



First Responders Handbook

Wake County EMS
October 6th, 2025

INTRODUCTION

First responders play a vital role in the delivery of emergency medical care. They provide life-saving emergency care to the critical and emergent patients who access the emergency medical system. These individuals function as part of a comprehensive EMS response and continue to serve in a support capacity after the arrival of Advanced Life Support personnel. The first responder, although a part of a fire department or other agency, will be subject to rules, policies, training requirements, and medical direction of the Wake County EMS System, under the supervision of the Wake County Medical Director.

This handbook is designed to familiarize the first responder with the requirements, procedures, and training guidelines of the Wake County EMS System.

If, at any time, you require assistance or advice, do not hesitate to contact the Fire Department Liaison for Wake County EMS. We are here to serve you and to make your job easier.



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TRAINING OFFICERS RESPONSIBILITIES

The department/agency Training Officer, or their designee, will serve as the liaison to Wake County EMS for education, credentialing, compliance, and general EMS related information.

The duties of the Training Officer can be summarized into the following areas:

- Liaison to Wake County EMS
- Training Record Management
- NC OEMS Continuum Roster Management
- New Employee Onboarding
- Compliance Reporting

NORTH CAROLINA CREDENTIAL

STATE CREDENTIAL

The North Carolina Office of EMS (OEMS) is the governing agency for all EMS providers in the State of North Carolina. Initial credentials are obtained through a sanctioned institution that verifies competency in the *cognitive, affective, and psychomotor* domains of patient care. NCOEMS requires that all EMS providers who engage in patient care possess a North Carolina EMS credential. Individual providers are ultimately responsible for maintaining their credential and remaining in good standing with both NCOEMS and the System Medical Director.

Providers must adhere to NCOEMS rule 10A NCAC 13P.1507, EMS Personnel Credentials, outlined in Appendix B.

The Chief and/or Training Officer of the department are responsible for maintaining an accurate roster of active members in Continuum, the North Carolina Office of EMS credentialing database. See section 10 for additional information on Continuum.

LEGAL RECOGNITION

Providers who hold a valid credential from another state or a National Registry of EMTs (NREMT) certification may be eligible for a North Carolina credential. The process for granting this is known as legal recognition or reciprocity. The individual provider is responsible for initiating and completing the process through NCOEMS. The responsibility of the department is to provide a letter verifying the provider is affiliated with the department, typically in the form of a conditional offer of employment.

For additional information on how to complete the reciprocity process, visit: <https://oems.nc.gov/legal-recognition/>

WAKE COUNTY CREDENTIAL

LOCAL CREDENTIAL

For an EMS provider to function, they must work under the medical direction of a physician licensed to practice medicine in the state. The right to function under a given medical director is known as a **local credential**. The medical director sets the requirements for local credentialing, scope-of-practice, and treatment protocols for EMS providers functioning under their supervision. Within Wake County, pursuant to 10A NCAC 13P.0201(a), Wake County EMS is the responsible credentialing agency for all first responders, and all first responders are accountable to the Wake County EMS System Medical Director. **Without a local credential, EMS providers cannot perform any patient care or assessment in a professional capacity.**

The Wake County EMS Medical Director reserves the right to suspend or revoke any local credential, pursuant to 10A NCAC 13P.0403(c).

NEW EMPLOYEE ONBOARDING

The Wake County EMS System Onboarding is the process by which first responders are granted a local credential. All first responders in Wake County must first possess, at a minimum, a NCOEMS Emergency Medical Responder (EMR) or Emergency Medical Technician (EMT) credential. These requirements are set forth by the Medical Director, pursuant to 10A NCAC 13P.0403(a) and are designed to ensure that all providers in the System are knowledgeable and competent at providing patient care.

The First Responder Onboarding will include didactic education and psychomotor skills followed by a competency evaluation. The initial training is designed to take approximately four hours to complete. All

components must be delivered in person by a department Training Officer/EMS Liaison, Wake County EMS Professional Development Staff, or an approved Wake Tech First Responder CME Instructor who holds a local credential. No other personnel may administer the initial training.

