

Pre-Hospital
Emergency Care
Council



Pre-Hospital Emergency Care Council
Policy on
PHECC Patient Reports Usage

Mission Statement

“The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining, and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care”

©Pre-Hospital Emergency Care Council

Published by:

Pre-Hospital Emergency Care Council

July 2020

2nd Floor, Beech House,
Millennium Park, Osberstown,
Naas, Co Kildare, W91 TK7N,
Ireland.

T: + 353 (0)45 882042

E: info@phecc.ie

W: www.phecc.ie

Version History

(Please visit the [PHECC website](#) to confirm current version.)

Name: POL046_Council Policy on PHECC Patient Reports Usage		
Version	Date	Details
1	Feb 2020	New document

Council Policy on Pre-Hospital Emergency Care Council Patient Reports Usage

Purpose

The purpose of this document is to set out the manner in which the Pre-Hospital Emergency Care Council (“the Council”) authorises the use of patient reports developed and supplied by Pre-Hospital Emergency Care Council (PHECC). This policy also outlines the terms and conditions of that use.

Scope

This policy applies to all PHECC Licensed CPG Providers, PHECC recognised institutions (RIs) and approved training institutions (ATIs), PHECC registered practitioners and certified responders.

This policy may be amended from time to time. Check the [PHECC website](#) for the current version of Council Policy on PHECC Patient Report Usage.

What are PHECC patient reports?

The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining, and monitoring standards of excellence for the delivery of quality pre-hospital emergency care for people in Ireland. To fulfil this commitment, we develop and support the national implementation of EMS clinical information standards and associated patient reports; Patient Care Report (PCR), Ambulatory Care Report (ACR), Cardiac First Response Report (CFRR).

- The PCR is utilised by PHECC practitioners in all circumstances where a practitioner assesses, delivers an intervention and/or administers a medication to a patient. This includes incidents where a patient refuses treatment and/or transport contrary to the advice given by the practitioner.

This policy applies to the following:

- Patient Care Report – paper copy (PCR)
- Patient Care Report – electronic (ePCR)
- Patient Care Report – scanned images
- Patient Care Report – paper copy of scanned image

- The ACR is utilised by PHECC practitioners and responders when providing care to patients that do not require transport for additional clinical care.

This policy applies to the following:

- Ambulatory Care Report – paper copy (ACR)
- Ambulatory Care Report – electronic (eACR)

- The CFR Report is utilised by responders when providing cardiac arrest management.

This policy applies to the following:

- Cardiac First Response Report – paper copy (CFR Report)

- The Patient Transport Report (PTR) is no longer developed or supplied by PHECC. However some copies of the PTR may be in circulation.

This policy applies to the Patient Transport Report (PTR).

The PHECC clinical information standards (STN003, STN004 and STN005) regulate the patient data which is collected by practitioners and responders in all pre-hospital emergency care Licensed CPG Providers in Ireland; statutory, private, auxiliary and voluntary. The information standards include completion criteria for the patient reports, definitions for all data elements and data entry format.

Who may use PHECC patient reports?

The PHECC patient reports may be used by PHECC Licensed CPG Providers, PHECC recognised institutions (RIs) and approved training institutions (ATIs), PHECC registered practitioners and certified responders.

- Licensed CPG Providers – organisations, pre-hospital emergency care service providers, that are recognised by PHECC under Section 4(r) of SI 575 of 2004 and on whose behalf PHECC registered practitioners or certified responders provide pre-hospital emergency care.
- Recognised Institutions (RIs) - training and academic institutions or organisations that are recognised by PHECC under Section 4(a) of SI 575 of 2004 to provide NQEMT education and training to persons pursuing the award of the NQEMT at the level of competence of EMT, paramedic or advanced paramedic.
- Approved Training Institutions (ATIs) - training institutions or organisations, approved by PHECC to provide training to persons pursuing responder level certification, in accordance with Section 4(h)(ii) of SI 575 of 2004.

