Carroll County Department of Fire & EMS

Standard Operating Procedure: 3.41	**Effective Date: June 8, 2023**
Subject: EMS Reporting and Documentation	**Section: Emergency Medical Services**
Authorized: Eric Zaney, Assistant Chief	**Revision Date: July 10, 2024**

I. PURPOSE

This policy establishes the minimum requirements for patient care documentation and outlines the procedures for the completion, distribution, and retention of electronic patient care records (ePCRs) applicable to EMS transport units, Advanced Life Support (ALS) response units, and first responder units. The intent of this document is to aid clinicians in completing a thorough and accurate unified patient care report (PCR) in accordance with state and local policies and procedures.

II. APPLICABILITY

This policy applies to Carroll County Department of Fire and EMS career and volunteer personnel.

III. DEFINITIONS

Provider in charge: A State of Maryland certified EMS provider who is responsible for patient care.

EMS Unit: A BLS or ALS unit.

ALS: Advanced life support unit. Staffed with a Paramedic or CRT (Cardiac Rescue Technician).

BLS: Basic life support unit. Staffed with an EMT or EMT/IVT.

First Responder Unit: Any unit that responds to provide patient care prior to the arrival of or in conjunction with any EMS unit(s).

Image Trend Elite: An electronic medical record software platform designed specifically for documentation of prehospital emergency medical service care.

Electronic Patient Care Report (ePCR): The electronically generated document that describes the assessment and treatment/response of a patient by EMS personnel.

Patient: Anyone who meets any the following criteria

A. Makes a request for medical services; or,
B. Has evidence of obvious illness or injury; or,
C. Has a mechanism of injury or nature of illness that creates reasonable suspicion; or,
D. Receives any portion of an assessment, treatment, or transportation.

No Patient: Is anyone who does not meet the above criteria. Justification shall be documented within the narrative section of the report.

Patient Contact: A purposeful contact between a patient and a provider who has a responsibility for assessing and treating the condition of the patient. A patient contact is dependent on neither treatment, nor transport, nor cooperation from the patient.

Posting: The transfer (syncing) of Field Bridge electronic EMS reports to Maryland eMeds using an internet connection.

Synchronizing: Synchronizing a Field Bridge portable computer with Maryland eMeds for program and departmental updates.

HIPAA: The Health Insurance Portability and Accountability Act of 1996 is federal legislation governing how patient health information is collected, maintained, and distributed.

COMAR 30.03.04.04: Maryland State Law that states each emergency medical service (EMS) program is required to provide the Maryland Institute of Emergency Medical Service System (MIEMSS) a Maryland Electronic Medical Report (eMeds)for all EMS related responses.

IV. PROCEDURES

A. General Procedures

1. ePCR is designed to reduce paper records used to document EMS responses.
2. The ePCR serves as the legal healthcare record of a patient contact and is an integral part of the patient's medical record. It must accurately and comprehensively describe the pertinent scene conditions, chief complaint or health problems of the patient, patient assessment(s), any treatment(s) administered, response to treatment(s), changes in the patient's condition, advisements given to the patient/family/legal guardian, and the patient's disposition.
3. The ePCR, or the documentation of information gathered through observations, assessments, and questioning of the patient, can be used for medical, administrative, legal, and evaluation purposes.
4. Each certified Maryland EMS provider, affiliated with the Carroll County EMS Operational program will have an ePCR user account.

5. When a provider is requested by the EMS Billing office to complete missing mandatory information within the ePCR, the provider MUST notify the Billing office via email upon completing the correction.

B. Reporting Requirements

1. ePCRs will be completed by all EMS units (first responder units, ambulances, and medic units) anytime the unit responds to an EMS incident, regardless of whether they arrive at the scene or are canceled prior to arrival. ePCRs will be completed by any other fire department unit (engine, truck, rescue squad, utility, etc.) when that unit initiates patient care prior to the arrival of an EMS unit.
2. An ePCR must be initiated for every patient contact:
   i. EMS Units: The provider in charge will be responsible for accurately completing the ePCR, documenting all available, relevant patient information.
   ii. First responder units: A certified EMS crew member of the unit shall complete an ePCR.
3. ALS Units: A patient assessment must be performed and documented for every patient contact. A provider is considered to have had patient contact if the unit has arrived on the scene and the ALS provider initiates a patient assessment or,
   i. ALS Medication(s) is/are administered or
   ii. ALS procedure(s) is /are performed or
   iii. Upon ALS provider assessment of the patient there is a potential risk of deterioration.
4. If a first responder unit has patient contact, and the call results in no transport, with the transport unit being cancelled, first responder personnel are responsible for completing appropriate documentation. First responder units will utilize the Refusal of Treatment and/or Transport paper forms or complete them electronically within the ePCR program. If a paper refusal is obtained, it shall be uploaded to the ePCR.
5. In the event the ePCR cannot be completed at the receiving facility, a MIEMSS Short Form must be completed and given to the nurse who accepts transfer of care for the patient. Non-transporting units will give a copy of the MIEMSS Short Form or an equivalent to the transporting unit.