Didactic Education

The didactic portion will include the following topics:

- Introduction to Wake County's EMS System
- Wake County EMS Foundations of Practice
- Wake County EMS System Policies
- Wake County EMS System Procedures
- Wake County EMS System Protocols
- Active Threat Response
- Patient Confidentiality
- General Equipment Overview

**Presentation is provided by Wake County EMS Professional Development*

Psychomotor Competency

Providers will demonstrate competency of all approved skills, as outlined in Section 11.

The practical skills exam will include:

- Naloxone Administration (IN)
- Epinephrine Administration (IM)
- Hemorrhage Control with Tourniquet
- CPAP Administration
- Airway Management with BVM and BLS Adjuncts
- Team Focused (Pit Crew) CPR
- Automated External Defibrillation (AED)

Cognitive Competency

A written exam will be administered to verify cognitive competency.

The exam is a comprehensive examination covering Wake County EMS System Policies, Procedures, and Protocols.

Individuals will have three attempts to pass the exam, a score of 100% is required. If the exam is not successfully completed in three attempts, the First Responder Onboarding course must be completed again in its entirety.

Upon successful completion of the First Responder Onboarding, the departments training officer or course instructor will complete and sign a Wake County EMS System Entry Letter for each provider and submit a copy to Wake County EMS Professional Development. The written evaluation, practical evaluation check sheets, and Wake County EMS System Entry Letter must be kept in the employee's permanent training file.

The provider is granted a local credential once they have been added to the departments Continuum roster and the System Entry Letter has been received by Wake County EMS Professional Development.

Persons transferring from one agency to another within the Wake County EMS System are not required to complete the First Responder Onboarding when they transfer. It is the provider's responsibility to bring or request copies of all documentation and training records from their Training Officer. The provider should then present the copies of all documentation and training records to their new Training Officer for approval and entry into their new agencies training record. The employees' records should be maintained by any agency with which they are listed as an active member.

SEPARATION AND REINTEGRATION

Providers who have separated from employment at a Wake County EMS System First Responder agency for a period of less than one year, the Training Officer must verify the provider is up to date on all system standards and annual requirements before they are allowed to continue practicing in the Wake County EMS System.

Providers who have separated from a Wake County EMS System First Responder agency for a period of more than one year must complete the First Responder Onboarding.

ANNUAL REQUIREMENTS

To ensure that all providers in the system maintain competency and cognizance of the most up-to-date protocols and practice, the Medical Director dictates requirements that must be completed and attested to on an annual basis. These requirements are:

- Attend Wake County EMT CME, in-person, at least once per quarter.
- Complete Wake County Cardiac Arrest Management
- Complete Wake County Protocol Update/Review
- Annual Skills Competency Evaluations
- Just-In-Time Training (JITT) *as assigned*.

Each item is discussed in detail in the next section. Failure to complete the above requirements before 23:59 on December 31st of a given calendar year will result in the automatic suspension of the provider's local credential. The suspended credential can only be restored once a remediation plan has been developed by the sponsoring departments training officer, in conjunction with Wake EMS DPD, and completed. At a minimum, the plan will include completion of any missed annual requirements.

CONTINUING MEDICAL EDUCATION

Continuing Medical Education (CME) is an important component of the First Responder program, ensuring requisite knowledge necessary to competently perform tasks and roles. All providers operating in the Wake County EMS System are required to attend predetermined courses to meet requirements set forth by the Medical Director, pursuant to 10A NCAC 13P.0403. This includes providers who have a primary affiliation, and may complete additional training, outside of Wake County.

WAKE COUNTY CONTINUING EDUCATION COURSES

Wake County EMS Division of Professional Development (DPD) develops a system continuing education plan and content that meets all OEMS and NREMT requirements. These courses are delivered through Wake Tech Community College in partnership with Wake County EMS. Instructors for all Wake County first responder courses must be approved by Wake County EMS DPD and contracted by Wake Tech Community College. Wake County EMS DPD verifies instructor competency, pursuant to 10A NCAC 13P.0601, to ensure that the most up-to-date information is uniformly delivered to all providers.

The First Responder Education Plan for the Wake County EMS System uses both distributive (self-paced, online) and non-distributive (in-person) courses. This model allows individual departments and agencies a three-month window to schedule in-person quarterly classes while putting the remaining annual hours online for the individual provider to complete at their own pace, while keeping the content specific and relevant to our system and roles. While each department schedules in-person courses, the online content is offered directly through WTCC in a two-course series, the first is offered from January to June, the second is offered July to December.

