Ambulance Collision Report Users' Manual

Completing an Ambulance Collision Report (HS0237) is mandatory for any collision involving the ambulance alone, or with another vehicle, person or object when that collision:

   a. **results in injury or death to any person in the ambulance,**
   b. **occurs while the ambulance's emergency warning lights or siren are activated, or**
   c. **results in property damage greater than $5,000.**

Ref: EHS Policy #2008-01, Rev 3; July 2, 2013

Instructions for Completion of Ambulance Collision Report

This is an interactive e-Form. Refer to the following when completing the Collision Report:

   1. To open a form
      - Go to the EHS web site: http://www.health.alberta.ca/services/EHS.html
      - Click on "Operator Forms & Documents"
      - Scroll down to Forms and open the Ambulance Collision Report form.
      - Save a copy to your hard drive.
      - Name the copy with your Operator ID and the collision date (IE: 3249-2008-03-21).

   2. Some fields ask for information to be entered; type the answers in the blanks.

   3. Where "Choose" is shown in a field, click on the down arrow button at the right side of the field to activate a Drop Box. Pick the response that best applies.

   4. Some fields have lists with check boxes.

      - On most lists, you may check all choices that apply. Click on the box(es) to enter a response. If you choose a box in error, click on it again to remove the response.

      - In Section 5, Ambulance Passenger Information, there is a "Reset" button in the left column. Use this button to correct entry errors.

   5. Where multiple choices are given in a drop box field, you can choose only one.

04/07/2013

6. Fields displayed in blue are formatted as "If/Then" and additional information box(es) will appear when certain responses are selected.

Some choices are multi-level and will trigger a second level of detail. The second level of detail is signified either with blue text or with an arrow ⇒:

Example 1 **"Responding to a Call"**

- Primary Level: If **"YES"** is chosen, then the following choices appear:
  a. **"Emergency Response"**, or
  b. "Non-emergency Response"

- Secondary Level: If **"Emergency Response"** is chosen, then the following choices appear:
  a. "Operating with Warning Lights and Siren", or
  b. "Operating with Warning Lights only"

Example 2 **"Collision Location"**

- Primary Level: Drop box with 8 choices.
  a. If **"Intersection⇒"** is chosen, then

- Secondary Level
  a. the following box appears: **"Intersection Type"** and you can choose
    a. Controlled
    b. Uncontrolled

AMBULANCE COLLISION REPORT - DATA ELEMENTS

Incident Number	Optional - If you maintain records of collisions by creating an internal incident number, this space may be used. Up to 16 characters are available.
Operator ID	Enter the 4-digit ID code assigned by EHS
EHS Unit #	Enter the 4 or 5 digit unit number assigned to the ambulance by EHS.
Collision Date	When you enter this field, a button appears on the right side. Click on it to access a calendar. Select the date of the collision.
Collision Time	Enter the time in 24-hour format hh:mm
Report Type: • Fatality • Injury • Lights / siren activated • Property damage only	Click on "Choose" to activate a Drop Box

Section 1 - Ambulance Vehicle Information

Chassis make • Chev/GMC • Dodge • Ford • Freightliner • Navistar/IHC • Other	Click on "Choose" to activate a Drop Box
4-wheel drive	Choose "Yes" or "No"
Model year (yyyy)	Enter the 4-digit model year of the chassis
Ambulance Conversion Date (mm/yy only)	Record the month and year of the conversion as stated on the Certificate of Compliance affixed by the ambulance conversion manufacturer
Conversion manufacturer • Crestline Coach • Demers • McCoy Miller • Road Rescue • Wheeled Coach • Other	Click on "Choose" to activate a Drop Box.
Conversion Type • Type I • Type II • Type III	Click on "Choose" to activate a Drop Box - Modular built on truck cab/chassis - Raised-roof van conversion - Modular built on RV cutaway chassis
Modular Body Built (yyyy)	Enter the year that the modular body was originally built

Ambulance Vehicle Information, cont.

