

TITLE: UNUSUAL OCCURRENCE REPORTING

APPROVED: \_\_\_\_\_  
Executive Director  
  
\_\_\_\_\_  
Medical Director

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PAGE 1 OF 2

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**UNUSUAL OCCURRENCE REPORTING**

I. Authority

In accordance with Section 100136, 100172, 100173, 100218, 100265, 100304 Title 22 of the California Code of Regulations.

II. Definitions

A. "Unusual Occurrence" is any occurrence or allegation of any of the following:

1. Breach of the standard of care (failure to assess, undetected esophageal intubation, wrong medication, use of the wrong treatment guideline, etc.)
2. Key equipment failure on a call directly related to the care of the patient.
3. Events in which policy failed to provide guidance.
4. Care beyond the appropriate scope of practice.
5. Failure to follow MVEMSA policy.
6. Suspected violations of Division 2.5 Health & Safety Code 1798.200
7. Any alleged or known injury to a patient as a result of actions by EMS personnel.
8. Any recognition of exceptional effort or service provided by EMS personnel.

III. Purpose

To provide the EMS Agency, and affected providers and hospitals, with a process to document and review *problems related to* policies, personnel performance issues, or other positive, negative or unusual incidents. By submitting the Unusual Occurrence Report, the author assists the EMS Agency, provider agencies, and hospitals in improving the delivery of prehospital care. In order to correctly study, plan, and implement system improvements, significant events must be reported and tracked.

IV. Policy

EMS provider agencies and personnel shall report Unusual Occurrences to the EMS Agency following the procedure outlined in this policy within seventy-two (72) hours.

V. Procedure

Any "Unusual Occurrence" as defined above, must be reported to the EMS agency utilizing Unusual Occurrence Report form 271.05. This form must be accompanied by any relevant documents that are available such as Prehospital Care Reports, complaint letters, etc.

- A. Any agency or individual may submit an Unusual Occurrence Report. Only one form is required to be submitted for each occurrence unless the issue involves a disagreement between parties.
1. Unusual Occurrence Reports can be submitted via fax, mail, or in person. Any fax or mailed report must be marked “confidential.”
  2. All Unusual Occurrence Reports referring to patient care issues must be accompanied by a PCR whenever possible.
- B. Investigation and Follow-up
1. In all cases, the EMS Agency will be responsible for coordinating the investigation and follow-up.
  2. Whenever possible, such investigations will be assigned to and conducted by the QI personnel of the involved agencies.
  3. Following an inquiry and a complete review of the facts, the EMS Agency shall manage the incident in one or more of the following ways:
    - a. record the incident and monitor to note any trends.
    - b. work with the local provider to develop a plan to address the issue.
    - c. refer to the Regional Advisory Committee for consideration and follow-up.
    - d. report the incident to the State EMS Authority. Examples of the type of incident that may trigger this response include but are not limited to:
      - 1) significant or repeated variance from treatment guidelines or scope of practice by a Paramedic as defined in Title 22 and the EMS Agency policies and procedures.
      - 2) violations of Division 2.5 Health & Safety Code 1798.200.
      - 3) repeated or profound acts of negligence or noncompliance with the established standard of care.
    - e. recognize the exceptional effort of the EMS personnel.

