

SAN JOAQUIN COUNTY
EMERGENCY MEDICAL SERVICES AGENCY

TITLE: SENTINEL EVENT REPORTING REQUIREMENTS

EMS Policy No. 6101

PURPOSE: The purpose of this policy is to outline requirements for reporting sentinel events within the San Joaquin County EMS System to the EMS Agency.

AUTHORITY: Health and Safety Code, Division 2.5 Section 1797.220 & 1798 et seq.

DEFINITIONS:

- A. "EMS Provider" means ambulance providers, first response providers, and any other entity employing, paid or volunteer, prehospital emergency medical care personnel.
- B. "Pre-hospital Personnel" means those persons who have been certified or licensed as qualified to provide prehospital emergency medical care pursuant to the provisions of Health and Safety Code, Division 2.5.
- C. "Receiving Hospital" means an acute care hospital approved by the San Joaquin County EMS Agency to receive pre-hospital patients.
- D. "Sentinel event" means an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious physical injury includes, but is not limited to, loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence of the variation or event carries a significant chance of morbidity, or mortality, or other serious adverse outcome.

POLICY:

- I. EMS providers, receiving hospitals and pre-hospital personnel shall report the occurrence or suspected occurrence of a sentinel event to the EMS Agency Duty Officer upon discovery; however, notification shall not exceed four (4) hours after becoming aware of the sentinel event.
- II. A sentinel event may include continuous actions such as the use of defective equipment that causes an ongoing but urgent or emergent threat to the welfare, health, or safety of patients or personnel. Such actions should be reported to the EMS Agency Duty Officer upon discovery; however, notification shall not exceed four (4) hours after discovery.
- III. After notifying the EMS Agency Duty Officer, the reporting party shall complete and submit a Sentinel Event Investigation Report (Form 6101A) to the EMS Agency within 24 hours of the event. This time frame may be extended to the next business day with the approval of the EMS Duty Officer.
- IV. A sentinel event may be identified and reported to the EMS Agency by anyone within the EMS system or by a member of the general public.
- V. The failure of an EMS provider or receiving hospital to notify the EMS Agency of a

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Approved: Signature on File
Medical Director

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EMS Administrator

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sentinel event may result in disciplinary action being taken against all parties with knowledge of the event.

VI. Specific examples of reportable sentinel events include:

- A. The refusal and/or failure of prehospital EMS personnel to implement a Base Hospital order.
- B. Any deviation from an EMS policy or treatment protocol with patient harm.
- C. Medication or procedural errors with patient harm.
- D. Failure or refusal to respond to request for aid, whether from the public or another system provider.
- E. Any significant EMS related incident or occurrence reported to the reporting party's risk management department, or Continuous Quality Improvement (CQI) Coordinator.
- F. Any significant EMS related event reported to another regulatory agency including, but not limited to, the EMS Authority, Occupational Safety and Health Administration, and the Department of Public Health.
- G. Any of the occurrences defined as a threat to the public health and safety cited in Health and Safety Code § 1798.200(c):
 - (1) Fraud in the procurement of any certificate or license.
 - (2) Gross negligence.
 - (3) Repeated negligent acts.
 - (4) Incompetence.
 - (5) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.
 - (6) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of the conviction.
 - (7) 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.
 - (8) Violating or attempting to violate any 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, alcoholic 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

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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) Unprofessional conduct exhibited by any of the following:
 - a. The mistreatment or physical 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.
 - b. The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Sections 56 to 56.6, inclusive, of the Civil Code.
- (13) The commission of any sexually related offense specified under Section 290 of the Penal Code.

VII. Upon receipt of a sentinel event report the EMS Agency shall take the following actions:

- A. Confirm receipt of the sentinel event report with the reporting party.
- B. Evaluate the report to determine if an investigation of the sentinel event is warranted. When deemed appropriate, the EMS Agency may address the event in accordance with EMS Policy No. 6102, EMS Unusual Occurrence Process.

VIII. Sentinel event investigations are part of the CQI process and all documents, reports, and information are confidential and protected by § 1040 of the Evidence Code and other appropriate statutes.