

**QUALITY ASSURANCE / CONTINUOUS QUALITY IMPROVEMENT
RESPONSIBILITIES - GENERAL GUIDELINES**

Authority: Division 2.5, Chapter 4 of the Health and Safety Code
Title 22, Division 9 of the California Code of Regulations

1. The EMS Agency shall establish and facilitate a system wide quality assurance and continuous quality improvement program to monitor, review, evaluate and improve the delivery of prehospital care services.
 - 1.1 The program shall involve all system participants and shall include, but not be limited to the following activities:
 - 1.1.1 Prospective - designed to prevent potential problems.
 - 1.1.2 Concurrent - designed to identify problems or potential problems during the course of patient care.
 - 1.1.3 Retrospective - designed to identify potential or known problems and prevent their recurrence.
 - 1.1.4 Reporting/Feedback - quality assurance incidents should be reported to the EMS Agency in accordance with Policy #1200 and utilizing the approved Incident Report Form (Policy #1210).
2. Each ALS/LALS service provider shall submit a Quality Assurance / Continuous Quality Improvement plan, developed in accordance with this policy, to the EMS Agency for approval.

QUALITY ASSURANCE RESPONSIBILITIES – EMS AGENCY

1. Prospective
 - 1.1 Comply with all pertinent rules, regulations, laws and codes of Federal, State and County applicable to emergency medical services.
 - 1.2 Establish / coordinate EMS Quality Assurance Committee.
 - 1.3 Plan, implement and evaluate the emergency medical services system including public and private agreements and operational procedures.
 - 1.4 Implement advanced life support and limited advanced life support systems.

- 1.5 Approve and monitor prehospital training programs.
 - 1.6 Certify / authorize prehospital personnel.
 - 1.7 Establish policies and procedures to assure medical control, which may include dispatch, basic life support, advanced life support, patient destination, patient care guidelines and quality assurance requirements.
 - 1.8 Facilitate, as needed, the implementation of quality assurance plans by system participants.
 - 1.9 Establish procedures for implementing the Certification Review Process for EMS personnel.
 - 1.10 Establish procedures for implementing the Incident Review Process.
2. Concurrent
- 2.1 On call availability for unusual occurrences, including but not limited to:
 - 2.1.1 Mass Casualty Incidents (MCIs) that tax local medical and health resources
 - 2.1.2 Disasters (natural and man-made)
 - 2.1.3 Suspected Bioterrorism Incidents
3. Retrospective
- 3.1 Monitor and evaluate the quality of prehospital care.
 - 3.2 Evaluate the process developed and implemented by system participants for retrospective analysis of prehospital care.
4. Reporting/Feed-back
- 4.1 Evaluate incident reports submitted by system participants and make changes in system design as necessary.
 - 4.2 Provide feedback to system participants when applicable or when requested on Quality Assurance issues.

- 4.3 Design prehospital research and efficacy studies regarding the prehospital use of any drug, device or treatment procedure where applicable.

QUALITY ASSURANCE RESPONSIBILITIES – FIRST RESPONDERS (BLS)

1. Prospective
 - 1.1 Participation on EMS quality assurance committees.
 - 1.2 Education
 - 1.2.1 Orientation to EMS system.
 - 1.2.2 Continuing Education activities to further the knowledge base of the field personnel.
 - 1.2.3 Participation in continuing education courses and the training of prehospital care providers.
 - 1.2.4 Establish procedure for informing all field personnel of system changes.
 - 1.2.5* Establish procedure for conducting skills proficiency demonstration sessions.
 - 1.3 Evaluation - Develop criteria for evaluation of field personnel to include, but not limited to:
 - 1.3.1 Patient Care Report Form or other documentation if available
 - 1.3.2 Ride-along
 - 1.3.3 Evaluation of new employees
 - 1.3.4 Routine
 - 1.3.5 Problem-oriented
 - 1.3.6 Design standardized corrective action plans for individual first responder deficiencies.
 - 1.4 Certification - establish procedures based on Imperial County policies to ensure:
 - 1.4.1 Initial certification/accreditation
 - 1.4.2 Recertification/reaccreditation
 - 1.4.3* Attendance at skills proficiency demonstration sessions.
 - 1.4.4* Mechanisms for personnel to make up missed skills proficiency demonstration sessions.

2. Concurrent Activities

2.1 Ride-along - Establish a procedure for evaluation of first responders utilizing performance standards through direct observation

* Applies only to authorized departments who utilize personnel trained and certified to perform the following skills:

- AED
- Combitube intubation

3. Retrospective Analysis

3.1 Develop a process for retrospective analysis of field care, utilizing the Patient Care Report Form or other available documentation (if applicable), to include but not limited to:

3.1.1 High-risk, low frequency interventions

3.1.2 Problem-oriented calls

3.1.3 Those calls requested to be reviewed by the EMS Agency or Base Hospital.

3.1.4 Specific audit topics established through the Quality Assurance Committee.

3.2 Develop performance standards for evaluating the quality of care delivered by field personnel through retrospective analysis.

3.3 Participate in the Incident Review Process in accordance with local policies.

3.4 Participate in prehospital research and efficacy studies requested by the EMS Agency and/or the Quality Assurance Committee.

4. Reporting/Feedback

4.1 Develop a process for identifying trends in the quality of field care.

4.1.1 Design and participate in educational activities based on problem identification and/or trend analysis.

4.1.2 Make approved changes in internal policies and procedures based on problem identification and/or trend analysis.

QUALITY ASSURANCE RESPONSIBILITIES – ALS/LALS PROVIDER AGENCIES

1. Prospective
 - 1.1 Participation on EMS quality assurance committees.
 - 1.2 Education
 - 1.2.1 Orientation to EMS system
 - 1.2.2 Field Care Audits
 - 1.2.3 Participate in certification courses and the training of prehospital care providers.
 - 1.2.4 Offer educational programs based on problem identification and trend analysis.
 - 1.2.5 Establish procedure for informing all field personnel of system changes
 - 1.3 Evaluation - Develop criteria for evaluation of individual ALS/LALS personnel to include, but not limited to:
 - 1.3.1 PCR review / tape review or other documentation as available
 - 1.3.2 Ride-along
 - 1.3.3 Evaluation of new employees
 - 1.3.4 Routine
 - 1.3.5 Problem-oriented
 - 1.3.6 Design standardized corrective action plans for individual personnel deficiencies
 - 1.4 Certification/Accreditation - establish procedures based on Imperial County policies regarding:
 - 1.4.1 Initial certification/accreditation
 - 1.4.2 Recertification/Continuing Accreditation
 - 1.4.3 Continuing Education
 - 1.4.4 Other training as specified by the EMS Agency.
2. Concurrent Activities
 - 2.1 Ride-along - Establish a procedure for evaluation of ALS/LALS personnel utilizing performance standards through direct observation
 - 2.2 Provide availability of Field Supervisors and/or Quality Assurance Liaison personnel for consultation/assistance.