Clinical Record Management

Recording pre-hospital care, medications and interventions administered to patients is an essential clinical responsibility for all pre-hospital emergency care practitioners and responders. It is vital that each patient report provides accurate information as it relates to the health of the patient and activity of the Licensed CPG Provider.

The management of personal health information is about having regard and respect for the person to whom the information relates. The principles of good information management ensure that the patient data is handled securely, efficiently, effectively and the information is available for health professionals at receiving destinations, in order to make certain the best possible safe care and support is provided for the patient.

It is the responsibility of every PHECC Licensed CPG Provider to ensure that all patient data is recorded in line with PHECC clinical information standards, including PHECC patient reports.

It is the responsibility of every Licensed CPG Provider that all patient data is managed in accordance with the key legislative frameworks of General Data Protection Regulation (EU) 2016/679⁽¹⁾ (GDPR), Data Protection Act 1988 Revised⁽²⁾, Data Protection (Amendment) Act 2003⁽³⁾ and Data Protection Act 2018⁽⁴⁾ and other relevant legislation.

Terms and Conditions

Patient Care Reports (PCR) are supplied to PHECC Licensed CPG Providers and recognised institutions/approved training institutions (RIs/ATIs) only. PHECC does not permit the use of PCRs by individuals operating independently of PHECC approved organisations. PCRs may be ordered by sending an email to info@phecc.ie and suppliers will make dispatch arrangements with you.

PHECC is not the controller nor the processor of the patient information recorded on the PCR. Under GDPR⁽¹⁾ this is the responsibility of the user organisation and incumbent on them to liaise with their Data Protection Officer for this purpose.

Ambulatory Care Reports (ACR) are available free of charge to PHECC Licensed CPG Providers and recognised institutions/approved training institutions (RIs/ATIs). For all other organisations the ACR reports can be purchased from the [PHECC website](#). Contact phecc@clark.ie to organise collection/delivery.

PHECC is not the controller nor the processor of the patient information recorded on the ACR. Under GDPR⁽¹⁾ this is the responsibility of the user organisation and incumbent on them to liaise with their Data Protection Officer for this purpose.

Cardiac First Response (CFR) Reports are available free of charge through the [PHECC website](#). There is a postage and packaging charge for the CFR reports. Alternatively, they can be collected directly by sending an email to phecc@clark.ie to organise collection.

PHECC is not the controller nor the processor of the patient information recorded on the CFR Report. Under GDPR⁽¹⁾ this is the responsibility of the user organisation and incumbent on them to liaise with their Data Protection Officer for this purpose.

The Principles of Data Protection⁽⁵⁾

The following data protection principles apply in all instances where personal data is stored, transmitted, processed, or otherwise handled by PHECC Licensed CPG Providers.

- 1. Lawfulness, Fairness, and Transparency:** Any processing of personal data should be lawful and fair. It should be transparent to individuals that personal data concerning them are collected, used, consulted, or otherwise processed and to what extent the personal data are or will be processed.
- 2. Purpose Limitation:** Personal data should only be collected for specified, explicit, and legitimate purposes and not further processed in a manner that is incompatible with those purposes. In particular, the specific purposes for which personal data are processed should be explicit and legitimate and determined at the time of the collection of the personal data.
- 3. Data Minimisation:** Processing of personal data must be adequate, relevant, and limited to what is

necessary in relation to the purposes for which they are processed. This requires, in particular, ensuring that the period for which the personal data are stored is limited to a strict minimum (see also the principle of “Storage Limitation” below).

4. **Accuracy:** Controllers must ensure that personal data are accurate and, where necessary, kept up to date; taking every reasonable step to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay.
5. **Data Storage Limitation:** Personal data should only be kept in a form which permits identification of data subjects for as long as is necessary for the purposes for which the personal data are processed. In order to ensure that the personal data are not kept longer than necessary, time limits should be established by the controller for removal or for a periodic review.
6. **Integrity and Confidentiality:** Personal data should be processed in a manner that ensures appropriate security and confidentiality of the personal data, including protection against unauthorised or unlawful access.
7. **Accountability:** The data controller is responsible for, and must be able to demonstrate, their compliance with all of the above Principles of Data Protection. Controllers must take responsibility for their processing of personal data and how they comply with the GDPR, and be able to demonstrate their compliance, in particular to the Data Protection Commission (DPC).

