Use only on the LEMSA approved abbreviation list (See ANNEXES 4 and 5).

SPECIALIZED TRANSPORTS

Specialized Transports include Interfacility Transports, Critical Care Transports and Specialty Care Transports. These transports require additional and supporting documentation as described below:

Interfacility Transfers:

1. Interfacility Transfers (IFTs) and post-discharge returns shall be subject to the same documentation standards.
   a. In the case of post-discharge returns, the 'Chief Complaint' field shall reference the clinical circumstance prompting the Patient's initial hospital visit.
   b. In the case of IFT for continuing care at a receiving facility, the 'Chief Complaint' field shall reference the working diagnosis or condition necessitating the transfer.
   c. Phrases such as *"None", "IFT"* or *"Return transfer"* without any supporting clinical context, are not sufficient.

2. A signed Physician's Certification Statement (PCS) shall be obtained from the referring facility. The PCS must clearly indicate why other means of transportation is **medically contraindicated**, and, in cases where a Patient is transferred for more advanced care, must clearly indicate the services at the destination facility which are **unavailable at the originating facility**.

3. In the event of a round-trip IFT, separate incident numbers and ePCRs shall be generated for each leg of the transport, with all fields populated in the same manner as a typical one-way transport. The Hospital Face Sheet and PCS shall be attached to each ePCR.

Critical Care Transports

1. In the event of a Critical Care Transport (CCT), the attending Registered Nurse (RN) will have Primary Medical Responsibility and will produce the clinical record for the duration of care according to the documentation policy(ies) of their employer (hospital, air-medical Provider, etc.).

2. The Provider shall be responsible for completing the ePCR as described in this policy; expanded upon to capture:
   a. The services at the destination facility which are unavailable at the point of origin, AND;
   b. The specific non-paramedic scope intervention(s) or processes which necessitated an RN-staffed CCT shall be documented in the narrative of the ePCR.

3. In the event Patient care requires the use of medical equipment or consumable supplies from the EMS unit stock, the Provider shall document the usage in the same manner as a typical EMS intervention and shall communicate with the attending RN

to confirm any details needed to properly document the intervention(s) on the transport ePCR.

4. The RN notes shall be obtained by the Documentation Team and attached to the transport ePCR.

Specialty Care Transports

1. In the event of a Specialty Care Transport (SCT), the Critical Care Paramedic (CCP) will have Primary Medical Responsibility. The CCP shall be responsible for completing the ePCR as described in this policy; expanded upon to capture:

    a. The services at the destination facility which are unavailable at the point of origin;
    b. The specific intervention(s) or processes which necessitated a Critical Care Paramedic shall be documented in the narrative; AND,
    c. Copies of the completed *Interfacility Transport EMS Medication Report Form* (Barton form) and PCS Form shall be attached to the ePCR.

DOCUMENTATION CORRECTIONS, EDITS, AND REVISIONS

On occasion, ePCRs will need to be revised for a variety of reasons. The following outlines ePCR revision procedures.

ePCR Editorial Accountability

1. **Validation Rules**: The ePCR platform has validation rules which track the Provider's input across the range of required data fields. A satisfactory validation score* does not confirm the quality, completeness or relevance of the entered data, and should not be considered proof of a comprehensive and reimbursable record of care.

   *Best Practice: A validity score of 100% is highly encouraged.

2. **Non-Applicable Fields**: Any ePCR field that is not applicable shall be marked "N/A" (not applicable), either by text entry or drop-down menu where available. Values that cannot be accurately populated due to the information not being known shall be marked "UNK" (unknown).

3. **Third Party Applications**: Providers using third-party applications or cloud services to assist with grammar or narrative transcription, shall ensure that no Protected Health Information (PHI) is entered into an outside system. The Provider is solely responsible for ensuring the accuracy and appropriateness of any content recommended by an assistive application or cloud service.

ePCR Corrections

1. **ePCR Revision Requests**: In cases where the LEMSA identifies absent documentation or determines a need for revision of a specific ePCR, whether for revenue recovery or quality assurance/quality improvement purposes, it shall notify the respective contractor agency and Provider agency of:

   a. The incident number,
   b. The date of service, and
   c. The corrective action required.

2. **ePCR Corrective Actions**: Upon receipt of the correction request, Provider agencies shall make all necessary documentation revision(s) according to applicable agreement or contract timelines.
   a. Any edits or revisions to an ePCR after 24 hours of the service shall be made on an Addendum (See ANNEX 6).
   b. Addendums may be requested when clarification and/or additional information is needed.
   c. When edits/addendums are complete, the ePCR status shall be changed to 'Crew Edits Complete'.