3. Retrospective Analysis

3.1 Develop a process for retrospective analysis of field care, utilizing Patient Care Reports and audio tape (if applicable), to include but not limited to:

3.1.1 High-risk, low frequency interventions

3.1.2 Problem-oriented calls

3.1.3 Those calls requested to be reviewed by the EMS Agency or Base Hospital.

3.1.4 Specific audit topics established through the Quality Assurance Committee.

3.2 Develop performance standards for evaluating the quality of care delivered by field personnel through retrospective analysis.

3.3 Participate in the Incident Review Process in accordance with local policies.

3.4 Participate in prehospital research and efficacy studies requested by the EMS Agency and/or the Quality Assurance Committee.

4. Reporting/Feedback

4.1 Develop a process for identifying trends in the quality of field care.

4.1.1 Design and participate in educational activities based on problem identification and/or trend analysis.

4.1.2 Make approved changes in internal policies and procedures based on problem identification and/or trend analysis.

QUALITY ASSURANCE RESPONSIBILITIES - BASE HOSPITAL

1. Prospective

- 1.1 Participation on the Quality Assurance Committee.
- 1.2 Education
 - 1.2.1 Field Care Audits
 - 1.2.2 Continuing Education activities that are consistent with regulations (Title 22, Chapter 2, 3 and 4).
 - 1.2.3 Offer educational programs based on problem identification and/or trend analysis.
 - 1.2.4 Participation in the training of prehospital care providers.
 - 1.2.5 Establish criteria for offering supervised clinical experience to ALS/LALS personnel.
- 1.3 Evaluation - Develop criteria to evaluate the Base Hospital Physicians (BHPs) and Mobile Intensive Care Nurses (MICNs) to include, but not limited to:
 - 1.3.1 Evaluation of new employees
 - 1.3.2 Routine calls – tape and written record
 - 1.3.3 Problem oriented calls
 - 1.3.4 Design standardized corrective action plans for individual BHP and MICN deficiencies.
- 1.4 Orientation/Education - establish procedures for BHPs and MICNs regarding:
 - 1.4.1 Initial orientation
 - 1.4.2 Continuing education
- 1.5 Develop criteria for and designate a Base Hospital Coordinator (BHC) to serve as prehospital liaison, and Base Hospital Medical Director (BHMD) in accordance with Title 22.

2. Concurrent Activities

- 2.1 Provide on-line medical control for ALS/LALS personnel within the Imperial County approved scope of practice.
- 2.2 Develop a procedure for identifying problem calls.

- 2.3 Develop internal policies regarding BHP / MICN involvement in medical control according to Imperial County policies and procedures.
- 2.4 Develop a procedure for obtaining patient follow-up on all Base Hospital directed calls.
- 2.5 Develop performance standards for evaluating the quality of on-line medical control delivered by the BHPs and MICNs through direct observation by the BHC / BHMD.
- 2.6 Participate in the evaluation of field personnel through ride-along in conjunction with the provider agencies.

3. Retrospective analysis

- 3.1 Develop a process for retrospective analysis of field care and base direction utilizing the call record, audiotape, PCR and patient follow-up, to include but not limited to:
 - 3.1.1 high-risk, low frequency interventions
 - 3.1.2 problem-oriented calls
 - 3.1.3 calls requested to be reviewed by the EMS Agency or other EMS Provider
 - 3.1.4 specific topics established through the Quality Assurance Committee.
- 3.2 Establish a procedure for ensuring that patient follow-up has been obtained from the receiving hospital on all patients where base contact was made.
- 3.3 Develop performance standards for evaluating the quality of medical direction delivered by the MICNs / BHPs through retrospective analysis.
- 3.4 Evaluate medical care delivered by prehospital care providers based on performance standards through retrospective analysis.
- 3.5 Participate in prehospital research and efficacy studies requested by the EMS Agency or the Quality Assurance Committee.


4. Reporting/Feed-back

- 4.1 Develop a process for identifying problems and/or trends in the quality of medical direction delivered by MICNs / BHPs.
 - 4.1.1 Design and participate in educational activities based on problem identification and/or trend analysis.
 - 4.1.2 Make approved changes in internal policies and procedures based on problem identification and/or trend analysis.
- 4.2 Participate in the process of identifying problems and/or trends in the quality

of care delivered by field personnel.

- 4.3 Develop / maintain a hospital diversion log and submit monthly to the EMS Agency.

APPROVAL


Bruce E. Haynes, M.D.
EMS Medical Director

IMPERIAL COUNTY INTUBATION DATA COLLECTION FORM

This form must be completed on all Endotracheal Intubation Attempts

(SEND FORM TO BASE HOSPITAL)

GENERAL INFORMATION			
Date:	Unit #	Intubator:	Run #
Age/Sex	Type of Arrest <input type="checkbox"/> Traumatic <input type="checkbox"/> Witnessed <input type="checkbox"/> Cardiac <input type="checkbox"/> Non-witnessed <input type="checkbox"/> Respiratory		Down Time:
Trauma Pt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Head Trauma? <input type="checkbox"/> YES <input type="checkbox"/> NO	Immediate CPR on scene: <input type="checkbox"/> Yes <input type="checkbox"/> No	
AIRWAY PRIOR TO INTUBATION			
<input type="checkbox"/> None <input type="checkbox"/> Bag-Valve Mask	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal	<input type="checkbox"/> Combitube <input type="checkbox"/> other	
INTUBATION PROCEDURE			
# Of Intubation Attempts: <i>(Count all airway interruptions)</i>	Placement \checkmark d: <input type="checkbox"/> Co2 Cap <input type="checkbox"/> Ausc. & Chest movement <input type="checkbox"/> Toomey		Type of Blade Used and Size <input type="checkbox"/> Straight _____ <input type="checkbox"/> Curved _____
COMPLICATIONS OR SIGNIFICANT CIRCUMSTANCES			
<input type="checkbox"/> Vomitus <input type="checkbox"/> Blood	<input type="checkbox"/> Positioning <input type="checkbox"/> (+) gag reflex	<input type="checkbox"/> unable to intubate: _____ <input type="checkbox"/> other: _____	
Receiving Hospital	VITAL SIGNS UPON ARRIVAL		
<input type="checkbox"/> ECRMC <input type="checkbox"/> PMH <input type="checkbox"/> JFK <input type="checkbox"/> other	Pulse: Respiration: B/P:	ECG: O2 Sat:	
Patient Outcome: <input type="checkbox"/> Expired <input type="checkbox"/> Admitted <input type="checkbox"/> Transferred			
↓TO BE COMPLETED BY RECEIVING PHYSICIAN↓			
Was ETT properly POSITIONED ? <input type="checkbox"/> YES <input type="checkbox"/> NO		Was ETT properly SECURED ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Physician Signature:			
Comments:			

