

**UNUSUAL OCCURRENCES (#2300)**

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**1. SUBMISSION OF UNUSUAL OCCURRENCE NOTIFICATION**

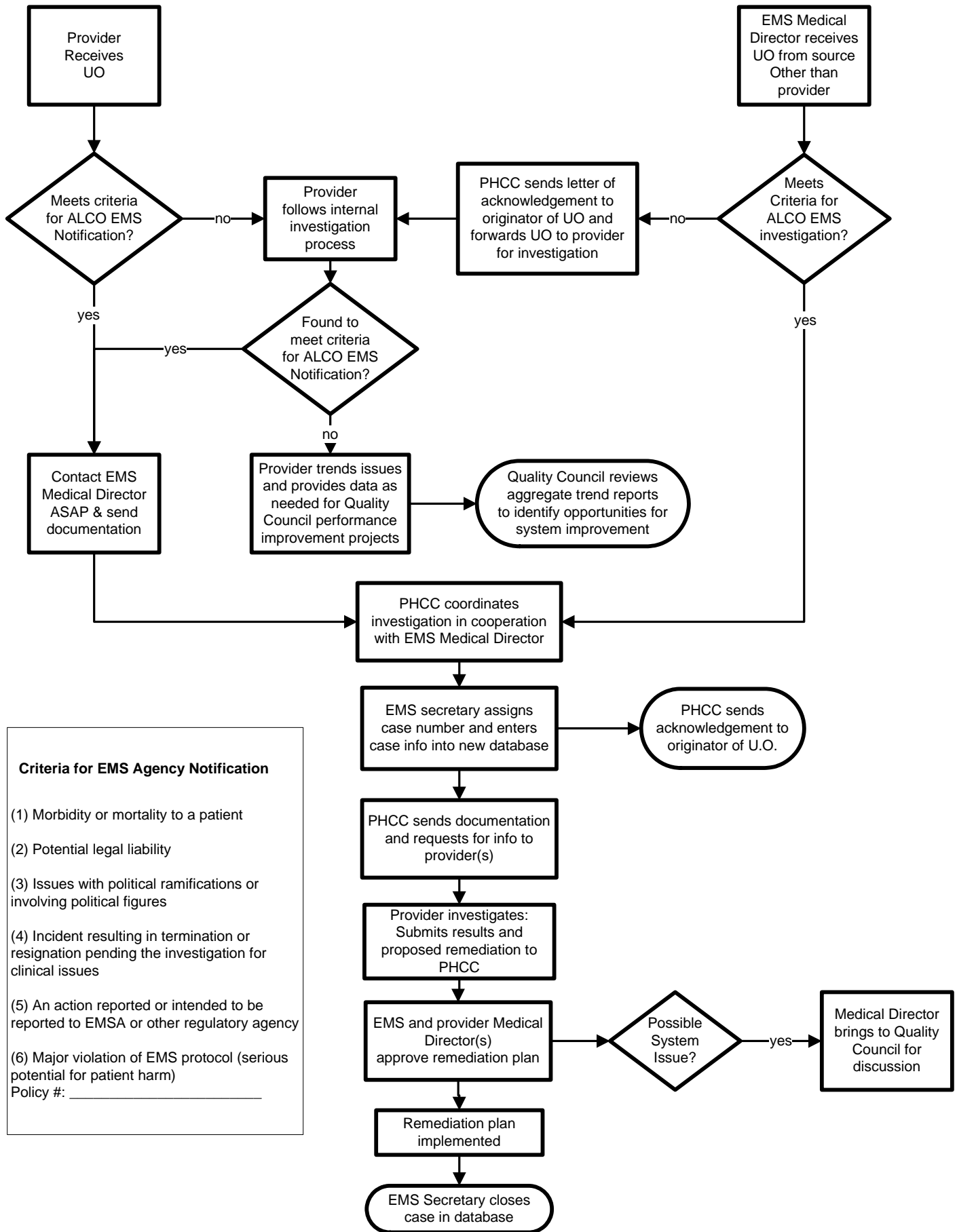
- 1.1 Any agency or individual may submit an unusual occurrence form. Only one form needs to be submitted for a given incident. The criteria for EMS Agency notification is as follows:
  - 1.1.1 Morbidity or mortality to a patient.
  - 1.1.2 Potential legal liability.
  - 1.1.3 Issue with political ramifications or involving political figures.
  - 1.1.4 Incident resulting in termination or resignation pending the investigation for clinical issues.
  - 1.1.5 An action reported or intended to be reported to EMSA or other regulatory agency.
  - 1.1.6 Major violation of EMS protocol (serious potential for patient harm).
- 1.2 Submit the form to the EMS Agency via mail, fax, e-mail, or by hand. If fax or e-mail is used, place "CONFIDENTIAL" in subject section.
- 1.3 Submit a copy to your EMS Coordinator and/or Quality Coordinator, if required by the internal policies of your organization.
- 1.4 **A Confidentiality Notice should be placed on all confidential faxes and e-mails.**