3. **ePCR Corrections After Incident has been Billed**: Any edits and/or corrections to an ePCR required after the ePCR has been billed (e.g., Status indicates “Ready for Billing” or “Billed”) shall be completed on an addendum and attached to the ePCR. The Provider/Provider Agency shall notify the LEMSA in these cases, in the event re-billing is necessary.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) COMPLIANCE

1. The process of documenting Patient care requires Provider agencies and their staff to receive, process and compose Protected Health Information (PHI).
2. In accordance with the HIPAA *Standards for Privacy of Individually Identifiable Health Information* ("Privacy Rule"), PHI disclosure is permitted for the following purposes:

   Treatment in real time, provided the information sharing occurs between healthcare Providers directly involved with Patient care and a 'need to know'. This includes during the transfer of care of a Patient to another Provider.

   Healthcare Operations to include quality assessment and improvement activities, including case management and care coordination; as well as competency assurance activities, including Provider performance evaluation, credentialing, and accreditation.

   Payment processes, specifically as they relate to reimbursement for services rendered during treatment and transport.

3. Beyond the purposes noted above, no disclosure of any PHI is permissible by any EMS Provider in the County of El Dorado at any time.
4. All documents shall be stored in compliance with HIPAA guidelines to include physical safeguards to:
   - Secure records containing PHI;
   - Prevent unauthorized access; and,
   - Ensure proper disposal when no longer needed.
5. Providers shall take all reasonable and proper measures to always prevent disclosure or misuse of PHI.

6. The LEMSA and all Provider agencies operating either under contract or agreement within the County of El Dorado, shall jointly observe the general provisions of the HIPAA *Security Standards for the Protection of Electronic Protected Health Information* ("Security Rule"), resolving to:

   - Ensure the confidentiality, integrity, and availability of all PHI they create, receive, maintain or transmit;
   - Identify and protect against reasonably anticipated threats to the security or integrity of protected information;
   - Protect against reasonably anticipated, impermissible uses or disclosures; AND
   - Ensure compliance by their workforce.

7. Upon conclusion of Patient interaction, Providers shall supply each Patient with the LEMSA Notice of Privacy Practices. This provision applies in the case of IFT as well as for Patients released in the field against medical advice.

8. In the event of a breach of PHI, the Provider agency shall immediately notify the LEMSA, detailing:
    - When the breach occurred;
    - How the breach occurred;
    - What PHI was breached;
    - How the breached information was recovered (if applicable); AND,
    - Resolutions to ensure no future breaches.

ePCR COMPLIANCE, USE, AND DISTRIBUTION

1. **Data Compliance**: The LEMSA collects ePCR data to align with the National Highway Traffic Safety Administration (NHTSA) Uniform Prehospital Emergency Medical Services Dataset, the National Emergency Medical Services Information System (NEMSIS), the California Emergency Medical Services Information System (CEMSIS), and in accordance with the reimbursement procedures set forth by the Centers for Medicare and Medicaid Services (CMS). The LEMSA may revise this policy to ensure ongoing alignment with those datasets and procedures as necessary.

2. **Continuous Quality Improvement (CQI)**: The CQI process evaluates Patient Care, documentation and outcomes to improve overall EMS system performance. To remain aligned with evolving EMS quality measures, state and national data standards (including NEMSIS and CEMSIS), and the LEMSA's protocols, documentation requirements may be modified at the LEMSA's discretion. Any updates will be communicated to all Provider Agencies and accredited ALS Providers via the County approved ePCR platform, mobile application (OneDose) and public website.

3. **ePCR Distribution**: The LEMSA may provide copies of ePCRs to:

    a. HIPAA covered entities in accordance with LEMSA policy;
    b. Patients or legal representatives with approved authorization;
    c. Law enforcement sources in accordance with applicable state and/or federal laws; **AND/OR,**
    d. Pursuant to a valid subpoena.

4. **Audits**: Both EMSA and the LEMSA conduct routine audits and/or reviews of the CEMSIS/NEMSIS data collection systems to ensure information is transferred completely and accurately. On occasion, requests may be made to Contracted and/or Provider Agencies to participate in routine audits, data reviews and/or to take corrective action based upon audits/reviews by EMSA or the LEMSA.

5. **Reports**: The LEMSA is the final authority for determining aggregate data reports that are to be maintained as confidential or distributed. Any contracted agency and/or Provider Agency may submit a written request to the LEMSA requesting that a specific aggregate report be confidential. The written request must include the specific report topic(s) and detailed rationale for the request for confidentiality. At the LEMSA's discretion, any data reports, considered potentially proprietary will be referred to the potentially affected Provider Agencies for feedback prior to release.

6. **Photographs and Videos**: Any photographs or video attached to the ePCR must be in compliance with the LEMSA's On-Scene Photography Policy.

DEFINITIONS

ALS Support - All assistive actions performed by an ALS Provider, regardless of complexity, when Primary Medical Responsibility (PMR)/Primary Care (NEMSIS 3.5) is vested in another ALS Provider.

Ambulance Patient Offload Time (APOT) - The interval between the arrival of an ambulance Patient at an emergency department and the time that the Patient is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for care of the Patient (HSC 1797.120.).

