

**Incident Flow for
FRALS NON-TRANSPORT
Agencies**

Incident Received at Comm
Center(s)
Determined to be medical call
type response

FRALS
ENGINE DISPATCHED

ARRIVES AT THE SCENE OF EMERGENCY –
INCIDENT IS THEN CREATED AND WILL
POPULATE INTO ePCR BY CAD OR RMS
INTERFACE (set criteria varies)

NOTE: RMS INTERFACE IS
FROM RMS TO EPCR ONLY
– NOT BI-DIRECTIONAL

ENGINE ARRIVES AT SCENE **PRIOR** TO
TRANSPORT AGENCY
ASSUMES PT CARE OR PROVIDES ASSESS /
TREATMENT

ENGINE ARRIVES **AFTER** TRANSPORT AGENCY –
NO INVASIVE CARE IS PROVIDED BY FIRST
RESPONDERS – THEY ASSIST WITH PATIENT
LOADING OR LOGISTICAL SUPPORT ONLY

TRANSPORT ?

NOTE: IF CREW ASSISTS OR
PROVIDES INVASIVE CARE (IV /
INTUBATION / MEDS / ETC...) THEY
MUST COMPLETE A PCR WITH
TREATMENT RENDERED

YES

NO

ANY CARE PROVIDED IS
DOCUMENTED TO THE
POINT WHEN CARE IS
TURNED OVER TO P+ OR
TRANSPORT MEDICS

ePCR IS TO BE
COMPLETED WITH ALL
CARE DOCUMENTED
(AMA?)

ePCR WITH MINIMUM REQUIREMENTS,
OUTCOME WILL REFLECT THAT ASSISTANCE ONLY WAS
GIVEN AND NO INVASIVE PT CARE PROVIDED. IF ALL
RESPONSE DEMOGRAPHICS ARE POPULATED BY CAD
INTERFACE THE PCR WILL ONLY REQUIRE: AN OUTCOME
(NO CLINICAL CARE) AND BRIEF DESCRIPTION IN
NARRATIVE FIELD TO COMPLETE. LESS THAN ONE MINUTE
TO COMPLETE ON AVERAGE.

ePCR is Completed and Saved to Server

Once care is turned over to P+ or Other Transport Agency they are responsible for documenting any care they provided, including care provided by first responders, this should be done in their narrative. The First Responders should always document the care they provided as they will not be able to review the P+ ePCR once they assume care. This ensures proper documentation. Any interventions provided should as always be relayed to transport medics, either verbally or on first responder form.