Addressograph

IMPERIAL COUNTY
EMERGENCY MEDICAL SERVICES AGENCY

TRIAL STUDY DATA FORM
COMBITUBE AIRWAY

Incident Date: _____
First Responder Agency: _____
Transport Agency & Unit: _____
Receiving Hospital: _____
Patient's Name: _____

COMBITUBE INTUBATION ATTEMPTS

Attempted by	Number of Attempts	Successful
_____	_____	YES or NO
_____	_____	YES or NO

Tube placement: ESOPHAGUS TRACHEA
Placement confirmed by: Lung Sounds Toomey Syringe Both

Please describe any problems encountered with combitube intubation:

Report filed by: _____
Signature: _____

IMPERIAL COUNTY EMS AGENCY
TCP SUPPLEMENTAL INFORMATION SHEET

Date _____	Time _____	RUN # _____
EMT-P Name (print) _____		
Additional Crew Name _____		
Provider Agency _____		

PATIENT INFORMATION		
Age: _____	Sex: _____	Weight: _____ lbs
Rhythm upon arrival: _____		
Estimated time of onset of symptoms: _____		
LOC Upon Arrival (GCS): _____		
Vitals Upon Arrival: Pulse: _____	BP: _____	
Time of Arrival: _____		
Time of Initial Pacing: _____		
Initial Rate of Pacing: _____		
Maximum Amperage: _____		
Maximum Rate: _____		
Electrical Capture:	YES	NO
Mechanical Capture:	YES	NO
Pulse: _____	BP: _____	
LOC After Pacing (GCS): _____		
List any complications from TCP: _____		

THE FOLLOWING TO BE COMPLETED BY BASE HOSPITAL COORDINATOR

EMERGENCY DEPARTMENT DISPOSITION			
Receiving Hospital: _____			
Admitted to hospital?	YES	NO	ICU or M/S
Coroner Case?	YES	NO	
Survival to Discharge?	YES	NO	

Base Hospital Coordinator: _____
Signature
Date

**IMPERIAL COUNTY
EMERGENCY MEDICAL SERVICES AGENCY**
Automatic External Defibrillation (AED) Report Form

The following to be completed by AED crew:			
INCIDENT DATE:	UNIT #:	AGENCY:	
PATIENT NAME:		AGE:	SEX:
WITNESSED ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO		BYSTANDER CPR <input type="checkbox"/> YES <input type="checkbox"/> NO	
AED OPERATOR:		Please Print	
OTHER CREW MEMBER NAME:		Cert #:	
		Cert #:	
ESTIMATED TIME OF COLLAPSE		hrs	
DISPATCH TIME		hrs	
ARRIVED ON SCENE		hrs	
PATIENT CONTACT TIME		hrs	
TIME OF FIRST DEFIBRILLATION		hrs	
ALS ARRIVAL TIME		hrs	
TRANSPORT PROVIDER:			
RECEIVING HOSPITAL:			
SIGNATURE OF AED OPERATOR:			DATE:
Attach completed report to PCR and submit to EMS Agency Download memory module or attach printout			
The following to be completed by EMS Coordinator			
INITIAL RHYTHM:		SHOCK DELIVERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DID PATIENT CONVERT TO SHOCKABLE RHYTHM?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NUMBER SHOCKS DELIVERED:		FINAL RHYTHM:	
RETURN OF PULSE: <input type="checkbox"/> YES <input type="checkbox"/> NO		D.O.S. <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOSPITAL DISPOSITION: <input type="checkbox"/> EXPIRED <input type="checkbox"/> ADMITTED <input type="checkbox"/> RELEASED			
COMMENTS:			
ACTION			
<input type="checkbox"/> Commendation		<input type="checkbox"/> Case Review	
<input type="checkbox"/> Recommend education/training		<input type="checkbox"/> No further action needed	
EMS COORDINATOR:			
DATE COMPLETED:			
The following to be completed by agency AED coordinator:			
ACTION			
<input type="checkbox"/> Commendation		<input type="checkbox"/> Education/training	
<input type="checkbox"/> No further action needed			
SIGNATURE OF AED COORDINATOR:			
DATE COMPLETED & FILED:			

Authority: Health & Safety Code, Division 2.5; California Code of Regulations, Title 22;
Evidence Code 1157

1. INCIDENT NOTIFICATION:

- 1.1 Any agency or individual may submit an Incident Report Form. Only one form needs to be submitted for a given incident.
- 1.2 Submit the form to the EMS Agency via mail, fax, e-mail, or by hand. Mark the envelope, fax or e-mail as "CONFIDENTIAL".

2. INVESTIGATION AND FOLLOW-UP

- 2.1 In all cases, the EMS Agency is responsible for coordinating the investigation and follow-up. In most cases, Quality Improvement investigations will be assigned to the Base Hospital Coordinator and conducted in cooperation with QI personnel of the involved agencies.
- 2.2 After an initial review, EMS will determine the need for further action to include:
 - 2.2.1 Commendation
 - 2.2.2 Remedial training
 - 2.2.3 Certification Review Process
 - 2.2.4 Policy/Procedure/Protocol revision
 - 2.2.5 Further investigation warranted
 - 2.2.6 No further action needed

3. DOCUMENTATION

An Incident Report Form shall be initiated for all incident reports and completed in accordance with Policy #1210.

4. DISCOVERY

The prohibition relating to discovery or testimony provided in Section 1157 shall be applicable to proceedings and records of any committee established by the EMS Agency (see Evidence Code 1157.7).

APPROVAL



Bruce E. Haynes, M.D.
EMS Medical Director

ADMINISTRATION

INCIDENT REPORT FORM

POLICY # 1210

This section to be completed by individual initiating Incident Report.

