Ambulance Service

Documentation Standards

Part I GENERAL

For all Parts of the documentation standard, the following are required:

1. Reports required under this standard may be made in either written or electronic format provided that completed reports remain readable and readily accessible for review for at least 5 years from the date of the collision, incident or patient care event documented.

2. Reports made under this standard will be retained for a period of at least 5 years from the date of the documented event.

3. Information contained in reports made under this standard will be of a completeness and quality suitable for use as evidence in an investigation or legal proceeding.

4. Where a document under this standard contains information that could identify a person who is a patient, the report and the information contained therein is subject to the confidentiality provisions of the Ambulance Act and shall be secured from unauthorised access.

5. In each instance where a report is required under this standard the report shall be completed as soon as possible following the event and will always be completed prior to the end of the shift or work period during which the documented event occurred.

6. Where a person who is responsible to complete a report under this standard is unable to complete the report due to illness or injury, the operator, manager, or their designate will arrange to have the required report completed as soon as it becomes known that the responsible person is physically unable to complete the report. In each respect, the required report will be completed within 24 hours of the event required to be documented.

7. Each employee or agent of the provider who participated in an ambulance call or was a witness to an event requiring a report under this standard will sign the report. In the case of a collision report the service operator may complete and sign the collision report on behalf of the vehicle driver or other employee of the operator when the driver or other employee is physically unable to complete the report due to injury.

PART II - COLLISION REPORTING REQUIREMENTS

1. When a collision occurs that involves an ambulance or emergency response vehicle, a collision report will be completed when:

    a) A collision occurs between that vehicle and any other private or publicly owned vehicle, or
    b) Any person is injured as a result of a collision, or
    c) The vehicle collides with and causes damage to vehicle or property, whether stationary or moving.

2. The collision report will contain, at a minimum, the following information where applicable:

    (a) Date and time of the collision
    (b) Date the report was completed
    (c) Location of the collision
    (d) Ambulance service name, address, contact person and designation
    (e) A detailed description of the events leading up to, during, and after the collision
    (f) Description of the use of the vehicle at the time of the collision
    (g) A diagram depicting the collision that includes clear indication of directions of the features in the diagram and will be labelled so as to be easily understood by others

3. If the vehicle was committed to responding to an ambulance call at the time of the collision, the report will also contain:

    (a) Ambulance call number of the assigned call *(as provided by a communications officer)*
    (b) The priority response code of the assigned call that the vehicle was responding to at the time of the collision
    (c) Use of emergency warning systems
    (d) A description of the environment of the collision site, including:
        ❑ weather conditions
        ❑ road conditions
        ❑ type of road surface
        ❑ posted speed limit
        ❑ amount, type and flow of traffic (high / medium / low) (passenger cars, trucks) (slow, fast)
        ❑ light conditions (day/night)

4. Respecting the ambulance or ERV, the collision report will contain:

    (a) Vehicle dispatch identification number
    (b) Vehicle license plate number

July 4, 2000

    (c) Vehicle type
    (d) Details of the amount of damage the vehicle sustained

5. Respecting the driver of the ambulance or ERV, the collision report will contain:

    (a) Driver's name and ambulance identification number
    (b) Driver's license number and class of license
    (c) Hours on duty prior to collision
    (d) Indicate whether the driver was injured and, if so, a brief description of those injuries

6. Respecting other occupants, including patients, the report will contain:

    (a) Names and ID numbers of each EMA or paramedic in the vehicle whether they were injured and, if so, a brief description of the injuries
    (b) Names, addresses, and phone numbers of patients and whether they were injured and, if so, a brief description of the injuries
    (c) Names, addresses, and phone numbers of other passengers / occupants and whether they were injured and, if so, a brief description of the injuries
    (d) Names, addresses, and phone numbers of witnesses, where applicable and available
    (e) Names, addresses, and phone numbers of injured persons other than those listed above, where applicable and available

7. Respecting the other vehicle and property, the report will contain a description of the damage to the other vehicle or property.