Wake County First Responder Education Plan:

In-Person Courses (3 Hours Each):

- Quarter 1 – Cardiac Arrest
- Quarter 2 – Trauma
- Quarter 3 – Airway / Respiratory
- Quarter 4 – General Medical

Online Courses (8 Hours Each):

- Spring (Jan-Jun) – Cardiac, General Medical, Operations
- Fall (Jul-Dec) – Local, Operation

SKILL COMPETENCY EVALUATIONS

All credentialed providers are responsible for maintaining competency in the procedures of the Wake County EMS System. Skill evaluations verify the fundamental competency of system providers. The Medical Director has identified the following skills as requiring annual verification of competency.

- Team Focused (Pit Crew) CPR
- Automated External Defibrillator (AED) Utilization
- Bag-Valve-Mask (BVM) Ventilation
- BLS Airway Adjunct (OPA and NPA) Placement
- Continuous Positive Pressure Ventilation (CPAP) Application
- Naloxone Intranasal (IN) Administration
- Epinephrine Intramuscular (IM) Administration
- Limb Tourniquet Application

The Education Plan has skills competency evaluations integrated into every in-person quarterly course. All competency evaluations must be delivered in-person by a department Training Officer/EMS liaison, Wake County EMS DPD staff, or an approved Wake Tech First Responder CME instructor. Skill competency evaluation checklists are provided by Wake County EMS DPD. Training Officers must maintain a record of completion for all annual requirements, as listed above, for each provider. This record should be maintained separately from attendance of the courses. All records of annual requirements must be maintained in the employees training record for at least five years.

NORTH CAROLINA RECREDENTIALING

Wake County EMS Professional Development is the local teaching institution responsible for recredentialing of First Responders. All providers must meet the below requirements for renewal of credential.

- Attend ALL courses outlined in the Wake County First Responder Education Plan or provide transcripts showing the completion of a minimum of 80 hours of continuing EMS education in the required topic areas.
- Complete all Wake County EMS annual requirements. (See Section 4)

Providers who have not met both the National and Local Requirements will not be permitted to renew through any Wake County EMS System affiliated teaching institution.

RECREDENTIALING PROCESS

The Training Officer is responsible for submitting the recredential paperwork to Wake County EMS Professional Development for approval and processing.

If a provider has resided outside the state of North Carolina at any point in the previous 5 years, they are required to submit fingerprints to NCOEMS for a national background check prior to submitting an application to Wake EMS DPD for renewal of credential. The process for completing this background check is as follows.

1. Go to CCBI or your local law enforcement office and request to be fingerprinted on a FD-258 fingerprint card.
 - *This may be digital or ink, but you need at least one physical card to mail in.*

2. The applicant must complete and sign the Authority for Release form.
3. Submit a check or money order in the amount of \$38.00 made out to Division of Health Service Regulation.
 - *Do not send cash. This is a non-refundable processing fee.*

Fingerprint impressions, completed Authority for Release, and \$38.00 payment must be received in hard copy by mail. This information should be sent to the following address:

NC Office of EMS
2707 Mail Service Center
Raleigh, North Carolina 27699-2707
ATTENTION: Fingerprints

If you have any questions or concerns regarding this process, please email the Credentialing Unit at oems.credentialing@dhhs.nc.gov for further assistance.

Once the background check is complete, or if the provider has not lived outside of North Carolina at any point in the previous 5 years, the following steps should be taken to complete and submit a recredentialing packet for providers:

- Have the provider complete the demographic section at the top of page one in the packet. The provider should take this time to log into NCOEMS Continuum website and verify their contact information is correct.
- Complete the First Responder Recredentialing Worksheet on page two using information from the provider's transcript.
- Have the provider read and sign the Applicant's Statement on page one.
- The Training Officer will read and sign the Training Officer statement on page one.
- The Training Officer will read and sign the attestation for the worksheet on page two.
- Submit the completed recredentialing application to Wake County EMS Professional Development.

Training Officers should submit a provider's completed recredentialing application packet **at least** 30 days prior to the provider's expiration date. Once submitted, the paperwork will be reviewed and processed for renewal. We are unable to process applications earlier than 90 days from the expiration date of the credential.