California Emergency Medical Services Information System (CEMSIS) - Is the secure, standardized and centralized electronic information and data collection system administered by the California Emergency Medical Services Authority (EMSA) which is used to collect statewide EMS and trauma data.

Capacity – Being fully alert and oriented, unimpaired by medical or mental illness, intoxication or injury, with complete understanding of one's circumstances as they relate to possible injury, illness or impairment, as well as the risks associated with refusal of treatment or transport, and not being an emancipated minor.

Command/Utility Unit – A squad, truck, SUV, UTV, or other type of response unit capable of providing limited EMS support, such as incident command, special events, or rescue.

Crew Member - Any EMS Provider assigned to a transport unit, non-transport unit (ALS or BLS), or command/utility unit and listed in the ePCR with their name and license number (excluding interns). Roles shall follow NEMSIS personnel codes, which include: Driver/Pilot – Response, Driver/Pilot – Transport, Other Patient Caregiver – At Scene, Other Patient Caregiver- Transport, Primary Patient Caregiver – At Scene, Primary Patient Caregiver – Transport.

EMS Response - Mobilization of emergency medical resources to an incident, upon determination by dispatch, of the potential need for medical services on scene including those cancelled enroute.

Health Insurance Portability and Accountability Act (HIPAA) - The Health Insurance Portability and Accountability Act of 1996 established federal standards protecting sensitive health information from disclosure without a Patient's consent.

Hospital Face Sheet - The hospital admissions information sheet (also referred to as a "face sheet") for a Patient which contains PHI and is used to confirm Patient demographics and determine health insurance information. Hospital face sheets are required for each transport ePCR.

Incident - Some untoward occurrence prompting a response from any combination of emergency services within a jurisdiction. Such services include, but are not limited to, fire suppression, technical rescue, emergency medical services and law enforcement.

Minor - Means a Person less than eighteen (18) years of age who is not emancipated.

National Emergency Medical Services Information System (NEMSIS) - A national system used to store, collect and share Emergency Medical Services (EMS) data.

Non-Transport Unit – A response unit, such as a fire engine or truck, capable of providing ALS or

BLS care but not patient transport.

Patient – An individual for whom an EMS response has been initiated, or requested, or who is perceived to require assistance proximate to a medical, behavioral, or traumatic condition. Any individual meeting this definition at any point is a Patient for the purposes of documentation.

Patient Care - Any manner of interaction, intervention, assistance or treatment rendered to a Patient.

Patient Care Report/Prehospital Care Report (PCR) - A complete record of a Patient EMS response, inclusive of electronic health records when applicable, as captured on the LEMSA-approved PCR platform (electronic or paper).

Patient Contact – The act of encountering a Patient for whom an EMS response has been initiated, to determine the existence of a medical concern or complaint and render appropriate care. Multiple Providers attending to one Patient is considered multiple instances of Patient contact.

Patient Representative - A person authorized to act or sign on a Patient's behalf, including, but not limited to healthcare facility personnel, parent, legal guardian, spouse or power of attorney.

Person/Non-Patient - An individual with capacity, who upon initial assessment by an EMS Provider(s), denies complaint(s), denies the need for EMS, and demonstrates no requirement for EMS care or intervention.

Physician Certification Statement (PCS) Form – A written certification signed by the patient's attending physician, confirming that the patient's medical condition requires ambulance transportation because other means of transport are contraindicated/unsuitable. A PCS Form is required for certain ambulance transports, specifically inter-facility transports, critical care transports and specialty care transports.

Primary Care Provider (NEMSIS 3.5)/Primary Medical Responsibility (PMR) – The provider holding central clinical authority for patient care during an EMS Response, as well as the duty to compose a complete clinical record of care for the duration of responsibility.

Protected Health Information (PHI) - All individually identifiable health information, including demographic data, medical histories, test results, insurance information, hospital face sheets, Physician Certification Statements (PCS), and other information used to identify a Patient or provide healthcare services or healthcare coverage.

Provider – An individual employed by an El Dorado County "Provider Agency" and legally credentialed under CCR Title 22, Div. 9 as an Emergency medical Technician or Paramedic. Providers within the County of El Dorado shall maintain compliance with all applicable State requirements, LEMSA policies, procedures and protocols, and legal scopes of practice. Paramedic Providers must also be accredited by the LEMSA to provide Paramedic scope of practice in El Dorado County.

Provider Agency – An organizational entity/department, employing individual providers for EMS response within the County of El Dorado; whether under contract or other instrument of agreement.

Transfer of Care - Means when an ambulance Patient, who has arrived at the emergency department ambulance bay, is physically transferred to an emergency department gurney, bed, chair, or other acceptable location, and emergency department medical Personnel receives the report and confirms the transfer of Patient care with an electronic signature within the ePCR (NEMSIS element eOther.19) (Title 22, § 100002.18).

Transport Unit – An ALS ambulance that is permitted and equipped to transport El Dorado County patients.

Unified Report (Unified PCR) – A single record of EMS activity composed of two or more ePCRs, which together form a complete clinical and operational account of a given response.