Incident Date/Time:	Base Hospital Run #:
Report Initiated By:	Agency:
Reason for Initiating Incident Report: <input type="checkbox"/> Treatment / action resulting in positive patient outcome <input type="checkbox"/> Treatment / action resulting in or having potential for adverse patient outcome <input type="checkbox"/> Policy / Procedure / Protocol issue <input type="checkbox"/> Other (explain):	
Comments (attach additional pages as necessary):	
Attach copy of PCR and submit report to EMS Agency	

This section to be completed by Investigator

CHECKLIST

<input type="checkbox"/> Review PCR, MICN report & tape	
<input type="checkbox"/> Collect statements from personnel involved in incident	
<input type="checkbox"/> Collect statements from other personnel as needed	
Investigator (Signature)	Date
Attach all documents and return to EMS Agency	

EMS AGENCY REVIEW

ACTION

<input type="checkbox"/> Award Commendation	
<input type="checkbox"/> Revise Policy/Procedure/Protocol	
<input type="checkbox"/> Conduct remedial training	
<input type="checkbox"/> Initiate Certification Review Process	
<input type="checkbox"/> No further action necessary	
<input type="checkbox"/> Other (explain):	
Reviewed by (Signature)	Date

Authority: Health & Safety Code, Division 2.5; California Code of Regulations, Title 22

The designation of a hospital as a Base Hospital for purposes of the Emergency Medical Services System of the County of Imperial confers upon the facility the recognition that it has the commitment, personnel, and resources necessary to provide optimum medical care for the emergency patient. Contractor shall meet or exceed the criteria set forth herein and demonstrate a continuous ability and commitment to comply with policies, procedures, and protocols developed by the Emergency Medical Services Agency.

A Designated Base Hospital shall meet the requirements of Title 22, Division 9 of the California Code of Regulations. In addition:

I. Base Hospital Shall:

- A. Appoint a Base Hospital Medical Director and a Base Hospital Nurse Coordinator with adequate secretarial support. Time commitments for fulfilling these roles must be assured by the institution.
- B. Provide continuing education seminars for EMS pre-hospital personnel and MICN's in sufficient amount to meet recertification requirements.
- C. Agree to regard EMT-P, EMT-II, EMT-1 tapes as part of the patient's medical record and maintain them in accordance with regulations governing medical records.
- D. Agree to maintain and make available to Imperial County EMS all relevant pre-hospital records and evaluation of the advanced life support system.
- E. Conduct audits of ALS and BLS transports such that Physician/MICN/EMT-P/EMT-II/EMT-1 have the opportunity to assess their strengths and weakness regarding patient care and transports.
- F. Permit periodic announced and unannounced site surveys of its facilities by the EMS Agency, or its designated representatives, for the purpose of monitoring contract compliance, including but not limited to reviewing logs and medical records of patients who received BLS/ALS pre-hospital care.

II. Base Hospital Medical Director:

- A. A physician, licensed in the State of California, who regularly works in the Emergency Department.

- B. Have experience in emergency medical care.
 - C. Have experience in and knowledge of base hospital radio operations and Imperial county EMS policies and procedures.
 - D. Shall be responsible for:
 - 1. Medical control and on-line supervision of the EMT-P, EMT-II, EMT-1 Program within the base hospital's service area.
 - a. Review Emergency Medical Services personnel (Base Hospital Physicians, MICNs, EMT-Ps, EMT-IIs EMT-1's) compliance to policies, procedures, and protocols in the pre-hospital setting as well as their demonstration of skills retention in performing those activities.
 - b. Evaluate care given by personnel in the pre-hospital setting.
 - 2. Implementing and maintaining a Quality Assurance Program which includes audit process, issue identification and analysis, corrective action plan and implementation, evaluation and follow-up.
 - 3. Reporting deficiencies in patient care management to the EMS Agency in accordance with local policies and procedures approved by the EMS Medical Director.
 - 4. Maintaining regular communications and serving as liaison between the receiving hospitals and the base hospital in order to review treatment given to patients utilizing the Emergency Medical Services System in the Base Hospital's service area.
 - 5. Orientation of new Base Hospital Emergency Department Physicians with respect to pre-hospital emergency care and EMS policies and procedures.
- III. Base Hospital Emergency Department Physicians:
- A. Must be familiar with the approved treatment, triage and transfer policies, procedures, protocols, the standards of care established for the area, the level of training and scope of practice of pre-hospital personnel, and BLS

and ALS units' armamentarium; including communications equipment, rescue equipment, drugs, solutions and other supplies.

- B. Must be qualified by knowledge and experience to provide medical directions and management of pre-hospital personnel in compliance with policies, procedures, and protocols approved by the EMS Agency.
- C. Must have working knowledge of the operational aspects of the Base Hospital's communications equipment.

IV. Base Hospital Nurse Coordinator:

- A. Shall be currently certified MICN in Imperial County.
- B. Shall serve as the liaison between the subject Base Hospital and the EMT-P, EMT-II, EMT-1, fire departments, BLS provider agencies, and receiving hospitals operating within the service area. Such liaison functions shall also extend to EMT training agencies, and all components and subcomponents of the Imperial County Emergency Medical Services System.
- C. Shall have thorough understanding of Emergency Medical Services policies, procedures, protocols and pre-hospital care system.
- D. Shall provide sufficient continuing education opportunities for EMT-P, EMT II, EMT-1, and MICN's to assist in their fulfilling the Continuing Education requirements of the State and Local Emergency Medical Services Authority.
- E. Shall assist the Base Hospital Medical Director in the medical control and supervision of EMT-P's, EMT-II's, EMT-1's, and MICN's.

APPROVAL



Bruce E. Haynes, M.D.
EMS Medical Director

ADMINISTRATION

Base Hospital Designation

POLICY #1310

- I. Authority: Health and Safety code, Sections 1797 and 1798.
- II. Purpose: To establish Imperial County policy for approval and designation as a Base Hospital.
- III. Policy:
 - A. To be designated as an EMT-P, EMT-II, EMT-1 Base Hospital in Imperial County, the requesting institution must:
 1. Comply with California Code of Regulations, Title 22, Division 9, Chapter 4, Section 100174, Chapter 3, Section 100127 and Chapter 2, Section 100064.
 2. Comply with Imperial County Base Hospital Standards (see Policy 1300).
 3. Enter into an Agreement with the Imperial County Public Health Department, Emergency Medical Services Agency to perform as a Base Hospital.
 - B. The Imperial County Public Health Department, Emergency Medical Services Agency shall review its Agreement with each Base Hospital every two (2) years. The Agreement may be changed, renewed, canceled, or otherwise modified when necessary according to provisions for such in the Agreement.
 - C. The Imperial County Public Health Department, Emergency Medical Services Agency may deny, suspend, or revoke the approval of a Base Hospital for failure to comply with applicable policies, procedures, protocols, or regulations in accordance with provisions for such in the Agreement.

