

EMS Event Reporting

I. PURPOSE

- A. To establish a system of patient safety and EMS response-related reporting requirements for the purposes of review, data analysis, patient safety and EMS system performance;
- B. To define reporting requirements for events which may have the potential to cause community concern or represent a threat to public health and safety;
- C. To define the reporting and monitoring responsibilities of all EMS system participants; and
- D. To recognize exemplary prehospital care in the EMS system.

II. REPORTING RESPONSIBILITY

- A. The reporting requirements established by this policy apply to prehospital care providers, EMS service providers, and hospitals.
- B. Providers shall directly report to the Contra Costa EMS Agency (LEMSA) any event that is “required to be reported” by this policy.

III. IMMEDIATE POLICY REPORTING REQUIREMENTS

The following EMS events shall be reported immediately to the LEMSA by telephone to the EMS Duty Officer at (925) 570-9708. The telephone report shall be followed by the submission of a written EMS event report:

- A. Any event that has resulted in or has the potential to lead to an adverse patient outcome;
- B. Any deviation from a LEMSA policy or protocol that resulted in patient harm or a threat to public safety;
- C. Medication, treatment or clinical errors that resulted in patient harm;
- D. Equipment failure or malfunction that resulted in patient harm;
- E. Technology or communications systems errors or malfunctions that resulted in patient harm;
- F. The on-duty death of any pre-hospital personnel;
- G. The on-duty arrest of any pre-hospital personnel either working in Contra Costa County or certified or accredited through the LEMSA; or
- H. The collision of any ambulance or EMS response vehicle that results in injury.

IV. URGENT POLICY REPORTING REQUIREMENTS

- A. The following EMS events shall be reported to the LEMSA within twenty-four (24) hours:
 - 1. Any unusual event/occurrence.
 - 2. Any deviation from LEMSA policy or treatment guideline that had the potential to result in patient harm or a threat to public safety;
 - 3. Medication, treatment or clinical errors that had the potential to result in patient harm;
 - 4. Equipment failure or malfunction that had the potential to result in patient harm;



EMS Event Reporting

5. Any event or circumstance that is or shall be reported to another regulatory or enforcement agency, including but not limited to any law enforcement agency, the California Emergency Medical Services Authority (EMSA), California Occupational Health and Safety Administration (Cal-OSHA), the State or County Department of Public Health (CDPH), or the Centers for Disease Control and Prevention;
6. Any event where BLS or CCT ambulance activates 911 for a patient in their care.
7. Knowledge of or the commission of any event or circumstance that represents a threat to public health and safety as defined by Health and Safety Code Section 1798.200(c)(1) through 11):
 - a. Fraud in the procurement of any certificate or license under this division;
 - b. Gross negligence;
 - c. Repeated negligent acts;
 - d. Incompetence;
 - e. The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, and duties of prehospital personnel;
 - f. Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel;
 - g. 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;
 - h. Violating or attempting to violate any federal or state statute or regulation that regulates narcotics, dangerous drugs, or controlled substances;
 - i. Addiction to, the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances;
 - j. 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;
 - k. 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;
 - l. Unprofessional conduct exhibited by any of the following:
 - i. 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 or paramedic from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT or paramedic, from using that force that is reasonably necessary to affect a lawful arrest or detention.



EMS Event Reporting

- ii. The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.
- iii. The commission of any sexually related offense specified under Section 290 of the Penal Code.

V. GENERAL POLICY REPORTING REQUIREMENT

Timely reporting of the following types of events is strongly encouraged:

- A. Great Catches: Events that are recognized and prevented before they actually occur. A “*great catch*” includes recognition of provider action that contributes to the prevention of negative or adverse patient outcomes. Near miss events are included in this category.
- B. Community events that may cause public concern, either positive or negative (e.g., bomb threats, multi casualty incidents and EMS system operational issues).
- C. Exemplary care in the field deserving of recognition and/or commendation.
- D. Any event in which the provider agency determines a case review would be beneficial (e.g., educational component; unusual/abnormal component).

VI. PARAMEDIC REPORTING REQUIREMENTS

- A. The employer or supervisor of a paramedic shall report the commission of any event or circumstance described in Section IV(A)(7)(a) through (l) herein, involving a paramedic to EMSA within 72 hours of the discovery of such circumstance or event. The report shall be made to EMSA on the Paramedic Complaint Investigation Request form no later than the following business day and shall include any applicable supporting documents (e.g., internal investigation report, witness statements, EHR).
- B. The employer or supervisor of a paramedic who makes a report to EMSA under this section must provide the LEMSA with a copy of the completed paramedic investigation request form and supporting documents and attachments no later than the following business day.