Validation/Validation Rule - Built in checks or rules that ensure data accuracy and completeness by identifying missing or incorrect entries.

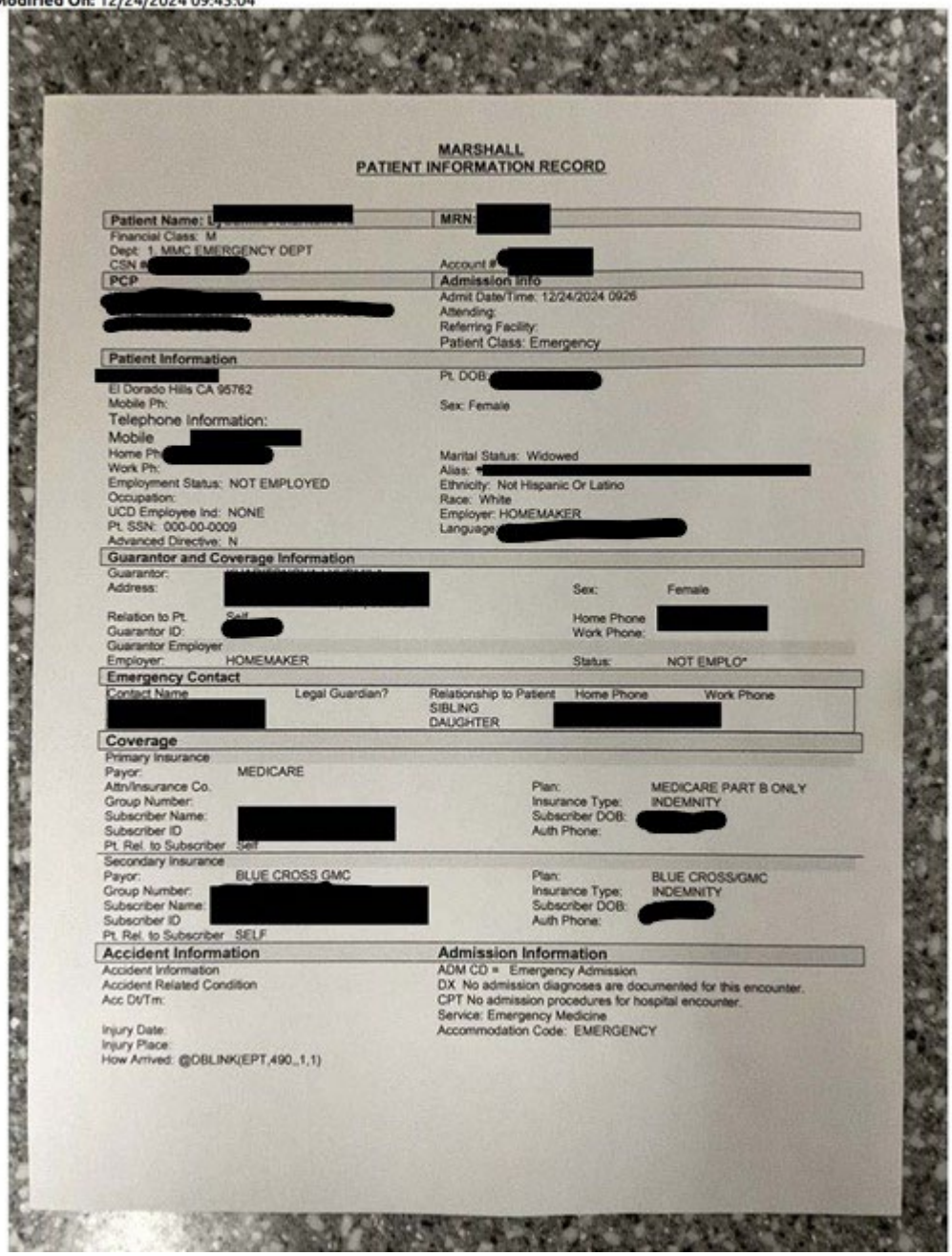
ANNEX 1
ePCR Attachments

Photographs/Scans:

The picture below shows the correct portrait orientation of attachments (e.g., FaceSheets, PCS forms, etc.) to an ePCR.

[redacted]

File Name: image
Modified By: [redacted]
Modified On: 12/24/2024 09:43:04



MARSHALL
PATIENT INFORMATION RECORD

Patient Name: [redacted] MRN: [redacted]
Financial Class: M
Dept: 1_MMC EMERGENCY DEPT
CSN #: [redacted] Account #: [redacted]

PCP: [redacted]

Admission Info
Admit Date/Time: 12/24/2024 0926
Attending:
Referring Facility:
Patient Class: Emergency

Patient Information
[redacted]
El Dorado Hills CA 95762
Mobile Ph:
Telephone Information:
Mobile [redacted]
Home Ph: [redacted]
Work Ph:
Employment Status: NOT EMPLOYED
Occupation:
UCD Employee Ind: NONE
Pt. SSN: 000-00-0009
Advanced Directive: N

Pt. DOB: [redacted]
Sex: Female
Marital Status: Widowed
Alias: [redacted]
Ethnicity: Not Hispanic Or Latino
Race: White
Employer: HOMEMAKER
Language: [redacted]

Guarantor and Coverage Information
Guarantor:
Address: [redacted]
Relation to Pt. Self
Guarantor ID: [redacted]
Guarantor Employer
Employer: HOMEMAKER

Sex: Female
Home Phone [redacted]
Work Phone:
Status: NOT EMPLO*

Emergency Contact

Contact Name	Legal Guardian?	Relationship to Patient	Home Phone	Work Phone
[redacted]		SIBLING DAUGHTER	[redacted]	

Coverage
Primary Insurance
Payor: MEDICARE
Attn/Insurance Co.
Group Number:
Subscriber Name:
Subscriber ID [redacted]
Pt. Rel. to Subscriber Self

Plan: MEDICARE PART B ONLY
Insurance Type: INDEMNITY
Subscriber DOB:
Auth Phone:

Secondary Insurance
Payor: BLUE CROSS GMC
Group Number:
Subscriber Name: [redacted]
Subscriber ID
Pt. Rel. to Subscriber SELF

Plan: BLUE CROSS/GMC
Insurance Type: INDEMNITY
Subscriber DOB:
Auth Phone:

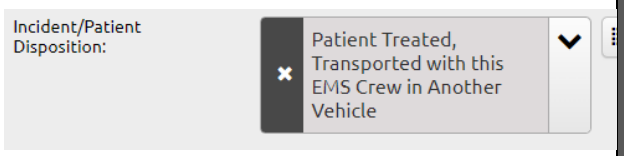
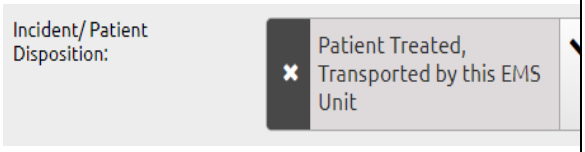
Accident Information
Accident Information
Accident Related Condition
Acc Dt/Tm:

Injury Date:
Injury Place:
How Arrived: @DBLINK(EPT,490,,1,1)

Admission Information
ADM CD = Emergency Admission
DX No admission diagnoses are documented for this encounter.
CPT No admission procedures for hospital encounter.
Service: Emergency Medicine
Accommodation Code: EMERGENCY

Attaching Engine ePCRs to Transport ePCRs

The chart below is provided to outline a complimentary documentation process for both engine and transport-based providers, with the aim of composing a unified ePCR from both sources. The processes are equally useful whether the first arriving unit transfers medical responsibility on scene or retains responsibility through transport.

Engine Based Provider	Transport Unit Provider
1. Log in to ImageTrend	
2. Select your agency 	**2.** Select your agency 
3. Create a new incident 	
4. Begin composing your ePCR in accordance with the LEMSA policy.	
5. For **'Incident/Patient Disposition'**: Engine crews retaining Primary Medical Responsibility through transfer of care at the ED should select *"Patient Treated, Transported with this Crew in Another Vehicle"** 	**5.** For **'Incident/Patient Disposition'**: Medic crews should select "Patient Treated, Transported by this EMS Unit"** 

6.

Make your ePCR available to the Medic unit by selecting '**Transfers**' and '**Upload Transfer**'

6.

Add the ePCR of the first arriving crew to the transport ePCR by selecting '**Transfers**' and '**Download Transfer**'

7.

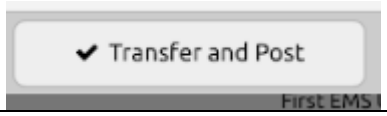
Select the transporting **Agency** and **Call Sign** of Medic unit providing transport.

7.

Locate and download the **<u>correct</u>** ePCR from the '**Download Transfer'** list

8.

Select '**Transfer and Post**'



8.

Check your ePCR to confirm that the correct information was downloaded.

(Downloading the wrong information will require deleting and starting over!)

9.

Complete the documentation process in accordance with LEMSA policy and mark **'Finished'**

* This disposition should only be used if the engine crew retains patient care during transport. If care is transferred, use 'Patient treated, transferred Care to Another EMS Unit'

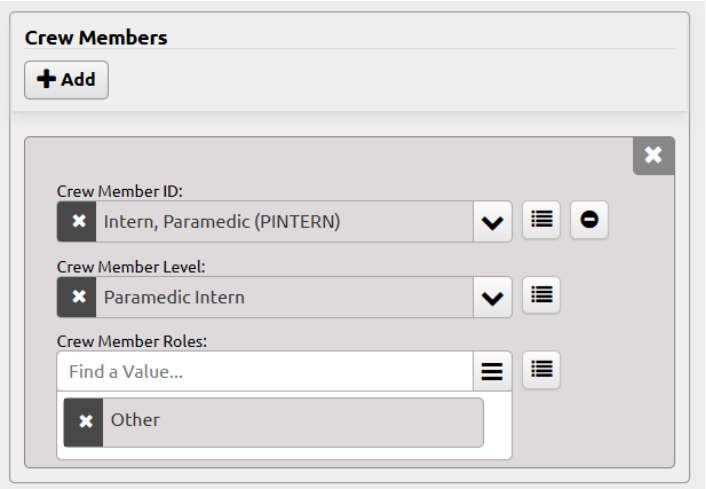
** This is the appropriate disposition regardless of the agency affiliation of those providing care during transport.

ANNEX 2
Documenting Interns

Ensure all interns are listed as crew and are accurately credited for their actions via the following:

When an intern joins an on-duty crew for a shift, they should be added to the crew on the 'Crew Info' tab.

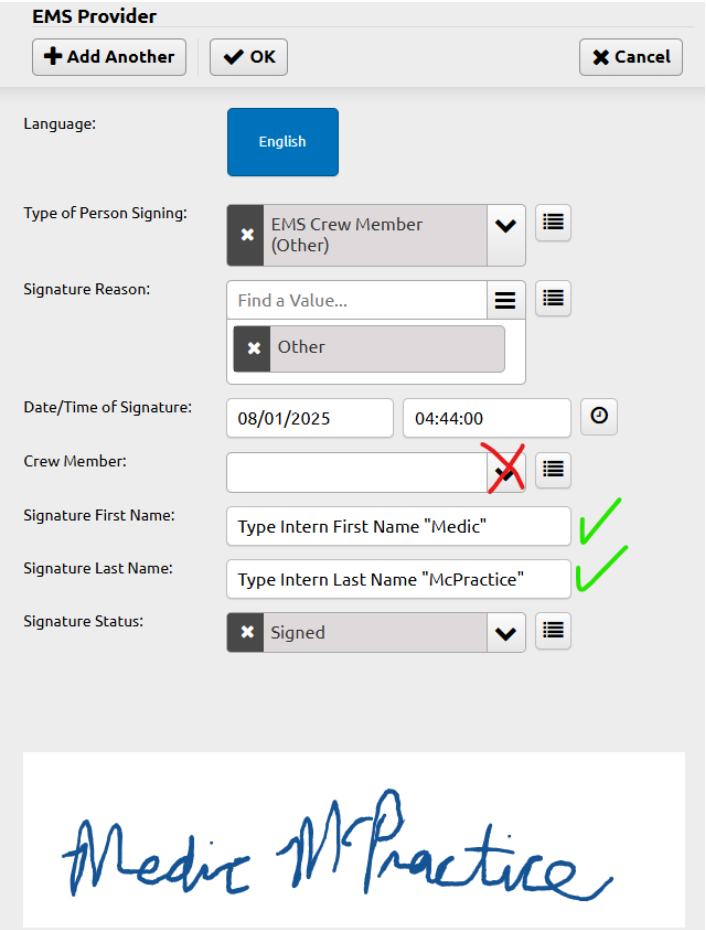
- Crew Member ID: (PINTERN)
- Level: 'Paramedic Intern
- Role: Other



Once added, the Intern can be selected from the Crew ID list and be associated with any activities they perform under supervision.

When the document is complete, the Intern will sign the ePCR via 'Add Signature'

- Non-Patient signing: 'EMS Crew Member (Other)'
- Manually type their first and last name into the fields before affixing their signature.
- **DO NOT** select (PINTERN) as a crew member on the signature block.



ANNEX 3
Narrative Mnemonic Acronyms

SOAP (T)

S: SUBJECTIVE – The Patient's Story

a) Patient description.
b) Chief complaint.
c) History of the Present Event: What happened? When did it happen? Where did it happen? Who was involved? How did it happen? How long did it occur? What was done to improve or change things?
d) Allergies, current medications, past medical history (pertinent), and last oral intake.

O: OBJECTIVE INFORMATION – The EMS Provider's Story

a) The rescuer's initial impression: Description of the scene. What was your first impression of the scene and patient?
b) Vital signs.
c) Physical Exam findings.
d) General observations: Other noteworthy information such as environmental conditions, patient location upon arrival, patient behavior, etc.

A: ASSESSMENT – The EMS Provider's Impression

a) Conclusions made based on chief complaint and physical exam findings.
b) Often, this is the "narrowed-down" version of the differential diagnosis.

P: PLAN – The EMS Provider's Plan of Therapy (Treatment)

a) What was done for the patient. This should include treatment provided prior to your arrival as well as what you did for the patient.
b) Describe what you did with the patient – Disposition. This could be "patient loaded and prepared for transport", "patient handed off to flight crew", or
c) "Patient signed refusal of transport and is left home with family."

T: TRANSPORT – Re-Assessment (Patient Trending)

a) Information regarding therapies provided during transport as well as changes in the patient's condition during transport.
b) It may also include pertinent events surrounding the transfer of the patient at the hospital.

