

SPOKANE COUNTY FIRE DISTRICT 8

Standard Operating Procedures

110.04.01
EMS INCIDENT REPORTS



Adopted: 10/03/17
Reviewed: 11/21/19
Revised: 11/21/19

Approved:

A handwritten signature in black ink, appearing to read "Tony Fisher".

Purpose: To ensure EMS Incident Reports are completed promptly and accurately.

References: Spokane County EMS and Trauma Care Council Operating Procedures-
General Guidelines G3-G4
Health Insurance Portability and Accountability Act (HIPAA)

Procedure:

The EMS Incident Report is essential for maintaining complete and accurate information related to patient care. For these reasons the EMS report must be completed promptly and accurately.

The Fire District utilizes Electronic Patient Care Records (EPCR). Paper PCR's are only to be used as a backup in case of an EPCR system failure. EPCR's must be completed once the system is back online.

1. Incident Numbers and Times.

Dispatch will generate the incident number, date and times.

2. Completion of Reports.

- a) It shall be the responsibility of the EMS provider that provides patient care to complete the incident report. All patient information shall be entered into the EPCR.

3. Computer Entry.

- a) All EMS incident reports shall be entered into the District's electronic reporting software program.

Failure to complete an EMS Incident report by the completion of the shift may result in disciplinary action.

4. Patient Care Report.

- a) A Patient Care Report will be completed on all EMS incidents. The patient narrative portion will use the approved Spokane County EMS protocol format. The patient narrative will be written in the patient care section of the report.

5. Disposition of Notes, Patient Information & Documents Collected On-Scene.

- a) At the conclusion of completing reports, all notes, patient information, and documents collected at the scene will be disposed of.

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- i. All other information and documents should be shredded when the report is completed. The shredded documents will be placed in the normal trash container.
 - b) All pertinent information such as EKG/Patient Refusal hard copy form will be scanned or a picture will be taken using District owned device and attached to report.
6. Quality Control.
 - a) The Chief responsible for EMS or his/her designee will perform routine quality assurance checks of the data entered into the reporting system. These checks shall be performed as needed to ensure reporting accuracy.
 7. Incident Roster.
 - a) An Incident Roster shall be completed for Incident Reports per S.O.P. 90.02.01. The incident roster shall be entered into the reporting program. All personnel entered into the reporting program shall match those signatures of responders on the Incident Roster.
 8. 820 Response.
 - a) The on-duty 820 officer responding to the incident shall be entered into the reporting program if applicable, by the individual entering the report.
 9. Confidentiality.
 - a) All information contained on the EMS Incident report is confidential and the information shall not be shared with the public, media or individuals not associated with the reporting process.
 10. Request for Reports.
 - a) All requests for copies of an incident report will comply with the District's Access to Public Records policy.
 11. Filing.
 - a) Computer data shall remain on the system for three years then data shall be moved to an archive file on permanent media and stored for not less than ten years.

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Appendix A: Cancel / Refusal Information Form.

GUIDELINES

Spokane County Revised 8/04

Patient Refusal of Treatment/Transport

CALL IDENTIFICATION

Patient Name _____ Age _____
Call location _____ Date _____ Time _____ Unit# _____ Agency Run # _____

PATIENT ASSESSMENT *Chief Complaint*

VITAL SIGNS BP _____ Pulse _____ Resp _____
Oriented to: Person _____ Place _____ Time _____ Situation _____

GENERAL ASSESSMENT

PATIENT INFORMED

Medical Treatment/ambulance transport needed
 Further harm could result without medical evaluation/treatment
 Transport by other than ambulance could be hazardous in light of patient's illness/injury

SPECIFIC EMS SERVICE REFUSED

Patient refused treatment
 Patient refused ambulance transport
 Patient refused ambulance transport to appropriate facility

PATIENT DISPOSITION

Transported by private vehicle.
 Released in care or custody of self.
 Released in care or custody of relative or friend. Name: _____
 Released in care or custody of other agency. _____ Agency Name _____ Name of Responsible Individual _____

PATIENT INSTRUCTIONS

Patient instructed to call 9-1-1 or follow up with his/her physician if condition persists or worsens.

The following statement should be read to the patient:

The evaluation and / or treatment provided to you by the EMS providers is not a substitute for medical evaluation and treatment by a doctor. By signing this, you indicate that you understand the nature of the proposed care and transportation and that you fully comprehend the potential consequences of this refusal. And that you further attest that you are competent and authorized to make said refusal, that you do forever release and give up any claim, demand, or action against all Emergency Medical Services personnel and their agents and do hereby covenant and agree to hold such persons harmless from any claim, demand, loss, or action for any alleged act or omission in the care or transport in compliance with this refusal. This release is binding on your heirs, executors, and assigns.

_____ Patient signature	_____ Print patient name	_____ Date	_____ Time
_____ Surrogate signature	_____ Print surrogate name	_____ Date	_____ Time
_____ Witness signature	_____ Print witness signature	_____ Date	_____ Time
_____ EMS personnel signature	_____ Print EMS Personnel Name	_____ Date	_____ Time

Please Forward to Administration