Vehicle Safety Enhancements • Squad Bench Safety Net • Rounded Corners/Extrusions • Padding in Head Strike Zones • 3 or 5 point harness, Airway seat • Body Harness & Lanyard • Protective Head Gear • Back-up Camera • Back-up Proximity Alert* • Operational Recorder/Black Box**	Check all that apply * Back-up Proximity Alert: Automated warning device that lets the driver know if the vehicle is getting too close to an object in its path when backing up ** Operational Recorder: electronic monitor that records vehicle operation parameters

Ambulance Mechanical Defects • No Defect • Brakes • Tires • Suspension/Wheels • Steering • Electrical Failure • Fuel System • Engine • Transmission • Lights • Unknown • Other	Check all that apply

Section 2 - Response Information

Responding to a Call
        Choose "Yes" or "No"
	Multi-level choice
	If "Yes" is chosen, further fields will appear:
	    ▪ **PMD Code**
	    ▪ **Non-Emergency Response**
	    ▪ **Emergency Response**
	        - If "Emergency Response" is chosen, a further field will appear. Select either:
	            o "**Warning Lights & Siren**" or
	            o "**Warning Lights Only**"

Priority Medical Dispatch (PMD) Code	Record the PMD card number assigned to the call by Dispatch If PMD is not used, enter N/A

Response Information, cont.

Transporting Patient
        Choose "Yes" or "No"
	Multi-level choice
	If "Yes" is chosen, further fields will appear:
	    ▪ **PMD Code**
	    ▪ **Non-Emergency Transport**
	    ▪ **Emergency Transport**
	        - If "Emergency Transport" is chosen, a further field will appear. Select either:
	            o "**Warning Lights & Siren**" or
	            o "**Warning Lights Only**"

4

Section 3 - Driver Information

Driver's Employment Status • Full time • Part time • Casual • Non-employee	Click on "Choose" to activate a Drop Box. - Employed full time - Scheduled part time or volunteer - Arranged shifts; work when called - Driver not employed by ambulance operator (fire fighter, police, by-stander)
Training Level • EMR • PCP • ACP/CCP • Non-medical	Click on "Choose" to activate a Drop Box - EMR in Alberta - EMT in Alberta - EMT-P in Alberta - When the driver has no ACP registration
Driver's Experience – General • Less than 1 year • 1 to 10 years • 10 or more years	Click on "Choose" to activate a Drop Box - Refers to the driver's cumulative driving experience since first licensed.
Driver's Experience – Ambulance • Less than 1 year • 1 to 10 years • 10 or more years	Click on "Choose" to activate a Drop Box
# of hours worked in past 48 hours • EMS Core hours • EMS On-call hours • Other occupation	Fill in the blank for each of 3 fields - Scheduled hours on duty/at station - If required to be on call outside core hours - Hours at a non-EMS job

Driver Information, cont.

# of kilometers driven in ambulance • Since last rest period of ≥10 hours • In past 24 hours • In past 48 hours	Fill in the blanks for each of 3 fields

Defensive driving course taken in past 24 months	If "Yes" is chosen, 2 further fields will appear:
	- Provider Type
	    - External Provider
	    - In-house course
	- Instructor Qualifications
	    - Cda Safety Council Certified
	    - Other

Prof. Driver Improvement Course taken in past 24 months	If "Yes" is chosen, 2 further fields will appear:
	- Provider Type
	    - External Provider
	    - In-house course
	- Instructor Qualifications
	    - Cda Safety Council Certified
	    - Other

Emergency vehicle operation course	If "Yes" is chosen, 1 further field will appear:
	- Provider Type
	    - External Provider
	    - In-house course

Incident Statistics

Road Type • Primary highway • Secondary highway • Urban arterial road* • Business/commercial road** • Service road*** • Residential street • Driveway • Lane/alley • Rural road • Other • N/A	Select the most appropriate response * Urban arterial road: any main thoroughfare in an urban area ** Business/commercial road: roads in any business or commercial area (eg: downtown) *** Service road: any road adjacent to an urban arterial road that allows access to commercial or residential properties

Collision Location
 	
• Intersection⇒
 	
• Non-Intersection⇒
 	
• Railway Crossing⇒
	▪ If chosen, "Type" field will appear
	    ▪ Controlled
	    ▪ Uncontrolled
	
	▪ If chosen, "Type" field will appear
	    ▪ At / near commercial entrance
	    ▪ At / near private entrance
	    ▪ At / near service road
	    ▪ None of the above
	
	▪ If chosen, "Type" field will appear
	    ▪ Uncontrolled
	    ▪ Warning lights
	    ▪ Warning lights and cross arms

Collision Location (cont.) • Parking Lot • Private Property • Ambulance Base Property • Off Highway • Other	
Traffic Control Device • None present • Traffic light • Stop sign • Yield sign • Merge sign • Pedestrian crosswalk lights • School bus warning lights • Lane control • Other	Click on "Choose" to activate a Drop Box If "None Present" is chosen, Traffic Control Condition is automatically populated with "Not Applicable"
Speeds • Posted speed limit • Ambulance's estimated speed	Fill in the blanks
Speed safe for conditions?	Choose "Yes" or "No"
Traffic Control Condition • Functional • Not functional • Obscured* • Missing • Other • Not applicable	Click on "Choose" to activate a Drop Box * Obscured: unable to be seen or distinguished due to snow, mud, branches, other vehicle, etc)
Road Alignment • Straight & level • Straight with grade • Straight at hillcrest • Curve & level • Curve with grade • Curve at hillcrest • Other • N/A	Click on "Choose" to activate a Drop Box

7

Road Surface Type • Asphalt • Oiled • Concrete • Gravel • Soil/sand • Other • N/A	Click on "Choose" to activate a Drop Box
Road Surface Condition • No unusual conditions • Construction / maintenance • Holes / ruts / washboard • Slippery when wet • Soft / sharp shoulders • Other • N/A	Click on "Choose" to activate a Drop Box
Road Surface Factors • Dry • Wet • Slush / snow / ice • Loose surface material • Muddy • Other • N/A	Click on "Choose" to activate a Drop Box
Primary Weather Conditions • Clear • Cloudy • Rain • Freezing rain • Hail / sleet • Snow Fog / smoke / dust	Click on "Choose" to activate a Drop Box
Wind Factors • Calm • Breezy • High Wind	Click on "Choose" to activate a Drop Box
Temperature (Degrees Celsius)	Fill in the blanks

8

Light Conditions • Daylight • Sun glare • Dawn / dusk • Dark – unlighted roadway • Dark – lighted roadway • Other • N/A	Click on "Choose" to activate a Drop Box
Ambulance Actions Prior • Going straight • Follow curve - left • Follow curve - right • Turning left • Turning right • Passing on left side • Passing on right side • Backing • Making U-turn • Parked • Leaving curb • Changing lanes • Stopped in traffic • Avoiding a vehicle • Avoiding animal on road • Avoiding object on road • Stopped at scene with lights • Stopped at scene without lights • Other • Unknown	Click on "Choose" to activate a Drop Box
Driver Actions Prior • No inappropriate actions • Proceeding against traffic control, with lights and siren • Proceeding against traffic control, with lights only • Stop sign violation • Yield sign violation • Fail to yield right-of-way, uncontrolled intersection • Fail to yield right-of-way to pedestrian • Follow too close • Left turn across path • Improper turn • Improper passing • Unsafe lane change	Click on "Choose" to activate a Drop Box

9

Driver Actions Prior (cont.)	

• Lost control⇒ *
• Driving left of centre line
• Backing⇒ **
• In parked vehicle
• Out of vehicle
• Other
• Unknown
	* If "Lost Control" is chosen, another field will appear
	    ▪ Uncontrolled skid
	    ▪ Off road, to left
	    ▪ Off road, to right
	
	** If "Backing" is chosen, another field will appear
	    ▪ With guide
	    ▪ Without guide

Primary Collision Event • Hit at an angle (side impact) by another vehicle • Hit another vehicle at an angle (side impact) • Head on • Side swipe – opposite direction • Side swipe – same direction • Struck from behind • Rear ended another vehicle • Roll over • Struck object on roadway or shoulder • Struck object off roadway • Struck object while backing • Other • Unknown	Click on "Choose" to activate a Drop Box
Other Vehicle or Object • No other vehicle / object involved • Passenger car⇒ • Pick-up/van/mini-van⇒ <4500 kg • Truck⇒ >4500 kg • Truck / trailer combination⇒ • Motor home⇒ • Motorcycle / scooter / moped⇒ • Bicycle⇒ • Bus / school bus⇒ • Train⇒ • Debris / object on roadway • Fixed object (guard rail, lamp post, building, tree, rock) • Pedestrian⇒ • Animal • Construction equipment⇒ • Farm equipment⇒ • Off-highway vehicle/snowmobile⇒ • Other	Click on "Choose" to activate a Drop Box Single rear wheel pick-up Dual rear wheel pick-up and above If any response with "⇒" is chosen, another field will appear: "Any person not in the ambulance injured or killed?" Indicate whether the collision resulted in injury or death to a person who was a passenger in the other vehicle, or was a cyclist or pedestrian.

10

Initial Point of Impact on Ambulance	Click on "Choose" to activate a Drop Box
• Right front • Right side • Right rear • Rear end • Left rear • Left side • Left front • Front end • Roof (perimeter or top) • Undercarriage • Not applicable	

Ambulance Passenger Information

Type of passenger	
Type of passenger • EMS #1, Driver • EMS #2, Attendant • EMS #3, Attendant* • Patient #1 • Patient #2 • Escort #1 / Other Pass.** • Escort #2 / Other Pass.**	*Second attendant, if present **Medical escort, family member, etc

Extent of injury
 	
• Minor
• Major
• Fatal
• None
	If "Minor", "Major" or "Fatal" are chosen, 2 more fields will appear
	 ▪ Mechanism of Injury
	  ▪ Chose appropriate one from drop-down list
	
	 ▪ Area of Injury
	  ▪ Check all that apply

Wearing Seatbelt • Yes • No • N/A	Check appropriate box.
Air Bag Deployed • Yes • No • N/A	Check appropriate box.
Reset	If an error is made in selecting a response, the RESET button allows you to start again

Location in ambulance, pre-collision.

Use the diagram to record the pre-collision location of each person in the ambulance. Enter the location codes on the chart.

- If Patient #2 was on the second main cot in a dual cot modular, enter #6.
- If Patient #2 was transported laying on the squad bench, enter #789
- If any attendant or passenger was standing in the patient compartment at the time of the collision, enter the correct number for the "zone" in which they were standing.
- If the ambulance was parked at a scene, or stopped enroute during transport, enter #11 for any crew member who was **out of the unit** when it was struck. Do not include patients who had not yet been loaded into the ambulance.
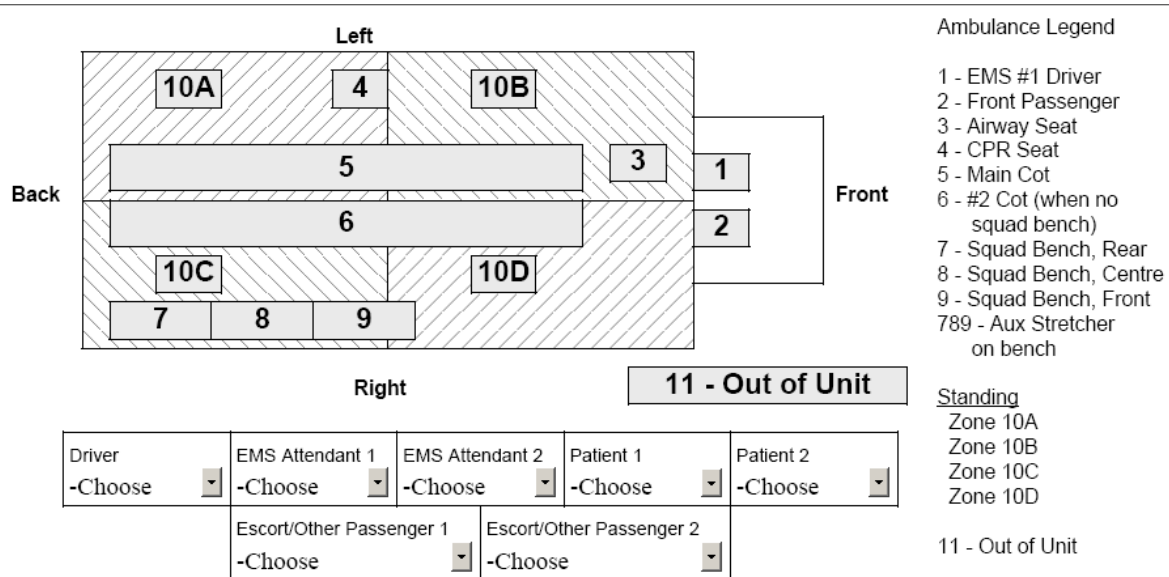

