



Burlington Fire Department



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Section: 02 - Emergency Medical Services	
SOG Number: 02.02	Effective Date:
Subject: Patient Care Reports	
By Order of Fire Chief Steven A. Locke	

I. Purpose:

To provide consistent guidelines for Patient Care Reports (PCR) for EMS response incidents. This Standard Operating Guideline (SOG) complies with the Vermont Department of Health Rules and Regulations (2018), Vermont Statewide EMS Protocols (2020), and Vermont EMS District 3 Documentation Standards (2017).

II. Scope:

This SOG applies to all Vermont licensed EMS providers within the Burlington Fire Department (BFD).

III. Definitions:

Ambulance Unit: The BFD apparatus responsible for caring for and transporting patients to a medical facility. The assigned units are Ambulance 1, Ambulance 2 and Ambulance 4.

CHART Method: The narrative is defined by five section headers: Chief Complaint, History (subjective data), Assessment (objective data), Response to emergency medical treatments (or 'Rx'), and Transport.⁴

Emergency Medical Personnel: Personnel, including volunteers, licensed by the Department of Health to provide medical treatment on behalf of a licensed ambulance service, first responder service, or healthcare facility that provides medical treatment. The term does not include duly licensed physicians, dentists, nurses, or physician assistants when practicing in their customary work setting.²

Emergency Medical Services: An integrated system of personnel, equipment, communication, and services to provide emergency medical treatment.²

Emergency Medical Services District: A political subdivision established to facilitate the provision of pre-hospital emergency medical treatment within a given area.²

Emergency Medical Treatment: Pre-hospital, in-hospital, and inter-hospital medical treatment rendered by emergency medical services personnel given to individuals who have suffered illness or injury in order to prevent loss of life, the aggravation of the illness or injury, or to alleviate suffering. Emergency medical treatment includes basic emergency medical treatment and advanced emergency medical treatment.²

EMS Response Incident: Any EMS response or patient encounter, including 9-1-1 or other emergency responses, patient transports (emergency or non-emergency), inter-facility transfers (emergency or non-emergency), patient refusals of treatment or transport, and patients treated and released without transport.²

Fire Company: A BFD apparatus that provides first response and supplemental staffing during EMS incidents. They do not have transport capabilities.

License: An accreditation issued to emergency medical personnel, ambulances, or an EMS agency by the Department of Health in accordance with these rules that authorizes the individual, ambulance, or agency to provide emergency medical treatment.²

Medical Direction: The entire system of quality assurance and medical accountability for basic and advanced emergency medical treatment. Pre-hospital medical direction shall include direction and advice given to emergency medical personnel by a physician or a person acting under the direct supervision of a physician provided through:

- Off line medical direction or direction of emergency medical services personnel through the use of protocols, review of cases, and determination of outcomes, and through training programs.
- On line medical direction, via radio or telephone, of field personnel at the site of the emergency and en route to a hospital emergency department.²

Medical Facility: A hospital providing emergency services to an emergency medical services district.²

Patient Care Report (PCR): The form that describes and documents EMS response incidents.²

Protocol: Written guidance, supplied and maintained by the Department of Health, specifying the conditions under which some form of emergency medical

treatment is to be given by personnel licensed under this rule. Additional protocols, approved by the district medical advisor and the Department of Health, may be adopted for use within a specific EMS district.²

Riding the Seat (RTS) Provider: The emergency medical personnel who provides assessment and care of the patient during transport to the medical facility.

Service Status: The ability for a BFD unit to respond to an emergency/non-emergency incident.

- In service: The unit is able to respond.
- Out of Service: The unit is unable to respond.

Stand-by: An EMS incident where the responding Ambulance Unit is released prior to making patient contact. Fire responses are not considered stand-by events.

Statewide Incident Reporting Network (SIREN): The electronic EMS response incident reporting system maintained by the Department to collect information about EMS response incidents for the purposes of protecting the public health and planning, analyzing, monitoring, managing, reporting, and improving Vermont's EMS system.²

IV. Guidelines:

A). Patient Transports to a Medical Facility.