C. Timeline Requirements

1. All Patient Care Reports should be completed immediately following the incident. If the unit leaves the scene or receiving facility, the report must be completed immediately after returning to the assigned station. In the event that the unit is dispatched to another incident, the provider will complete the report as a priority activity upon clearing the incident. All Priority 1 Patient Care Reports must be completed immediately following the incident.
2. For career staff, all ePCRs must be completed and uploaded to Elite by the end of the employee's shift. For volunteer staff, reports must be completed and uploaded to Elite within 24 hours of the incident.
3. The provider in charge of each call is responsible for ensuring ePCRs and additional documentation such as HIPAA documentation and/or Refusal of Care documentation, are completed.

D. Procedure for Documentation

1. Documentation on ePCRs should be as accurate and as complete as the circumstances permit.

2. Care provided prior to arrival, by bystanders or first responder personnel shall be documented on the ePCR.
3. All treatment rendered must be documented to include the provider, the intervention, the patient outcome of the intervention, in the appropriate ePCR field.
4. ePCRs must contain the required information as set forth by the State of Maryland and the local jurisdiction.
5. EMS provider in charge of patient care shall obtain social security numbers when possible and document it in the appropriate ePCR field. If the patient is unwilling or unable to provide their social security number, the provider will cease any further effort to obtain it. If the provider is unable to obtain the patient social security number, the provider must document the social security number as 000-00-0000.
6. In the event the Computer Aided Dispatch (CAD) system at the Emergency Communications Center (ECC) does not transfer the incident date, incident number and times, the user will enter all times in the military (24 hour) time format and the incident number.

V. EMEDS Broken down

A. CAD

a. Incident number – Auto populated.
b. Station run number (Optional)
c. Type of Call
    i. 911 Response
    ii. Medical transport
    iii. Mutual Aid
d. Dispatch reason
    - Should match the CAD dispatch regardless of actual complaint
e. EMD performed
    - Card and level
f. Triage tag / Medical record / Tracking number
    - Complete if applicable
    - MRN number from hospital sticker

B. RESPONSE

a. eMEDS PCR Number
    – Auto populated.
b. Reporting unit
    - Unit handling patient transport
    - If no transport, this is the unit you responded in
c. Unit call sign
    - Unit radio identification
d. Unit type
    - How the unit is staffed (ALS/BLS)
e. Unit station (Optional)
f. Level of care of unit
    - ALS: Paramedic / Medic
    - BLS: EMT / IVT
g. Response mode to scene
    - Lights & Sirens vs. No Lights & Sirens

C. CREW

a. Crew Members
- Primary Care provider scene
- Primary Care provider transport
- Driver scene
- Driver transport
- Ride Along
- Other caregiver scene – Any providers actively providing care

D. INCIDENT LOCATION

a. Location Type
- Home / Assisted Living / Store / Roadway etc.
- Not required if unit does not arrive

b. Facility Name / Location Name
- Name of business or medical facility if applicable

c. Address
– Auto populated in county
– Must be added if mutual aid. Intersections: Main Street / North Street

d. Apartment, suite, room d. Zone / Box Number (Optional)

e. Zip Code

E. CALL INFORMATION

a. Disposition
- Primary Role of reporting unit at end of incident
- Ambulance Transport – Reporting unit completed transport
- Non-Transport Other – Reporting unit did not complete transport

b. First Unit on scene
- Yes: You were the first EMS provider on scene
- No: You arrived after another EMS provider

c. Number of patients
- Single, Multiple, None
- If multiple SEE the Add Additional Patient field under “Patient”

d. Unit arrived on scene:
-Date / Time

e. Unit arrived at patient side:
-Date / Time

f. Type of call for the patient contact
- Medical vs. Trauma
- BOTH Medical AND Trauma

g. Meets STEMI Criteria
- Yes: A 12-lead was performed, and clinician interpretation is a STEMI
- No: A 12-lead performed without noted ST changes

