



# EHEMSS Communication Form

The information requested on this form is necessary to conduct a thorough investigation to clarify certain situations.  
***This information is privileged and confidential.***

### Incident Information

Date Report Filed: \_\_\_/\_\_\_/\_\_\_ Date of Occurrence: \_\_\_/\_\_\_/\_\_\_ Time of Occurrence: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

### Type of Incident (check all that apply)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Commendation      | <input type="checkbox"/> Communication      | <input type="checkbox"/> Assessment       | <input type="checkbox"/> EMS Provider Related |
| <input type="checkbox"/> Medications       | <input type="checkbox"/> Procedure          | <input type="checkbox"/> Injury – Patient | <input type="checkbox"/> Patient Related      |
| <input type="checkbox"/> Equipment Related | <input type="checkbox"/> Deviation from SOP | <input type="checkbox"/> Injury – EMT     | <input type="checkbox"/> ED Staff Related     |

Agencies/Organizations Involved: \_\_\_\_\_

Receiving Hospital: \_\_\_\_\_ EMS Report Number: \_\_\_\_\_ ECRN Log Number: \_\_\_\_\_

System Personnel Involved (list all names): \_\_\_\_\_

Non-EMS System Personnel Involved: \_\_\_\_\_ Report Initiated By: \_\_\_\_\_

### Incident Description:

**\*\*EMS PERSONNEL – STOP! – DO NOT WRITE BELOW THIS LINE\*\***

### EMS System Review:

### Disposition

- |   |  |                                       |   |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Commendation   | <input type="checkbox"/> Unfounded       | <input type="checkbox"/> Re-education | <input type="checkbox"/> Incident Closed  |
| <input type="checkbox"/> Verbal Warning | <input type="checkbox"/> Written Warning | <input type="checkbox"/> Suspension   | <input type="checkbox"/> Date ___/___/___ |

Signature of EMS System Coordinator: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature of EMS Medical Director: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

***All information contained herein shall be "Privileged and Confidential under the Illinois Medical Studies Act"***