

S.O.P. #: 600-12

SUBJECT: REPORTS AND FORMS UTILIZED BY EMERGENCY MEDICAL SERVICES

DIVISION: EMERGENCY MEDICAL SERVICES

Objective: To provide guidelines to assist personnel in completing reports and forms utilized by Emergency Medical Services.

Section 1: It shall be the responsibility of all members to familiarize themselves with all reports and forms that they may be required to use. A complete supply of report forms shall be maintained in a readily available area to all personnel who may be required to use them. Unless otherwise specified or ordered, reports and written communications shall be forwarded to the Emergency Medical Services office via the EMS District Officer.

A. Maryland Ambulance Information Systems (MAIS) Reports - Obtain and record on the ambulance report all information relevant to each incident to which the unit is dispatched. Each crewmember shall be held accountable for any and all information recorded on the ambulance report and any addendum that may be attached. The MAIS Reports are to be filled out accurately, legibly and completely in accordance with the Post Run Documentation Guidelines issued by the EMS Division.

1. The State copies of all career MAIS reports will be collected each day duty by the EMS District Officer. The EMS District Officer will collect the station copies of all career MAIS reports at the end of each month. The State copies and station copies of all volunteer MAIS reports are to be forwarded to the EMS District Officer's office on Monday of each week. The volunteer Association has agreed to this policy and supports the concept of weekly pick-up. If a volunteer company at the end of the month has failed for more than three months in a row to have the reports made available in a reasonable period of time, then the Association will handle it internally. The EMS District Officer shall see that the reports are forwarded to the appropriate office.
2. The EMS District Officer shall review the reports for:
 - a. Quality of care
 - b. Protocol compliance
 - c. Proper Documentation, as outlined in the "Post Run Documentation" guide
3. Any violations regarding the delivery of patient care will be investigated by the District EMS Officer as outlined in SOP 600-5 "Quality Assurance".
4. Incomplete reports will be completed and reviewed by the District Officers.
5. The additional narrative form shall be completed in accordance with the Post Run Documentation Guidelines issued by the EMS Division.
6. MAIS reports are to be signed by the EMS District Officer who examined them.

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- B. Acknowledgement, Waiver and Release of Liability-Refusal of Treatment Form – The patient refusal form(s) are to be completed for each patient refusing medical care or treatment. This form is to be completed in accordance with the Post Run Documentation Guidelines provided by the EMS Division.
1. On incidents where there are several patients refusing treatment/transport, the following should occur:
 - a. One patient's identifying information will be documented on the first page of the M.A.I.S. report.
 - b. Each additional patient will be documented on an additional narrative form, with their name, address, and a brief description of their illness/injury documented.
 - c. Each patient will sign an Acknowledgement, Waiver, and Release of Liability-Refusal of Treatment filled out and signed.
 2. It is **not** necessary to complete an Acknowledgement, Waiver and Release of Liability-Refusal of Treatment on incidents where NO ONE is complaining of an injury/illness.
- C. Patient Vitals Pads - to be used by EMS personnel to record pertinent information when performing a patient assessment. Although not required, this form serves as a handy prompt when conducting a consultation and is therefore highly recommended.
- D. Requisition for Ambulance/Medic Supplies (old 603 a, b, c / new 632A-E)– to be filled out by the Paramedic/EMT whenever supplies are needed for the Ambulance/Medic Unit. The completed form is to be forwarded to the EMS District Officer for approval and routing to the supply depot.
- E. Medic Unit/District Officer's Inventory Form #630A-C– A complete inventory of all supplies on hand on the unit, in the supply locker, and on order is to be completed every other Sunday and documented on this form. A copy of this form is then forwarded to the EMS District Officer, along with an explanation for discrepancies.
- F. Maryland Triage Tag (MIEMSS):
Triage tags should be utilized on incidents involving multiple patients, in accordance with an MCI incident. Utilizing the tag will provide continuous patient tracking and accountability.
- G. CDS Daily Log Form #600 – This form is to be kept in the CDS Log Book. It is used for the Daily Tracking of CDS and Seals verification. CDS count and Seal #'s will be checked and verified per SOP 600-20. The verification information which includes Date, Seal #'s, Provider name, ID# and Shift verifying the seals will be documented on the CDS Daily Log. This shall be performed at every change of ALS Personnel or whenever the CDS box is removed from the Unit. (Such as during change-over, Academy driver training use, etc.) At the Quarterly Inspection, the District Officer will collect this form and a new form started. The District Officer will keep the completed forms on file in the District Office for a period of two (2) years.
- H. CDS Accountability Log Form #601- This form is to be kept in the CDS Log Book. Whenever CDS is used or replaced or Seals are replaced or broken the Provider will fill out the Accountability Log. This should be a single line entry for each Medication (In number of boxes or items, not in Mg's) replaced or used or seal replacement. This will include all information indicated on the form. Expiration dates for all CDS Medication received and currently on hand will be filled in every time a CDS is replaced.
At the Quarterly Inspection, the District Officer will collect this form and a new form started. The District Officer will keep the completed forms on file in the District Office for a period of two (2) years.
- I. Monthly Controlled Substance Accountability Form #602 – This form is to be sent in monthly to the Medical Director by the 8th of each month to attest to the accountability and quantity of the Schedule II and IV medications carried by each ALS unit (career & volunteer).
- J. Monthly Medical Equipment QA Log Form#605 – This form is to be filled out as specified on the form. This allows for monitoring of proper checks performed on the listed equipment. The form will be kept in the Medic

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- log. The EMS District Supervisor will check the Log for compliance during the Quarterly inspection of the Unit. The Form will be maintained at Station level for 1 year.
- K. EMS Transport Unit Inspection Form # 606 – This form is to be completed by the EMS District Officer during the quarterly transport unit inspection, per SOP 600-11. A copy of the completed form will be provided to the Station Officer. The EMS District Officer will maintain a copy and forward a copy to their respective Shift Commander. These records should be maintained for a period of one year.
- L. Controlled Dangerous Substance (CDS) Tracking Form (Blue Slip) – This Form is to be carried sealed with the CDS on the Medic Unit. The form will be filled out completely per established guidelines and returned to the EMS District Officer upon restocking of the used CDS.