CHART

C: Complaint –

Basic description of the problem the patient is reporting, or where a third party seeks EMS on behalf of a patient, the potential problem as perceived by that third party.

"The Pt is a 67 y/o male complaining of substernal chest pain and nausea. The pain is described as a heavy pressure mid-sternum with radiation to the left shoulder." Or…
"Dispatched to the parking lot of Save Mart, 1270 Broadway, Placerville for an unconscious subject in a car"

H: History –

The **SAMPLE** acronym may be helpful.

c) Current **S**ymptoms
d) **A**llergies
e) **M**edications
f) **P**ast Medical History
g) **L**ast oral Intake
h) **E**vents leading up to the illness or injury

A: Assessment –

A *superior* to *inferior* approach, followed by a summary of machine diagnostic findings and provider impression (*differential*) may be helpful.

a) **HEENT** (noting airway patency, pupil response, etc.)
b) **Chest** (noting breath sounds, heart tones, consistency with palpated pulse, etc.)
c) **Abdomen** (noting softness, tenderness, discoloration or pulsatile masses, etc.)
d) **Back** (noting pain or deformity, etc.)
e) **Pelvis** (noting stability, etc.)
f) **Extremities** (noting reflexes, pulse, motor and sensation, edema, deformity, etc.)
g) **Diagnostics:** (ECG interpretation, BGL, SpO2, ETCO2, etc.)
Field Impression: (Rule out CVA, STEMI, active labor, etc.)
Rx: (Treatment) –

Any therapies, medications or other interventions performed. In the case of non-transport due to AMA, the 'advice' given may be captured under this heading.

T: Transport

Describes the outcome as it pertains to transportation, as well as an overview of any changes experienced enroute and the conduct of patient handover at the receiving facility.

ANNEX 4
LEMSA Approved Abbreviation List

Abbreviation	Definition	Abbreviation	Definition
A-fib	atrial fibrillation	ECG	electrocardiogram
AAA	abdominal aortic aneurysm	ENT	ear, nose, throat
ACLS	advanced cardiac life support	EMT	emergency medical technician
Abd	abdomen, abdominal	Epi	epinephrine
AC	antecubital	ER	emergency room
ALS	advanced life support	ET	endotracheal
a.m.	morning	ETA	estimated time of arrival
AMA	against medical advice	EtCO2	end tidal CO2
A&O	alert and oriented	ETOH	alcohol/ethanol
AOS	arrived on scene	GCS	Glasgow Coma Score
ALOC	altered level of consciousness	GI	gastrointestinal
BLS	basic life support	gm	gram
BP	blood pressure	HCTZ	hydrochlorothiazide
BPM	beats per minute	HTN	hypertension
BGL	blood glucose level	Hx	historical exam
BSH	base station hospital	ICU	intensive care unit
BVM	bag valve mask	IM	intramuscular
C2	code 2	IO	intraosseous
C3	code 3	IV	intravenous
CABG	coronary artery bypass graft	IVP	IV push
C/C	chief complaint	J	joule
CHF	congestive heart failure	JVD	jugular vein distention
CHP	California Hwy Patrol	kg	kilogram
CNS	central nervous system	TKO	to keep vein open
c/o	complains of	L	liter
CO	carbon monoxide	LOC	loss of consciousness
CO2	carbon dioxide	LPM	liter per minute
COPD	chronic obstructive pulmonary disease	LR	lactated ringers
CPAP	continuous positive airway pressure	L/S	lung sounds
CPR	cardiopulmonary resuscitation	LVAD	left ventricular assist device
CPSS	Cincinnati prehospital stroke screen	LUQ	left upper quadrant
CSM	circulation sensation movement	MAD	mucosal atomization device
C-spine	cervical spine	MCI	mass casualty incident
DKA	diabetic ketoacidosis	MD	medical doctor (Physician)
DNR	do not resuscitate	mEq	milliequivalent
DO	doctor of osteopathy (Physician)	mg	milligram
DVT	deep vein thrombosis	MI	myocardial infarction
D5W	5% dextrose in water	mL	milliliter

