



**COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES**



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

PROVIDER AGENCY ADVISORY COMMITTEE

MEETING NOTICE

The Provider Agency Advisory Committee meetings are open to the public. You may address the Committee on any agenda item before or during consideration of that item, and on other items of interest that are not on the agenda, but are within the subject matter jurisdiction of the Committee.

DATE: June 17, 2020

TIME: 1:00 pm

LOCATION: Zoom Video Conference Call

To abide by the “Safer At Home Order for Control of COVID-19”, this meeting is held via video conferencing. Refer to the following instructions to join meeting via ZOOM conference call:

Join Zoom Meeting

<https://zoom.us/j/99898864048?pwd=d25zNzkwanDieW45NGYvWVVNVXhJUT09>

Meeting ID: 998 9886 4048

Password: 179263

One tap mobile

+16699009128,,99898864048# US (San Jose)

+12532158782,,99898864048# US (Tacoma)

Dial by your location

+1 669 900 9128 US (San Jose)

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Meeting ID: 998 9886 4048

Find your local number: <https://zoom.us/u/abBTPa5gWg>

AGENDA

1. CALL TO ORDER

2. INTRODUCTIONS / ANNOUNCEMENTS / PRESENTATIONS

- 3. APPROVAL OF MINUTES:** February 19, 2020
(April 15, 2020 meeting was cancelled due to the growing concern of COVID-19)

4. REPORTS & UPDATES

- 4.1 Disaster Services
- 4.2 COVID-19 Update
- 4.3 EMS Update 2020
- 4.4 PHAST-TSC
- 4.5 ECMO Trial
- 4.6 Basic Life Support (BLS) Unit – Records Distribution

5. UNFINISHED BUSINESS

- 5.1 Reference No. 528, Intoxicated (Alcohol) Patient Destination (Tabled)
- 5.2 Reference No. 528.1, Medical Clearance Criteria Screening Tool for Sobering Center (Tabled)

6. NEW BUSINESS

- 6.1 Reference No. 606, Documentation of Prehospital Care

7. OPEN DISCUSSION

- 8. NEXT MEETING:** August 19, 2020

9. ADJOURNMENT



County of Los Angeles
Department of Health Services



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

EMERGENCY MEDICAL SERVICES COMMISSION
PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES

Wednesday, February 19, 2020

MEMBERSHIP / ATTENDANCE

MEMBERS

- Paul Rodriguez, Chair
- David White, Vice-Chair
- Eugene Harris
- Brian Bixler
- Sean Stokes
 - Justin Crosson
- Dustin Robertson
 - Clayton Kazan, MD
 - Victoria Hernandez
- Ken Leasure
 - Lyn Riley
- Ivan Orloff
 - Mike Beeghly
- Wade Haller
 - Brenda Bridwell
- Alec Miller
 - Jennifer Nulty
- Doug Zabilski
 - Anthony Hardaway
 - Matthew Conroy
- Julian Hernandez
 - Tisha Hamilton
- Rachel Caffey
 - Jenny Van Slyke
- Andrew Respicio
 - Daniel Dobbs
- Maurice Guillen
 - Scott Buck
- Ashley Sanello, MD
 - Vacant
- Andrew Lara
 - Gary Cevello
- Michael Kaduce
 - Scott Jaeggi
- Danny Lopez
 - Heather Davis

ORGANIZATION

- EMSC, Commissioner
- EMSC, Commissioner
- EMSC, Commissioner
- EMSC, Commissioner
- Area A
- Area A, Alt. *(Rep to Med Council, Alt)*
- Area B
- Area B, Alt.
- Area B, Alt. *(Rep to Med Council)*
- Area C
- Area C, Alt.
- Area E
- Area E, Alt.
- Area F
- Area F, Alt.
- Area G *(Rep to BHAC)*
- Area G, Alt. *(Rep to BHAC, Alt.)*
- Area H
- Area H, Alt.
- Area H, Alt. *(Rep to DAC)*
- Employed Paramedic Coordinator
- Employed Paramedic Coordinator, Alt.
- Prehospital Care Coordinator
- Prehospital Care Coordinator, Alt.
- Public Sector Paramedic
- Public Sector Paramedic, Alt.
- Private Sector Paramedic
- Private Sector Paramedic, Alt.
- Provider Agency Medical Director
- Provider Agency Medical Director, Alt.
- Private Sector Nurse Staffed Ambulance Program
- Private Sector Nurse Staffed Ambulance Program, Alt.
- EMT Training Program
- EMT Training Program, Alt.
- Paramedic Training Program
- Paramedic Training Program, Alt.