APPROVAL



Bruce E. Haynes, M.D.
EMS Medical Director

Authority: Any proceedings by the EMS Agency to deny, suspend or revoke the certification of an EMT-I, EMT-II or MICN, or place any EMT-I, EMT-II or MICN certificate holder on probation pursuant to Section 1798.200 of the Health and Safety Code shall be conducted in accordance with California Code of Regulations, Title 22, Division 9, Chapter 6.

I. EMT-I/EMT-II/MICN

Negative action against any prehospital emergency medical certificate/authorization may be instituted by the EMS Medical Director based upon the evidence of a threat to the public health and safety as evidenced by the occurrence of any of the items listed in the Health and Safety Code, Division 2.5, Section 1798.200 or the California Code of Regulations, Title 13, Division 2, Chapter 5, Section 1101.

EMT-I and EMT-II personnel subject to Title 22 Certification Disciplinary Action regulations shall have requests for discovery, petitions to compel discovery, evidence and affidavits consistent with the Administrative Procedures Act (Government Code, Title 2, Division 3, Chapter 5, Sections 11507.6, 11507.7, 11513 and 11514).

II. EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC (EMT-P) – 1798.200, 201, 202

A. The EMS Medical Director may institute the following proceedings against an EMT-P licensee when there exists evidence of a threat to the public health and safety:

1. Referral to State EMS Authority for further action
2. Temporary Suspension of an EMT-P license

B. Referral to the State EMS Authority for potential negative action against an EMT-P license, with or without temporary suspension of an EMT-P license, may be instituted by the EMS Medical Director based upon the finding of a threat to the public health and safety as evidenced by the occurrence of any of the actions in California Health and Safety Code section 1798.200.

III. BASE HOSPITAL OR PROVIDER AGENCY REPORTING OF INCIDENTS

Any incident involving EMS personnel, which may constitute a threat to the public health and safety, should be reported to the Imperial County EMS Agency. When such incidents come to the attention of base hospital or provider agency administrative personnel, a report to the EMS Agency should be made by the Base Hospital Medical Director or Base Hospital Nurse Coordinator, or provider agency administrative personnel, no later than the next business day following the incident or discovery of the incident. If this report is made by telephone, a written report should be submitted within 72 hours.

A. Grounds for reporting include reasonable suspicion of:

1. Functioning outside the scope of practice of the held certificate/authorization.
2. Functioning independent of medical control as described in County policies, procedures and field treatment guidelines.
3. Gross negligence.
4. Repeated negligent acts.

ADMINISTRATION


CERTIFICATION REVIEW PROCESS

POLICY #1400

5. Incompetence.
6. The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, and duties of prehospital personnel.
7. Violating or attempting to violate directly or indirectly, any provision of the Health and Safety Code or of State regulations pertaining to prehospital personnel.
8. Violating or attempting to violate any federal or state statute or regulation that regulates narcotics, dangerous drugs, or controlled substances.
9. Addiction to, the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.

If, in the judgment of the Base Hospital Medical Director or other Base Hospital physician if the Medical Director is unavailable, immediate action must be taken by the EMS Agency after normal business hours to protect the public health and safety, the EMS Manager may be contacted by pager at (760) 370-9913.

APPROVAL



Bruce E. Haynes, M.D.
EMS Medical Director

ADMINISTRATION

Patient Care Record (Completion & Distribution)

POLICY #1500

Authority: Division 2.5, Chapter 4, Health & Safety Code
Title 22, California Code of Regulations, Division 9, Chapter 4, Section 100169
and Section 100170

I. Purpose

The California Code of Regulations Title 22, Section 100169 (a) (6) specifies that the Medical Director of the Local EMS Agency shall establish the requirements for the initiation, completion, distribution, review, evaluation and retention of a patient care record (PCR). The PCR is the permanent legal medical record that documents all aspects of prehospital care or refusal of care.

II. Mandatory Charting & Distribution

Electronic PCRs

An electronic PCR shall be completed as follows:

Transport Providers (EMT-I, EMT-II, Paramedics) shall complete a PCR:

- On every EMS response (to include 911 and interfacility transports) to include “Dry Runs” (no patient contact) and for patients who refuse care and/or transportation.

ALS/LALS First Responder Providers (non-transport) shall complete a PCR:

- when first responders administer advanced interventions prior to the arrival of the transport provider, or
- when first responders cancel the transport provider prior to arrival at the scene for coroner cases or for patients who refuse care and/or transportation.

BLS First Responder Providers (non-transport) do not complete an electronic PCR but may complete a paper PCR.

All sections of the PCR will be filled out with appropriate information. A separate PCR must be completed for every patient contact.

All transport providers in the county and ALS/LALS first responders shall utilize the Imperial County EMS (ICEMS) electronic PCR data reporting system (Web PCR). In the event of system outage when the Web PCR program is not accessible, or if a provider is experiencing significant user problems for a prolonged period of time (greater than 12 hours), providers may utilize paper PCRs until the system is restored and functioning properly.

Providers utilizing Web PCR data system shall sign into the secure system with their user name and password. User name, date, and time on printed, faxed or downloaded PCRs constitutes an electronic signature.

Patient Care Records will be promptly completed following each call. Electronic PCRs may be completed at designated workstations at each receiving facility with a printed copy left with the

attending nurse/physician.

If PCRs are not left at the receiving hospital at the completion of the call, PCRs will be completed at an authorized work site no later than 12 hours after completion of the call with a copy faxed to the receiving facility under a "Confidential" cover sheet. (See attachment for instructions for utilizing designated workstations at receiving hospitals and for faxing PCRs to receiving facilities). The receiving facility will incorporate the PCR into the patient's medical record.

Coroner Cases – complete a paper PCR while on scene and give the middle (yellow) copy to the Deputy Coroner or to a law enforcement officer if EMS personnel are unable to wait on scene for the arrival of the Deputy Coroner. If EMS personnel are unable to complete PCR while on scene, a copy must be faxed to the ICSD Coroner's Department as soon as possible.

