Caroline County Department of Fire & Rescue
Rescue Bridge Informational Bulletin

Bulletin No. 1   Date of Issue: February 23, 2013

First and foremost, thank you to all who have been patient as we implemented our new reporting system. Over the last 45 days, we have seen a few changes, corrected some errors, and most importantly, implemented a better product. Moving forward we will focus on ensuring we are tracking the highest quality data while not sacrificing a functional user interface.

Below are some of the changes, highlights, and common errors noted in both EMS and NFIRS reporting.

EMS Reporting

- Incident Number – Incident number DO NOT include a dash or zeros (i.e. 20134506)

- PCR # - Shall be your unit number and number of patients (i.e. 115-1 or U4-1)

- Ethnicity – The patient's ethnicity must be documented. Not applicable is not sufficient.

- Cardiac Arrest Tab – Must be completed on EVERY call. We attempted to auto populate this field, however, it has to return to meet OEMS validation rules.

- Pain Scale – Anytime the nature code indicates "PAIN" the pain scale must be completed.

- When providing medications (including oxygen) you must complete "Patients response to medication".

- NEW FIELDS – "STATION" and "PRIMARY RESPONSE DISTRICT" Station = Station that responded to the call. Primary Response District = who's first due is it.

- EMS reports must be uploaded, reviews by AIC, and marked complete prior to end of your shift.

- EMS providers should be logging into Rescue Bridge each shift (career) or at a minimum, weekly (volunteer) to check for QA/QI messages or required actions. This will be indicated by a red number in the top right corner of the home screen.

- An NFIRS report must be generated for EVERY call dispatched to. See the NFIRS section for additional information.

- Hospital/Physician Signature – When care is transferred at the hospital, someone must sign accepting patient turnover. Please ensure the name of the person signing is documented in the fields provided. A Physician must sign for any orders, invasive procedures or medication administrations. Ensure the Physicians name that signs is documented in the fields provided.

- The CHARTED format is the ONLY acceptable narrative format.

- A detailed assessment must be included on EVERY patient contact.

- Primary and Secondary Impressions must be different.

NFIRS Reports

- An NFIRS report must be generated for every incident (fire or EMS). The primary unit or incident commander is responsible for the body of the report. Each unit (including ambulances) must complete a unit report for every call.

- Duplicate reports are still being created routinely. Before creating a new incident, please do an incident search and see if another unit has begun the report. If the report has already been started, simply update the information or complete your unit report. If the call has not been created, start the NFIRS report using the CAD data and select the FIRST ARRIVING unit.

- Please make sure you are completing the primary station field as the primary station that responded to the call. The district field should be completed as who's 1st due district the call was in.

- Units cannot have duplicate actions taken. Make sure you are updating your unit actions and apparatus use fields correctly.

As always, if you have any questions or concerns, please feel free to contact Lt. Wesley Melson via email at wmelson@co.caroline.va.us or by phone at (804) 296-5577.