


Sierra – Sacramento Valley EMS Agency Program Policy

EMS Incident Reporting and Investigation

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PURPOSE:

To define the reporting and investigation requirements of EMS system participants.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5, § 1797.200 and 1798.
- B. California Code of Regulations, Title 22, Division 9, Chapters 2, 3, 4, 6 & 12.

LEGAL BASIS:

- A. EMT/Advanced EMT (AEMT) Personnel:
 - 1. An employer of an EMT or AEMT may conduct investigations, as necessary, and take disciplinary action against an EMT or AEMT who is employed by that employer for conduct alleging or indicating the possibility of a threat to the public health and safety as listed in Division 2.5 of the Health and Safety Code, Section 1798.200. The employer shall notify the medical director of the local EMS agency that has jurisdiction in the county in which the alleged violation occurred within three days when an allegation has been validated as a potential violation of one or more of the items listed under Division 2.5 of the Health and Safety Code, Section 1798.200.
 - 2. Each employer of an EMT or AEMT employee shall notify the medical director of the local EMS agency that has jurisdiction in the county in which a violation of one or more of the items listed under Division 2.5 of the Health and Safety Code, Section 1798.200 within three days after the EMT or AEMT is terminated or suspended for a disciplinary cause, the EMT or AEMT resigns following notification of an impending investigation based upon evidence that would indicate the existence of a disciplinary cause, or the EMT or AEMT is removed from EMT/AEMT-related duties for a disciplinary cause after the completion of the employer's investigation.
 - 3. At the conclusion of an investigation, the employer of an EMT or AEMT may develop and implement, in accordance with the guidelines for disciplinary orders, temporary suspensions, and conditions of probation adopted pursuant to Division

2.5 of the Health and Safety Code, Section 1797.184, a disciplinary plan for the EMT or AEMT. Upon adoption of the disciplinary plan, the employer shall submit that plan to the local EMS agency within three working days. The employer's disciplinary plan may include a recommendation that the medical director of the local EMS agency consider taking action against the holder's certificate.

B. Paramedic Personnel:

1. When information comes to the attention of the medical director of the local EMS agency that a paramedic license holder has committed any act or omission that appears to constitute grounds for disciplinary action under Division 2.5 of the Health and Safety Code, Section 1798.200, the medical director of the local EMS agency may evaluate the information to determine if there is reason to believe that disciplinary action may be necessary.
2. If the medical director refers the matter to the EMS Authority for further investigation and/or discipline of the paramedic license holder, the recommendation shall include all documentary evidence collected by the medical director in evaluating whether or not to make that referral. The recommendation and accompanying evidence shall be deemed in the nature of an investigative communication and be protected by Section 6254 of the Government Code. In deciding what level of disciplinary action is appropriate in the case, the authority shall consult with the medical director of the local EMS agency.

REPORTABLE INCIDENTS:

- A. Sentinel Events – A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. The phrase, "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called "sentinel" because they signal the need for immediate investigation and response.
- B. Breach of the standard of care (i.e. failure to assess/act, patient abandonment).
- C. Medication errors – errors in drug choice, dosage and route.
- D. Treatment errors – procedural errors (e.g. unrecognized esophageal intubation), or errors in assessment/application of treatment guidelines that lead to treatment errors (e.g. medication given or procedure done when not warranted).
- E. Key equipment failure on a call directly related to the care of the patient.
- F. Care beyond the appropriate scope of practice.
- G. Failure to follow S-SV EMS policy or protocol.

- H. Suspected violations of Division 2.5 Health & Safety Code § 1798.200.
- I. Any alleged or known injury to a patient as a result of actions by EMS personnel.

POLICY:**A. Prehospital Personnel Responsibilities:**

1. Immediately report the above defined incidents to an on-duty provider agency supervisor.
2. Immediately notify the RN or physician staff at the receiving facility if an error impacts or has a potential to impact patient health and well-being.
3. Immediately notify the base hospital MICN and/or physician who directed the call regarding errors involving base/modified base hospital contact issues.
4. Within 24 hours of the incident, submit a written incident report to the provider agency supervisory personnel describing the details of the alleged incident.
5. Reasonably cooperate with the investigation of the alleged incident.

B. Prehospital Provider Agency Responsibilities:

1. If the prehospital provider agency is the reporting entity, the following procedures shall be followed:
 - Provide a written report of the incident and any other incident related materials (PCR, voice recordings, etc.) to the appropriate allied agency or hospital within 3 working days of becoming aware of a reportable incident.
 - Provide reasonable and appropriate information to the investigating agency to assist them in completing their investigation.
2. If the prehospital provider agency receives notification of a reportable incident from another entity, the following procedures shall be followed:
 - Acknowledge receipt of the incident to the reporting party within 24 hours.
 - Conduct a thorough incident investigation which shall include, but not be limited to, the following:
 - Review of all incident related documentation including PCR(s), incident reports and any other documentation provided by the reporting party or related to the investigation.
 - Review of other materials related to the incident (medical reports, voice recordings, etc.) if appropriate.

