



# Stanislaus County

## Emergency Medical Services Agency

**POLICY NO:** 620.20  
**TITLE:** Unusual Occurrence Reporting

**REVIEW DATE:** 12.01.2025  
**EFFECTIVE DATE:** 12.15.2022

APPROVAL SIGNATURES ON FILE AT EMS AGENCY OFFICE

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### UNUSUAL OCCURRENCE REPORTING

#### Authority

In accordance with California Code of Regulations (CCR) Title 22, Division 9 § 100136, § 100172, § 100173, § 100218, § 100265, § 100304.

#### **I. 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 Stanislaus County EMS Agency 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.

#### **II. Purpose**

- A. To establish a peer-to-peer report and response mechanism for resolving issues and incidents that are reportable but are not a threat to public health and safety (see Appendix or the integrity of the EMS system).
- B. To establish a mechanism for reporting and investigating issues and incidents which pose a threat to the integrity of the EMS system and/or possibly constitute a violation of California Health and Safety Code Section 1798.200 et seq.
- C. To set standards for regular reporting of incidents to the EMS Agency for the purpose of monitoring the EMS system and identification of opportunities for improvement in clinical outcomes and/or system structures and processes

#### **III. Policy**

## Overview of Incident Reporting

Level I Peer to Peer Reporting	Level II Unusual Occurrence Reporting	Level III Mandatory Reporting
<ul style="list-style-type: none"> <li>• For minor interpersonal issues, misunderstandings or operational issues not involving patient care.</li> <li>• Resolve as soon as possible after the incident in person or by telephone with supervisors or management representatives.</li> <li>• If unsure whether the issue is Level I or II or if the issue cannot be resolved at this level, an Unusual Occurrence Report should be submitted.</li> </ul>	<ul style="list-style-type: none"> <li>• For patient care issues, complete an EMS Unusual Occurrence Form and email, fax or mail to provider management. This includes commendations.</li> <li>• For system issues involving patient care, email, fax or mail report to the EMS Agency.</li> <li>• Reporting party may also call provider management or the EMS Agency to verbally report an incident which will be documented on an Unusual Occurrence Form by the provider.</li> <li>• EMS provider and personnel shall report Unusual Occurrences to the EMS Agency following the procedure outlined in this policy within seventy-two (72) hours.</li> </ul>	<ul style="list-style-type: none"> <li>• Includes, but not limited to incidents involving:</li> <li>• Clinical acts or omissions that may be a threat to public health and safety or considered negligent or contributing to poor patient outcome.</li> <li>• Violations of EMS policies and treatment protocols that may result in poor patient outcome.</li> <li>• Use of intoxicants or impaired ability due to alcohol or drugs while on duty.</li> <li>• Report to the EMS Agency within 24 hrs.</li> </ul>

### IV. Procedure

- A. Peer to Peer Reporting (Level I): Any incident or event such as minor interpersonal conflicts, misunderstandings and demeanor issues that are unrelated to patient care activities or minor operational issues. (Extended responses on non-critical patients, on scene communication issues, etc.)
  
- B. Unusual Occurrence Reporting (Level II): Any incident or event which the reporting party believes warrants notification to another EMS system participant shall be documented and forwarded by the reporting party to all other providers involved. The reporting party shall notify the EMS Agency of all Level II UOR's within 72 hours.
  1. Reportable Level II incidents or events include, but are not limited to:
    - a) Policy or protocol violations not related to clinical care or patient outcome.
    - b) Deviation from authorized use of supplies or equipment.

- c) Documentation error or omission not related to patient care
- d) Communication errors.
- e) Destination errors with no impact on patient outcome.
- f) Near miss incidents.
- g) Operational (non-clinical) issues.
- h) Commendations may also be submitted to communicate exceptional care by an individual or group of providers.

C. Copies of all supporting documents, such as PCRs, hospital records, dispatch logs, etc. must be included. The EMS Agency shall log all Unusual Occurrences for the purposes of data collection and analysis. In the event that a recipient of an Unusual Occurrence fails to respond, or provides an inadequate response, the reporting party may inform the EMS Agency of the failure and request follow-up action on closure reporting.

D. **Mandatory Reporting (Level III)**

1. Any event that is actionable pursuant to Health & Safety Code Section 1798.200 shall be reported, within 24 hours, to the EMS Agency using an Unusual Occurrence Form.
2. Reportable Level III events include, but are not limited to:
  - a) Use of intoxicants or impaired ability due to alcohol or drugs while on duty as an EMS provider. (2) Clinical acts or omissions that may be considered negligent or possibly contributed to poor patient outcome.
  - b) Deviation from EMS policy or protocol that may result in a poor patient outcome.
  - c) Any act or omission that constitutes a threat to public health and safety.
  - d) Any event where recurrence would have a significant chance of adverse outcome.

E. Any individual with direct knowledge of a Mandatory Reporting incident is required to complete a written report and submit it directly to the EMS Agency within 24 hours. Employers may require concurrent reporting internally, but shall not preclude, inhibit, or delay direct reporting to the EMS Agency.

1. Unusual Occurrence Reports must include copies of all pertinent documentation, including but not limited to:
  - a) Patient care records
  - b) Dispatch logs
  - c) Written statements by involved personnel
  - Summary of initial investigation and actions taken by the provider (when applicable and available).

**V. The EMS Agency shall lead Mandatory Reporting Investigations**

- A. All providers shall assist the EMS Agency and complete requests in the time frame determined by the EMS Agency investigator.
- B. EMS providers shall ensure all personnel involved with or having knowledge of the incident

are available for interviews by the EMS Agency investigator.

- C. EMS Providers shall allow the EMS Agency access to proprietary or confidential information directly pertinent to the investigation.
- D. All Mandatory Reporting investigations shall be completed within 30 days or as soon as reasonably possible.
- E. The EMS Agency shall provide a report of the findings and actions to the reporting party.
  - 1. Investigative reports will not disclose confidential or proprietary information collected during the investigation.
  - 2. Final reports may be delayed indefinitely by the EMS Agency if their release will compromise another investigation of the incident or involved personnel being performed by another regulatory or investigative authority.
- F. Provider Reporting
  - 1. All EMS providers will submit a report, at intervals determined by the EMS Agency, using a standard format developed by the EMS Agency, which includes the following elements:
    - a) A summary of all issues received, and actions taken related to the delivery of EMS and/or patient care.
    - b) A summary of all Level II and Level III reporting incidents received, and actions taken.
    - c) An analysis of any trends identified in the types of incidents being reported.
    - d) The status of all open Unusual Occurrences and Mandatory Reporting investigations, including work and remedial actions in progress.
    - e) A summary of quality assurance and performance improvement activities to include:
      - i. Any audits required by the EMS Agency.
      - ii. Any education pertaining to clinical care or EMS operations.
  - 2. A Confidentiality Notice should be placed on all confidential faxes and e-mails.

## APPENDIX A

### **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 prehospital personnel
6. Conviction of any crime which is substantially related to qualification, functions and duties of prehospital 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