Abbreviation	Definition	Abbreviation	Definition
mEq	milliequivalent	Rx	prescription
mg	milligram	SIDS	sudden infant death syndrome
MI	myocardial infarction	S.O.	sheriff's office
mL	milliliter	SOB	shortness of breath
mm	millimeter	s/s	signs and symptoms
MOI	mechanism of injury	STID	sexually transmitted infectious disease
N/A	not applicable	STEMI	ST elevation myocardial infarction
NC	nasal cannula	SVT	supraventricular tachycardia
NCD	needle chest decompression	TB	tuberculosis
NG	nasogastric	TIA	transient ischemic attack
NKA/NKDA	no known allergies/ no known drug allergies	Tib-fib	tibia/fibula
NPA	nasal pharyngeal airway	TKO	to keep vein open
NS	normal saline	Tx	treatment
NSAID	nonsteroidal anti-inflammatory	TXA	tranexamic acid
NSR	normal sinus rhythm	UTI	urinary tract infection
N/V	nausea/vomiting	UNK	unknown
O2	oxygen	V-fib/VF	ventricular fibrillation
OB	obstetrics	Via	by the way of
OD	overdose	VS	vital signs
OPA	oropharyngeal airway	w/	with
OR	operating room	w/o	with out
OTC	over the counter	Yrs	years
PAC	premature atrial contractions	yo	years old
PCN	penicillin		
PD	police department		
PEA	pulseless electrical activity		
PERRL	pupils, equal, round, reactive to light		
PJC	premature junctional contraction		
PT	patient		
PTA	prior to arrival		
PVC	premature ventricular contractions		
RLQ	right lower quadrant		
RN	registered nurse		
R/O	rule out		
ROSC	return of spontaneous circulation		
RR	respiratory rate		
RPM	respirations per minute		
RUQ	right upper quadrant		

ANNEX 5
Facility Abbreviations

Facility	Approved Abbreviation	Facility	Approved Abbreviation
Barton Memorial Hospital	Barton/BMH	Northern Nevada Medical Center	NNMC
Carson Tahoe Hospital	Carson Tahoe/CTH	The Pines at Placerville Healthcare Center	PP/PPHC
Carson Valley Health Hospital	Carson Valley/CVHH	Psychiatric Health Facility/Telecare	PHF/Telecare
Gold Country Health Center	GC Skilled/GC Assisted Living	Renown Regional Medical Center	Renown/RRMC
El Dorado County Jail – SLT or PV	Jail SLT/Jail PV	Sutter Amador Hospital	Sutter Amador/SAH
Kaiser Roseville Medical Center Western Slope Health Center	Kaiser Roseville/KRMC WS/WSHC	Saint Mary's Regional Medical Center	St. Mary's/SMRMC
Kaiser South Hospital	Kaiser South/KSH	Sutter Auburn Faith Hospital	Sutter Auburn/SAFH
Marshall Medical Center	Marshall/MMC MHER	Sutter Medical Center Sacramento	Sutter Sac/SMCS
Mercy Hospital of Folsom	Mercy Folsom/MHF	Sutter Roseville Medical Center	Sutter Roseville/SRMC
Mercy General Hospital	Mercy General/MGH	Tahoe Forest Hospital	Tahoe Forest/TFH
Mercy San Juan Medical Center	Mercy San Juan/MSJMC	UC Davis Medical Center	UC Davis/UCDMC
Methodist Hospital of Sacramento	Methodist/MHS	Western Slope Health Center	Western Slope/WS

ANNEX 6
ePCR Post-Submission Corrections

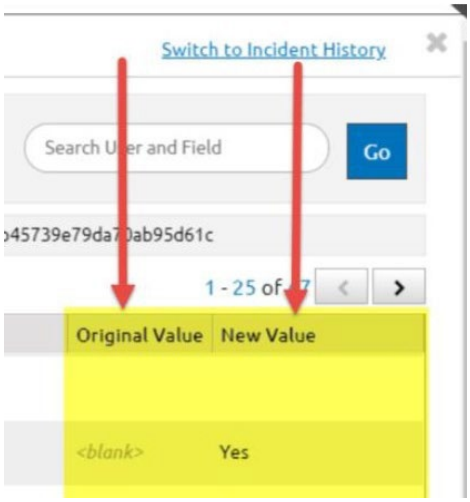
Editing Non-Narrative Sections:

When making changes to:

Times,
Demographics,
Disposition, and
Procedures/interventions,

…the author shall first edit the necessary fields.

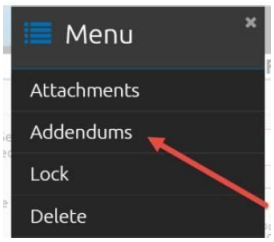
Both the original value and new value will be captured in the incident history.



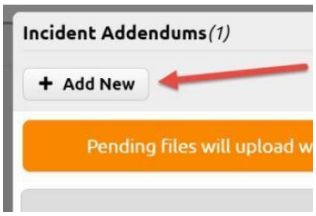
Creating an Addendum

To capture 'Value' changes in the printed/PDF version of the ePCR, the author is also required to produce an addendum, describing the changes made.

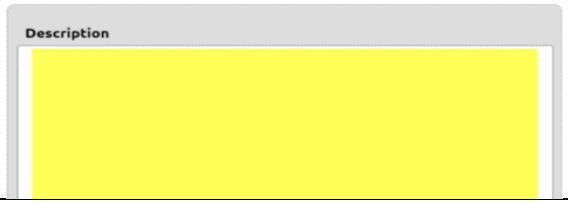
1. From the Menu, select 'Addendums'



2. Select 'Add New'



#3 Describe the edits made to the original values and/or any clarifications/corrections to the original narrative.



#4 Click 'OK'