



**MONTGOMERY COUNTY
FIRE AND RESCUE SERVICE**

02-01AMIII

Policy and Procedure

Page 1 of 13

**Incident Reporting Requirements and
Records Management**

08/01/2016

Issued by: Fire Chief Scott E. Goldstein

Policy Number: 02-01-AMIII

Authority: Montgomery County Code Section 21-3 (b)

Supersedes: Policy and Procedure 02-01AMII, *Records Management System*, dated 11/15/2004, FCGO 05-05: *Records Management System (RMS)*, FCGO 05-17: *Records Management System (RMS) Compliance – Phase 2*, FCGO 13-01: *EMS Patient Care Reporting Requirements (Revised)*, FCGO 13-12: *Accountability of Events While Transferred to Out-of-County Fire Stations*. Directive 03-04: *Medical Documentation*, Directive 01-13: *Confidentiality of Medical Records*.

Effective Date: August 1, 2016

SECTION 1. Purpose:

To establish procedures for Montgomery County Fire and Rescue Service (MCFRS) report writing requirements, data entry, system security, and release of incident documentation.

SECTION 2. Applicability:

This policy applies to all MCFRS uniformed and civilian personnel.

SECTION 3. Background:

The Records Management System (RMS) operates over a wide area network, with terminals in all Montgomery County Fire and Rescue Service work sites. The information collected fulfills data reporting requirements of several federal, state, and local agencies and programs. These agencies and programs include but are not limited to the Federal Emergency Management Agency (FEMA); the National Fires Incident Reporting System (NFIRS); the Senator William H. Amoss Fire, Rescue and Ambulance (“508”) Fund; the Maryland Institute for Emergency Medical Services System (MIEMSS); and the Length of Service Awards Program (LOSAP). The data collected is also critical for fire and rescue service management, budgetary, and planning purposes.

SECTION 4. Definitions:

- a. **EMS Report:** A document containing patient and service data fields required by the Maryland Institute for Emergency Medical Services System (MIEMSS).



**MONTGOMERY COUNTY
FIRE AND RESCUE SERVICE**

02-01AMIII

Policy and Procedure

Page 2 of 13

**Incident Reporting Requirements and
Records Management**

08/01/2016

- b. **ePCR**: Electronic Patient Care Report.
- c. **HIPAA**: Health Insurance Portability and Accountability Act, a law designed to provide privacy standards to protect a patients' medical records and health information provided to health plans, physicians, hospitals and other health care providers.
- d. **Incident Commander**: The uniformed fire/rescue person in charge of an incident, regardless of size or complexity.
- e. **Incident Report**: Report containing service data fields required by MCFRS. One Incident Report must be completed for each incident dispatched by the Public Safety Communications Center (PSCC).
- f. **MIEMSS Short Form Patient Information Sheet (Short Form)**: The hard copy document approved by MIEMSS for providers to record patient information until the information can be entered into the approved electronic Records Management System.
- g. **Personnel**: All career and volunteer personnel of the Montgomery County Fire and Rescue Service.
- h. **Protected Health Information**: Any information about health status, provision of health care, or payment for health care that is created or collected, that can be linked to a specific individual.
- i. **Records Custodian**: A person appointed by the Fire Chief to manage and process MCFRS records and reports.
- j. **Record Management System (RMS)**: Montgomery County Fire and Rescue Service's automated incident data recording, storage, reporting, and retrieval system.
- k. **Unit Officer**: The highest ranking IECS-certified person assigned to a fire rescue unit.
- l. **Unit Report**: Report containing data fields recording rank, affiliation, and riding positions of unit personnel, type of service provided, tools and equipment used, miles traveled, etc.

SECTION 5. Policy:

- a. A Unit Report must be completed for every unit dispatched/responded on an incident. The appropriate personnel must complete the Unit Report, Incident Report, EMS Report, and other related reports after the conclusion of an incident.
- b. Reports that were completed before March 25, 1997, exist in hard copy and are deemed to be in the custody of the LFRDs. Reports of incidents that occurred after this date are presumed to have been entered into the RMS and are in the custody of the Fire Chief.
- c. All patient information is confidential and must be secured at all times.



