




London Ambulance Service   
NHS Trust

**Procedure for Health Records Used,  
Generated and Stored by the LAS**

## **DOCUMENT PROFILE and CONTROL.**

**Purpose of the document:** Provides users with a clear procedure for use, storage and transportation of Health records, both paper and electronic and ensures that the requirements of Clinical Governance, Research Governance, the Data Protection Act 1998 and Caldicott Guidelines are met.

**Sponsor Department:** Management Information

**Author/Reviewer:** Head of Management Information. To be reviewed by January 2011.

**Document Status:** Final

<b>Amendment History</b>			
Date	*Version	Author/Contributor	Amendment Details
28/01/10	2.7	Head of Management Information	Added responsibilities and definitions
23/09/09	2.6	Records Manager	added appendix 12
30/09/08	2.5	Head of Records Management and Business Continuity	Removal of LA135 appendix, update to Appendix 8, & addition of more retention and disposal detail in section 3 and appendices.
09/06/08	2.4	Records Manager	Added links to forms
17/04/08	2.3	Head of Records Management and Business Continuity	Sections 2.2, 2.6-8 & Appendix 3 S.22
07/03/08	2.2	Head of Records Management and Business Continuity	appendices 5&6
30/01/08	2.1	Medical Director	
10/10/07	1.1	Management Information Manager / Head of Records Management and Business Continuity	
11/03	1.0		First version

**\*Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

<b>For Approval By:</b>	<b>Date Approved</b>	<b>Version</b>
Information Governance Group	14/01/08	2.0
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The RIB	29/09/09	Records Manager	GDU

<b>Links to Related documents or references providing additional information</b>		
<b>Ref. No.</b>	<b>Title</b>	<b>Version</b>
	Caldicott Guidelines 1998	
	Data Protection Act 1998	
<a href="#">TP/012</a>	Data Protection Policy	
<a href="#">TP/018</a>	Suspected Cases of Child Abuse Procedure	
<a href="#">TP/019</a>	Suspected Abuse of Vulnerable Adults Procedure	
<a href="#">OP/014</a>	Procedure relating to the Hand Over of Patients	
<a href="#">OP/031</a>	Policy & Procedure for Consent to Examination or Treatment	
	Assignment Record and Clinical Record Form User Guide	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

## 1. Introduction

Concise, accurate and legible patient care record keeping is an integral part of all healthcare practice. It is a tool of professional practice and one which contributes to the care of the patient. It is not separate from the care process and is not an 'optional extra' to be fitted in if circumstances allow. London Ambulance Service NHS Trust (LAS) staff who have responsibility for creating and/or managing health records are not exempt from these principles.

In accordance with Clinical Governance, Research Governance, the Data Protection Act 1998 and Caldicott Guidelines, the London Ambulance Service has a responsibility to its patients to ensure that personal information recorded about them remains confidential.

Clinical Governance is about a culture shift to a patient-centred, accountable, safe and high quality service in an open and questioning environment.

Research Governance is about enhancing research in health and social care. Research Governance sets a framework within which the public has a right to expect high scientific, ethical and financial standards, transparent decision-making processes, clear allocation of responsibilities and robust monitoring arrangements.

The Data Protection Act is about ensuring that personal data is obtained and processed fairly and lawfully for specified purposes, is adequate, relevant and not excessive, is accurate and up-to-date, held for no longer than necessary, processed in accordance with data subject's rights and is kept secure.

The Caldicott Guidelines reflect the same legal requirements as the Data Protection Act. The Caldicott Guidelines are specific in guiding each organisation in ensuring that safe systems are in place to govern the flow of patient-identifiable information. This includes how documents are completed, stored and transported at a local level. Each member of staff must take every possible precaution to protect each patient's information.

Good record keeping helps to protect the welfare of patients by promoting better communication and dissemination of information between members of the inter-professional health care team and thus the ability to detect problems, such as changes in the patient's condition, at an early stage. The quality of patient care record keeping is a reflection of the standard of professional practice. Good record keeping is a mark of a skilled and safe practitioner.