1. The RTS Provider is responsible for completing the SIREN PCR within 4 hours of transferring patient care to UVM MC.
 - a. The SIREN PCR narrative must be completed using the CHART method and include the author's name and certification level.⁴
 - b. Attachments to the PCR must be provided to the receiving medical facility or attached to the SIREN PCR within 24 hours of the call⁴, including but not limited to:
 - (1) 12-lead ECG (if not transmitted)
 - (2) Stroke Alert Forms
 - c. If an emergency medical treatment is performed by a provider with a higher certification than the RTS Provider, that provider is required to append the SIREN PCR narrative explaining the assessment and emergency medical

treatment they performed. They shall include their name and certification after their narrative.

- d. In the event that a BFD Paramedic or Advanced Emergency Medical Technician (AEMT) intercepts a non-BFD Ambulance Unit, they shall complete a separate SIREN PCR.^{1,4}

- (1) Capability of Ambulance Unit.

- (a) If you are the transporting agency, select “Ambulance” – either ALS or BLS depending on your crew.
- (b) If you are the intercepting paramedic, select “Intercept.”

- (2) Incident / Patient Disposition.

- (a) If you are the transporting agency, select “Patient Treated, Transported by THIS EMS Unit.”
- (b) If you are the intercepting paramedic, select “Intercept.”

- e. When a provider has more than 1 SIREN PCR to complete, that Ambulance may go out of service to complete those reports for up to 1 hour.

- (1) Considerations for out of service time for report writing;

- (a) Other emergencies happening locally
- (b) Mutual aid availability
- (c) Training
- (d) Notify the shift commander of Unit being out of service for PCR

2. Transfer of care;

- (1) Upon arrival at UVM MC, patient care is considered transferred when a verbal report is given to qualified medical professional:

- (a) Provide a verbal report to the receiving medical facility detailing:²

- (i) Name, address, date of birth, and other identifying information
- (ii) Chief complaint
- (iii) History of the present illness or injury
- (iv) EMS treatments provided
- (v) Vital signs
- (vi) Past medical history
- (vii) Medications
- (viii) Allergies
- (ix) Ambulance service identifying information;

- (x) Date and time of response; and
- (xi) Other information that may be important to the initial management of the patient at the hospital or facility receiving the patient.

B). Patient Non-transports.

1. The Fire Company is responsible for completing the SIREN PCR for all patient non-transports within 4 hours of the incident time.
 - a. The SIREN PCR narrative must be completed using the CHART method and include the author's name and certification level.⁴
 - b. Attachments to the SIREN PCR must be provided to the EMS district medical facility or attached to the SIREN PCR within 24 hours of the call⁴, including but not limited to:
 - (1) 12-lead ECG (if not transmitted)

C). Stand-bys.

1. The RTS Provider is responsible for completing the SIREN PCR for all stand-by incidents within 4 hours of the incident date.
 - a. The SIREN PCR narrative does not require the CHART Method⁴ because there is no patient contact.

V. Responsibility:

It is the responsibility of all Vermont licensed EMS providers within the Burlington Fire Department to understand and follow this SOG. Fire Company officers and RTS Providers shall ensure that all SIREN PCRs and supplemental documentation is completed accurately and within a timely manner.

VI. References:

1. Gause, E. (2017). *Intercept documentation best practices*. Vermont Department of Health. Retrieved September 02, 2021 from file:///home/chronos/u-ca48e0ce5fa31b8f907d88ef028ec2f44620b7e6/MyFiles/Downloads/Best%20Practices%20Intercept%20Documentation%20July%202017%20.pdf
2. Vermont Department of Health. (2018). *Emergency medical services rule. rules and regulations*. Retrieved September 02, 2021 from file:///home/chronos/u-

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3. Vermont Department of Health. (2020). *Vermont statewide emergency medical services protocols*. Retrieved September 02, 2021 from https://www.healthvermont.gov/sites/default/files/DEPRIP.HL_.2020%20Protocols%202020%20June%205%20Hyperlinked%20FINAL.pdf

4. Vermont Emergency Medical Services District 3. (2017). *Documentation standards*. Retrieved September 02, 2021 from file:///home/chronos/u-ca48e0ce5fa31b8f907d88ef028ec2f44620b7e6/MyFiles/Downloads/VTEMSD3%20Documentation%20Standards%20Policy%2010122017%20.pdf

Revision History			
Revision Date	Section	Summary	Principal Author
	All	Initial release	SFF, T. Mitchell
10/06/2021	All	Overall editing	BC Murphy