EMS AGENCY STAFF PRESENT

- | | |
|--------------------|----------------------|
| Nichole Bosson, MD | Denise Whitfield, MD |
| Terry Cramer | Elaine Forsyth |
| Cathlyn Jennings | Susan Mori |
| Sara Rasnake | Jacqueline Rifenburg |
| John Telmos | David Wells |
| Joel Mendoza | Christina Eclarino |
| Troy Goodspeed | Gary Watson |

OTHER ATTENDEES

- | | |
|--------------------|-------------------------------|
| Ashley Sanello, MD | Compton FD |
| Emmanuel Godeniz | University of Antelope Valley |
| Luis Vasquez | AMR Ambulance |
| Nicole Steeneken | LACo FD |
| Adrienne Roel | Culver City FD |
| CJ Bartholomew | Care Ambulance |
| Jack Ewell | LACo Sheriff |
| Craig Hammond | Glendale FD |
| Catherine Borman | Santa Monica FD |
| Chris Backley | San Gabriel FD |
| Daniel Graham | Liberty Ambulance |
| Mike Fountain | West Covina FD |
| Marc Cohen, MD | El Segundo FD, |
| | Torrance FD, |
| | Manhattan Beach FD |

LACAA – Los Angeles County Ambulance Association LAAFCA – Los Angeles Area Fire Chiefs Association BHAC – Base Hospital Advisory Committee DAC – Data Advisory Committee

1. **CALL TO ORDER:** Committee Chair, Commissioner Paul Rodriguez, called meeting to order at 1:02 p.m.

2. INTRODUCTIONS / ANNOUNCEMENTS / PRESENTATIONS

2.1 2020 Annual EMSAAC Conference (Paul Rodriguez)

This year's Conference is scheduled for May 27 & 28, 2020 at the Omni San Diego Hotel. Reservations can be made at the following weblink: www.EMSAAC.org

2.2 Changes to Committee Membership (Paul Rodriguez)

Chair announced the following changes to Committee membership:

- Area C, Alternate Representative:
Jennifer Nulty, RN, Torrance FD; replacing Chris Morrow.
- Area F, Primary Representative:
Wade Haller, Captain, Long Beach FD; replacing James Flint.
- Area F, Alternate Representative:
Brenda Bridwell, RN, Long Beach FD; replacing Joanne Dolan
- Area G, Alternate Representative:
Lyn Riley, RN, UCLA Center for Prehospital Care; replacing Philip Ambrose.

3. APPROVAL OF MINUTES (White/Respicio) December 16, 2019 minutes were approved as written.

4. REPORTS & UPDATES

4.1 Disaster Services Update

Reference to 4.2 below.

4.2 2019 Novel Coronavirus (Terry Cramer)

EMS Agency staff provided the following update on the Corona Virus:

- Public Health is diligently monitoring the situation and is actively participating in the screening process at Los Angeles International Airport (LAX)
- Passengers identified as either returning from China or who have been around someone ill, are being quarantined.
- The EMS Agency, LAFD and UCLA-Ronald Reagan Hospital, have developed a transport plan for patients arriving at LAC, with suspected Coronavirus. This plan is similar to the current MERS and SARS protocols developed years ago.
- All 9-1-1 receiving hospitals are capable of receiving patients with the suspected virus.
- Providers are advised to use PPE (respiratory/droplet precautions) while providing care to patients suspected of having the Coronavirus; utilizing N95 masks, goggles or face shield, gown and gloves.

In January 2020, the EMS Agency's Medical Director distributed two memorandums on the screening, identification and use of PPE while caring for patients suspected of having the Coronavirus. One memorandum was sent to all EMS providers and another to all dispatch centers. Memorandums were available during this meeting.