The principles outlined in this procedure relate to the use, storage and transportation of health records completed by operational staff. Any specific guidance relating to an individual record is attached as an appendix to the procedure. Health records are legal documents that may be produced in both Coroner's and civil courts as evidence and they can be accessed by patients or their representatives where appropriate.

The documents discussed within the procedure provide a medico-legal record of any assessments, observations, treatment or actions undertaken by LAS staff. This information is essential to provide evidence that the crew's duty of care has been fully met. Comprehensive completion of all health records is a contractual requirement.

## **2. Scope**

This procedure applies to electronic data, paper forms, tape recordings and any other formats, containing patient information, completed, generated or handled by operational staff (A&E, EOC, UOC and PTS).

## **3. Objectives**

1. To provide users with a clear procedure for use, storage and transportation of Health records, both paper and electronic.
2. To help ensure that the requirements of Clinical Governance, Research Governance, the Data Protection Act 1998 and Caldicott Guidelines are met.

## **4. Responsibilities**

- 4.1 AOMs or other appropriate managers have responsibility for ensuring that this procedure is adhered to by staff and for carrying out the monitoring role as defined with the 'Implementation Plan' of this document.
- 4.2 Staff designated as responsible for dealing with the forms are responsible for processing the records in accordance with the appropriate appendix of this procedure.
- 4.3 Staff will be expected to ensure that forms remain secure at all times until handed-in and to accurately complete.
- 4.4 Equipment support personnel and other persons designated the task of transferring forms, will be responsible for ensuring the security of documents during transportation.
- 4.5 Postholders with responsibilities for the records identified in the appendices are responsible for managing that part of the lifecycle of the document that relates to: access, retention and destruction.
- 4.6 The Head of Records Management is responsible for defining the correct retention periods of records defined in the appendices of this procedure.
- 4.7 The Audit Manager is responsible for developing an annual programme of audits that will enable the monitoring of the intended outcomes of this procedure.

## 5. Definitions

**Record** – a piece of evidence or information constituting an account of something that has occurred, been said, etc.

**Health Record** – a written account of a patient's examination and treatment

## 6. General Points

- 6.1 A record must be completed for every patient assessed, treated and transported, or any incident where a member of LAS staff has attended. The record should be written as soon as possible after the incident has occurred, providing pertinent information on the care and condition of the patient.
- 6.2 All records must be written clearly and legibly using a black ink ballpoint pen. Records should be dated and signed with time of entry and any alterations should be visible and initialled. When forms are self duplicating, staff must ensure that all written entries are legible on all copies.
- 6.3 Under no circumstances may a health record be used for any other purpose than that for which it has been designed. In particular it should never be used as a 'message pad' or for taking general notes.
- 6.4 Any 'spoilt' forms or other records that do not need to be retained must be submitted and disposed of in a secure manner either through shredding on site, or in security bags.
- 6.5 All information concerning a patient or incident must be entered appropriately if it is not being recorded on tape. It should not include unnecessary abbreviations, jargon, meaningless phrases, irrelevant speculation or offensive subjective statements.
- 6.6 Only the most current approved version of any document must be used.
- 6.7 Any information recorded about a patient may not be disclosed without the patient's consent or a declaration form ([LA413](#), [LA414](#), [LA416](#)) being completed. These forms are available electronically on '*the pulse*', and when completed should be faxed to the Operational Information and Archives Department at Bow.

## 7. Management of Patient Identifiable Forms on station complexes

- 7.1 A secure designated point, which in most instances will be a locked box, is provided for all completed forms. All paperwork must be handed in to

the designated point by the end of the shift and not left in vehicles or lockers.