h. Cardiac Arrest
- If accurate choice

i. Meets Stroke Alert
- Choice based on protocol

j. Meets Sepsis Alert
- Choice based on protocol

k. Suspected Opioid Overdose
- Yes: Opioid use suspected
- No: No opioid involvement

l. Call Delays
- Complete ONLY if there was a delay in reaching the patient's side

m. Other Agency
- Complete when you arrive on scene with a non-Carroll County EMS unit

n. Transfer To / From
- To agency: Name of agency care transferred (i.e MSP Aviation)
- Transferred to Call number: Unit # / Provider last name
- Received from: Name of agency care patient received from
- Received from Call number: Unit # / Provider last name and level

F. PATIENT

a. Name
- First, Middle initial, Last name (Ensure correct spelling)
- If a repeat patient is in system, confirm accuracy of all information
- If unable to obtain name, document as "Unknown"

b. Generation
- Use only if there is a suffix (Jr., Sr., III etc.)

c. Gender
- Use what is on the patient's legal identification (M, F, Unknown)

d. Race

e. Date of birth

f. Age
- Auto populates from DOB

g. Patient weight

h. Social Security
- If unable to obtain or refused "000-00-0000"

i. Is patient experiencing homelessness:
-Yes or No

j. Patients Home address
- Where the patient receives their mail / resides
- If homeless, list as "No fixed address"

k. Phone number

l. Veteran status
-Yes / No / Unknown

m. Work related: Yes / No

G. CHIEF COMPLAINT

a. Medical History obtained from

b. Last known well date / time
– MANDATORY all suspected stroke patients

c. Date / Time onset of chief complaint

d. Chief Complaint(s)
- Type - Main reason patient reports for encounter – NOT dispatch reason - Secondary: Any additional reported complaints
- All complaints should be in quotes or as specific as possible

e. Duration and time units of complaint

f. Anatomic location of complaint

g. Organ system involved with complaint

h. Primary symptom

- Main symptom related to complaint
- Patient assists: List as no signs and symptoms

i. other symptoms
- Use if multiple symptoms are present

j. Alcohol / Drug use

k. Barriers to patient care:
-Language / Hearing / Obesity etc.

H. ASSESSMENT

a. Initial Priority - Initial provider classification
– NOT dispatch priority
- Dictated based on protocol
- Priority 4 – Reserved solely for field TOR
- Dead w/o Resuscitation - DOA

b. Clinician primary impression

c. Clinician secondary impression
- If a provider uses generic problems listed as a primary impression, then the secondary assessment should be utilized to give additional information to give insight into provider's thinking. I.e. If a provider uses "general malaise/sick, then under the secondary impression, the provider might add "weakness or nausea/vomiting, etc."

d. Assessment / Exam
- Initial assessments must be completed on every patient contact
- Repeat assessments should be documented pre and post interventions
- All assessments must include the following:
1. Provider general impression
2. Detailed skin / perfusion assessment
3. Detailed mental status – Orientation
4. Detailed Neuro assessment
- All extremities
- Cincinnati / LAMS (Stroke/AMS)
5. Detailed Chest assessment
- Lung sounds
6. Complaint specific
- Abdominal pain gets detailed abdominal Assessment etc.

e. Past medical history
- Current medications
- Medication allergies
- Medical / Surgical history
- Environmental / Food allergies
- Advance directives
1. Add a copy of provided document to attachments
- Other medical history
- Any medical history not included in menu

f. Injury / Trauma (Complete if trauma listed as complaint)
- Cause of injury
- Use of occupant safety equipment (Seatbelt, PFD, Helmet etc.)
- Mechanism of injury

- Trauma Criteria
    1. Cat. A or B
    2. Cat. C or D – Complete based on screen in criteria regardless of patient transport destination
- Trauma referral center notified
    - Yes: Contact was made with trauma facility
    - No: Did not contact a trauma facility
- Main area of vehicle impact – Only if MVC related
    - Location of patient in vehicle
    - Airbag deployment
    - Height of Fall - This number should reflect the height of the patient's feet at the time of fall (Example: Standing = 0 feet)

g. Cardiac Arrest
- Complete on all cardiac arrest patients

h. Stroke
- Complete on all suspected stroke patients
- Date / Time last known well - Complete all applicable questions

i. Guardian or Closest Relative
- Complete on all minors or if patient is not competent

