NOR-CAL EMS	3008	EMS Event Reporting
Nor-Cal EMS Policy & Procedure Manual		Pre-Hospital Providers
Effective Date: 9/1/2026		Next Revision:9/2029
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

Purpose:

1) 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.
2) To define reporting requirements for events which may have the potential to cause community concern or represent a threat to public health and safety.
3) To define the reporting and monitoring responsibilities of all EMS system participants.
4) To recognize exemplary prehospital care in the EMS system.

Reporting Responsibility:

1) The reporting requirements established by this policy apply to prehospital care providers, EMS service providers, and hospitals.
2) Providers shall directly report to Nor-Cal EMS any event that is “required to be reported” by this policy.

General Policy Reporting Requirement:

1) Timely reporting of the following types of events is strongly encouraged:
   a) Great Catches: Events 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 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).

Immediate Policy Reporting Requirements:

The following EMS events shall be reported immediately to Nor-Cal EMS by telephone to the Nor-Cal EMS Duty Officer **(530) 229-3983** The telephone report shall be followed by the submission of an Unusual-Occurrence-Report found under ‘FORMS’ or 3009A-Incident-Report. Any event that has resulted in or has the potential to lead to an adverse patient outcome.

1) Any deviation from a Nor-Cal EMS policy or protocol that resulted in patient harm or a threat to public safety.
2) Medication, treatment or clinical errors that resulted in patient harm.
3) Equipment failure or malfunction that resulted in patient harm.
4) Technology or communications systems errors or malfunctions that resulted in patient harm.
5) The on-duty death of any pre-hospital personnel.
6) The on-duty arrest of any pre-hospital personnel either working in the Nor-Cal EMS Region or certified or accredited through the Nor-Cal EMS.
7) Any pre-hospital personnel removed from duty due to suspicion of drug and/or alcohol use.

8) A collision involving any ambulance or EMS response vehicle during a response, Patient on board or injury to personnel.

Urgent Policy Reporting Requirements:

The following EMS events shall be reported to Nor-Cal EMS within twenty-four (24) hours. All reports are to be followed by submission of a Confidential Case Report (see Confidential Case Report) or an Unusual Occurrence Report (see Unusual Occurrence Report):

1) Any unusual event/occurrence (e.g. MCI, abnormal patient condition, Base Hospital communication failure, etc.).
2) Any deviation from Nor-Cal EMS policy or Treatment Guideline could result in patient harm;
3) Medication, treatment, or clinical errors that could result in patient harm.
4) Equipment failure or malfunction that had the potential to result in patient harm.
5) A collision involving any ambulance or EMS response vehicle does not meet the above (deer strikes, backing incidents, etc.).
6) 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.
7) Whenever the operator of an interfacility basic life support (BLS) or critical care transport (CCT) ambulance operates with lights and siren whether responding to or from a location in the Nor-Cal EMS region, or upgrades mode of transport to lights and siren.
8) 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 (c)(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 / mental / emotional 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 EMR, EMT, AEMT or paramedic from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMR, EMT, AEMT 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.

9) See Link: California Health and Safety Code section 1798.200 (2025)

Ambulance/Aircraft/Medical Equipment Failure or Delayed Reporting Requirement:

The following EMS events shall be reported to the Nor-Cal EMS within twenty-four (24) hours utilizing the Unusual Occurrence Report (see Unusual Occurrence Report):

1) Critical Ambulance Failure
2) Aircraft Failure / Aborted Mission
3) Medical Equipment Failure During Patient Care
4) Delayed Ambulance or Aircraft Response
5) Inaccurate EMS Aircraft ETA
6) Communication Failure – Provider to Base Hospital