DNR Cases – complete a paper PCR for specific DNR cases that require signature from physician or family member on the PCR in accordance with Policy #4150.

Paper PCRs

In the event that paper PCRs are utilized, three (3) copies of the PCR will be distributed as follows:

- Original (white) to the provider agency
- One copy (yellow) to receiving hospital or to Deputy Coroner
- One copy (pink) to Base Hospital (Base Coordinator will forward this copy in a timely manner to the EMS Agency after completing CQI audit)

III. Continuous Quality Improvement

In accordance with Policy #1100, the Base Hospital, designated provider QA Coordinators, and EMS Agency will conduct PCR audits to verify completion and distribution of PCRs in accordance with this policy. The criterion is that PCRs will be promptly completed and appropriately distributed 100% of the time.

IV. Disciplinary Actions

Disciplinary action may be taken by the EMS Medical Director for failure to comply with this policy. Disciplinary actions may involve remediation, probation or any proceedings to suspend or revoke the certification/license of an EMT-I, EMT-II or paramedic pursuant to Section 1798.200 of the Health and Safety Code.

ADMINISTRATION

Patient Care Record (Completion & Distribution)

POLICY #1500

APPROVAL



Bruce E. Haynes, M.D.
EMS Medical Director

Guidelines for Completing Web PCRs from Hospital Emergency Departments

El Centro Regional Medical Center

Procedure for accessing Imperial County WebPCR from ECRMC ED:

You may use computer EDNET3 (the one closest to the printer in station 3)

Steps:

1. Find the Imperial County WebPCR icon located on the screen.
2. Double click the icon
3. Select option Production (Live) Database and double click
4. Insert username and pass code
5. Our printer will automatically print out 2 copies. Please give one copy to the unit secretary.

This is the only computer to be used for pre-hospital providers. Please do not use any other computer. If the computer is unavailable (i.e., currently being used by staff), then we ask that you complete your PCR at your quarters and fax a copy to (760) 339-7342 when it is completed.

Pioneers Memorial Hospital

Listed below are instructions on how to get access to Imperial County Web PCR from the designated computer at PMH ED:

You may use the two computers located near the back entrance of the ED

1. Universal log in code: PARAMED
2. To log in, click on Start and then to "log on or off" (this will get you started)
3. You will see the login Network

- Login Name: PARAMED (hit Tab)
- Login Password: PARAMED (hit ENTER)

4. This will bring you to the window with the icon name Imperial County Web PCR. From here you will have to login with your own name and password.

If the designated computer in the ED is in use, you will need to complete the PCR back in quarters. Please fax the completed PCR to 351-3137.

**IMPERIAL COUNTY
EMERGENCY MEDICAL SERVICES**

**PATIENT CARE REPORT FORM
INSTRUCTION MANUAL**

Revised 08/99

INTRODUCTION

This instruction booklet is intended to assist you in correctly utilizing the County's Patient Care Report (PCR) Form. Correct and complete documentation of the care and services you provide is vital to the patient, the agency providing care, the receiving hospital, and the EMS Agency.

BACKGROUND

State regulation requires that each EMS system collect and evaluate certain data on the activities of the system. EMS provider agencies need data to evaluate their response times, equipment utilization, and the quality of prehospital care provided by agency personnel. Physicians and nurses need to know how the patient presented in the field, what care you administered and how the patient responded to these interventions. You need to have accurate and complete records maintained on your actions in the field in the event of future investigation or court proceedings.

COMPLETING THE FORM

When to complete a Patient Care Report Form:

A **Transport Provider** should complete a PCR whenever they respond (that is, whenever their unit leaves the station) to an emergency medical aid call. A PCR should also be completed for each non-emergency patient transport to include local interfacility and out-of-county transfers.

It is necessary to complete this form even when the call is later cancelled as your agency's emergency resources are utilized. Documentation for a cancelled call should include the date, dispatch address, unit # and agency, the time the call was received and when your unit was enroute. Then mark the box **[X]** indicating this was a **CANCELLED** call and the name of the agency that cancelled you. Include your license/certification number and signature.

In situations where there are more than one patient, one form is to be completed for each patient. However, in mass casualty/disaster situations, it is not necessary to utilize the PCR forms. In these situations, the County's multi-casualty "Triage Report Form" (attached) will be kept as a record of prehospital activities. A copy of the completed "Triage Report Form" must be submitted to the Base Hospital Coordinator or EMS Agency.

First Responders need only complete this form when any of the advanced interventions are used, the patient is released or a determination of death is made **prior to arrival of the transport provider**. To avoid duplication, First Responders **do not** have to complete a PCR if treatment is administered in the presence of the Transport Provider (as long as both First Responder and Transport Provider are the same level or the Transport Provider is a higher level of care provider). Advanced interventions include utilizing the semi-automatic defibrillator by an EMT-D to treat a shockable rhythm, and any of the advanced skills and medications administered by an Advanced EMT, EMT-II, or Paramedic.

First responders may choose to complete this form on scene while waiting arrival of the transport provider or they may complete the form upon returning to quarters. If they complete the form on scene, they should give the yellow copy to the transport provider to be delivered with the patient to the receiving hospital. If the PCR is not completed until the first responder is back in quarters, then the yellow copy should be mailed or faxed to the receiving hospital as soon as possible.

DISTRIBUTION OF PCR COPIES

The top, **white** copy (original) is to be kept by the service provider. This copy is often used for billing purposes and for "in-house" quality assurance in addition to being your agency's legal record of the call.

The **yellow**, middle copy is to be delivered with the patient to the receiving hospital and will become a part of the patient's permanent medical record. The yellow copy may also be given to the coroner in the event a determination of death is made on scene.

The **pink**, bottom copy is for QA (Quality Assurance) and CQI (Continuous Quality Improvement). If the patient is delivered to the Base Hospital, this copy should be placed in the appropriate receptacle near the Base Station radio. If the patient is delivered to another hospital, this copy(s) should be mailed or faxed to the Base Hospital Coordinator daily if possible, but no more than on a weekly basis.

DETAILED INSTRUCTIONS

The information to be recorded on the PCR is of various types; some is hand written, some require a mark **[X]** to be made in the space provided, and some require you to circle the correct information. Whichever type it is, **please press hard** to make your entries legible on the pink copy. If you make an error in any of your selections, please line out the wrong choice and then mark and initial the correct one. If you have made several errors, please start with a new form.

Beginning at the top left corner of the form:

DATE - the date of the incident.