I. PROVIDER ACTIONS

a. Vitals (ALS or BLS)

- Each Automated vital must be updated and include the following:
    1. Responsiveness
    2. Respiratory rate
    3. Airway / Breathing
    4. Pulse Rate/Quality/Rhythm
    5. BP Location
    6. Pulse Ox qualifier
    7. Blood Glucose Reading when obtained
    8. GCS
- Stroke scale must be assessed in at least one set of vitals for all suspected stroke / AMS patients – or document the reason unable to complete.
- Pain score MUST be documented for all patients who c/o pain.
- Repeat pain scores MUST be documented post treatment (medications)
- One set of vital signs must include the ECG interpretation if used.
- Vital signs must be documented every 5-15 minutes following protocol.
-Required at minimum TWO sets of vitals

b. STEMI / ACS

- Complete whenever a 12-lead ECG is performed

c. Procedures (ALS or BLS)

-List any procedures completed. This includes the following:
    1. Venous Access / Intraosseous Access
    2. 4 Lead and 12-Lead ECG / Pacing
    3. Collar placement
    4. Spinal immobilization
    5. Splinting
    6. Medical consultation / notification
    7. ROSC

8. Termination of Resuscitation
9. All airway management skills (ETT, CPAP, Video ETT, OPA/NPA, supraglottic airway)
10. End-Tidal Co2 Monitoring
11. Rapid Sequence Intubation / Cricothyrotomy / Magill forceps
12. Suction
13. CPR / Mechanical CPR
14. Nasogastric tube placement
15. Others which apply to specific circumstances

d. Medications (ALS and BLS)

List all medications administered – (Including Lactated Ringers and Oxygen).

- All administration times, dose and routes must be properly documented
- All rescue medications administrations prior to EMS arrival should be placed here.

e. TOR / POD

- Crew who pronounced death
- Pronouncement of death date and time
- Complete criteria used in TOR / POD
- Law enforcement name and agency
- Complete narrative box if patient was moved from original position

f. Airway (ALS)

- This section must be completed anytime an advanced airway is placed
    1. Indications for use of invasive airway
    2. Method of airway confirmation – Must contain 2 methods of confirmation
    3. Airway complications encountered
    4. Documented reasons for failed airway management
    5. Date / Time advanced airway procedures were abandoned

g. Downloaded ECG

- Uploaded documentation of ECG and all 12-lead ECGs

J. TRANSPORTATION

a. Destination

- How was the patient moved to EMS transport unit

b. Destination name

- Facility that the patient was transported to
- If the patient was transported to an LZ – Select Landing zone and document mileage to LZ for billing purposes to the tenth of a mile.

c. Type of Destination

- Hospital – ER
- Other EMS Responder (Air) – Landing zone

d. Department taken to:

- ED-Bed, ED-Hallway, Cath Lab, etc.

d. Hospital Capability with patient condition

- Select the choice which best fits the patient (Hospital, Burn, Trauma etc.)

e. Reason for choosing destination

- Answer specific reason destination chosen

f. Hospital activation alert

- Document the time of activation
- Type of activation (Sepsis, stroke, STEMI etc.)

g. Transport disposition
- Type of transport vehicle (Ground, Ground Bariatric, Bus, etc.)
- Method
    1. Ground: Ambulance – Even if transported to LZ
    2. Air: Ambulance not used – air landed at scene
- Transport mode from scene
- Position of patient during transport
- Final patient priority (May differ from initial)
- Patient belongings (Document any items brought with the patient)

K. NARRATIVE

a. CCDFEMS General Order 8-1-2023 requires the following within the narrative:
    1. Reason for dispatch and level of care dispatched (ALS vs. BLS)
    2. Patient's chief complaint
    3. Assessment and reassessments of the patient
    4. All treatments / interventions performed by EMS
    5. All patient responses to those treatments and interventions
    6. Transport destination and priority
    7. Transfer of care
    8. If an ALS call is downgraded to BLS the narrative MUST contain a statement such as: "ALS assessment performed and ALS provider downgraded patient to BLS".
        -ALS assessment must be documented in accordance with the CCDFEMS Downgrade Policy
    9. Avoid using statements such as "vital signs normal". Consider instead using "vital signs stable."
    10. Patient vital signs pre and post treatments and therapies.

b. Only approved abbreviations are to be used within the EMS narrative.

c. Narratives are to be written completely and accurately and in a manner that does not require the reader to change tabs / pages.

