

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 927

SUBJECT: EMS PERSONNEL REVIEW: INCIDENT REPORTING

PURPOSE:

To define the occurrences which require reports to S-SV EMS Agency, and the reporting requirements for system participants.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.200, 1798, Chapter 7, Section 1798.200, et seq., 1799.112.

California Code of Regulations, Title 22, Division 9, Chapter 6, Section 100201, et seq.

Base Hospital Agreement

Advanced Life Support Provider Agreement

LEGAL BASIS:

EMT:

The medical director of the local EMS Agency shall evaluate information received from a credible source, including information obtained from an application, medical audit or complaint, alleging or indicating the possibility of a threat to the public health and safety under Division 2.5 of the Health and Safety Code, Section 1798.200, by the action of an applicant for, or holder of, an EMT certificate. The EMT certificate must be issued by the local EMS Agency for which s/he is the designated medical director, or the certificate holder utilizes or has utilized the certificate or the skills authorized by the certificate within the jurisdiction of that medical director.

PARAMEDIC:

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.

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

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Approved:

SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director

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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.

DEFINITIONS

- I. "Incident Report" is any occurrence or allegation of any of the following:
 - 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, patient abandonment, failure to act).
 - C. Any 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 Agency policy.
 - 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:

- I. Prehospital personnel responsibilities
 - A. Immediately report the above defined incidents to an on-duty provider agency supervisor.
 - B. 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.
 - C. Immediately notify the base hospital MICN and/or physician who directed the call by telephone regarding errors involving base contact issues.
 - D. Within 24 hours of the incident, send a written incident report to the provider agency supervisory personnel. Documentation shall include verification of verbal reports as identified above.

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- II. Prehospital care provider agencies and base hospitals shall report in writing (927 Addendum A), within 30 days of the incident, to the local EMS agency the following:
- A. 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.
 - B. Sentinel Events
 - C. Any alleged or known injury to a patient as a result of actions or omissions by EMS personnel.
 - D. Care beyond the appropriate scope of practice.
 - E. Functioning outside of medical control.
- III. Paramedic employers shall report in writing to the local EMS agency medical director and the State EMS authority and provide all supporting documentation within 30 days of whenever any of the following actions are taken (H&S, Division 2.5 Section 1799.112):
- 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.
- A. The reporting requirements of Section II 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.
 - B. For purposes of this section, "disciplinary cause or reason" means only an action that is substantially related to the qualifications, functions, and duties of a paramedic and is considered evidence of a threat to the public health and safety as identified in subdivision (c) of Section 1798.200.

The report to the local EMS Agency shall be signed by the base hospital medical director or an authorized representative of 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).