

**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:

---

---

---

---

# Fauquier County Volunteer Fire and Rescue Association EMS Committee

## 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.*