Recommended Narrative Template (SOAP)

Subjective - What You Are Told

1. Describe the patient, specifically age and gender, general appearance.
2. Chief complaint.
3. What the patient tells you, including history of the present event and answers to your OPQRST questions.
4. What other people at the scene tell you: other responders, witnesses, police.
5. Previous medical history, current medications, drug, and environmental allergies.

Objective - What You See/Hear/Feel

1. Initial impression of the patient, including his or her location and position.
2. Vital signs, including breath sounds.

3. Physical exam findings and level of consciousness. It can be separated into primary (ABCDs) and secondary (body systems head to toe, so it's easy to remember).

4. General observations and other noteworthy information such as environmental conditions, patient behavior, etc.

5. Description of the scene, such as amount of damage to the vehicle's windshield, steering wheel and passenger compartment.

Assessment

1. Diagnostic conclusion(s) based on the patient's chief complaint and your physical exam findings.

2. You may have more than one problem listed and can qualify each with "possible" or "rule out."

Plan - What You Did

1. This is the only portion of your patient care report that should be chronological.

2. Where is the patient going, how are they getting there (i.e. ground, helicopter, POV). If the patient is being Medevac'd to a hospital, are you transporting to the landing zone? Where is the landing zone?

3. Describe what was done for the patient and how he or she responded to treatment. All EMS procedures and EMS administered medications (Times, route, dose) should be documented. Any care provided prior to your arrival should be listed, how any pre-arrival care was discontinued or transferred. Document the condition upon hospital arrival, how care was transferred, to who and where pt was placed (same goes for fly outs).

4. Document any indicated interventions that were withheld and the reason for doing so (i.e. Aspirin withheld for this chest pain patient due to aspirin allergy.)

Service defined questions.

- MUST be answered on every report.

1. Short form or completed report shall be left with receiving Facility.

2. All priority 1 patient care reports shall be completed prior to leaving the hospital.

Exceptional Call

- Requires follow-up from CCDFEMS QA/QI Personnel

Crew exposure / Injury

- Complete if crew member is exposed or injured

COVID

- Needs to be completed for all patient contacts

-Includes PPE use

L. TIMES

- Most are autogenerated, however times should be recorded via MDT and added to the report as needed.

M. MILEAGE

- Must be documented for all transports, including transports to LZ - Must be documented to the nearest tenth of a mile (Ex. 12.6 miles)

N. SIGNATURES

a. Required signatures: Please reference the REQUIRED signature matrix below to validate the signatures that are required. Billing requires a patient signature OR documentation why a signature was not obtained.

1. Primary care clinician – Must be legal signature.
2. Patient -
   -Refusals
   - HIPAA compliance
   - Billing authorization
   - Receipt of patient belongings
   - Permission to treat
3. Witness
   - Patient refusals
   - Patient unable to sign due to illness, injury or minor
4. Nurse
   - Transfer pf patient care
   - Receipt of patient belongings

<u>SEE SIGNATURE MATRIX BELOW**</u>**

CCDFEMS REQUIRED SIGNATURE MATRIX

PATIENT TRANSPORTED

PATIENT CAPABLE OF SIGNING

TYPE OF PERSON SIGNING	SIGNATURE REASON	SIGNATURE STATUS
PATIENT	• HIPAA ACKNOWLEDGEMENT/RELEASE • AUTHORIZATION/RELEASE FOR BILLING	SIGNED
EMS PRIMARY CARE PROVIDER (FOR THIS EVENT)	REPORT AUTHOR	SIGNED
HEALTHCARE PROVIDER	TRANSFER OF PATIENT CARE	SIGNED

PATIENT NOT CAPABLE OF SIGNING

TYPE OF PERSON SIGNING	SIGNATURE REASON	SIGNATURE STATUS
PATIENT	• HIPAA ACKNOWLEDGEMENT/RELEASE • AUTHORIZATION/RELEASE FOR BILLING	NOT-SIGNED (REASON)
EMS PRIMARY CARE PROVIDER (FOR THIS EVENT)	REPORT AUTHOR	SIGNED
HEALTHCARE PROVIDER	TRANSFER OF PATIENT CARE	SIGNED
EMS PRIMARY CARE PROVIDER (FOR THIS EVENT) ***OR*** PATIENT REPRESENTATIVE	AUTHORIZATION/RELEASE FOR BILLING	SIGNED - NOT PATIENT