- 7.2 Forms must be transferred from their secure designated points on a daily basis. If required, Team Leaders may also undertake transfers of forms at the weekend.
- 7.3 Each working day designated staff responsible for dealing with the forms must empty all the paperwork from the boxes/containers and process in accordance with the appropriate appendix of this procedure.
- 7.4 All forms designated for Management Information should be promptly processed by station complexes in order that they are received by Management Information within two (Monday to Friday) working days.
- 7.5 Staff must ensure that forms remain secure at all times until handed in. Documents should never be left on view or unattended in an unlocked vehicle.
- 7.6 When documents are subsequently transported from one location to another they must be conveyed in designated bags/ containers with an entry made in the appropriate log by the equipment support personnel or team leader (at weekends). In the absence of the equipment support personnel, a specific member of staff should be allocated for this responsibility and to act in accordance with the procedure. All documents destined for Management Information at Bow should be taken directly to the department and not left at reception.
- 7.7 The log will comprise of the equipment support personnel running sheet or the station occurrence book. The log should be dated, timed and signed by the person responsible for the transfer and the recipient. In the absence of a recipient the log should clearly indicate where the forms have been deposited.
- 7.8 The equipment support personnel, or other designated person transferring the patient related forms should ensure that the bags/ containers are sealed when being put in the vehicle and that they remain secure whilst being transported. The vehicle must not be left unlocked whilst unattended.
- 7.9 When completed documents are being used for audit or monitoring purposes and are not in a secure container, work must be undertaken in a designated 'safe haven' and access restricted to essential staff. A safe haven is a lockable facility within a lockable area.
- 7.10 Copies must not be taken of any documents locally and documents must not be retained by departments for enquiries. If copies of forms are required or any queries are received, these must be channelled through the Operational Information and Archives Department.

## 8. Retention and Disposal

- 8.1 Patient identifiable information will be stored and maintained for differing periods of time and in different locations in accordance with the appropriate appendix of this procedure.
- 8.2 The length of time records will be stored will take into consideration legislation, best practice and organisational needs.
- 8.3 Records will be securely stored in conditions and locations appropriate, for the period of time they are to be retained, to ensure preservation.
- 8.4 The postholder with responsibility for the records, as identified in each appendix, will in each instance ensure that access to records is maintained throughout their lifecycle, and has the responsibility to ensure that a review is carried out at the end of the retention period. Where there is uncertainty about the need for continuing retention the postholder will consult with the Head of Records Management who will make the final decision on retention. The postholder is responsible for the secure destruction of their records.
- 8.5 The following is a list of forms covered in this procedure and their corresponding appendix:
- |  |             |
|--|-------------|
| ▪ AS1s, AS3s   | Appendix 1  |
| ▪ Electronic patient records   | Appendix 2  |
| ▪ Patient Report Form(LA4 & LA4H)<br>(Available from procurement)  | Appendix 3  |
| ▪ LA1 Accident and Emergency Journey Summary<br>(Available from procurement)   | Appendix 4  |
| ▪ PTS booking forms  | Appendix 5  |
| ▪ PTS1 log sheet and PTS1 continuation sheet   | Appendix 6  |
| ▪ Other PTS patient identifiable documents   | Appendix 7  |
| ▪ EOC and UOC audio tapes  | Appendix 8  |
| ▪ LA5 Assessment of Capacity Form,<br>(Available from procurement)   | Appendix 9  |
| ▪ LA5a Patient Agreement to Investigation,<br>or Treatment (Available from procurement)                                | Appendix 9  |
| ▪ LA5b Parental Agreement to Investigation<br>or Treatment for a Child or Young Person<br>(Available from procurement) | Appendix 9  |
| ▪ <a href="#">LA279</a> Child Protection Report Form   | Appendix 10 |
| ▪ <a href="#">LA280</a> Protection of Vulnerable Adults Report<br>Form   | Appendix 10 |
| ▪ LA3 Recognition of Life Extinct (R.O.L.E. leaflet)<br>(Available from procurement)                                   | Appendix 11 |



<b>IMPLEMENTATION PLAN</b>	
<b>Intended Audience</b>	For all LAS staff who are responsible for creating or managing Health Records
<b>Dissemination</b>	Available to all staff on the Pulse
<b>Communications</b>	Revised Procedure to be announced in the RIB and a link provided to the document
<b>Training</b>	Records Management training to be developed by E&D and Head of Records Management
<b>Monitoring</b>	<p>To ensure adherence to this procedure Audit Manager to develop annual programme of audits to take place in a selection of locations including stations, Control Services and Bow.</p> <p>AOMs to undertake routine checks to ensure that all PRFs are accounted for against the LA1.</p> <p>Monitoring of Audits and Checks to be carried out by Information Governance Group</p>

## AS1s & AS3s

### Introduction

For all calls taken in EOC and UOC an AS1 or AS3 is automatically generated. Handwritten AS1s must be manually completed for all running calls.