8. Each completed collision report will be accompanied by:

    (a) A copy of the police collision report
    (b) A copy of the tachograph card, if the vehicle contains a tachograph

July 4, 2000

PART III - INCIDENT REPORTING REQUIREMENTS

1) Incident reports will be completed when:

   (a) A complaint relating to the operator's service is received by the operator or on the operator's behalf, or
   (b) An investigation is carried out by the operator or under the operator's authority relating to the operator's service, or
   (c) There is an unusual occurrence, including:

      (i)   An unusual response or service delays
      (ii)   A delay in accessing a patient
      (iii) An excessive amount of time on scene
      (iv)   After completing a code 5 or code 6 call (after assessing any patient who meets the requirements for a "Do Not Resuscitate Policy" or who meets the criteria of being "Obviously Dead")
      (v)   A scene or situation that represents a suspected or actual criminal circumstance or event
      (vi)   Equipment deficiencies (malfunctions, or failures) that had an affect on patient care or a patient's outcome
      (vii) Any circumstance that resulted in harm to a patient, ambulance crew member, or any other person in the care of or being transported in an ambulance or emergency response vehicle
      (viii) Any circumstance which resulted in a risk to, or endangerment of the safety of a patient, ambulance crew member, or any other person being transported in an ambulance or emergency response vehicle

   (d) An incident report that is completed in accordance with (c) will be transmitted by facsimile to the appropriate Regional Office of Emergency Health Services Branch as soon as possible following its completion.

2) If an incident report is required as a result of an event occurring on an ambulance call, the report will contain the following:

   (a) Ambulance call number
   (b) Pickup location GEOCODE as applicable
   (c) Dispatch and return transport priority codes
   (d) Ambulance service name
   (e) Date report was completed
   (f) Date of incident occurred requiring the report
   (g) Time of incident requiring the report
   (h) Vehicle identification number
   (i) Names and identification numbers of all ambulance crew members
   (j) Description of the actions and events requiring the completion of the incident report

July 4, 2000

      (k) A description of each EMA or paramedic's observation in relation to the event
      (l) A description of each EMA or paramedic's action/procedures taken in response to the event
      (m) A description of the patient care provided to each ill or injured person at the scene and while enroute to the destination
      (n) Patient identity information including name, address, birth-date, age and gender
      (o) Appropriate diagrams of the scene, if applicable

3) In addition to (2) where injury has occurred to a patient, a crew member, or another person while being transported in an ambulance or ERV, the following information will be recorded in the incident report:

      (a) A description of the injuries sustained by each person
      (b) The name, address, and phone number of each person injured

4) In addition to (2) where an item of patient care equipment has malfunctioned or failed, the following will be recorded:

      (a) Identity of the make and type of equipment, including any identifying number (i.e. Model and serial number)
      (b) A description of the nature and timing of the equipment failure or malfunction
      (c) Whether the equipment failure or malfunction caused any harm or delay in treatment for a patient

5) In situations where criminal activities or events have or may have occurred, the following will be recorded:

      (a) A description of the scene of the event
      (b) The actions and observations of the ambulance crew.
      (c) Names and identification numbers of any police officers / investigators on scene

6) Where an event results in a risk to, or endangerment to, the safety of a patient, ambulance crew member, or any other person being transported in an ambulance or emergency response vehicle, the following should be recorded:

      (a) A description of the risk or endangerment
      (b) A description of the effect that the risk or endangerment had to a patient or other person
      (c) Actions taken by the ambulance crew to deal with the risk or endangerment
      (d) The outcome of such actions documented in (c).

PART IV – PATIENT & PATIENT CARE DOCUMENTATION REQUIREMENTS

1) The patient care provider who has assessed and/or has rendered patient care is responsible for completing the patient care documentation for the person whom he or she assessed or to whom care was provided.

2) An Ambulance Call Report will be completed for each request for ambulance service where a patient was assessed whether or not care was provided or the person was transported by ambulance or emergency response vehicle.