- Interviews and/or discussions with appropriate prehospital, hospital, allied agency personnel, or members of the general public.
- Determine what action, if any, should be taken as a result of the findings of the investigative process. Such actions may include one or more of the following:
 - No action is necessary.
 - Remedial education.
 - Provider disciplinary action.
 - Referral to S-SV EMS and/or the California EMS Authority for potential certification/licensure action.
 - Referral to S-SV EMS for possible case review and/or policy/protocol revision.
- Investigations should be completed as soon as possible and should normally be resolved within 10 working days of notification. The reporting entity shall be advised if the investigation is expected to last longer than 10 working days and appropriate updates shall be provided.
- Prehospital providers shall utilize the S-SV EMS Prehospital Provider Incident Tracking Form (927-A) or similar form to document the tracking and resolution of reportable incidents. This form is for internal provider tracking and shall be made available to S-SV EMS upon request or for any incident that requires referral to S-SV EMS for additional review/action.
- Notification of resolution shall be provided to the reporting agency/person(s). This notification shall be in compliance with current employment and confidentiality laws and at a minimum will advise that the incident has been investigated, resolved and closed.

C. Base/Modified Base/Receiving Hospital Responsibilities:

1. If the base/modified base/receiving hospital is the reporting entity, the following procedures shall be followed:
 - Provide a written report of the incident and any other incident related materials (patient outcome information, voice recordings, etc.) to the appropriate prehospital provider agency within 3 working days of becoming aware of a reportable incident.
 - Provide reasonable and appropriate information to the investigating agency to assist them in completing their investigation.
2. If the base/modified base/receiving hospital receives a concern/complaint from a prehospital provider that involves the EMS system, the following procedures shall be followed:
 - Conduct a thorough incident investigation.
 - Determine what action, if any, should be taken as a result of the findings of the investigative process. Such actions may include one or more of the following:

- No action is necessary.
 - Remedial education.
 - Provider disciplinary action.
 - Referral to S-SV EMS for possible case review and/or policy/protocol revision.
 - Notification of resolution shall be provided to the reporting agency/person(s). This notification shall be in compliance with current employment and confidentiality laws and at a minimum will advise that the incident has been investigated, resolved and closed.
- D. Prehospital provider agencies and base/modified base/receiving hospitals shall report to S-SV EMS in writing (927-A or other appropriate forms of documentation), any of the following within 10 working days of the incident:
1. Any action of certified/licensed prehospital care personnel which results in an apparent deficiency of medical care or constitutes a violation under Section 1798.200 of the Health & Safety Code as listed below:
 - Fraud in the procurement of any certificate or license.
 - Gross negligence.
 - Repeated negligent acts.
 - Incompetence.
 - The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, and duties of prehospital personnel.
 - Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or a certified copy of the record shall be conclusive evidence of the conviction.
 - Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.
 - Violating or attempting to violate any federal or state statute or regulation that regulates narcotics, dangerous drugs, or controlled substances.
 - Addiction to, the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
 - Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
 - Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
 - Unprofessional conduct exhibited by any of the following:
 - The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a

similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT, AEMT, or Paramedic from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT, AEMT, or Paramedic, from using that force that is reasonably necessary to effect a lawful arrest or detention.

- The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law.
- The commission of any sexually related offense specified under Section 290 of the Penal Code.

2. Sentinel Events.

3. Any alleged or known injury to a patient as a result of actions or omissions by EMS personnel.
4. Any incident believed to require S-SV EMS notification/involvement or if the reporting entity is not satisfied with the provider's investigation and/or resolution of the incident.

E. EMT/AEMT employers shall notify the S-SV EMS Medical Director within three (3) working days of the occurrence of any of following:

1. The EMT/AEMT is terminated or suspended for a disciplinary cause.
2. The EMT/AEMT resigns or retires following notification of an impending investigation based upon evidence that would indicate the existence of a disciplinary cause.
3. The EMT/AEMT is removed from EMT/AEMT – related duties for a disciplinary cause after the completion of the employer's investigation.

F. Paramedic employers shall report in writing to the S-SV EMS Medical Director and the State EMS authority within 30 days of whenever any of the following actions are taken:

1. A paramedic is terminated or suspended for disciplinary cause or reason.
2. A paramedic resigns following notice of an impending investigation based upon evidence indicating disciplinary cause or reason.
3. A paramedic is removed from paramedic duties for disciplinary cause or reason following the completion of an internal investigation.

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- G. The reporting requirements above do not require or authorize the release of information or records of a paramedic who is also a peace officer protected by Section 832.7 of the Penal Code.
- H. The report to S-SV EMS shall be sent by an authorized representative of the base/modified base/receiving hospital or the prehospital care provider agency and must contain, at a minimum, the following information:
1. The name(s) of all personnel involved in the incident(s).
 2. The date(s) time(s) and location(s) of the incident(s).
 3. The alleged facts of the incident(s).
 4. Copies of all available written/audio material regarding the incident(s).
- I. S-SV EMS will provide notification of resolution to the reporting agency/person(s) for all incidents referred to the Agency. This notification shall be in compliance with current employment and confidentiality laws and will be completed in a timely manner based on the details of the specific incident.