**MONTGOMERY COUNTY
FIRE AND RESCUE SERVICE**

02-01AMIII

Policy and Procedure

Page 3 of 13

**Incident Reporting Requirements and
Records Management**

08/01/2016

- d. Personnel must comply with all provisions in FRC Policy No. 01-04, Office Automation Security Policy, dated July 1, 1998, to prevent unauthorized and inappropriate access to records.
 - 1. Each station must designate a secure location to store reports that exist on paper, pending keypunching, shredding, or transfer to another secure form of storage. If the RMS application is out of service, personnel should consult the *RMS Contingency Plan* (SECTION 7.g) for proper procedures.
 - 2. Hard copies of Incident Reports and other NFIRS forms used when the *RMS Contingency Plan* is in effect should be shredded and destroyed immediately after completing the Incident and Unit reports.
- e. MIEMSS Short Forms must be stored in a secure place until entered in the ePCR, and must then be sent to the Records Custodian in a sealed envelope.
- f. Release of information from all fire and EMS Reports is centrally coordinated. Release of this information by anyone other than the Fire Chief or designee is prohibited.
- g. The following may be subject to HIPAA laws and may result in MCFRS disciplinary action and/or state, federal, civil, or criminal penalties for the offender:
 - 1. Any unauthorized release of any portion of an EMS Report or patient Protected Health Information;
 - 2. The unauthorized video recording, audio recording, or photographing of a patient; and
 - 3. The discussion of a patient's Protected Health Information, condition, or treatment except for the purposes of patient treatment (e.g. transfer of care), billing, or quality assurance purposes.
- h. General procedures for the authorized release of EMS Reports, Unit Reports and Incident Reports are described below:
 - 1. All requests for EMS Reports must be transmitted in writing to the MCFRS Records Custodian.
 - 2. A patient may see all patient information recorded on the EMS Report, or any other report form regarding his or her care, as permitted by law. Anyone else who requests an EMS Report must present a signed statement from the patient (or the patient's natural guardian) that authorizes the release of the information to that person. If the patient is incapacitated or deceased, an authorized representative must sign the release.
 - 3. All requests for Incident Reports and/or Unit Reports must be transmitted in writing to the MCFRS Records Custodian.



**MONTGOMERY COUNTY
FIRE AND RESCUE SERVICE**

02-01AMIII

Policy and Procedure

Page 4 of 13

**Incident Reporting Requirements and
Records Management**

08/01/2016

SECTION 6. Responsibility:

- a. All MCFRS providers are responsible for the security of all patient documents for patients they have treated. If the electronic RMS is out-of-service at the end of the shift or duty period, the provider is responsible for maintaining the documents until they can be entered into the RMS.
- b. The personnel responsible for completing reports are indicated below:
 1. EMS Report:
 - A. The primary EMS provider is responsible for completing an EMS Report for each patient that they treat, transport, or from whom they obtain a refusal.
 - B. If an ALS provider makes a medical decision to downgrade to BLS, the ALS provider must complete an EMS Report in accordance with SECTION 7.3.2.
 - C. If a BLS provider transfers care to an ALS provider, they may "transfer" the EMS Report to the ALS unit's ePCR.
 2. Unit Report:
 - A. The Unit Officer of every unit is responsible for writing a Unit Report each time the unit responds to an incident. If a unit fails to respond, the Station Officer is responsible for ensuring completion of a Unit Report.
 3. Incident Report:
 - A. Single Unit Response:
 - i. The Unit Officer is responsible for the Incident Report.
 - B. Multiple Unit Response - EMS Call Type:
 - i. For an incident involving only EMS units, the Unit Officer of the first due unit is responsible for completing the Incident Report.
 - ii. For an incident involving EMS units and one fire unit, the Unit Officer of the first due fire unit (an engine, truck, or rescue squad) is responsible for completing the Incident Report.
 - iii. For an incident involving EMS units and more than one fire unit, the Incident Commander is responsible for completing the Incident Report.
 - C. Multiple Unit Response – non-EMS Call Type:
 - i. The Incident Commander is responsible for completing the Incident Report.
 - D. Incidents cancelled during response.
 - i. If a unit other than the first due unit arrives and places units in service, the Unit Officer on the scene is responsible for completing the Incident Report.
 - ii. If the incident is canceled before any unit arrives on the scene, the Unit Officer of the first due unit is responsible for completing the Incident Report.



**MONTGOMERY COUNTY
FIRE AND RESCUE SERVICE**

02-01AMIII

Policy and Procedure

Page 5 of 13

**Incident Reporting Requirements and
Records Management**

08/01/2016

- E. If Level II or Level III Command is established, the Incident Commander is responsible for completing the Incident Report.
- 4. The Fire Chief is the official custodian of records and is responsible for the operation and administration of the Records Management System. The Fire Chief:
 - A. ensures compliance with policies and procedures;
 - B. submits budget requests annually and as needed for improvements to the Records Management System;
 - C. provides for sufficient staff to administer and maintain the RMS hardware and software components;
 - D. authorizes the release of reports, as appropriate, pursuant to legitimate requests; and
 - E. encourages and reviews suggestions from system users for improvements and/or changes to the Records Management System.
- c. The career Battalion Chief or the LFRD Chief, as appropriate, must ensure that all reports in their battalion/department are completed in a timely manner.
- d. The on-duty station officer is responsible for RMS access and security. This officer must ensure that all personnel complete and submit the appropriate RMS reports in a timely manner.
 - 1. At approximately 1900 hours each day, the on-duty station officer must query RMS to determine if all appropriate reports for that shift have been completed. If any reports are outstanding, the station officer must direct the appropriate on-duty personnel to complete their reports as soon as possible.
 - 2. If some reports for that station's area are the responsibility of personnel at other stations, the station officer must contact the appropriate personnel or supervisor and request that the outstanding reports be completed as soon as possible.
- e. The Station Commander is responsible for keeping blank Short Forms and relevant NFIRS data forms available for use when RMS is out-of-service.
- f. All personnel must accurately, completely, and promptly enter the required information and reports into the RMS.

SECTION 7. Procedure:

- a. Incident and Unit Reports must be completed following the incident but no later than the end of the shift or duty period.
- b. An EMS Report must be completed for each patient that is assessed, treated, or transported according to the Maryland Medical Protocols. EMS Reports must be completed at the patient side and posted before the EMS unit leaves the hospital or patient destination.



**MONTGOMERY COUNTY
FIRE AND RESCUE SERVICE**

02-01AMIII

Policy and Procedure

Page 6 of 13

**Incident Reporting Requirements and
Records Management**

08/01/2016

1. For patients that are not transported, the EMS Report must be posted before the unit returns to service.
2. In instances where a MCFRS BLS transport unit is upgraded by an out-of-County ALS provider, the MCFRS BLS crew must complete an EMS Report for each patient transported.
3. If a Multiple Casualty Incident is declared, an EMS Report must be completed for every patient.
 - A. Initial documentation may be in the form of the approved MIEMSS triage tag or Short Form.
 - B. The patient must be tracked using the triage tag number consistent with the Maryland Triage and Patient Tracking System.
 - C. The provider must apply the triage number sticker to any document left at the facility and must retain a copy for later completion in to the ePCR.
 - D. An ePCR must be completed for each patient as soon as practical but no later than 24 hours after the incident, unless specifically authorized in writing by the Incident Commander.
 - E. The provider must complete the ePCR and reference the triage number in the appropriate field.
- c. Accountability of Events While Transferred to out-of-County (OOC) Fire Stations.
 1. When an MCFRS unit is transferred to an OOC Fire Station, or is available on radio (AOR) in an OOC jurisdiction which later dispatches the unit to an event in that jurisdiction, the MCFRS Unit Officer must collect the following information from the OOC's Communications Center:
 - A. The OOC Event Number;
 - B. Address;
 - C. Event Type; and
 - D. Time of Dispatch and Time of Clear
 2. The EMS Report must initially be completed manually in accordance with Maryland Medical Protocols and this policy and include the OOC incident number (if known). An alpha-numeric should be used in the incident number field (e.g. PG15#####) so it can be easily found later. Once the MCFRS number is assigned, the provider must contact the EMS Duty Officer to unlock the report and change the incident and station run numbers to the MCFRS number.
 3. When the unit returns to Montgomery County, the Unit Officer must contact the MCFRS ECC and request that a "Catch-Up" event be created in the CAD system for each OOC response.



