

**Fauquier County Volunteer Fire and Rescue Association
EMS Committee**

Quality Assurance Form A

Year: _____ __Jan-Mar __April-June __Jul-Sep __Oct-Dec

Department Name: _____

Total calls for this period: _____ Total calls reviewed for this period: _____

Are there any calls the provider or agency would like the committee to review?
Y/N

If yes, please list date/report # and briefly describe the reason for review:

Were any calls considered a “major event?” Y / N

If yes, please list date/report # below:

Totals:

ALS _____

BLS _____

Date submitted: _____ Submitted by: _____

Contact email: _____ Contact phone: _____

Fauquier County Volunteer Fire and Rescue Association EMS Committee

Quality Assurance Form B

Year: _____ __Jan-Mar __April-June __Jul-Sep __Oct-Dec

Department Name: _____

Indicator #1: *Lucas 2 use*

How many times did your agency use the Lucas 2 device this quarter? _____

How many cases resulted in a return of a pulse prior to arriving at the ED? _____

Indicator #2: *Narcan use*

How many times did your agency administer Narcan this quarter? _____

If administered, please list how many times it was given by ALS _____ and
BLS _____ crews.

Were there any occurrences of Narcan being administered prior to EMS arrival?

Y/N If yes, how many? _____

