 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-40-P03
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	Department/Section:	ER/OPD
	Document Title:	<b>AMBULANCE RECORDS MANAGEMENT AND DISPOSAL POLICY</b>

### **PURPOSE:**

This policy establishes the principles for ensuring that the Ambulance implements effective records management, accounting for legislative, regulatory and best-practice requirements. It provides guidance on the retention and disposal of records held by the Department.

### **LEVEL:**

ER/OPD personnel, Ambulance personnel, Nurses

### **DEFINITION OF TERMS:**

**Records Management-** is the process of managing records, in any format or media type, from creation through to disposal in line with legal and business requirements


**Ambulance Records-** for the purpose of this policy, Ambulance Records refers to the following:

- a) Hospital Referral Form
- b) Logbook
- c) Ambulance Checklist (List of Equipment, Medicines and Supplies)
- d) Ambulance Customer Satisfaction Form
- e) Preventive Maintenance Records
- f) Annual Statistical Report

### **POLICY:**


1. Ambulance Records shall be managed in a manner complying fully with legislative and regulatory requirements affecting their use and retention.



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2. Ambulance Records shall have relevant content, context and format, and must be accurate, authentic, useable, reliable, timely and well managed.
3. All Ambulance Records are to be accomplished in a timely manner. The following shall be observed:
  - 3.1. Hospital Referral Form- to be accomplished every time the ambulance is being used, regardless of the nature of transaction.
  - 3.2. Logbook- to be accomplished every time the ambulance is being used.
  - 3.3. Ambulance Checklist- to be accomplished once, every shift.
  - 3.4. Ambulance Customer Satisfaction Form- to be accomplished every time the ambulance is being used.
  - 3.5. Preventive Maintenance Records- according to the Preventive Maintenance schedule of Biomedical Engineering Section
  - 3.6. Annual Statistical Report- done every last week of December, but monthly report shall be prepared every end of the month to ensure availability of data at all times.
4. Ambulance Records shall directly relate to and support a service, function or activity delivered by the department, and be able to support decision-making.
5. Ambulance Records shall serve the interests of the institution, its staff, students and other stakeholders by maintaining high quality documentation for appropriate lengths of time.
6. Ambulance Records shall be managed via systems and processes ensuring efficiency and consistency throughout their lifecycle of creation, distribution, use, maintenance and disposition.
7. Ambulance Records shall be kept in the designated area in ER/OPD Department where it is managed and stored in a suitable format to retain quality, relevance,



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accessibility, durability and reliability. Any transfer to another format must have due regard to retaining these qualities.

8. Ambulance Records shall be kept secured as befits the confidentiality and importance of the content, being protected from unauthorized or unlawful disclosure.
9. Ambulance Records shall be accessible and retrievable as required to support business efficiency and continuity.
10. Ambulance record shall be active for three (3) years from the time it was kept and another four (4) years for storage and subject for disposal after seven (7) years in accordance to DOH, DC No. 2021-0226
11. Ambulance Records shall undergo appropriate destruction when no longer required, in an organized, efficient, timely and (where necessary) confidential manner.


#### **DOCUMENTATION:**

New Policy

#### **DISSEMINATION:**

Policies and Procedures Manual  
Hospital Communicator




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
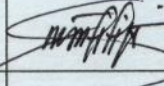
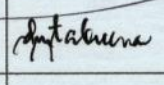
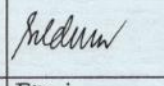
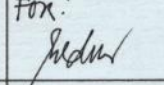

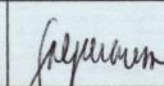
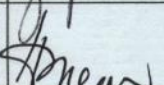
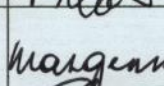

#### **REFERENCE:**


1. Republic Act No. 9470, otherwise known as the "National Archives of the Philippines Act of 2007 " was signed into law by the President of the Republic of the Philippines on May 21, 2007
2. DOH, Department Circular No. 2021-0226 (Dissemination of the approved Records Disposition Schedule (RDS)
3. Records Management and Retention Policy (IGP-03) University of Bristol



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	<b>DEMIE MARIE G. TABUENA, RN</b> Supervisor of Training and Education		3/24/22
	<b>SHALAINE SOCORO L. DURAN, RN</b> Nurse Manager for Operations		3/30/2022
	<b>HANNAH KHAY S. TREYES, RN, MN</b> Chief Nurse	For: 	3/31/22
Reviewed:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		4/08/2022
Recommending Approval:	<b>MARIA LIZA C. PERAREN, RN, MAN</b> Nursing Service Division Officer		4/18/2022
	<b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b> Total Quality Division Officer		4/4/2022
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President – Chief Medical Officer		4-6-22
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		4/6/22

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Bacolod City,  
Negros Occidental,  
6100

### **PURPOSE:**

To set the guidelines in the proper management of Ambulance Records, including the proper disposal.

### **SCOPE:**

Applies to all ER/OPD staff of Dr. Pablo O. Torre Memorial Hospital


### **PERSON RESPONSIBLE:**

ER/OPD personnel, Head Nurse, Staff Nurse, Ambulance personnel

### **PROCEDURE:**


1. Accomplish all ambulance records in a timely manner.
2. Submit the accomplished records to the Head Nurse/ Charge Nurse for filing.
3. Keep the records in the ER/OPD designated Data storage area.
4. File the records in the designated folders, on a monthly basis, labeled by month and year
5. Submit reports to the department concerned (e.g. Total Quality Division) as needed.
6. Ambulance record shall be active for three (3) years from the time it was kept and another four (4) years for storage and subject for disposal after seven (7) years in accordance to DOH, DC No. 2021-0226.
7. Records shall undergo appropriate destruction when no longer required, in an organized, efficient, timely and (where necessary) confidential manner, in coordination with the Data Privacy Office.




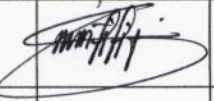


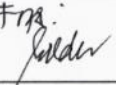

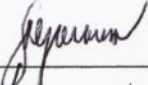

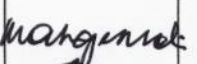
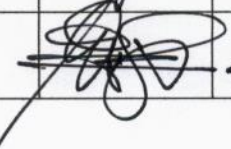
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	Name/Title	Signature	Date
Prepared by:	<b>KONRAD JAN J. ESCOBIA</b> OIC- ER/OPD Department		3/22/22
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	<b>SHALAINE SOCORO L. DURAN, RN</b> Nurse Manager for Operations		3/30/2022
	<b>HANNAH KHAY S. TREYES, RN, MN</b> Chief Nurse		4/4/2022
Reviewed:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		04/04/2022
Recommending Approval:	<b>MARIA LIZA C. PERAREN, RN, MAN</b> Nursing Service Division Officer		04/04/2022
	<b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b> Total Quality Division Officer		4/4/2022
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President – Chief Medical Officer		4.6.22
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		4/6/22