PHECC develops the clinical information standards and provides the patient reports at no cost to PHECC Licensed CPG Providers, PHECC recognised institutions (RIs) or PHECC approved training institutions (ATIs). PHECC do not store, transmit, process, access, collate the patient data collected on the PHECC patient reports whether that be in hard copy or electronic format. As a result, PHECC is not the processor or the controller of the data. Under GDPR rules it is the requirement of each Licensed CPG Provider or RI/ATI who collects, stores, processes, accesses, collates data etc to comply with GDPR and relevant Data Protection Acts.

Responsibility for guidance on the management of patient data lies with the data protection officer (DPO) of each PHECC Licensed CPG Provider and RI/ATI who is also responsible for monitoring compliance of the Licensed CPG Provided and or RI/ATI with GDPR.

Retention periods

The retention period for a PHECC patient report is calculated from the date and time the healthcare record is completed. Putting in place strict retention periods is designed to minimise the length of time that personal data is retained.

In order to address storage requirements for patient reports an alternative media may be considered within the retention period of the life of the patient report. Failure to manage patient reports can lead to unnecessary processing of patient records that can leave you at risk of non-compliance with GDPR.

As data controllers, it is a matter for each Licensed CPG Provider, RI, ATI, registered practitioner, and certified responder to determine the appropriate retention period for patient reports. The following

minimum retention periods which are set out in the **HSE Record Retention Policy 2013⁽⁶⁾** may provide some guidance. The minimum recommended retention periods are as follows⁽⁶⁾ :

Recommended retention period for patient reports	
Adult	10 years after conclusion of treatment or death
Maternity	25 years after birth of last child
Children and young persons	Until 25 th birthday or 26 th birthday if young person was 17 at the conclusion of treatment, or 8 years after death. If there is potential relevance to adult conditions or genetic implications, advice should be sought as whether to retain the patient reports for a longer period
Homicide / serious untoward incidents	30 years
Blood product administration records, including batch record details	30 years This will allow full traceability on all blood products
Deceased patients, both adult and child	10 years after death
If record under investigation or litigation likely	Hold original report indefinitely
Record of destruction of individual patient reports	Permanently

References

1. Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016.
Available: <https://eur-lex.europa.eu/eli/reg/2016/679/2016-05-04>;
accessed 25th June 2019.
2. Data Protection Act, (1988) Revised.
Available: <http://revisedacts.lawreform.ie/eli/1988/act/25/revised/en/pdf?annotations=true>;
accessed 25th June 2019.
3. Data Protection (Amendment) Act, (2003).
Available: <http://www.irishstatutebook.ie/eli/2003/act/6/enacted/en/html>;
accessed 25th June 2019.
4. Data Protection Act, (2018).
Available: <http://www.irishstatutebook.ie/eli/2018/act/7/enacted/en/print.html>;
accessed 25th June 2019.
5. Data Protection Commission. The Principles of Data Protection.
Available: <https://www.dataprotection.ie/en/organisations/principles-data-protection>;
accessed 8th August 2019.
6. Record Retention Periods. Health Service Policy. Health Service Executive (2013).
Available:
https://www.hse.ie/eng/services/list/3/acutehospitals/hospitals/ulh/staff/resources/pppgs/rm/recret_2013.pdf;
accessed 17th December 2019.



Published by:
Pre-Hospital Emergency Care Council,
2nd Floor, Beech House,
Millennium Park, Osberstown,
Naas, Co Kildare, W91 TK7N,
Ireland.

Phone: +353 (0)45 882070
Email: info@phecc.ie
Web: www.phecc.ie