	S-SV EMS Prehospital Provider Incident Tracking Form	927-A

CONFIDENTIAL

(In accordance with California Civil Code Section 56, et seq, California Evidence Code Section 1040 and section 1157. Et seq, and California Code of Regulations, Title 22, Division 9)

Reporting Entity Information:

Name of Reporting Party:	
Phone Number:	Email Address:
Date Received:	Receipt Acknowledgement Date:

Incident Logistics:

☐ Butte ☐ Colusa ☐ Glenn ☐ Nevada ☐ Placer ☐ Shasta ☐ Siskiyou ☐ Sutter ☐ Tehama ☐ Yuba		
Date Investigation Opened:	Date Investigation Closed:	
Incident Date:	Incident Time:	Run #:
Incident Location:		
Prehospital Agencies Involved:		
Hospitals Involved:		
Personnel Involved:		

Type of Reportable Incident(s):

☐ Sentinel Event	☐ Breach of the Standard of Care
☐ Medication Error	☐ Treatment Error
☐ Key Equipment Failure Related to Patient Care	☐ Care Beyond the Appropriate Scope of Practice
☐ Failure to Follow S-SV EMS Policy/Protocol	☐ Suspected Violation of H&S Code 1798.200
☐ Alleged or Known Injury to a Patient as a Result of Actions by EMS Personnel	
☐ Other	

Specific Issue(s):

☐ Airway	☐ Inappropriate Behavior	☐ MICN Issues
☐ AMA/RAS	☐ Interpersonal	☐ Patient Assessment
☐ Base/Modified Base Contact	☐ Manpower/Resource Utilization	☐ Patient Transfer
☐ Destination	☐ MCI	☐ Patient Turnover
☐ Dispatch	☐ Medical Control	☐ Physician Issues
☐ Documentation	☐ Medication Broken/Missing	☐ Policy Clarification
☐ Equipment Failure	☐ Medication Error	☐ Scope of Practice
☐ Equipment Utilization	☐ Other:	

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Description of Incident (attach additional documentation if necessary):

Incident Investigation Checklist (items used/reviewed during the incident investigation):

☐ Base Hosp. Audio Files	☐ Dispatch Audio Files	☐ PCR
☐ Base Hosp. Documentation	☐ Dispatch Logs	☐ RAS/AMA Forms
☐ Cardiac Monitor/AED Reports	☐ Incident Reports	☐ S-SV EMS Policy/Protocol
☐ Prehospital Personnel Interview(s):		
☐ Interviews/Discussions With Other Personnel:		
☐ Other:		

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Comments (attach additional documentation if necessary):

Resolution(s):

☐ No Action Required	☐ Remedial Education	☐ 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 or Policy/Protocol Revision		
☐ Other:		
S-SV EMS Agency Referral Date:		
Date Notification of Resolution Provided to Reporting Party:		

Investigator Information

Name/Title of Person Completing Investigation: