



SAN MATEO COUNTY HEALTH EMERGENCY MEDICAL SERVICES

POLICY NO:	OPS 37
DATE ISSUED:	Apr. 2021

EMS EVENT REPORTING

I. PURPOSE

This policy establishes a system of patient safety and EMS response-related reporting requirements for the purposes of review, data analysis, patient safety, and EMS system performance. This policy defines reporting requirements for events which may have the potential to cause community concern or represent a threat to public health and safety. It also defines the reporting and monitoring responsibilities of all EMS system participants.

II. AUTHORITY

California Health and Safety Code, Division 2.5, §1798.6

III. DEFINITIONS

Local Emergency Medical Services Agency (LEMSA) or Emergency Medical Services Agency: The San Mateo County Emergency Medical Services Agency).

Unusual Event/Occurrence: Any event or occurrence deemed to have impact or potential impact on patient care, and/or any practices felt to be outside the norm of acceptable patient care. Unusual Events/Occurrences also cover events outside the “normal” flow of operations surrounding dispatch, response, rescue, and disposition of all EMS responses. Unusual Events/Occurrences may or may not have life threatening impacts.

Sentinel Event: Any unexpected event/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. An Unusual Event/Occurrence is considered a Sentinel Event if it could reasonably be considered to be the direct cause of a death or serious injury. Sentinel Events warrant immediate investigation and reporting to LEMSA.

Reportable Event: An unexpected event/occurrence during the dispatch, rescue, care, or transport of a patient requiring emergency medical care that is not the direct cause of serious physical, psychological injury, or the risk thereof, but does require investigation for the purposes of quality improvement.

IV. REPORTING RESPONSIBILITY

A. The reporting requirements established by this policy apply to prehospital personnel, EMS

service providers, and hospitals.

- B. Providers shall directly report to LEMSA any event that is “required to be reported” by this policy.
- C. Acceptable reporting mechanisms include:
 - 1. Phone call to the EMS Duty Officer;
 - 2. Written report submission via the San Mateo County EMS app; or
 - 3. Written report submission via the San Mateo County EMS website.

V. IMMEDIATE POLICY REPORTING REQUIREMENTS

- A. The following EMS events shall be reported immediately to LEMSA by telephone to the EMS Duty Officer, which may be reached through Public Safety Communications (PSC) at (650) 363-4981. The telephone report shall be followed by the submission of a written EMS event report:
 - 1. Any event that has resulted in or has the potential to lead to an adverse patient outcome;
 - 2. Any deviation from LEMSA policy or protocol that resulted in patient harm or a threat to public safety;
 - 3. Medication, treatment or clinical errors that resulted in patient harm;
 - 4. Equipment failure or malfunction that resulted in patient harm;
 - 5. Technology or communications systems errors or malfunctions that resulted in patient harm;
 - 6. The on-duty death of any prehospital personnel;
 - 7. The on-duty arrest of any prehospital personnel either working in San Mateo County or certified or accredited through the LEMSA; or
 - 8. The collision of any ambulance or EMS response vehicle that results in injury.

VI. URGENT POLICY REPORTING REQUIREMENTS

- A. The following EMS events shall be reported to the LEMSA within twenty-four (24) hours via the submission of a written EMS event report:
 - 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;
 - 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 9-1-1 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.

- 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.

VII. GENERAL POLICY REPORTING REQUIREMENTS

Timely reporting of the following types of events is strongly encouraged via the submission of a written EMS event report:

- A. Great Catches: Events that are recognized and prevented before they occur. A “great catch” includes recognition of provider action that contributes to the prevention of negative or adverse patient outcomes. Near miss events are also 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).

VIII. PARAMEDIC REPORTING REQUIREMENTS

- A. The employer or supervisor of a paramedic shall report the commission of any event or circumstance described in Section VI(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.