



# **SENECA COUNTY**

## **Emergency Medical Service**



### **Seneca County Emergency Medical Services Standard Administrative Guideline**

**Subject: Pre-Hospital Care Reports**

**Reference Number: 20**

**Effective Date: 8-08**

**Revision Date: 8-10**

**Purpose:**

The purpose of this guideline is to establish policy and procedure for completing the Seneca County Emergency Medical Services Pre-Hospital care report. These are commonly referred to as “runsheets”.

**Background:**

The pre-hospital care report is a legal document that documents all of the patient care data collected during the EMS response.

Run reports are to be completed for all runs including, but not limited to standbys, no transports, and cancelled runs. A copy of the completed run report should be left at the emergency department at the time of the run. If you are unable to complete the run report prior to leaving the hospital you may complete the run report back at your station and fax the completed report to the hospital. Use a separate report for each patient treated and transported and/or refusal. Run reports are to be used in a numerical sequence.

**1. DISTRIBUTION**

The run reports should be distributed as follows: Top copy (white) – SCEMS office; Bottom copy (yellow) – receiving hospital. The SCEMS copy is to be secured at your station in a designated locked cabinet. They shall be delivered to the SCEMS office at least once per week. Postage paid envelopes are available if necessary, or contact the SCEMS office for pick up.

**2. PATIENT PRIVACY / INCIDENT DISCRETION**

Under no circumstances should a run report or any information, either written or verbal, be released to anyone including family, law enforcement, or even the patient. Any such requests should be made directly to the SCEMS office. Any information pertaining to a particular patient or incident is to be discussed with only those directly involved with patient care. There are to be no photocopies, scans, or other reproductions made of any report for any reason with the exception of the SCEMS office.

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### **3. INCOMPLETE REPORTS**

If it is not possible to leave a completed report at the receiving hospital at the time of the run, make arrangements to provide the completed yellow copy or a faxed copy of the run report no later than 24 hours after the run.

This should only occur during a Multiple Casualty Incident (MCI) or other unusual circumstances when the squad is needed to return to service immediately.

If you must fax a run report please include the following on a fax cover sheet:

CONFIDENTIALITY NOTICE: This message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender at <insert return phone #> and destroy all copies of the original message.

An example of an EMS cover sheet is available at the back of this book.

### **4. ADDENDUMS TO RUN REPORTS**

If additions or corrections are necessary once a completed report has been left at the receiving hospital, an addendum to the report must be supplied to the hospital and SCEMS office. All addendums will be written on a supplemental sheet and be completed within one (1) week of the run.

### **5. VOIDING RUN SHEETS**

Anytime a run sheet needs to be voided, in large letters, write 'VOID' across the entire page and return both copies to the SCEMS office. Never throw out a run sheet as each one must be accounted for.

### **6. SUPPLEMENTAL RUN SHEETS**

Supplemental run sheets are to be used with each run for narrative as well as for refusals or documentation of non-injury calls. Be sure to complete both sheets (first page and supplemental) and have each crewmember, including the driver, sign every sheet.

### **7. INCIDENT REPORTS**

This form should be utilized anytime an unusual, uncommon, or non-compliant situation requires documentation to be recorded with the SCEMS office. These forms should *not* be used for patient information. These forms are to be turned in to the SCEMS office *only*.

### **8. SIGNATURE FORMS**

The Ambulance Billing Authorization and Privacy Acknowledgment Form shall be completed for every patient treated, assessed, or transported by Seneca County EMS.

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