**MONTGOMERY COUNTY
FIRE AND RESCUE SERVICE**

02-01AMIII

Policy and Procedure

Page 7 of 13

**Incident Reporting Requirements and
Records Management**

08/01/2016

4. ECC will create an "MA/TXE" incident to capture event details and to document the unit's response. The OOC jurisdiction's event number and event type will be recorded in the remarks section of the MA/TXE event.
5. The Unit Officer will then complete all MCFRS reporting documents (Unit and Incident Reports) in accordance with this policy and log the appropriate event information into the station logbook.
- d. If the RMS is unavailable due to either a local hardware failure or global network failure, personnel will use the RMS Contingency Plan. Once the RMS is available, the electronic reports will be entered in the appropriate system in accordance with the RMS Contingency Plan.
- e. Under extenuating circumstances (e.g. an incident occurring immediately prior to the end of shift or duty period), the Battalion Chief or LFRD Chief may grant an extension for the completion of the Incident or Unit Report. That extension must not exceed seven (7) days from the date/time of the incident.
- f. Report Quality. All reports must contain accurate and detailed information. Quantitative data collected affects decisions for MCFRS programs and budget. Qualitative data (narrative) needs to be accurate and descriptive to reduce organizational and personal liability and make the report legally defensible. Specific reporting requirements are listed below.

1. Incident Report

Appropriate data fields must be accurate for NFIRS data. In addition, the narrative must contain details of the overall incident and include a brief description of what was dispatched, what was actually found, and actions taken to mitigate the incident.

A. For example, a building fire report must contain:

- i. A brief description of the building, including occupancy type, construction, number of stories, and features affected by landscape or construction (e.g. two floors on the front; three in the rear);
- ii. Occupant status;
- iii. Incident priorities;
- iv. Strategic challenges (e.g. exposures);
- v. Incident objectives;
- vi. Command decisions, alternate plans, rationale, and outcomes;
- vii. Incident organization, including assignment of ICS positions and resources operating in each organization;
- viii. Times for significant benchmarks (primary search, secondary search, utility control, fire under control, PARs, etc);
- ix. List other assisting or cooperating agencies;



**MONTGOMERY COUNTY
FIRE AND RESCUE SERVICE**

02-01AMIII

Policy and Procedure

Page 8 of 13

**Incident Reporting Requirements and
Records Management**

08/01/2016

- x. Cause and origin;
- xi. All other sections as required (Loss/Casualty, Fire, Structure, Owner/Occupant); and
- xii. An Exposure Report must be completed for each adjacent or adjoining structure affected by fire.

B. A collision report must include:

- i. Type of collision (rear-end, lateral impact, etc.);
- ii. Number of vehicles;
- iii. A brief description of damage to each vehicle (minor, significant, inches of intrusion, etc.);
- iv. Number of initial occupants in each vehicle (provide a brief vehicle description, e.g. white Toyota sedan);
- v. Total number of patients by priority in each vehicle;
- vi. Times for significant benchmarks;
- vii. Total number transported – to which facility by each unit; and
- viii. Incident Organization, including assignment of ICS positions and resources operating in each organization (for complex or expanded incidents)
- ix. **Do NOT include any patient information in the Incident Report**

2. Unit Report

The Unit Report must accurately indicate all personnel that responded on the unit and accurately reflect the following:

- A. Unit Kind (Use);
- B. Action Taken;
- C. Equipment Used;
- D. Arrival time (if not entered or if obviously incorrect);
- E. A narrative that contains specific actions of the unit on the incident, including assignments and completed tasks with outcomes and times for significant benchmarks;
- F. If the Unit Officer was assigned to a supervisory position (e.g. Division/Group Supervisor), it must be documented in the narrative; and
- G. If the unit was assigned under an ICS element (e.g. Division or Group) it must be documented in the narrative.
- H. **Do NOT include any patient information in the Unit Report**



**MONTGOMERY COUNTY
FIRE AND RESCUE SERVICE**

02-01AMIII

Policy and Procedure

Page 9 of 13

**Incident Reporting Requirements and
Records Management**

08/01/2016

3. EMS Report

The primary EMS provider must ensure that the crew identification information logged into the ePCR is accurate.