### Specific Procedure

1. AS1s and AS3s must be placed in the filing box in EOC. The box will be collected daily (Monday to Friday) and taken to Operational Information & Archives Department at Bow for processing and filing.
2. Staples or paperclips must not be used on the forms.
3. The forms must not leave the control room until they are collected by a designated person for delivery to Bow. If there are any requests from an outside agency regarding these forms, section 2.10 of this procedure should be adhered to.
4. AS1s with handwritten information recorded on them are filed chronologically.
5. AS3s are filed in alphabetical order by date of travel and patient surname
6. Retention and Disposal: It is the responsibility of the Operational Information & Archives Manager to ensure that:
  - Original copies are transferred onto microfilm and then securely destroyed.
  - The microfilms are stored for 25 years in the Management Information Department, then reviewed and securely destroyed if no longer required.

**Electronic patient records**

**Introduction**

For all calls taken in EOC and UOC through the 999 system, an electronic record is generated in addition to the paper records.

**Specific Procedure**

1. All calls are stored in a secured database on a centrally managed server.
2. The database is managed by Management Information.
3. The database is automatically backed up every four hours by internal IT services.
4. Access to records is controlled and managed by Management Information
5. Retention and Disposal: Records are retained for 25 years. It is the responsibility of the Deputy Head of Management Information to ensure that electronic patient records are reviewed after 25 years and securely destroyed if no longer required.

**Patient Report Form & Handover Report Form**

**Introduction**

The Patient Report Form – LA4 (PRF) provides a record of a resource’s response to a call, patient observations and treatment. This information recorded on the PRF is important because:

- It contains details about the patient that may assist in their care, both in terms of changes in their condition, where changes in the vital signs show a trend, and the environment in which the patient was found.
- It may contain elements of the history that the hospital or alternative pathway would not otherwise know which may affect the patient’s care and the decision to discharge.
- It contains timings that are vital for the Service to monitor, both for response times, but also times at which vital signs were taken and when interventions were undertaken.
- It allows the Service to audit / research various aspects of our work. By doing so we can link our care with patient outcomes and work toward improving patient care and evidence based practice.
  - It is an essential element of the documentation required in answering queries and complaints and undertaking investigations into reported incidents.

It is therefore extremely important that the PRF is always completed giving as much information as possible, especially when patients are not transported.

**Specific Procedure**

1. This guidance must be read in conjunction with the Assignment Record and Clinical Record Form User Guide.
2. A PRF must be completed for every emergency, urgent and non-urgent call where the vehicle has arrived at a given location, regardless of whether a patient is present or not, including self activated and running calls. Self activated calls are when a responder hears of an emergency call, informs EOC and is then asked to attend. A running call is when a responder comes across a call for which they have not been allocated and there is no other resource on scene.