ENCOUNTER OR DISPATCH ADDRESS - the address where the patient(s) was found. This address may be different from the location you were dispatched to. If so, you may want to record both the encounter and dispatch address. This may justify any delays in response times. The dispatch address will be recorded if no patient contact was made or if this was a cancelled call.

PATIENT INFORMATION - record the patient's name, address, health insurance, phone number, Social Security Number, age, sex, weight, date of birth, illnesses, medications, allergies, and primary physician.

Then complete the information to indicate your agency's Incident Number, your 4-digit Unit ID Number, Agency name, the time the Call was Received, time you were Enroute, time you Arrived on Scene, time you Departed Scene, time you Arrived at your Destination (this refers to the time the transport provider arrived at the receiving facility), and the time you were Ready for another call. If you did not transport a patient, then your time for departing the scene would most often be the same time you are ready for another call.

PATIENT ASSESSMENT - Begin by filling in the patient's STATUS (mild, moderate, or severe) followed by the CHIEF COMPLAINT or MECHANISM OF INJURY. Then, use the NARRATIVE section to give pertinent details about the history of the problem. Important details would include events or complaints that preceded the onset of symptoms, details about the accident to include speed, type of accident (rollover, head-on, etc.), extent of damage to vehicle(s), what restraints or protection were used (seat belts, air bag, child seat, helmet, etc.), and if the patient was ejected or extricated. Findings from the PQRST, BRIM, APGAR, or other special assessments should also be documented in this section.

MAJOR TRAUMA - the EMS Agency will occasionally need to gather information on specific areas of the EMS system in order to perform a more thorough evaluation of that area. The Agency is presently doing a study on the overall system response to major trauma patients. Please mark this box if the patient sustained serious injury(s) that either cause or have the potential to cause disability or death. We are particularly interested in patients with trauma to the head or trunk who require surgical intervention to stabilize their condition, or patients who need to be admitted to the ICU. This box should also be marked based on the mechanism of injury even if serious injury(s) are not yet apparent.

PHYSICAL EXAM - Document any abnormalities you have detected during the physical exam or mark the box indicating the findings were "unremarkable".

INITIAL VITALS - document your initial findings for the patient's pulse, respirations, blood pressure, EKG and glucometer (if indicated). These will serve as the "base line" vitals.

LUNG SOUNDS - circle the letter **L** or **R** to indicate the lung sounds for both the left and right lungs.

SKINS - write in the patient's skin color, temperature, and moisture.

PUPILS - circle the letter **L** or **R** to indicate your findings for each pupil.

GLASGOW COMA SCALE - the coma scale is most often used for trauma patients and patients with an altered level of consciousness. Circle the response to each category (MOTOR, VERBAL, EYE), add the points and then write the GCS Total in the space provided. The repeat coma score (if performed) should be documented in the PATIENT RESPONSE/UPDATE section.

TREATMENT PRIOR TO ARRIVAL - mark all boxes indicating the treatment given prior to your arrival and identify the agency administering the care. Document the IV solution and all drugs given in the spaces provided.

PATIENT CARE - This section is used to document any treatment (procedures and medications) administered by the provider. The care giver's initials and the time should be documented for each treatment modality. The "Patient Response/Update" section should include statements of changes in the patient's condition following each treatment modality as well as an updated set of vitals and EKG (if indicated). A useful tool for evaluating pain or respiratory distress is the 1-10 analog scale. By using the scale, the patient's pain or distress level can be documented upon the initial assessment and also following each treatment modality directed at relieving the symptoms. A recording of the initial EKG and any pertinent rhythm changes should be attached to the yellow (receiving hospital) copy of the PCR. If possible, attach copies of the rhythm strips to the pink copy of the PCR as well to be used for educational reviews.

If any medications or IVs are administered, chart the **time** they were administered, the **dose** or **amount** that was given, the **route** (SQ, IM, IV, ET, SL, PO, Topically or Rectally), the **site** where an IV was established and/or where a medication was injected, and for IVs - the **rate** at which it was given.

If a patient required **endotracheal or Combitube intubation**, document each care giver's initials who attempted intubation, the number of attempts made, whether or not you were successful, the size ETT or Combitube used, and bilateral breath sounds after intubation.

PATIENT DISPOSITION - This section begins with identifying the agency that assumed responsibility for patient care from you and the time care was transferred. The transfer of care would occur when an ambulance team takes over patient care from a first responder, or when one ambulance meets with and turns over patient care to another ambulance, or when an air team (helicopter) takes over patient care from a first responder or ground ambulance crew.

Below this section, indicate by marking the appropriate box **[X]** if the patient was transported, released, DOS (Dead On Scene), no patient contact was made, or if you were cancelled prior to arriving on scene. If the patient is determined to be dead on scene, the PCR should be completed as soon as possible with the yellow copy distributed to the deputy coroner.

In the second column enter the name of the **RECEIVING FACILITY** and the patient's **MEDICAL RECORD #**. The medical record number is especially important for retrieving documents at a later time for the county-wide quality assurance and continuous quality improvement (QACQI) program.

Then enter the **REASON FOR SELECTION** of the receiving hospital. Options include the patient be transported to the **nearest** facility appropriate to the needs of the patient, or **diversion** to an alternate facility (most often occurs because the nearest or most appropriate facility was not able to receive patients at that time), or because of a **request** from a physician, patient, or guardian that the patient be transported to other than the nearest facility.

In the third column enter the **BASE HOSPITAL RUN #** and the name of the **BASE HOSPITAL MD OR MICN** who provided on-line medical control. Directly below the Base Hospital section is a box to mark if treatment was administered utilizing the County **COMMUNICATION FAILURE PROTOCOL**. The "Communication Failure Report Form" must also be completed and attached to the PCR and submitted to the Base Hospital Coordinator within 24 hours.

Enter the **RESPONSE** and **TRANSPORT CODE** in the last column by circling either **2** (non-emergency) or **3** (emergency) for each category. **Please do not use Code-1 as it is not recognized by the EMS database.**

The **license or certification number** and **signature** of the individuals primary involved with rendering patient care must be entered to complete the form.

Try to limit your documentation to the spaces provided. However, if you feel you need to document more information than the spaces allow in the narrative section, attach an additional PCR (labeled page 2). **Please do not use the "Patient Care" section to continue your "Narrative" history.**

RELEASE FROM CARE

On the back of the top, white copy of the PCR is a patient release form to be completed whenever a patient or guardian refuses further care and/or transportation. The patient refusing medical care must be competent and over 18 years old, an emancipated minor, a minor who is married, a minor who is in the military, a legal guardian or the parent of the minor. Refer to the county policy regarding patient refusal for further requirements.

