


Sierra – Sacramento Valley EMS Agency Program Policy

EMS Incident Reporting & Investigation

	Effective: 06/01/2021	Next Review: 05/2024	927
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PURPOSE:

To establish incident reporting and investigation requirements for EMS personnel, EMS provider agencies and base/modified base hospitals.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.200 and 1798.
- B. CCR, Title 22, Division 9, Chapters 2, 3, 4, 6 & 12.

REPORTABLE INCIDENTS:

- A. Sentinel Events – An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.
- B. Breach of the standard of care (i.e. failure to assess/act, patient abandonment).
- C. Medication errors.
- D. Treatment errors, or errors in assessment/application of treatment guidelines.
- E. Care beyond the appropriate scope of practice.
- F. Failure to follow S-SV EMS policy or protocol.
- G. Any alleged or known injury to a patient as a result of actions by EMS personnel.
- H. Suspected violations of HSC, Division 2.5, § 1798.200, including:
 - 1. Fraud in the procurement of any certificate or license.
 - 2. Gross negligence.
 - 3. Repeated negligent acts.
 - 4. Incompetence.

5. The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, and duties of prehospital personnel.
6. 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.
7. 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.
8. Violating or attempting to violate any federal or state statute or regulation that regulates narcotics, dangerous drugs, or controlled substances.
9. Addiction to, the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
10. Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license/certification.
11. 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.
12. 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 PC, § 290.

POLICY:**A. EMS Personnel Responsibilities:**

1. Immediately notify the receiving facility RN or physician if a reportable incident impacts or has a potential to impact a patient's health and well-being.
2. Notify the on-duty supervisor of any reportable incident as soon as possible, and subsequently submit a written incident report describing the details of the reportable incident within 24 hours of occurrence/identification.
3. Reasonably cooperate with the investigation of any reportable incident.

B. EMS Provider Agency and/or Hospital Staff Responsibilities:

1. If the EMS provider agency or hospital is the reporting entity:
 - Provide a written report of the incident and any other pertinent incident related materials to the investigating entity within three (3) working days of becoming aware of a reportable incident.
 - Provide reasonable/appropriate information to the investigating entity to assist them in completing their investigation.
2. If EMS provider agency or hospital staff receive notification of a reportable incident from another reporting entity:
 - Acknowledge receipt of the incident to the reporting entity within three (3) working days.
 - Conduct an adequate investigation of the incident, which at a minimum shall include:
 - A review of all pertinent incident related documentation, including PCRs, incident reports and any other documentation relevant to the investigation.
 - A review of other materials relevant to the investigation (medical records, voice recordings, etc.).
 - Interviews with complainants, witnesses, prehospital personnel and/or hospital personnel deemed relevant to the investigation.
 - Determine the appropriate action/resolution, which may include one or more of the following:
 - No action necessary.
 - Remedial education.
 - Provider disciplinary action.
 - Referral of prehospital personnel to S-SV EMS and/or EMSA for further review and/or potential certification/license action.
 - Referral of the incident to S-SV EMS for possible case review and/or policy/protocol revision.

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- C. Investigations should be completed in a timely manner, and should be routinely resolved within 21 calendar days of notification. The reporting entity shall be advised if the investigation is expected to last longer than 21 calendar days, and appropriate updates shall be provided until a resolution is reached.
- D. EMS provider agencies shall utilize the S-SV EMS Prehospital Provider Incident Tracking Form (927-A), or similar provider agency documentation, to record the notification, investigation, findings and resolution of reportable incidents. This documentation shall be provided to S-SV EMS upon request, or for any incident that requires referral to S-SV EMS for additional review/action.
- E. Appropriate notification of investigation completion/findings/resolution, in compliance with current employment and confidentiality laws, shall be provided to the reporting entity at the conclusion of the investigation.
- F. EMS provider agencies and/or hospitals shall report any of the following to S-SV EMS within three (3) working days of occurrence confirmation:
1. Sentinel Events.
 2. Any alleged or known injury to a patient as a result of actions or omissions by EMS personnel.
 3. Any alleged or known violation of HSC, Division 2.5, § 1798.200.
 4. Any incident believed to require S-SV EMS notification, including if the reporting party is not satisfied with the investigating entity's incident findings/resolution.
- G. EMS provider agencies shall notify S-SV EMS within three (3) working days of the occurrence of any of following:
1. An EMT, AEMT or paramedic is terminated or suspended for disciplinary cause.
 2. An EMT, AEMT or paramedic resigns/retires following notice of an investigation based upon evidence indicating disciplinary cause.
 3. An EMT, AEMT or paramedic is removed from EMT/AEMT/paramedic related duties for disciplinary cause after the completion of the employer's investigation.