To assist with providing the most up-to-date information on the Coronavirus, Committee requested improved communication between Los Angeles County Public Health Department and all EMS provider agencies.

Trauma Throw Kits (Terry Cramer)

EMS Agency thanked providers for their participation in answering a questionnaire regarding the number supervisor units each department has in service. This will help to ensure all providers have the needed supply of "Stop the Bleed" kits, which will be provided by the EMS Agency.

4.3 Innovation, Technology and Advancement Committee (ITAC) Update (Denise Whitfield)

The following topics are currently being reviewed by ITAC members and results will be shared once review is complete:

- Auragain Laryngeal Mask Airway
- Turkel Needle Decompression Device
- Language Interpretation Software
- Point of Care Testing

4.4 EMS Update 2020 (Denise Whitfield)

Dr. Whitfield provided the following update:

- Train-the-Trainer classes are scheduled for March 4, 2020 and March 12, 2020.
- Those registered for the class will receive an email within the next few weeks, which will provide information on accessing a training module. The EMS Agency is asking that you review the training module prior to attending the training session. Recommended changes can be sent to Dr. Whitfield at dwhitfield@dhs.lacounty.gov
- During the training sessions, each person in attendance will receive a thumb-drive containing training material that can be used at their facility.

4.5 PHAST-TSC (Nichole Bosson, MD)

Pre-Hospital Administration of Stroke Therapy – Trans Sodium Crocetin

Dr. Bosson provided the following information on the current PHAST-TSC Trial:

- This is a trial study to help researchers understand if the drug (TSC) helps to minimize the long-term effects of stroke. This trial is being conducted in Virginia and Los Angeles County.
- Currently, there are five fire departments who are participating: Culver City FD, Los Angeles County FD, Santa Monica FD, Burbank FD and Torrance FD.
- It's expected that more fire departments will become involved in the trial, once additional hospitals are approved.
- When paramedics administer the trial medication, it does not change the treatment protocol they follow nor does it change patient destination.
- Trial study will last approximately 1 ½ years

4.6 ECMO Trial (Nichole Bosson, MD)

Extracorporeal Membrane Oxygenation

Dr. Bosson provided the following information on the upcoming ECMO Trial:

- Anticipated start date is April 1, 2020.
- This trial is an expansion of the already ongoing "Arrive Alive" study, which involves Beverly Hills FD, Los Angeles County FD, Culver City FD, UCLA-Ronald Regan Medical Center and Cedars Sinai Hospitals.
- The ECMO Trial will include providers and hospitals listed above and will include Los Angeles FD and LAC+USC Medical Center.
- The purpose of the study is to collect data from hospitals and fire departments on the use of ECMO, in order to understand the impact on our system and to evaluate whether ECMO should be expanded to all hospitals in the County.
- Providers and hospitals require EMS Agency approval if wanting to participate in this study.
- Field protocol and base guidance handouts were provided to Committee.

5. UNFINISHED BUSINESS

5.1 Reference No. 326, Psychiatric Urgent Care Center (PUCC) Standards (John Telmos)

Policy reviewed and approved with the following recommendation:

- Page 3, III. Add wording: PUC is to notify the EMS Agency of patient transfers requiring re-transport.

M/S/C (Robertson/Zabilski) Approve Reference No. 326, Psychiatric Urgent Care Center (PUC) Standards, with recommendation.

5.2 Reference No. 328, Sobering Center (SC) Standards (*John Telmos*)

Policy reviewed and approved with the following recommendation:

- Page 3, III. Add wording: SC is to notify the EMS Agency of patient transfers requiring re-transport.

M/S/C (Kazan/Miller) Approve Reference No. 328, Sobering Center (SC) Standards, with recommendation.

5.3 Reference No. 526, Behavioral / Psychiatric Crisis Patient Destination

Policy reviewed and approved with the following recommendations:

- Page 4, III. A. 6. a.: Change glucose range to read “60 mg/dL and less than 300 mg/dL”
- Page 4, III. B. 12: To be consistent with other policies, change wording to read: “GCS <13”
- Page 4, III. B. 15: At end of sentence, add: “(Refer to Medical Control Guideline 1355, Perfusion Status)”
- Page 5, III. B. 18: At end of sentence, add: “(Refer to Reference No. 1208, Agitated Delirium)”

M/S/C (Orlof/Kazan) Approve Reference No. 526, Behavioral / Psychiatric Crisis Patient Destination, with above recommendations.

5.4 Reference No. 526.1, Medical Clearance Criteria Screening Tool for Psychiatric Urgent Care Center (*John Telmos*)

Policy reviewed and approved with the following recommendations:

- Change glucose range to read “60 mg/dL and less than 300 mg/dL”

M/S/C (Orlof/Kazan) Approved, Reference No. 526.1, Medical Clearance Criteria Screening Tool for Psychiatric Urgent Care Center, with above recommendation.

5.5 Reference No. 528, Intoxicated (Alcohol) Patient Destination

Upon review, Committee had the following recommendations:

- Re-define the definition of “Alcohol Intoxication”
- Page 2, II. E.: Remove and place in Reference No. 328, Sobering Center (SC) Standards
- Page 3, III. A. 4. g.: At end of sentence, add wording “(Syncope or Seizure)”
- Page 3, III. A. 5. c.: Delete sentence from policy
- Page 4, III. B. 10.: Replace with “GCS < 13”
- Page 4, III. B. 12.: At end of sentence, add wording “(Refer to Medical Control Guideline 1355, Perfusion Status)”

After lengthy discussion surrounding the definition of “Alcohol Intoxication”, policy was tabled.

The EMS Agency will review Reference No. 824, Patient Refusal of Treatment or Transport; and Treatment Protocol, Reference No. 1241, Overdose/Poisoning/Ingestion, to ensure consistency with definitions and base hospital requirements.

TABLED: Reference No. 528, Intoxicated (Alcohol) Patient Destination

5.6 Reference No. 528.1, Medical Clearance Criteria Screening Tool for Sobering Center

Policy reviewed with the following recommendations:

- Change glucose range to read “60 mg/dL and less than 300 mg/dL”

After lengthy discussion surrounding the definition in Reference No. 528 (above), policy tabled.

TABLED: Reference No. 528.1, Medical Clearance Criteria Screening Tool for Sobering Center.

6. NEW BUSINESS

6.1 Reference No. 1204, Treatment Protocol: Fever / Sepsis

Policy reviewed and approved as presented.

6.2 Reference No. 1237, Treatment Protocol: Respiratory Distress

Policy reviewed and approved with the following recommendation:

- Special Considerations, 5.: Modify language to ensure clarity

6.3 Reference No. 1241, Treatment Protocol: Overdose / Poisoning / Ingestion

Policy reviewed and approved with the following recommendation:

- Special Considerations, 2.: Modify language to ensure clarity; and consistent with Reference No. 1237 (above)

6.4 Reference No. 1317.22, Medical Control Guideline: Drug Reference – Ketorolac

Policy reviewed and approved as presented.

6.5 Reference No. 1330, Medical Control Guideline: Medication Orders / Administration

Policy reviewed and approved as presented.

6.6 Reference No. 1345, Medical Control Guideline: Pain Management

Policy reviewed and approved with the following recommendation:

- Principle: Committee recommended a new Principle to state that paramedics should utilize critical thinking skills during the pain management selection.

M/S/C (Kazan/Kaduce) Approved, policies 6.1 through 6.6, with recommendations listed above.

7. OPEN DISCUSSION:

7.1 Transmission of 12-Lead Electro-Cardiograms (John Telmos)

Providers are reminded to ensure that the 12-lead ECG being transmitted to hospitals have the “software interpretation” printed on the ECG.

8. NEXT MEETING: April 15, 2020

9. ADJOURNMENT: Meeting adjourned at 2:47 p.m.



**COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES**

PROVIDER AGENCY ADVISORY COMMITTEE



CANCELLATION NOTICE

DATE: April 15, 2020

TIME: 1:00 pm

LOCATION: Los Angeles County EMS Agency
EMS Commission Hearing Room – 1st Floor
10100 Pioneer Boulevard
Santa Fe Springs, California 90670

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NEXT MEETING

June 17, 2020

SUBJECT: **DOCUMENTATION OF PREHOSPITAL CARE**

PURPOSE: To identify the base hospital and Emergency Medical Services (EMS) provider procedures for documentation of prehospital care.

AUTHORITY: California Code of Regulations, Title 22, Sections 100128, 100129, 100170, 100171

DEFINITIONS:

Patient: A person who seeks or appears to require medical assessment and/or medical treatment.

Patient Contact: An EMS response that results in an actual patient or patients.

EMS Response: The physical response of an EMS provider due to activation of the EMS system with a request for medical evaluation.

~~**Patient Response:** An EMS Response that results in an actual patient or patients.~~

Multiple Casualty Incident (MCI): The combination of numbers of ill/injured patients and the type of injuries going beyond the capability of an entity's normal first response.

PRINCIPLES:

1. The EMS ~~Report Form~~Record and the Base Hospital Form are:
 - a. Patient care records
 - b. Legal documents
 - c. Quality improvement instruments
 - d. Billing resources (EMS ~~Report Form~~Record only)
 - e. Records of canceled calls, false alarms, and no patient found (EMS ~~Report Form~~Record only)
2. Any assessment or treatment provided to, and medical history obtained from, the patient shall be accurately and thoroughly documented on the EMS ~~Report Form~~Record.
3. Any person who alters or modifies the medical record of any person, with fraudulent intent, or who, with fraudulent intent, creates any false medical record, is guilty of a misdemeanor (section 471.5 of the California Penal Code).
4. An EMS ~~Report Form~~Record must be completed for every EMS response if a provider agency is unable to submit a quarterly volume report to the EMS Agency for the following types of calls:
 - a. Canceled calls
 - b. No patient(s) found
 - c. False alarms

EFFECTIVE: 6-25-1974

PAGE 1 OF 7

REVISED: ~~07-01-2017~~ XX-XX-2020

SUPERSEDES: ~~8-01-2014~~07-01-2017

APPROVED: _____

Director, EMS Agency

Medical Director, EMS Agency

POLICY:

- I. EMS ~~Report Form~~Record Completion – Paramedic/EMT Personnel
 - A. EMS providers shall document prehospital care according to procedures identified in the EMS ~~Report Form Instruction~~Documentation Manual.
 - B. Paper-Based EMS Report Form Completion
 1. Paramedic/EMT personnel from the first responding agency shall complete one Los Angeles County EMS Agency approved EMS Report Form (one for each patient) for every 9-1-1 patient contact which includes the following:
 - a. Regular runs
 - b. DOA (dead on arrival; patients determined or pronounced dead per Reference No. 814, Determination/Pronouncement of Death in the Field)
 - c. ALS interfacility transfer patients
 - C. Electronic EMS ~~Report Form~~Patient Care Record (ePCR) Completion
 1. Paramedic/EMT personnel may document and submit prehospital care data electronically in lieu of the standard EMS Report Form if their department has received prior authorization from the EMS Agency.
 2. Paramedic/EMT personnel shall complete one EMS Agency approved ~~electronic EMS Report Form~~ePCR (one for each patient) for every 9-1-1 patient contact which includes the following: and one for each ALS interfacility transferred patient.
 - a. Regular runs
 - b. DOA (dead on arrival; patients determined or pronounced dead per Reference No. 814, Determination/Pronouncement of Death in the Field)
 - c. ALS interfacility transfer patients
 - D. Multiple Providers
 1. In the event of an automatic or mutual aid incident when two first responding providers have each completed an EMS ~~Report Form~~Record, or patient care is transferred from one ALS provider agency to another, each provider agency shall document the Original Sequence Number from the other provider's patient care record in the space designated for Second Sequence Number. DO NOT cross out or line through the imprinted Sequence Number if utilizing a paper EMS Report Form.
 2. The provider agency transferring patient care must have a mechanism in place to provide immediate transfer of patient information to the transporting agency.
 - E. Multiple Casualty Incidents (MCI)

1. One standard EMS ~~Report Form~~Record must be initiated for each patient transported in an MCI. Provider agencies may use alternate means of documenting MCIs if the EMS Agency is notified prior to implementation and agrees with the proposed process.
 2. Documentation should include the following, at minimum:
 - a. Name
 - b. Provider Impression
 - b. Chief Complaint
 - c. Mechanism of Injury, if applicable
 - d. Age and units of age
 - e. Gender
 - f. Brief patient assessment
 - g. Brief description of treatment provided
 - h. Transporting provider (provider code and unit number) and level of service (ALS, BLS or Helicopter)
 - i. Destination
 - ii. Receiving facility
 3. Non-transported patients should be documented on a standard EMS ~~Report Form~~Record, ~~an EMS Agency-approved MCI Report Form~~, or a patient log.
 4. Each provider agency should submit copies of all records and logs pertaining to an MCI of greater than 5 victims to the EMS Agency within 10 business days of the incident. MCI documents should be hand carried or delivered to the EMS Agency in an envelope clearly marked with the incident date and location.
- F. Completion of the EMS ~~Report Form~~Record Prior to Distribution
1. EMTs and paramedics responsible for documenting prehospital care shall ensure that EMS ~~Report Forms~~Records are completed in their entirety prior to dissemination ~~of copies to the receiving facility~~. In most instances, this means that the ~~form-record~~ is completed at the scene or upon arrival at the receiving facility.
 2. An exception to this is when a first responding agency utilizing paper-based EMS Report Forms is giving the receiving hospital (red) copy to a transporting agency. In the interest of expediting the transfer of care, it is recognized that information such as the unit times may not be documented on the receiving hospital (red) copy of the EMS Report Form.
- G. Field Transfer of Care
1. When patient care has been transferred from the first responding ALS or BLS provider agency to a BLS provider agency for transport to a receiving facility, the provider agency receiving the patient should **NOT** ~~complete generate an ePCR standard EMS Report Form with an imprinted Sequence Number with a new Sequence Number~~ (will result in the same patient being entered into TEMIS with two different sequence numbers).

2. The provider agency that receives the BLS patient for transport to a receiving facility ~~should~~ shall complete their agency's ~~PCR/invoice~~ PCR and document the Sequence Number ~~imprinted on the first responding agency's~~ generated by the first responding ALS or BLS provider agency's ePCR on their ePCR or paper-based EMS Report Form.
3. If utilizing a paper-based EMS Report Form, ~~t~~The receiving hospital (red) copy of the EMS Report Form, as well as the PCR from the BLS transport provider (red copy), must accompany the patient to the receiving facility where it becomes part of the patient's medical record.
4. It is the responsibility of the EMS Provider to ensure that a completed copy of the EMS ~~Report form~~ Record is provided to the receiving facility upon transfer of care.

H. Completion of Advanced Life Support Continuation Form

1. If utilizing a paper-based EMS Report Form, ~~r~~Required for each patient on whom advanced airway management is necessary or cardiopulmonary resuscitation is attempted or resuscitative measures are terminated in the field.
2. Paramedics completing this form must ensure that the demographic information (patient name, date, provider code/unit, incident #) and Sequence Number are legibly and accurately transcribed from the EMS Report Form.

II. Base Hospital Form - MICN and/or Physicians

- A. Base hospital personnel (MICNs and physicians) shall document prehospital care according to procedures identified in the Base Hospital ~~Form Instruction~~ Documentation Manual.
 - B. Base Hospital Form Completion
 1. MICNs and/or physicians shall complete one EMS Agency approved Base Hospital Form (one for each patient in which medical direction is given) for every base hospital paramedic radio/telephone contact.
 2. ~~MICNs and/or physicians shall NOT complete a Base Hospital Form when another base hospital calls with notification of an incoming paramedic call.~~
 3. MICNs and/or physicians may document ~~and submit~~ base hospital data electronically in lieu of the standard Base Hospital Form if the base hospital has received prior authorization from the EMS Agency.
 - C. Base Hospital Directed Multiple Casualty Incidents (MCI)
 1. EMS Agency-approved MCI Base Hospital Forms may be utilized for incidents involving three or more patients.
-

2. Physicians and MICNs should limit requested information to **only** that which is essential to determine destination or medical management. Additional information and Sequence Numbers should be obtained after the MCI has cleared.
3. The following should be documented for MCIs involving three or more patients:
 - a. Date
 - b. Time
 - c. Sequence ~~N~~number
 - d. Provider and unit
 - e. Chief complaint
 - f. Mechanism of injury, if applicable
 - g. Age and units of age
 - h. Gender
 - i. Brief patient assessment (~~primary injuries and MOI~~)
 - j. Brief description of treatment provided
 - jk. Transporting provider, method of transport (ALS, BLS or Helicopter)
 - km. Destination
 - n. Receiving Facility
4. Upon request of the EMS Agency the base hospital should submit all records pertaining to an MCI of >greater than 5 victims to the EMS Agency within 10 business days.
5. Provider agencies may use alternate means of reporting MCIs. Base Hospitals will be notified by the EMS Agency when alternate reporting methods will be implemented by various provider agencies.
6. MCIs involving **ONLY** BLS patients: BLS patients who are transported to a receiving facility should be documented on one Base Hospital form-Form in the Comments Section (provided no medical direction is given).
7. MCIs involving ALS **and** BLS Patients:
 - a. One standard Base Hospital Form or one EMS Agency-approved MCI Base Hospital Form must be completed for each ALS patient.
 - ~~b. One standard Base Hospital Form must be completed for each SFTP patient when the base hospital provides destination and/or medical direction.~~
 - c. BLS patients on whom no medical direction has been given do not require a Base Hospital Form. The number and disposition of the BLS patients may be documented on the Base Hospital Form of an ALS patient in the Comments Section.
8. Alternate methods of documenting MCIs may be initiated by base hospitals with the approval of the EMS Agency.

III. Modification of the Paper-Based EMS Report Form

- A. Modifying the EMS ~~Report Form~~Record (additions, deletions or changes) after the form has been completed or disseminated:
1. ~~For paper-based EMS Report Forms, m~~Make corrections by drawing a single line through the incorrect item or narrative (the writing underneath the single line must remain readable).
 - ~~2.~~ Make the changes on the original, noting the date and time the changes were made, with the signature of the individual making the changes adjacent to the correction. Ideally, changes should be made by the individual who initially completed the form. Under no circumstances should changes to either patient assessment or patient treatment documentation be made by an individual who did not participate in the response.
 - ~~3-2.~~ An audit trail of changes made to an electronic record will be included on the ~~EMS Report form~~PCR.
- B. Making substantive changes (documentation of additional medications, defibrillation attempts, pertinent comments, complaints, etc.) to the EMS ~~Report Form~~Record:
1. Photocopy the paper-based EMS Report Form with the changes and send the copy, along with a cover letter, to all entities that received the original form (EMS Agency, receiving facility). The cover letter should explain the modifications and request that the modified copy be attached to the original copy.
 2. Do not re-write the incident on a new paper-based EMS Report Form because this would result in a mismatch in Sequence Number. If the form requiring corrections has been mutilated or soiled and cannot be photocopied, then a new form may be used to re-write the incident provided the Sequence Number of the new form has been replaced with the Sequence Number from the original form.
 3. For electronic documentation systems, patient care related corrections are to be made as per provider agency policy. The pProvider agency shall notify its' receiving hospital(s) of the mechanism by which ePCRs are updated. ~~Notification of the updated record will be made to all entities who received the original form (receiving hospital, EMS Agency). and when an ePCR is updated.~~ If the receiving hospital receives a printed copy of the record, a printed copy of the revised record will be provided directly to them.

CROSS REFERENCES:

Prehospital Care Manual:

~~ReferenceRef.~~ No. 608, Retention and Disposition of Copies of the EMS Report Form _____
Prehospital Patient Care Records

~~ReferenceRef.~~ No. 607, Electronic Submission of Prehospital Data

~~ReferenceRef.~~ No. 519, Management of Multiple Casualty Incidents

Ref. No. 640, **EMS Documentation Manual**

Ref. No. 633, **Base Hospital Documentation Manual**

~~EMS Report Form Instruction Manual~~

~~Base Hospital Form Instruction Manual~~