3) Copies of completed Ambulance Call Reports for all patient carrying and patient refusal of service calls will be distributed within 48 hours of completion of the call, as follows :

   ❑ The original copy of the completed ambulance call report will be left with the receiving hospital staff who is taking over responsibility for the patient (*with the exception of patient refusal of service calls*),
   ❑ A copy as designated will be distributed to the base hospital,
   ❑ A copy as designated will be distributed to the department or office that is responsible for billing (*with the exception of patient refusal of service calls*),
   ❑ A copy as designated will be retained by the service operator.

4) In those instances where assessment occurs with more than one patient, an Ambulance Call Report will be completed for each person assessed by each member of the ambulance crew.

5) In the event that a patient refuses care and/or transport, the crew will seek to have the patient or a substitute decision-maker for the patient complete and sign the appropriate areas of the refusal of service portion of the Ambulance Call Report.

6) Where a refusal of service is to be documented, the crew will request any witnesses to complete the appropriate area of the Ambulance Call Report and document this request on the Ambulance Call Report in the event that a witness declines to sign the Report.

July 4, 2000

A: For each instance where a patient is assessed regardless of whether or not they are transported by ambulance or emergency response vehicle, an Ambulance Call Report will be completed and will contain the following:

- Warning system used
- ARIS No.
- Service Name
- Date
- Service Number
- Station Number
- Vehicle No.
- Distance(s) travelled
    - Start Km's
    - Pick-up Km's
    - Destination Km's
- Pick-up location
- Dispatched priority (See List A)
- Remarks area – reason for cancellation
- Refusal of service – if applicable
- Driver No.
- Attendant No.
- Driver Name
- Attendant Name
- Signature of Driver
- Signature of Attendant

B: In addition to A above, where patient assessment, care and/or transport is initiated the following will be recorded on the Ambulance Call Report for each patient:

- patient surname
- patient given name
- Mailing Address
- Nature of Emergency/Transfer
- Chief Complaint
- Illness/Injury nature code (See List B)
- History of current condition
- Relevant past History
- Medication/allergies
- Physical exam
- Pulse
- Respiration
- Skin
- Blood pressure
- Record of Coma Scale (where applicable)
- Patient care procedures (including time, medicine, procedure, result, and code)
- EMA/Paramedic Initials for actions
- Primary patient care problem
- Primary patient care problem code (See List C)

C: In addition to A and B above, where patient care is provided and that patient is transported in an ambulance or emergency response vehicle, the Ambulance Call Report will contain the following:

- Return priority
- Patient No.
- Patient Sequence No.
- Remarks area
- Nature of Emergency/Transfer

D: In addition to A and B above, where a patient is contacted and refuses care or transport, the following fields of the Ambulance Call Report will be completed:

- Remarks area – reason for cancellation
- Refusal of service section

July 4, 2000

Table A   Dispatched priority

Code	Description
1	Deferrable
2	Scheduled
3	Prompt
4	Urgent
8	Protective Standby

Table B   Primary patient care problem code

Code	Description
T	Trauma
C	Cardiac
R	Respiratory
A	Cardiac Arrest – Cause Unknown
M	Medical
G	Obstetrics/Gynecology
O	Other Emergency
TR	Treatment and/or Return Transfer
CI	Convalescent/Invalid Transfer
OT	Other transfer

Table C   Illness/Injury nature code

Code	Description
01	Total airway obstruction
02	Partial airway obstruction
03	Respiratory failure
04	Newborn dyspnea
05	Shortness of breath (NYD)
06	Pulmonary edema (CHF)
07	Near drowning
08	Asthma
09	
10	Allergic reaction
11	Multiple system trauma
12	Chest trauma
13	Head injury
14	Burn
15	Fracture
16	Hemorrhage

July 4, 2000

17	Penetrating injury
18	Cardiac arrest
19	Shock
20	Chest pain
21	Unconsciousness (NYD)
22	Drug overdose/poisoning
23	Convulsions
24	Diabetic emergencies
25	Stroke/CVA/TIA
26	Gastrointestinal hemorrhage
27	Obstetrics
28	Abdominal pain – not trauma
29	Back pain – not trauma
30	Environmental emergency
31	General illness
32	Behaviour disorder/psych.
33	Other medical
34	Other (if trauma)

July 4, 2000