

## **NYS DOH POLICY STATEMENTS – RECENT ISSUANCES**

- 12-02 PREHOSPITAL CARE REPORTS (PCRs): Covers PCR/ePCR use, information entry, distribution of paper PCRs, confidentiality/disclosure/personal healthcare information, HIPAA, other PCR/ePCR disclosures and disposition codes. EMS services are required to leave a paper copy or transfer of the electronic PCR information to the hospital prior to the EMS service leaving the hospital. Minimal requirements include patient demographics, presenting problem, assessment findings, vital signs and treatment rendered. Medical records must be retained for six (6) years. For patients under age 18, the PCR must be retained additionally for three (3) years after the child reaches age 18.
- 12-03 ELECTRONIC PCR DATA SUBMISSION: Public Health Law Article 30 requires all ambulance and advanced life support first response services (ALS-FR) submit call reporting documentation to the NYS DOH in a format approved by the Department. With ePCR systems, it is necessary to ensure data is uniformly collected and can be uploaded to other systems such as the National EMS Information System (NEMSIS) and Regional Health Information Organizations (RHIOs). Once the NYS DOH receives a written request to submit patient data electronically, it will review the request, and require the EMS service through a Memorandum of Understanding, to agree to the conditions set forth by the Department.
- 12-04 ADVISORY ON PATIENT CARE IN A MOVING AMBULANCE: This policy (or advisory) was developed to assist EMS providers and agencies in adopting policies and procedures that will address issues of improved and appropriate personal safety while treating and transporting patients in the patient care compartment of the ambulance. Additionally, this policy is intended to articulate the need for provider, patient and equipment restraint in the patient compartment. It is also intended to improve the EMS agency's awareness of the inherent risks to unrestrained personnel and encourage agencies to be proactive in making this aspect of the prehospital environment safer for their personnel and patients. Whenever possible, EMS providers should perform patient care skills when they are appropriately restrained in a moving vehicle or done when the vehicle is stopped. Agencies should strongly consider technological adjuncts such as automated vital signs monitors and multiple control panels that will allow providers to continue to perform essential aspects of patient care while seat belted.