Once processed by Wake County EMS Professional Development, the provider and Training Officer will receive an email indicating that the information has been sent to the State for approval.

After renewal, the provider will be able to print an electronic copy of their renewed credential via Continuum for their personal records, if desired. North Carolina Office of EMS does not mail, nor require providers to carry, paper certificates. The NCOEMS Continuum database is open to the general public and list the most current credential status for all EMS providers in North Carolina, including status updates such as "Under Investigation", "Suspended", or "Revoked", that would supersede any printed material.

NREMT CERTIFICATES

The Wake County First Responder Education Plan will meet the CME requirements for both NC EMT and NREMT renewal.

Outside of reciprocity to gain a North Carolina credential, the NREMT certificate is not recognized nor required in North Carolina. As such, there is no benefit or requirement for First Responders who hold a NREMT certificate to affiliate with Wake County EMS through the NREMT system. The possession or lack of a NREMT certification has no bearing on a provider's local credential or practice privileges.

Providers who hold a NREMT certificate and wish to keep it current should have their NREMT account placed in an "Unaffiliated" status through the NREMT system. This will allow them to upload their records of CME into their account and renew their certification as an individual, without the need for Medical Director or Training Officer approval.

Advanced Life Support Credentials

Wake County First Responders holding ALS credentials while functioning in a Fire Service / First Responder role may only function at the EMT/BLS level and in line with the policies outlined in this document. This includes providers who are employed by both a First Responder Agency and the Wake County Department of EMS, and function at the ALS level when working for Wake County EMS.

First Responders who hold ALS credentials are required to meet the same annual requirement as every other First Responder to maintain their local practice privileges, as detailed in Section 3, but the content of the First Responder Education Plan is at the EMT level and will not meet the requirements to maintain a NC or NREMT ALS credential. These providers can obtain additional CME through the North Carolina Community College System with a tuition waiver or through an ALS-level employer. They will not be able to renew their ALS credentials through Wake County EMS DPD unless they are employed by Wake County Department of EMS.

TRAINING RECORD MANAGEMENT

A key role of the Training Officer is records management for recredentialing and system compliance. The North Carolina Office of EMS and Wake County EMS both have standards for maintaining these records.

All courses that are to be used for continuing education hours or are deemed mandatory by Wake County EMS must have a signed student roster completed at the time of course. These rosters must include the following:

- Student Name
- Student P Number
- Instructor Name
- Course Title
- Course Location
- Course Date
- Course Time and Duration
- Skill Check-Off Sheets (*if applicable*)

In-person courses have required skills that must be completed to receive credit for the course. The training officer shall maintain the completed skills sheets for each provider. (See Section 4) All rosters and skill sheets must be kept on file for a period of no less than 5 years. If paper rosters are being used, these rosters may be scanned into digital format.

Wake County EMS DPD encourages agencies to use a computer-based systems for maintaining continuing education records. Electronic record management systems allow for a secure record keeping and report generation. There is no requirement to maintain physical copies.

All training records are subject to audit by Wake County EMS at any time, pursuant to 10A NCAC 13P.0601(b).

NORTH CAROLINA CONTINUUM SYSTEM

The North Carolina Office of EMS uses an online credential tracking database known as Continuum. This system allows for agency Chiefs and Training Officers to track individual credentials at the agency level. The Continuum roster is the official list of providers functioning under the agency in the eyes of the state and Wake County.

Pursuant to 10A NCAC 13P.0201, Wake County EMS mandates that agencies within the System maintain this database to keep an up-to-date roster of all credentialed employees.

- All new providers should be added to the agency roster in Continuum at time of hire.
- Employees should be removed from the roster at the time of separation, no more than 30 days from separation.

This roster is the roster used by Wake County EMS to track first responder recredentials and affiliations.

For information and tutorial videos on how to manage rosters in Continuum, visit: <https://www.emspic.org/applications/continuum/>

AUTHORIZED SKILLS & FORMULARY

First Responders are responsible for, and authorized to, perform all **procedures** identified in the Wake County EMS System Standards and Practice document at the **EMT level except for "Airway: BIADs."**

Below is the list of medications approved by the Medical Director for First Responders in the Wake County EMS System. They are divided into two categories, those that each First Responder Agency is required to carry and those that are optional to carry. Only those that are required to be carried are eligible to be restocked from a Wake County EMS ambulance.

