

	3009	Unusual Occurrence Report
Nor-Cal EMS Policy & Procedure Manual	Continuous Quality Improvement	
Effective Date: 4/1/2021	Next Revision: 4/1/2024	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

Agency Name:		Reporting Party Name:	
Today's Date:	Incident Date:	Incident Time:	Incident #:
Critical Ambulance Failure (Vehicle Assigned to a Call for Service)			
Vehicle #:	Mileage:	Patient on Board: <input type="radio"/> Yes <input type="radio"/> No	
Last Preventative Maintenance Date:		Last Preventative Maintenance Mileage:	
Initial Unit Times:			
Dispatch:	At Scene:	Transport:	Failure:
Subsequent Unit Times:			
Unit ID:	Dispatch:	At Scene:	Hosp:
Was Patient Care Affected: <input type="radio"/> Yes <input type="radio"/> No - Describe how it was or was not in the summary below.			
Aircraft Failure/ Aborted Mission (Aircraft Assigned to a Call for Service)			
Tail #:	Call Sign:	Patient on Board: <input type="radio"/> Yes <input type="radio"/> No	
Last Preventative Maintenance Date:		Last Inspection Date:	
Initial Unit Times:			
Dispatch:	At Scene:	Transport:	Failure:
Reason for Failure or Abort			
<input type="checkbox"/> Weather <input type="checkbox"/> Mechanical <input type="checkbox"/> Crew <input type="checkbox"/> Other - Describe in detail in the summary below.			
Was Patient Care Affected: <input type="radio"/> Yes <input type="radio"/> No - Describe how it was or was not in the summary below.			
Medical Equipment Failure During Patient Care			
Was Patient Care Affected: <input type="radio"/> Yes <input type="radio"/> No - Describe how it was or was not in the summary below.			
Equipment Involved:			
Date of Last Preventative Maintenance:			
Delayed Ambulance or Aircraft Response			
Incident Location:		Nature of Incident:	
Aircraft/Ambulance Location: <i>(At time of dispatch)</i>			
Unit Times:			
Received:	Accepted:	ETA Given:	At Scene:
Describe in detail in the summary below the reason(s) for the response delay.			
Inaccurate EMS Aircraft ETA (greater than 5 minutes)			
Unit ID:	Time of Request:	ETA Given:	At Scene:
Was Patient Care Affected: <input type="radio"/> Yes <input type="radio"/> No - Describe how it was or was not in the summary below.			
Communications Failure (CF) Report–Whenever Base Hospital (BH) contact is required, but cannot be made Note: send copy of this report and completed PCR to both Base Hospital PCC & Nor-Cal EMS			
Provider Communications Failure: <input type="checkbox"/> Radio Failure (no or poor reception) <input type="checkbox"/> Radio Failure (mechanical) <input type="checkbox"/> Cell Phone (no or poor reception) <input type="checkbox"/> Cell Phone (mechanical) <input type="checkbox"/> No landline available			
Base Hospital Communication Failure: <input type="checkbox"/> No MICN/MD available for orders or consult.			
Receiving Facility Communication Failure: <input type="checkbox"/> Appropriate personnel unavailable for report.			

Description of Problem/Incident Summary/Actions
(Attach additional sheets of paper if necessary)

Attach copies of all PCR's related to the incident.
Forward report to: mail@norcalems.org