3. If the vehicle is cancelled en route to a call and therefore does not arrive at the scene of the incident a PRF is not required. In these circumstances an entry must be made on the LA1 to show that the call was cancelled.
4. Where a vehicle arrives on scene but can not find a patient a PRF is still required. IN these circumstances the PRF is used to document fully what steps were taken to locate the patient.
5. Where a single responder attends a call and the patient is conveyed by another vehicle, a handover form (LA4H) may be completed instead of a full PRF. The exceptions to this are when attending a cardiac arrest call or where the patient is not conveyed. In these circumstances a full PRF must always be completed.
6. A single form must be completed for every patient and, in situations where there are multiple patients, an individual form will be required for each patient.
7. Resources attending an incident who do not transport the patient must ensure that the call sign of the vehicle that transported the patient is clearly printed in the additional information box of their PRF/LA4H
8. Information passed concerning a call must be written directly onto the PRF, and that form completed and placed in the designated box by the end of the shift for secure onward transmission to the main station office. Some forms will inevitably be 'spoiled' during completion and in this case it is permissible to begin again on a new form. Spoilt forms must be clearly marked as such and lined through; they must then be managed as per section 1.4 of this procedure.
9. The fullest possible explanation of assessment and treatment must be recorded for each patient. It is equally important to make clear why care/treatment required by clinical guidelines, protocols and procedures has NOT been administered as it is to record what has been done (this helps to justify clinical decisions).
10. Any information that cannot be detailed adequately elsewhere on the form must be recorded in the Additional Incident / Treatment Details box.
11. The second white copy of the PRF is designed to be left at the hospital or alternative pathway to form a permanent record of the care given by the LAS. It must be left with the receiving clinician prior to leaving the patient in accordance with the Procedure relating to the Handover of Patients. The smaller fourth page at the back of the form is left with hospital reception staff to reduce the need for passing over details verbally.

12. When the patient is not conveyed the second white copy of the PRF must be handed to the patient or carer.
13. A written record must be made on the PRF of the advice that the crew have given the patient regarding their condition, including a recommendation where appropriate that the patient allow the crew to convey them to hospital or utilise an alternative pathway.
14. The crew must ensure that the patient or carer has been advised of how to proceed should they wish to be conveyed to hospital at a later time. This information must also be noted on the PRF.
15. When the patient is not conveyed, the patient must be asked to sign the PRF indicating that they have understood the advice given to them. If the patient is unable to sign, then a responsible adult may sign on their behalf and a note of this made on the PRF. If the patient is a young child, the parent/guardian may sign, indicating their parental responsibility.
16. The white and yellow copies of the PRF must be placed in the designated box by the end of each shift.
17. Following calls where there is no patient, the second white copy must be placed in the designated box by the end of the shift with the first white and yellow copy.
18. Administrative staff on station must ensure that all PRFs are accounted for against the LA1.
19. The yellow copies are passed to the Team Leaders / ECP Coordinators who select PRFs for quality assurance / clinical performance indicator checks. The selected PRFs must remain secure in accordance with section 2.9 of this procedure whilst they are being used by the Team Leaders / ECP Coordinators, then when yellow copies are no longer required they must be disposed of in accordance with section 1.4 of this procedure.
20. The white copies of the PRFs should be open and batched by date.
21. Continuation sheets, additional forms, separate notes, ECG traces, etc. must include references to allow the information to be matched with the appropriate PRF. The reference must include all of the following; Date, CAD, Call sign and PRF ID. The additional paperwork must NOT be attached to the PRF but filed behind the corresponding PRF.
22. Each day's forms must be placed in a secure bag, sealed with a white numbered seal and placed in the internal post box. A record of the seal number and PRF batch dates must also be placed in the bag. Sealed bags will be collected by equipment support personnel, the seal number recorded on the running sheet, and taken to the Logistics

Support Unit where they are placed in secure, sealed containers for onward transmission to Management Information at Bow.

23. Retention and Disposal: It is the responsibility of the Deputy Head of Management Information to ensure that:
- Original forms are scanned as images onto a centrally controlled server and automatically backed up every day through internal IT services.
  - The original copies are securely destroyed.
  - Electronic records which are stored for 25 years in the Management Information Department are reviewed after 25 years and securely destroyed if no longer required.
24. Attention is drawn to section 1.7 and 2.5 of this procedure to ensure that the LAS maintains patient confidentiality within the Data Protection Act (1998) and Caldicott Guidelines (1998).

## LA1 Accident and Emergency Journey Summary

### Introduction

The LA1 provides a shift summary of all patient and non-patient vehicle movements for all A&E resources.