IMPERIAL COUNTY EMS "TRIAGE REPORT FORM"

The Triage Report Form (attached) should be utilized whenever EMS personnel respond to a mass casualty incident. Individual PCR's do not need to be completed for each victim. The Triage Report Form should be delivered to the Base Hospital as soon as possible after the event has been mitigated. The Base Hospital should compare the field triage report form with the hospital radio report form to ensure accountability of all victims transported from the scene. (This task will be much easier if hospital is using same triage report form as field providers). The Base Hospital shall send a copy of the Triage Report Form to the EMS Agency.

Any questions regarding this instruction manual or the Patient Care Report Form should be directed to the EMS Agency at 339-4468.

IMPERIAL COUNTY EMS PATIENT CARE REPORT

DATE	ENCOUNTER OR DISPATCH ADDRESS
------	-------------------------------

PATIENT INFORMATION

NAME		SSN	AGE	SEX	WEIGHT	DOB		
ADDRESS		ILLNESSES						
CITY	STATE	ZIP	MEDS					
INSURANCE	TELEPHONE	ALLERGIES			PHYSICIAN			
INCIDENT #	UNIT #	AGENCY	CALL REC'D	ENROUTE	ARR. SCN.	DPT. SCN.	ARR. DEST.	READY

PATIENT ASSESSMENT

PATIENT STATUS <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE	CHIEF COMPLAINT / MECHANISM OF INJURY	<input type="checkbox"/> MAJOR TRAUMA
---	---------------------------------------	---------------------------------------

NARRATIVE:

UNREMARKABLE	UNREMARKABLE
HEAD / FACE <input type="checkbox"/>	PELVIS / GROIN <input type="checkbox"/>
NECK <input type="checkbox"/>	ARMS / HANDS <input type="checkbox"/>
CHEST <input type="checkbox"/>	LEGS / FEET <input type="checkbox"/>
ABDOMEN <input type="checkbox"/>	BACK <input type="checkbox"/>

INITIAL VITALS	LUNG SOUNDS	SKINS	PUPILS	GLASGOW COMA SCALE			
PULSE	L R CLEAR	COLOR	L R PERL	MOTOR		VERBAL	EYE
RESP	L R WHEEZES	TEMPERATURE	L R PINPOINT	6 OBEYS	5 ORIENTED	4 SPONTANEOUS	
B/P	L R RALES		L R DILATED	5 LOCALIZES	4 CONFUSED	3 VOICE	
EKG	L R DIMINISHED	MOISTURE	L R UNEQUAL	4 WITHDRAWAL	3 INAPPROPRIATE	2 PAIN	
GLUCOMETER	L R ABSENT		L R FIXED	3 FLEXION	2 INCOMPREHENSIBLE	1 NONE	
	L R OTHER:		L R CATARACTS	2 EXTENSION	1 NONE	GCS TOTAL =	
			L R OTHER	1 NONE			

TREATMENT PRIOR TO ARRIVAL

<input type="checkbox"/> BYSTANDER CPR	AGENCY ADMINISTERING CARE: _____	<input type="checkbox"/> DRUGS: _____
<input type="checkbox"/> CLEAR AIRWAY	<input type="checkbox"/> VENTILATIONS	<input type="checkbox"/> OXYGEN
<input type="checkbox"/> CPR	<input type="checkbox"/> SPLINT / BANDAGE	<input type="checkbox"/> IMMOBILIZE SPINE
		<input type="checkbox"/> INTUBATION <input type="checkbox"/> IV: _____
		<input type="checkbox"/> COUNTERSHOCK

PATIENT CARE

CARE GIVER	TIME	PROCEDURE - MEDICATION	PATIENT RESPONSE / UPDATE	PULSE	RESP	B/P	EKG

ETT	Care Giver #1:	Time:	Attempts:	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful	Size ETT:	Breath Sounds: Right Left:
INTUBATION	Care Giver #2:	Time:	Attempts:	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful	Size ETT:	Breath Sounds: Right Left:

PATIENT DISPOSITION

CARE TRANSFERRED TO:	RECEIVING HOSPITAL:	BH RUN #	RESPONSE CODE 2 3
AGENCY:	TIME:	MEDICAL RECORD #	TRANSPORT CODE 2 3
<input type="checkbox"/> PATIENT TRANSPORTED <input type="checkbox"/> DOS <input type="checkbox"/> RELEASED <input type="checkbox"/> NO PATIENT CONTACT <input type="checkbox"/> CANCELLED BY:		REASON FOR SELECTION <input type="checkbox"/> NEAREST <input type="checkbox"/> REQUEST BY MD, <input type="checkbox"/> DIVERSION PATIENT, GUARDIAN	COMMUNICATION FAILURE PROTOCOL <input type="checkbox"/>
		LICENSE / CERT#	SIGNATURE

DISTRIBUTION: WHITE: SERVICE PROVIDER YELLOW: RECEIVING FACILITY / CORONER PINK: BASE HOSPITAL / EMSA

**RELEASE FROM CARE
FORMA DE LIBERACION DE QUIDADO**

Patient Name: _____

Date: _____

Guardian: _____

Check all that apply:

- Base Hospital contacted.
- Patient (or guardian) has been advised of patient's medical condition.
- Patient (or guardian) advised that the following consequences of refusal may occur:

STATEMENT

This is to certify that I am refusing further evaluation, treatment, and/or transport at my own insistence. I have been advised of any potential consequences that may result from not seeking further care or evaluation at this time. I understand that I may call EMS at any time should I decide to seek further attention.

AFIRMACION

Esto es para certificar que estoy rechazando asistencia medica y transportacion. Me han informado de la potencia de consecuencias que pueden resultar al no solicitar asistencia medica, o no ser evaluada en este tiempo. Entiendo que puedo llamar a EMS a cualquier tiempo si decido necesitar atencion medica.

I hereby release: _____ Ambulance Service

Yo en lo presente _____ Fire Department
pongo en liberacion: _____

Other Agency

and the medical control physician at the Base Hospital (ECRMC), their employees and officers from all liability for any adverse problems that may result from my decision.

y el medico de control de medicina en el Base Hospital (ECRMC), sus empleados y oficiales de toda responsabilidad de cualquier problema adverso.

Signature (Patient or Guardian):

Firma (Paciente of Guardian)

Signature (EMT):

Signature (Witness):

