

Alameda County EMS Agency Unusual Occurrence Form
All of the following information must be documented on this form
 This form may be completed electronically - 'tab' through the fields.

When completed, click "Email" above, to send form to EMS. PCR attached

Date of Occurrence: _____ Time: _____ Patient ID: _____
 Location: _____ Unit #: _____ CMED/Agency Incident # : _____
 Form completed by: Name: _____ Title: _____ Agency: _____
Witness(es) (persons familiar with incident; include name, title, department, relationship):

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

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 the EMS Medical Director at (510) 618-2042

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 | Other: Affecting Patient Care |
| Treatment Error/ Omission | Other: Not Affecting Patient Care |
| Medication error | Specify: _____ |
| Documentation Omission/Error | Citizen Concern |

***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