### Specific procedure

1. At the commencement of every shift, the top section of the LA1 must be completed for the service vehicle in use.
2. Every journey undertaken by a crew during their shift must be recorded on the front of the LA1. Each separate patient journey or service run must be recorded on the next new line. This will include all responses to emergency, urgent and non urgent calls, standbys, service runs, vehicle refuelling and any other activity during the shift. Calls which are subsequently cancelled before arrival are also recorded on the LA1.
3. For every separate journey, whether patient related or not, the following information must be accurately recorded:
  - all journey times
  - the odometer reading at the end of the journey
4. Details of any equipment left at hospitals must be recorded in the relevant box.
5. The person(s) carrying out the vehicle daily inspection (VDI) and equipment check must sign in the relevant box to indicate that each has been completed.
6. Any losses/defects must be reported to the appropriate local manager and EOC and recorded on the form.
7. A final odometer reading must also be completed on the form at the end of the shift.
8. If staff are required to change on to another vehicle at any point throughout their shift, a new LA1 must be completed for the Service vehicle.
9. All completed LA1s must be signed on the front of the form by the crew and where applicable the supervisor or observer on the vehicle.
10. All completed LA1s, with their corresponding PRFs, must be placed in the designated box as detailed in 2.1 of this procedure.



11. Any 'spoilt' forms must be managed as detailed in 1.4 of this procedure.
12. Administrative staff on station must ensure that all LA1s are accounted for against staffed vehicles.
13. Retention and Disposal: LA1 forms are stored on station for 25 years .It is the responsibility of the Station Administrator to ensure:
  - They are kept securely
  - A review of the records is undertaken with the Head of Records Management after 25 years
  - They are securely destroyed if no longer required.

**PTS Booking Forms**

**Introduction**

A PTS Booking Form is any form generated for the purpose of booking a patient to travel. Once the booking has been entered onto the computer system, the PTS booking form is stored at the appropriate PTS control. The forms are stored for enquiries and as a manual back up in case of computer failure.

**Specific procedure**

1. The forms are filed in date order and stored securely at the PTS site for one month for queries. They are then sent off for microfilming. The microfilms are sent to Bow for archiving while the forms are securely destroyed by the contractor.
2. Booking forms processed by hospital staff remain the responsibility of the hospital concerned.
3. Retention and Disposal: The microfilms are stored securely for 25 years at Bow. It is the responsibility of the Deputy Head of PTS to ensure that secure storage is in place and the microfilms are reviewed and securely destroyed if no longer required at the end of the 25 year retention period.

**PTS1 Log Sheet and PTS1 Continuation Sheet**

**Introduction**

PTS1 log sheets are generated by the PTS computer system and they detail the journeys to be undertaken by PTS staff. The sheets are updated during the shift with times, whether the patient was conveyed and any other appropriate information. Additional journeys are hand-written onto the form or entered onto the PTS1 continuation sheet.

**Specific procedure**

1. At the end of each run, the PTS1 log sheets and continuation sheets must be handed in to the designated location and stored in accordance with section 2.1 of this procedure.
2. The sheets must then be collected by the Site Manager or Crew Team Leader for updating the computer system at any PTS control.
3. All designated information from the PTS1 log sheets and continuation sheets must be entered onto the PTS computer system. Any PTS1 log sheets and continuation sheets which have information recorded about the incident or treatment of the patient other than the times must be retained. All other PTS1 log sheets and continuation sheets are disposed of in accordance with section 1.4.
4. The retained PTS1 log sheets and continuation sheets are filed in date order for each PTS control.
5. Retention and Disposal: The retained PTS1 forms are stored locally within a safe haven for one month. They are then sent off for microfilming. The microfilms are sent to Bow for archiving while the forms are securely destroyed by the contractor. The microfilms are stored securely for 25 years at Bow. It is the responsibility of the Deputy Head of PTS to ensure that secure storage is in place and the microfilms are reviewed and securely destroyed if no longer required at the end of the 25 year retention period.