Person	Location
Driver	_____
EMS Attendant 1	_____
EMS Attendant 2	_____
Patient 1	_____
Patient 2	_____
Escort / Other passenger 1	_____
Escort / Other passenger 2	_____

Ambulance Location Codes
1. Driver's seat
2. Front passenger's seat
3. Airway seat
4. CPR seat
5. Main cot
6. Secondary main cot (if equipped)
7. Rear squad bench
8. Middle squad bench
9. Forward squad bench
789 Aux stretcher on squad bench
10A Standing, left rear
10B Standing, left front
10C Standing, right rear
10D Standing, right front
10. Out of unit

Prepare and send the Collision Report to EHS:

1. **Save**   Hit the "SAVE" button at the bottom of the form to save all the information you have entered.

2. **Submit**   Hit the "SUBMIT" button at the bottom of the form to email the PDF to Emergency Health Services. Then follow these steps:

    - Select the type of email system you are using from the pop-up box that appears.
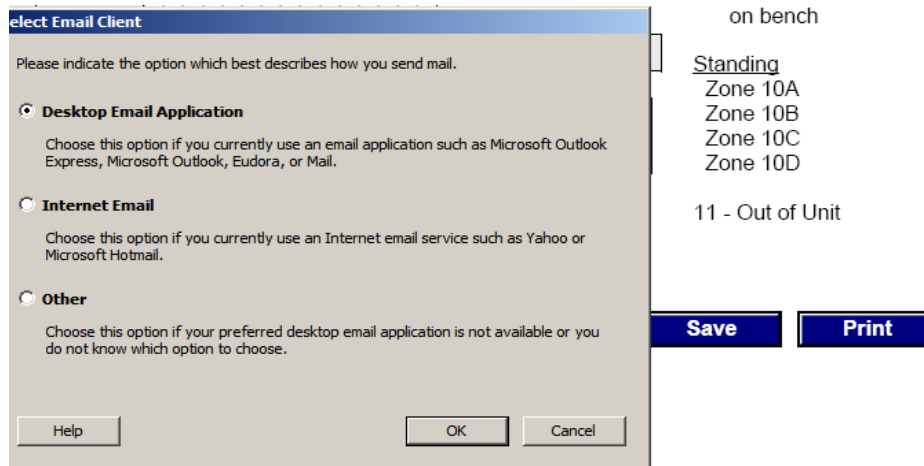
    - Click on "Send Data File" in the next pop-up box that appears.
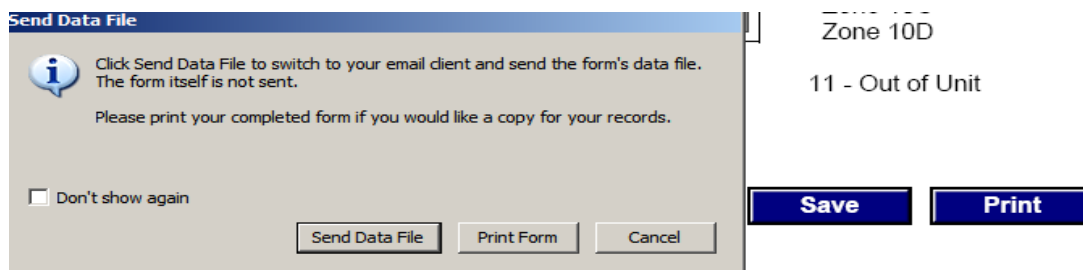
    - The email will be automatically prepared and formatted to be sent to EHS. Click on "Send".

3. **Print**   Hit the "PRINT" button at the bottom of the form if you want to print a copy for your files.