

**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 _____ Other (Canceled, no treatment required, etc.) _____

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: *Glucose usage*

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

How many times did your agency administer D50 this quarter? _____

Once glucose or D50 was administered, how many patients were transported to the ER? _____

Indicator #2: *Training*

Approximately how many times a year does your department have EMS related training drills? _____

Please list a few topics your department has trained on that are EMS related in the past year:

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Quality Assurance Form B

Indicator #3: *Helicopter usage*

How many times has your department called for a helicopter in the last quarter?

Date submitted: _____ Submitted by: _____

Contact email: _____ Contact number: _____

Unless otherwise specified, it is not necessary to submit copies of any reports that meet the indicators outlined on Form B.