REQUIRED

Albuterol	Respiratory Distress/ Anaphylaxis Protocols
Aspirin	Chest Pain Protocol
Epinephrine	Adult and Pediatric Allergic Reaction Protocols
Naloxone	Adult Overdose Protocol
Oral Glucose	Adult Diabetic Protocol
Oxygen	Multiple Protocols

OPTIONAL

Mark 1 or Duodote	Nerve Agent Auto Injectors
Oxymetazoline	Adult Epistaxis Protocol
Acetaminophen	Pain and Fever Control Protocol
Hemostatic Agent	Adult Epistaxis and Extremity Trauma Protocols

MEDICAL SUPPLIES & EQUIPMENT

The following supplies and equipment are required to be stocked on vehicles used for response to EMS calls:

	PPE
	Exam Gloves
	N95 Masks
	Face Shields
	Hand Sanitizer
	Assessment
	Stethoscope
	Sphygmomanometers - Large Adult, Adult, and Pediatric
	Pulse Oximeter with Pediatric Capability
	Glucose Check Kit
	Thermometer
	Shears
	Airway
	OPA - 3 Adult Sizes, 3 Pediatric Sizes
	NPA - 3 Adult Sizes, 3 Pediatric Sizes
	Suction Device
	Lubricating Jelly
	Breathing
	Bag Valve Mask (BVM) with Adult, Child, Infant, and Neonate Mask Sizes
	Oxygen Tank with Regulator and Tubing
	Nonrebreather - Adult and Pediatric
	Nasal Cannula - Adult and Pediatric
	Nebulizer Kit
	Nebulizer Mask
	CPAP Device

	Circulation
	Automated External Defibrillator (AED)
	Tourniquets
	Wound Care
	Cervical Collars - Adult and Pediatric
	Dressings and Bandages
	Adhesive Tape
	Triangle Bandages
	Occlusive Dressings or Vented Chest Seals
	Extremity Splinting Devices
	Misc.
	Sterile Obstetrical Kit - Bulb Syringe if not included in kit
	Emesis Bags
	Sharps Container
	Biohazard Bags
	Triage Tags

PATIENT CARE DOCUMENTATION

The goals of first responder documentation are two-fold.

- 1) Accurately document the assessment and care provided by first responders.
- 2) Facilitate communication of patient care along the continuum of care.

A patient care report (PCR) shall be completed, **to the fullest extent possible**, under the following circumstances:

- 1) First responders arrive on scene and make patient contact prior to the arrival of EMS agency personnel.
- 2) A first responder performs an intervention.
- 3) "Lift Assist" where no intervention or medical care is provided, but the patient requires assessment per protocol UP-21, "Well Person", to ensure there are no acute medical conditions.

There will be occasions when first responders are unable to obtain certain pieces of information, however, every attempt should be made to document a complete PCR whenever possible.

All first responder PCR's shall be completed prior to the end of the shift in which the call took place.

All information gathered and recorded shall be communicated and retained in a manner that protects the patients' right to privacy and is compliant with all applicable laws and regulations.

It is the responsibility of all first responders involved in a call to ensure the documentation in the PCR is accurate, and representative of the assessment and care performed on the call.

All PCR's shall include the following information (when that information is available):

- Location of incident
- Date of incident
- Times related to the incident, including:
 - o PSAP Call
 - o Dispatch Notified
 - o Call Received
 - o Dispatched
 - o En Route
 - o On Scene
 - o At Patient
 - o Transfer of Patient
 - o Call Closed
- List of responding unit(s)
- Names of responding first responder personnel
- Patient demographic information, including:
 - o Name
 - o Home address
 - o Date of birth
 - o Phone number
 - o Race
 - o Ethnicity
 - o Sex
- Chief complaint, including duration
- Primary impression
- Secondary impression, if applicable
- At least one symptom
 - o Signs/Symptoms [ESO]
 - o Primary Symptom [FirstDue]
- Past medical history
- Prescribed and over the counter medications
- Allergies