REFUSALS OR DECEASED NON-TRANSPORT

PATIENT CAPABLE OF SIGNING

TYPE OF PERSON SIGNING	SIGNATURE REASON	SIGNATURE STATUS
PATIENT	• HIPAA ACKNOWLEDGEMENT/RELEASE • REFUSAL OF SERVICES	SIGNED
EMS PRIMARY CARE PROVIDER (FOR THIS EVENT)	REPORT AUTHOR	SIGNED
WITNESS; OR, POLICE OFFICER; OR, EMS CREWMEMBER (OTHER)	WITNESS	SIGNED

PATIENT NOT CAPABLE OF SIGNING

TYPE OF PERSON SIGNING	SIGNATURE REASON	SIGNATURE STATUS
PATIENT	• HIPAA ACKNOWLEDGEMENT/RELEASE • REFUSAL OF SERVICES (NOT REQUIRED FOR DECEASED NON-TRANSPORT)	NOT-SIGNED (REASON)
EMS PRIMARY CARE PROVIDER (FOR THIS EVENT)	REPORT AUTHOR	SIGNED
PATIENT REPRESENTATIVE	• HIPAA ACKNOWLEDGEMENT/RELEASE • REFUSAL OF SERVICES	SIGNED – NOT PATIENT
WITNESS; OR, POLICE OFFICER; OR, EMS CREWMEMBER (OTHER)	WITNESS (NOT REQUIRED FOR DECEASED NON- TRANSPORT)	SIGNED

OPERATIONAL SUPPORT
(LIFT ASSIST – UNINJURED)

TYPE OF PERSON SIGNING	SIGNATURE REASON	SIGNATURE STATUS
PATIENT	• HIPAA ACKNOWLEDGEMENT/RELEASE • REFUSAL OF SERVICES	SIGNED
EMS PRIMARY CARE PROVIDER (FOR THIS EVENT)	REPORT AUTHOR	SIGNED
WITNESS; OR, POLICE OFFICER; OR, EMS CREWMEMBER (OTHER)	WITNESS	SIGNED

UNABLE TO OBTAIN A SPECIFIC SIGNATURE

TYPE OF PERSON SIGNING	SIGNATURE REASON	SIGNATURE STATUS
ENTER TYPE OF PERSON	ENTER REASON	CHOOSE "NOT SIGNED – REASON"

<u>O. Opioid Crisis:</u> Complete anytime Narcan was administered including prior to EMS

P. COVID-19: Complete for all patients who are PUI

Q. PPE Used: Complete for a contagious or infectious patient

R. Patient Refusal:

a. (ALS OR BLS) Each refusal assessment shall include:

1. Visual assessment - injuries, responsiveness, level of consciousness, orientation, respiratory distress, gait, skin color, diaphoresis.

2. Primary survey - airway, breathing, circulation, and disability

3. Vital signs - pulse, blood pressure, respiratory rate and effort, pulse oximeter when available.

b. Medical calls - exam of lungs, heart, abdomen, and extremities. Blood glucose testing for patients with Diabetes Mellitus. Neurological exam for altered consciousness, syncope, or possible stroke.

c. Trauma calls - for patients meeting criteria in the Maryland Medical Protocols Trauma Decision Tree recommending transport to a Trauma Center: exam of neck and spine, neurological exam, palpation, and auscultation of affected body regions (chest, abdomen, pelvis, extremities).

d. Complete Section One of the Patient-Initiated Refusal of EMS, documenting the patient's medical decision-making capability and any "At-Risk" criteria.

e. Complete Section Two, which documents clinician assessment and actions.

f. Following patient counseling and Base Station hospital consultation, when indicated, complete Section Three: Initial Disposition, Interventions, and Final Disposition.

g. Document your assessment, the care provided, elements of the refusal, medical decision-making capability, and "At-Risk" criteria in the report. Request that the patient and a witness sign the report to indicate refusal of treatment and/or transport. If the patient/authorized decision maker refuses to sign the refusal statement:

1. Contact a supervisor.

2. Explain the need for a signature and again attempt to have the patient sign the refusal statement.

3. If not already done, have a witness sign the refusal statement.

- The preferred witness order for refusal documents:
    a. Family / Spouse of patient
    b. Law enforcement
    c. Other EMS provider from different unit
    d. Bystander

4. Transmit the patient's unwillingness to sign the refusal statement on a recorded channel (ECC) and document all steps taken to convince patient to sign.

IV. RECISION

This Standard Operating Procedure rescinds all directives regarding EMS reporting and documentation, or similar content previously issued for personnel of the Carroll County Department of Fire & EMS.