For all patients who are TRANSPORTED to a facility, the primary EMS provider must include the specific points below in the ePCR report:

- A. The patient's name, complete address (including apartment number), date of birth and age.
- B. The patient's Social Security Number. If the patient is unable or unwilling to provide a SSN, the provider must fill in the field with "999-99-9999" and provide the reason in the narrative.
- C. The patient's pertinent medical history, including:
 - i. Past and current medical conditions;
 - ii. Prescribed and over-the-counter medications;
 - iii. Allergies to medications; and
 - iv. Treatment before arrival (e.g. directions from EMD)
- D. The provider's assessment findings, including:
 - i. At least one complete set of vital signs;
 - ii. Findings pertaining to the patient's chief complaint; and
 - iii. Actions, treatment and/or interventions performed during the incident and the patient's response to the actions.
- E. A narrative in the "CHART" format documenting items in Section 7.f.3.C that are not fully documented by entry in other fields within the ePCR. Providers may use the auto-generate narrative feature (if enabled) but are strongly cautioned that that this feature is not complete and, by itself, will rarely fulfill the requirements of this section.
- F. The name of the receiving facility. If the receiving facility was chosen because the closest appropriate facility was on diversion, this fact must be documented in the ePCR.
- G. The provider must obtain signatures as follows:
 - i. The EMS Provider must make an attempt to obtain a signature from the patient. If a patient is physically unable to sign the report, and an authorized representative for the patient is unavailable, the provider must document the specific reason for the inability to obtain the patient signature in the narrative or in the text field indicated on the signature tab. Wording such as "the patient was unable to sign ePCR due to hand tremors and no authorized representative was present" is acceptable.



**MONTGOMERY COUNTY
FIRE AND RESCUE SERVICE**

02-01AMIII

Policy and Procedure

Page 10 of 13

**Incident Reporting Requirements and
Records Management**

08/01/2016

- ii. If the patient is physically or mentally incapable of signing, an authorized representative may sign for the patient in the appropriate section. Authorized representatives include only the following individuals:
 - (a) The patient's legal guardian; or
 - (b) A member of the patient's family (or other person) who receives social security or other governmental benefits on behalf of the patient; or
 - (c) A member of the patient's family (or other person) who arranges for the patient's medical treatment or exercises other responsibility for the patient's affairs; or
 - (d) A representative of an agency or institution other than MCFRS that furnished other care or medical services to the patient. This would include nursing home staff, a school nurse, etc.
- iii. If a patient is a minor, the provider must attempt to obtain a parent/guardian signature.
- H. When the patient is transferred to the receiving facility, the provider must obtain a signature from the nurse or physician assuming care. The provider must also obtain the full name and title of this person and enter this information into the appropriate ePCR field. "Dr. Adam Smith" is acceptable; "Dr. A. S". is not
- I. The provider must also sign the report and also ensure that his/her full name is documented in the appropriate field.
- J. For a patient that is not transported, the information required by Sections 7.f.3.A, 7.f.3.C, and 7.f.3.D are required and must be supplemented by these additional requirements:
 - i. If a patient refuses treatment and/or transport to a facility, the provider must obtain:
 - (a) the patient's signature, and document on the ePCR;
 - (b) a complete patient assessment, including a full set of vital signs;
 - (c) an explanation to the patient of the potential risks involved in refusing treatment and/or transport; and
 - (d) that the EMS provider advised the patient that if their medical condition changes, the patient should call 911 immediately.
- K. Providers should refer to the Maryland Medical Protocol; "Patient Initiated Refusal of EMS" for more information, and additional direction regarding actions and documentation of a patient refusal.
- L. For an ALS dispatched patient that is triaged by an ALS provider to be appropriate for BLS only transport, the ALS provider must complete an ePCR as follows:



**MONTGOMERY COUNTY
FIRE AND RESCUE SERVICE**

02-01AMIII

Policy and Procedure

Page 11 of 13

**Incident Reporting Requirements and
Records Management**

08/01/2016

- i. The appropriate fields within the ePCR that indicate that the ALS unit operated in a support role must be checked.
 - ii. A narrative must be completed containing a complete patient assessment and a full explanation as to the reason for the downgrade. An isolated sentence without elaboration such as, "patient was downgraded due to being a BLS patient" is not acceptable.
 - iii. For additional information and direction regarding the ALS to BLS downgrade, see Transition of Patient Care ALS to BLS Section of the General Patient Care Protocol within the Maryland Medical Protocols.
- g. RMS Contingency Plan (Instructions for paper reporting)
1. Hardware or network failures:
 - A. If a station's RMS (other than the EMS ePCR system) fails during normal business hours, personnel should call the IT Help Desk on (240) 777-2828 and begin completing paper reports. The Help Desk will diagnose the problem, and, if necessary contact the appropriate technical staff to resolve it.
 - B. If all stations are affected, the MCFRS IT Section will send an email to #frs.all and ECC will make an announcement.
 - C. If an ePCR device fails, the EMS Duty Officer should be contacted for a replacement. For connectivity or general software issues, contact the EMS Duty Officer.
 2. All fire and rescue stations must maintain a supply of the reports listed below. These forms should be obtained from Public Safety Logistics or can be printed locally if necessary.
 - A. MIEMSS Short Form – MCFRS Version (2 sided);
 - B. NFIRS1 – Basic Information (2 sided);
 - C. NFIRS2-3 – Structure Fire (2 sided);
 - D. NFIRS4 – Civilian Casualty (1 sided);
 - E. NFIRS5 – Fire Service Casualty (2 sided);
 - F. NFIRS7-8 HazMat-Wildland (2 sided); and
 - G. NFIRS10-1S – Unit/Personnel, Supplemental Remarks (2 sided)
 3. These forms must be completed with adequate detail to complete the electronic report once the affected RMS has been restored. Personnel must realize, depending on the failure, the RMS system may be down for an extended period and should not to rely on memory to complete the information.
 4. Specific EMS Reporting Requirements



**MONTGOMERY COUNTY
FIRE AND RESCUE SERVICE**

02-01AMIII

Policy and Procedure

Page 12 of 13

**Incident Reporting Requirements and
Records Management**

08/01/2016

- A. If the ePCR system or local device is unavailable during an incident, EMS providers must use the MIEMSS Short Form. The Short Form is the only paper form approved by MIEMSS to transfer patients from the EMS provider to the hospital.
- B. A pad of Short Forms must be kept on every MCFRS transport unit and primary unit and will be added to the unit inventory.
- C. When transferring a patient at the hospital, the EMS provider must leave a copy of the Short Form at the hospital, and enter the information into the ePCR system as soon as possible but no later than seven days from when the electronic system becomes available. The provider must note in the narrative of the ePCR that there are no facility or patient signatures due to use of the Short Form. The provider must retain the original Short Form with signatures, and send that original Short Form to the Records Custodian at PSHQ via sealed interoffice mail.
- D. When using the Short Form to document a patient refusal on the scene, the provider must enter that information into the ePCR system as soon as possible, and note in the narrative of the ePCR that there are no patient signatures due to the use of the Short Form. The provider must send that original Short Form to the Records Custodian at PSHQ via sealed interoffice mail.
- E. The Short Form may also be used as a guide for pre-hospital consults, and copies are being provided to Montgomery County hospitals for this purpose.
- F. The reverse side of the Short Form includes a checklist for Patient Refusals from the Maryland Medical Protocols. Providers should use this checklist as a guide to obtain properly-informed patient refusals.

SECTION 8. Cancellation:

Replaces 02-01AMII: *Records Management System*, dated 11/15/2004, FCGO 05-05: *Record Management System (RMS)*, FCGO 05-05: *Records Management System (RMS)*, FCGO 05-17: *Records Management System (RMS) Compliance – Phase 2*, FCGO 13-01: *EMS Patient Care Reporting Requirements (Revised)*, FCGO 13-12: *Accountability of Events While Transferred to Out-of-County Fire Stations*, Directive 03-04: *Medical Documentation*, Directive 01-13: *Confidentiality of Medical Records*.

SECTION 9. Attachments:

- A. Maryland Short Form, NIMS Fire Reporting Forms
- B. NFIRS 1 Basic Report
- C. NFIRS 2 & 3 Fire Report
- D. NFIRS 4 Civilian Casualty



**MONTGOMERY COUNTY
FIRE AND RESCUE SERVICE**

02-01AMIII

Policy and Procedure

Page 13 of 13

**Incident Reporting Requirements and
Records Management**

08/01/2016

- E. NFIRS 5 Fire Casualty
- F. NFIRS 7 & 8 HazMat – Wildland
- G. NFIRS 10 & 1S Personnel and Narrative

Approved:

A handwritten signature in cursive script that reads "Scott Goldstein".

Fire Chief

July 19, 2016

Date