- Vital signs
 - At least one set of vital signs should be documented for each patient encounter to include:
 - Alertness, documented via the “AVPU” scale indicating that the patient is:
 - Alert
 - Responsive to verbal stimulus
 - Responsive to painful stimulus
 - Unresponsive
 - Blood pressure
 - Heart rate
 - Respiratory rate
 - SpO₂
 - Glasgow Coma Scale
 - Pain scale, if appropriate
 - Blood glucose level, if appropriate
 - Temperature, if appropriate
- An assessment, documented in the appropriate “Assessment” fields in the patient care software
 - In ESO, this is documented in the “Assessment” tab.
 - In First Due, this is documented in the “Assessment” section.
 - Assessments should be an accurate reflection of the findings of the physical exam performed by first responder clinicians.
 - **Ensure that any templated assessments are reviewed for completeness and accuracy.**
 - **For focused assessments or isolated complaints, ensure that any body system or area that is not assessed is marked as “Not Assessed” or with another appropriate selection.**
- Medical Treatments or Clinical Interventions provided to the patient.
 - This includes any form of:
 - Airway management
 - Delivery of oxygen
 - CPR
 - Defibrillation
 - Medication administration
 - Splinting
 - Wound care
 - In ESO, this is documented in the “Flowchart” tab.
 - In FirstDue, this is documented in the “Treatments” section.

- Intervention entries should include:
 - Name of intervention
 - Timestamp of the administration of the intervention
 - Name of clinician providing intervention
 - Appropriate information about the intervention such as dose or rate, route or method, and any complications from the intervention
- Dispositions (See the appendix at the end of this section for guidance on selecting dispositions.)
 - Unit disposition
 - Patient evaluation / care disposition
 - Crew disposition
 - Transport disposition (if known)
- Narrative in CHARTE format
 - The narrative should provide information and context regarding the call that is otherwise not captured in the fields above. This includes details about the history of presenting illness, assessment findings not already captured in the “Assessment” section, issues related to interventions or treatments, and any unique circumstances around the call, such as scene barriers, safety concerns, and other unique circumstances.
 - CHARTE is an acronym for a structured narrative format.
 - C: Chief Complaint
 - This is the complaint by the patient (or bystander, when applicable).
 - Examples:
 - “My chest hurts.”
 - “She won’t wake up.”
 - “None – patient in cardiac arrest”
 - H: History
 - This is where you should document the history of the present illness. The patient’s medical history does NOT need to be documented here unless it is pertinent to the call.
 - Examples:
 - “The patient began having chest pain 20 minutes ago while mowing their grass. The patient says the pain feels like ‘when I had my heart attack five years ago.’”

- “Patient was found by her roommate, unconscious, and unresponsive. The last time she was seen alive was 3 hours ago. At that time, she reported being short of breath and was confused about where she was.”
 - “Bystanders report the patient was travelling at a high rate of speed (faster than the flow of traffic on the interstate) when their motorcycle struck a stopped car and the patient was thrown into a bridge pillar.”
- A: Assessment
 - Only pertinent information that cannot be or is not documented in the “Assessment” section should be included here.
 - If the assessment is accurately documented in the “Assessment” section, it is appropriate to write “*See Assessment section.*” here.
 - Examples:
 - “Assessment as noted in the Assessment section.”
 - “Patient was found walking naked in traffic, screaming obscenities. Physical exam/assessment per the assessment section.”
 - “Patient was found sitting on their couch, in obvious respiratory distress, struggling to breathe. Remainder of assessment per the assessment section.”
 - “Assessment as noted. Patient was found entrapped in the vehicle and required extended extrication. Left arm was amputated above the elbow and the amputated part was found approximately 15 feet away, on the pavement, contaminated with debris.”
- R: Rx / Treatments
 - Only pertinent information that cannot be or is not documented in the “Flow Chart” or “Treatment” section should be included here.

