

## **100097.01 Record Keeping**

### **(a)**

Each paramedic approving authority shall maintain a record of approved training programs within its jurisdiction and annually provide the Authority with the name, address, and program director of each approved program. The Authority shall be notified of any changes in the list of approved training programs.

### **(b)**

Each paramedic approving authority shall maintain a list of current paramedic program medical directors, program directors, and principal instructors within its jurisdiction.

### **(c)**

The Authority shall maintain a record of approved training programs.

### **(d)**

Each LEMSA shall, at a minimum, maintain a list of all paramedics accredited by them in the preceding five (5) years.

### **(e)**

The paramedic is responsible for accurately completing, in a timely manner, the electronic health record referenced in Section 100096.03(a)(6) compliant with the current versions of the National EMS Information System and the California EMS Information System, which shall contain, but not be limited to, the following information when such information is available to the paramedic: (1) The date and

estimated time of incident. (2) The time of receipt of the call (available through dispatch records). (3) The time of dispatch to the scene. (4) The time of arrival at the scene. (5) The location of the incident. (6) The patient's: (A) Name; (B) Age or date of birth; (C) Gender; (D) Weight, if necessary for treatment; (E) Address; (F) Chief complaint; and (G) Vital signs. (7) Appropriate physical assessment. (8) Primary Provider Impression. (9) The emergency care rendered and the patient's response to such treatment. (10) Patient disposition. (11) The time of departure from scene. (12) The time of arrival at receiving facility (if transported). (13) Time patient care was transferred to receiving facility. (14) The name of receiving facility (if transported). (15) The name(s) and unique identifier number(s) of the paramedics. (16) Signature(s) of the paramedic(s).

**(1)**

The date and estimated time of incident.

**(2)**

The time of receipt of the call (available through dispatch records).

**(3)**

The time of dispatch to the scene.

**(4)**

The time of arrival at the scene.

**(5)**

The location of the incident.

**(6)**

The patient's: (A) Name; (B) Age or date of birth; (C) Gender; (D) Weight, if necessary for treatment; (E) Address; (F) Chief complaint; and (G) Vital signs.

**(A)**

Name;

**(B)**

Age or date of birth;

**(C)**

Gender;

**(D)**

Weight, if necessary for treatment;

**(E)**

Address;

**(F)**

Chief complaint; and

**(G)**

Vital signs.

**(7)**

Appropriate physical assessment.

**(8)**

Primary Provider Impression.

**(9)**

The emergency care rendered and the patient's response to such treatment.

**(10)**

Patient disposition.

**(11)**

The time of departure from scene.

**(12)**

The time of arrival at receiving facility (if transported).

**(13)**

Time patient care was transferred to receiving facility.

**(14)**

The name of receiving facility (if transported).

**(15)**

The name(s) and unique identifier number(s) of the paramedics.

**(16)**

Signature(s) of the paramedic(s).

**(f)**

A LEMSA shall establish policies for the collection, utilization, storage and secure transmission of interoperable electronic health records.

**(g)**

The paramedic service provider shall submit electronic health records to the LEMSA according to the LEMSA's policies and procedures.

**(h)**

The LEMSA shall submit the electronic health record data to the Authority within seventy-two (72) hours after completion of the patient encounter, or at longer intervals if established by written agreement between the LEMSA and the Authority.