Faxes/E-mail may contain confidential information. Do not read this e-mail if you are not the intended recipient. This fax or e-mail transmission, (and any documents, files or previous e-mail messages attached to it) may contain confidential information that is legally privileged or is made confidential by statute. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in or attached to this transmission is STRICTLY PROHIBITED. If you have received this transmission in error, please immediately notify us by phone (*insert name and phone #*) or e-mail, and destroy the original transmission and its attachments without reading or saving in any manner.

**2. INVESTIGATION AND FOLLOW-UP**

- 2.1 EMS is responsible for coordinating the investigation and follow-up on all cases that meet the criteria in 1.1, above. Whenever possible, QI investigations will be assigned to and conducted by QI personnel of the involved agencies.
- 2.2 Further evaluation and documentation may be required including interviews with involved parties.
- 2.3 EMS will acknowledge all unusual occurrence report received and ensure the appropriate resolution of each event.
- 2.4 Unusual occurrence reports that do not meet the criteria in 1.1, above, will be referred to the appropriate provider for investigation and follow-up. Providers will trend issues identified and provide data as needed for EMS system performance improvement projects.

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**Criteria for EMS Agency Notification**

- (1) Morbidity or mortality to a patient
- (2) Potential legal liability
- (3) Issues with political ramifications or involving political figures
- (4) Incident resulting in termination or resignation pending the investigation for clinical issues
- (5) An action reported or intended to be reported to EMSA or other regulatory agency
- (6) Major violation of EMS protocol (serious potential for patient harm)

Policy #: \_\_\_\_\_

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**Alameda County EMS Unusual Occurrence Form**

All of the following information must be documented on this form

This form may be completed electronically - 'tab' through the fields.

The form can be sent as an e-mail attachment: 'file'>>'send to'>>'mail recipient as attachment'

Submit this form to: \_\_\_\_\_  PCR attached

Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Location: \_\_\_\_\_ Unit #: \_\_\_\_\_ CMED/Agency Incident # : \_\_\_\_\_

Form completed by: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_

**Other(s) involved** (include name, title and agency)

**Witness(es):** (persons familiar with incident include; name, title, department, relationship)

\_\_\_\_\_  
\_\_\_\_\_

**Nature of Occurrence**

**1. Check all appropriate boxes**

**2. Attach PCR or other appropriate documentation**

- Morbidity or mortality to a patient
- Potential legal liability
- Issues with political ramifications or involving political figures
- Incident resulting in termination or resignation pending the investigation for clinical issues
- An action reported or intended to be reported to EMSA or other regulatory agency
- Major violation of EMS protocol (serious potential for patient harm) Policy #: \_\_\_\_\_

Could this event cause a community reaction or represent a threat to public health and safety?\*  Yes  No  
**If yes, contact Dr. Pointer ASAP at (510) 618-2022 or james.pointer@acgov.org.**

Date contacted: \_\_\_\_\_ Time: \_\_\_\_\_

Others notified: (Name, agency, title)

\_\_\_\_\_  
\_\_\_\_\_

**Specific issue** (be brief): \_\_\_\_\_

**Details of Occurrence:** (provide facts, observations, and direct statements)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immediate efforts to resolve this issue:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  None

**TREND REPORT INFORMATION:**

- Patient maltreatment
- Treatment Error/ Omission
- Medication error
- Documentation Omission/ Error
- Other: **affecting** patient care
- Other: **not affecting** patient care - specify:
- Citizen Concern

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**\*Threat to Public Safety as defined by Health and Safety Code 1798.200**

Any of the following actions shall be considered evidence of a threat to public health and safety and may result in the denial, suspension or revocation of a certificate or license issued under this division or in the placement on probation of a certificate or license holder under this division.

1. Fraud in the procurement of any certificate or license under this division
2. Gross negligence
3. Repeated negligent acts
4. Incompetence
5. The commission of any fraudulent, dishonest or corrupt act related to the qualification, functions and duties of pre hospital personnel
6. Conviction of any crime which is substantially related to qualification, functions and duties of pre hospital personnel
7. Violating or attempting to violate directly or indirectly any provision of this division
8. Violating or attempting to violate federal or state statute or regulation which regulates narcotics, dangerous drugs or controlled substances
9. Addiction to the excessive use of or the misuse of alcohol 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 or 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. Patient Maltreatment: verbal or physical occurrence identified which harm, insult, neglect or abuse the patient.
13. Controlled Substance: Loss/ broken narcotic vials / defective /Incorrect counts