- If treatments are accurately documented in the “Flow Chart” or “Treatment” section, it is appropriate to write “*See Treatment section.*” here.
- Significant (both positive and negative) or unexpected responses to treatment should be included here.
- Examples:
 - “Patient provided with treatment per the Flow Chart, and their breathing improved significantly following the second albuterol treatment.”
 - “Immediately after patient received sublingual nitroglycerine, they went into cardiac arrest.”
 - “Patient did not respond to the first epinephrine injection and continued to have severe respiratory distress, so we administered a second dose of intramuscular epinephrine prior to EMS arrival.”
- T: Transport / Turnover
 - The transport section is typically used by EMS to denote where and how the patient was transported.
 - In the first responder context, please document to whom (EMS unit/personnel) the patient was transferred.
 - Examples:
 - “Care transferred to Paramedic Godfrey on WCEMS Medic 12.”
 - “WCEMS Medic 40 arrived on scene, and we continued to provide care with them until resuscitation was discontinued at the direction of Paramedic Smith. Engine 12 cleared.”
 - “After the patient received his treatments, he told first responders he felt better and walked away, refusing to wait on EMS.”

- E: Extra
 - Anything that is not otherwise accurately described in the remainder of the care report should be included here.
 - This section should only be used for information that is **pertinent** to the care of the patient and should not include operational issues that do not directly impact patient care.
 - Examples:
 - “An aggressive dog was loose on scene which led to a delay in safely accessing the patient.”
 - “Access to patient was delayed due to moving through security checkpoints at the prison.”
 - “CPR initiation delayed due to having to move patient from cramped bedroom to more open area of house.”

If you are using an AI generation/assistance function for the narrative, always ensure all sections of your PCR are as complete as possible prior to generating narrative. Doing so will allow the software to create as complete a narrative as possible. Once generated, you must proofread the narrative and make any additions or corrections prior to locking the PCR.

Patient Care Reports (PCRs) for patients transferred to EMS shall include:

- EMS unit to whom care is transferred
- EMS provider(s) to whom care of patient is transferred to on scene.

Patient Care Reports (PCRs) for patients who refuse care or transport shall include:

- Refusal Details in the Narrative
 - For any patient refusal, is it critical to accurately describe the patient's medical decision-making capacity.
 - Capacity refers to a patient's capacity to understand, comprehend, and communicate the information provided to them.
 - If a patient lacks capacity, they cannot make a medical decision for themselves.
 - If you are not sure whether a patient has capacity, request assistance from an EMS unit or contact medical direction.
 - A capacity checklist is available in the protocol set in multiple protocols, including UP1 – Universal Patient Care. In order to have capacity, a patient must be:
 - Age 18 or older and/or an emancipated minor.
 - Not immediately dangerous to themselves or others.
 - Be able to retain and comprehend relevant information (and demonstrate that to you by having a conversation).
 - Be able to believe information.
 - Be able to use information to make a choice.
 - For any refusal, the narrative should explicitly describe the content of the discussion with the patient regarding their refusal decision.
 - This discussion includes the risks and benefits of refusing, the risks and benefits of obtaining further care, the options available to them after they refuse (call 911 again, seek care on their own, etc.), and the patient's understanding of the discussion with providers.
 - The examples below are not meant to be used in a word-for-word fashion but are meant to be instructional and serve as a guide.
 - Example:
 - "Pt declined further care for her back pain from a motor vehicle crash. I explained that she should be evaluated by EMS and a physician to determine if she had any other

injuries or more severe injuries. She declined EMS and stated, “my back is just a little sore, if it gets worse, I’ll go to the hospital myself.” I explained that by not waiting for EMS, she might have more pain or have an undiagnosed injury like a broken bone or pinched nerve. I explained that EMS could further evaluate her and make recommendations about going to the hospital or other options for care. I explained that the risks of not waiting for EMS could include undiagnosed injury, pain, loss of function of her arms or legs, or in extreme circumstances, death. I explained that if she did not wait for EMS, she could always call 911 again or go to an emergency room for further assessment or treatment. She was alert and oriented, did not appear under the influence of any substances, and appeared to have medical decision-making capacity. She explained that we were worried that she might have “a worse injury that you can’t see” and that “I can call 911 or go to the ER if it gets worse.” Refusal form signed by patient and witness.

- “Patient refused to wait for EMS to arrive on scene for further assessment and treatment for his trouble breathing. After receiving a nebulizer treatment, he stated “I’m fine, bye.” I encouraged the patient to wait for EMS, however, he said that “I’ve got things to do” and began walking away. As noted, the patient was alert and oriented and did not appear to be under the influence of any substances. He was ambulatory with a steady gait. I asked the patient to wait for EMS so that they could assess him and possibly provide other medications or recommendations. He replied, “this happens all the time, I’m good, see ya.” As he was walking away, he said, “if I need them, I’ll call 911.” I asked the patient to sign the refusal form and he stated, “I don’t have time for that.” Patient did not sign the refusal form and “SEE NARRATIVE” was written in the signature box in order to close the PCR.
- **This documentation of the refusal, medical decision making, and patient’s understanding of the refusal may be the only information available at a later date if the patient suffers harm or a negative outcome.**

- Completed Refusal Form
 - In ESO, the refusal form should be completed in its entirety, including:
 - Capacity assessment
 - Any contact with medical control
 - Notifications provided to the patient
 - Name of clinician who explained the refusal to the patient
 - Signature of clinician who explained the refusal to the patient
 - Name of patient/parent/guardian/authorized person
 - Patient/parent/guardian/authorized person signature
 - Name of witness
 - Witness's signature
 - In other software, complete the refusal form as completely as possible.
 - If a signature is required but unable to be captured, write "SEE NARRATIVE" in the signature box and explain the circumstances regarding the inability to capture the signature in the narrative.
 - For any exceptions or unique situations involving a refusal, document the details in the narrative.

Appendix - Dispositions:

- There are 4 disposition fields required to complete a PCR:
 - Unit Disposition
 - Patient Disposition
 - Crew Disposition
 - Transport Disposition
- The table below is a guide for selecting the correct choices for each disposition based on the common scenarios encountered by first responders.
- In general, if an FR unit turns over care to an EMS unit, and the FR unit leaves the scene before EMS has determined a transport disposition for the patient, the Transport Dispo should be marked “Transport Unknown”.

Scenario	Unit Dispo	Patient Dispo	Crew Dispo	Transport Dispo
Care started by FR, transferred to EMS	Patient Contact Made	Patient Evaluated and Care Provided	Initiated Primary Care and Transferred to Another EMS Crew	Transport by Another EMS Unit, No Transport, or Transport Unknown
Care provided by FR when EMS was first on scene	Patient Contact Made	Patient Support Services Provided	Provided Care Supporting Primary EMS Crew	Transport by Another EMS Unit, No Transport, or Transport Unknown
Care provided by FR and patient refuses EMS assessment prior to EMS arrival (FR obtains refusal)	Patient Contact Made	Patient Evaluated and Refused Care	Back in Service, Care or Support Services Refused	Patient Refused Transport
“Lift assist” or obviously dead patient	Patient Contact Made	Patient Evaluated, No Care Required	Back in Service, No Care/Support Services Required	No Transport
Nurse Navigation Line disposition	Patient Contact Made	Patient Evaluated and Care Provided	Initiate Primary Care and Transferred to Telehealth Provider	No Transport

RULES AND REGULATIONS

The Wake County EMS System prides itself on providing clinically excellent care to the residents and visitors we serve. In order to maintain those high standards, the following rules and regulations were adopted by Wake County EMS and Wake County Fire Services. All first responder agencies should familiarize themselves with the rules, regulations, and requirements listed in this manual. Failure to follow these rules and maintain the standards of the Wake County EMS System, or the agency that the first responder serves, may result in disciplinary action.

First responder agencies will adhere to all guidelines outline in his manual.

First responder personnel will not be excused or exempt from any rules or regulations governing their agency.

At least two locally credentialed EMTs must be available to respond to any EMS call, twenty-four hours a day. Two EMT first responders will be required to respond to each EMS call within a reasonable time.

First responders will not respond to any EMS call unless they have been dispatched. If the first responder receives a call for help on a personal basis, they will ensure that the dispatch center has been notified so that the appropriate resources can be dispatched.

No weapons of any sort are permitted to be carried by first responders while on EMS calls, pursuant to 10A NCAC 13P.0216. This rule applies to all weapons whether concealed or visible. This includes firearms, knives, conducted electrical weapons, and chemical irritants such as mace and pepper spray.

Any first responder not following established rules and regulations may be subject to revocation of their local and state credential.

Change Log:

Date:	Change:
07/01/2025	Original
10/06/2025	New Documentation Section