**Other PTS Patient Identifiable Documents**

**Introduction**

A number of other forms containing patient identifiable information are generated from the PTS computer system. These include alphabetical lists, 'missed' lists and copies of PTS1 log sheets or any spoilt sheets with patient details.

**Specific Procedure**

1. Retention and Disposal: These sets of information are kept securely for up to six months at Becontree, New Malden and UOC. It is the responsibility of the Deputy Head of PTS to ensure that at the end of this period the local Transport Operations Centre manager arranges for these documents to be securely shredded on site in accordance with section 1.4 of this procedure.

**EOC and UOC Audio Tapes**

**Introduction**

All incoming and outgoing calls received or made by EOC and UOC are recorded. Radio transmissions are recorded onto Dat tapes. All other calls are held on a central server at HQ.

**Specific Procedure**

1. Calls held on a central server are backed – up.
2. The Dat tapes contain approximately forty eight hours worth of calls.
3. The Dat tapes are changed by the radio engineers. Each day the tapes are sent to Operational Information and Archives department at Bow in a locked box.
4. Retention and Disposal: It is the responsibility of the Operational Information & Archives Manager to ensure that Dat tapes are logged and stored for 25 years in the Management Information Department at Bow, then reviewed and securely destroyed if no longer required.

**LA5 – Assessment of Capacity Form,  
LA5a – Patient Agreement to Investigation or Treatment,  
LA5b – Parental Agreement to Investigation or Treatment for a Child or  
Young Person**

**Introduction**

OP31 Policy for Consent to Examination or Treatment details the LAS approach on patient consent to examination or treatment. The above forms are used as part of that approach where appropriate.

**Specific Procedure**

1. For specific guidance on the above forms please refer to OP31 Policy for Consent to Examination or Treatment
2. The forms when completed must be filed behind the corresponding PRF and sent to Management Information for filing
3. Retention and Disposal: It is the responsibility of the Deputy Head of Management Information to ensure that:
  - LA5 forms are scanned as images with the appropriate PRF onto a centrally controlled server and automatically backed up every day through internal IT services.
  - The original copies are securely destroyed.
  - Electronic records which are stored for 25 years in the Management Information Department are reviewed after 25 years and securely destroyed if no longer required.

**LA279 – Child Protection Report Form  
LA280 – Protection of Vulnerable Adults Report Form**

**Introduction**

TP 18 and TP19 are the procedures for ambulance crews who attend a child or vulnerable adult and are concerned that the child or vulnerable adult may have been either physically, sexually, emotionally abused, or neglected. The above forms are used as part of that procedure where appropriate.

**Specific Procedure**

1. Please refer to TP 18 (Suspected Cases of Child Abuse Procedure and Recognition of Abuse Notes) for specific information on LA279, and TP19 (Suspected Abuse of Vulnerable Adults Procedure and Recognition of Abuse Notes) for specific information on LA280.
2. Forms LA279 and LA280 are faxed to the Clinical Support Desk (CSD) at HQ who will scan into the DATIX system.
3. Retention and Disposal: The CSD will securely shred forms on site. It is the responsibility of the Head of Patient Experiences to ensure that the scanned LA279 and LA280 forms are stored for 25 years and reviewed after 25 years and securely destroyed if no longer required

**LA3 Recognition of Life Extinct (R.O.L.E. leaflet)**

**Introduction**

In certain circumstances, and in accordance with the National Clinical Guidelines, ambulance staff are authorised to recognise patient death. Form LA3 must be completed for all patients where death has been recognised.

**Specific Procedure**

1. Please refer to LA3 booklet for specific guidance on how and when to complete the form.
2. The white copy is retained by the LAS and filed with the corresponding PRF.
3. Retention and Disposal: It is the responsibility of the Deputy Head of Management Information to ensure that:
  - LA3s are scanned as images with the appropriate PRF, onto a centrally controlled server and automatically backed up every day through internal IT services.
  - The original copies are securely destroyed.
  - Electronic records which are stored for 25 years in the Management Information Department are reviewed after 25 years and securely destroyed if no longer required