

**INCIDENT REPORTING – PUBLIC COMMENT JULY 2026**

Due to amount of tracked changes, please review the entire document.

EFFECTIVE DATE: xx/xx/xx

POLICY REFERENCE NO: 6020

SUPERSEDES: 8/1/07

1. PURPOSE

- 1.1. To establish reporting standards, procedures for timely reporting, and define incident reporting criteria.
- 1.2. To encourage use of a patient safety framework based on the Just Culture model, where reported events undergo analysis to determine the root cause of errors and identify overarching system issues, which prioritizes system improvement.
- 1.3. Recognize exceptional patient care.

2. DEFINITIONS – Types of Incident Reports

- 2.1. Level A: Incidents that result in an actual or potential threat to public safety and health of a patient, by-stander or responder. Incidents include anything that results in, or could result in, harm or a significant risk to public safety and health. This includes, but is not limited to:
 - 2.1.1. Events that lead to or risk an adverse patient outcome.
 - 2.1.2. Deviations from policy or protocol.
 - 2.1.3. Clinical errors, including medication or treatment mistakes
 - 2.1.4. Equipment failure or malfunctions
 - 2.1.5. Use of unauthorized supplies or equipment
 - 2.1.6. Errors involving specialty care destinations decisions
 - 2.1.7. Technology or communications systems failures
 - 2.1.8. Ambulance or EMS vehicle collisions that caused significant injury, delay a response beyond the response-time standard, or occur during transport
 - 2.1.9. Any unusual event or occurrence (e.g. Mass Casualty Incident (MCI), abnormal patient condition, Base Hospital communication failure)
 - 2.1.10. Use of intoxicants or impaired ability due to alcohol or drugs while on duty
 - 2.1.11. Diversion of controlled substances
 - 2.1.12. Any event or circumstance this is a threat to public safety and health as cited in Health and Safety Code §1798.200. See Appendix B
 - 2.1.13. Any event or circumstance that may involve other regulatory or enforcement agencies that impacted emergency medical services (e.g. Emergency Medical Treatment and Labor Act violation (EMTALA)).

- 2.2.** Level B: Incidents where the responders provided exceptional care and went above and beyond the normal expectations of responders. This includes, but is not limited to:
- 2.2.1.** “Good catch” resulting in a positive patient outcome
 - 2.2.2.** Positive provider agency/hospital cooperation
 - 2.2.3.** EMS Personnel went above and beyond normal expectations
 - 2.2.4.** Exceptional interactions with the public and/or bystander that resulted in care of a patient
 - 2.2.5.** Nominations for a Guardian of Life Award for a bystander who uses an AED and/or CPR resulting in a positive patient outcome
 - 2.2.6.** Nominations for a Medical Excellence & Recognition in Intervention and Treatment (MERIT) award for prehospital personnel who exhibit exceptional clinical judgement, rapid decision-making, and an unwavering commitment to public safety which ultimately results in a resuscitation and/or preventing a fatality
- 2.3.** Level C: Incidents of minor interpersonal issues, misunderstandings or operational issues not involving patient care. Level C incidents are generally handled peer-to-peer and/or between organizational management. The EMS Agency may receive these concerns directly but they are generally referred back to the organizations involved.

3. POLICY

- 3.1.** Level A incidents shall be reported to the EMS Agency as soon as operationally possible (e.g. within one (1) business day) of the event. The EMS Agency shall be notified of a pending report prior to submission if it is expected to take longer than three (3) business days. In addition to the submission form, copies of the following are required (if applicable):
- 3.1.1.** Electronic patient care record (ePCR)
 - 3.1.2.** Dispatch/CAD report
 - 3.1.3.** Police report
 - 3.1.4.** Written statements
 - 3.1.5.** Hospital medical records
 - 3.1.6.** Radio and/or telephone recordings (e.g. dispatch, base hospital call-in)
- 3.2.** Level B incidents may be reported using Appendix A.
- 3.3.** Level C incidents shall be reported directly by contacting supervisor or management representatives of the recipient agency to resolve the issue as soon as possible after the incident by telephone or in person. The EMS Agency does not require any report to be submitted.
- 3.4.** Anonymous reporting is available. Follow-up information cannot be provided for anonymous submissions.
- 3.5.** The EMS Agency will be the coordinating agency for all Level A reviews.
- 3.6.** EMS Providers shall:
- 3.6.1.** Assist the EMS Agency and complete requests in the time frame determined by the EMS Agency, which is generally thirty (30) days.

- 3.6.2. Make all personnel involved with or having knowledge of the incident available for interviews.
- 3.6.3. Allow the EMS Agency access to proprietary or confidential information directly pertinent to the investigation.
- 3.7. Depending on the nature and circumstance of the incident, the EMS Agency may provide thirty (30) days for the EMS Provider to review prior and address directly prior to commencing the EMS Agency review process.

4. PROCEDURE

- 4.1. Upon receipt of a report, the EMS Agency shall take the following actions:
 - 4.1.1. The EMS Agency will receive the report, assign a tracking number, and within five (5) business days of receipt of the incident report, send acknowledgement to the reporting party that the EMS Agency has received the exception report.
 - 4.1.2. The EMS Agency shall evaluate the report to determine if the incident is a quality improvement and/or investigatory matter.
 - 4.1.2.1. If the EMS Agency determines that no action is required, the EMS Agency should send a notice to the reporting party explaining why no action is being taken and that the matter is closed.
 - 4.1.2.2. If a Level B Exception is submitted, the report will be reviewed and sent to the relevant party for possible recognition and/or will be forwarded for consideration for an EMS Agency Award or commendation.
 - 4.1.2.3. If the incident report is a quality improvement related matter, the EMS Agency will work with the party or parties involved to resolve the issue.
 - 4.1.2.4. If it is determined that the incident should be investigated, the EMS Agency will conduct the investigation in accordance with local policy and state regulations.
 - 4.1.3. Upon conclusion of the quality improvement review or investigation, the outcome shall not be disclosed to protect the privacy of those involved unless otherwise required by law.
 - 4.1.4. Should the matter be outside the statutory scope or jurisdiction of the EMS Agency, the matter may be forwarded to the appropriate regulatory and/or statutory organization.
 - 4.1.5. The EMS Agency will archive incident reports for tracking purposes and trending of system issues.
 - 4.1.6. Unless there are extenuating circumstances, review by involved parties and follow-up to the EMS Agency must be submitted within thirty (30) days. Follow-up may include, but is not limited to, re-training, coaching, signed performance improvement plan, discipline, or referral for EMS system protocol/policy change.
 - 4.1.7. The EMS Agency shall furnish providers with a list of outstanding incident reports on a monthly basis. All parties with open or pending incident reports are required to provide an update upon receipt of the list.

4.1.8. The EMS Agency shall close out all reports within thirty (30) days of notification barring any extenuating circumstances or referral for investigation.

5. AUTHORITY

5.1. California Health and Safety Code, Division 2.5, §§1797.204, 1797.220, 1798, and 1798.200-1798.205

5.2. California Code of Regulations, Division 9, §§ 100105.01-100112.01 and 100250.01-100254

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Appendix A: Exception Report Form/Reporting Pathways

Primary/Preferred:

[Exception Report Form](#)

Email Form to exceptionreport@sfgov.org

Secondary Option:

[EMS Agency Certifications Portal](#)

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Appendix B: Health and Safety Code 1798.200

- (c)1 - Fraud in the procurement of any certificate or license under this division.
- (c)2 – Gross negligence.
- (c)3 – Repeated negligent acts.
- (c)4 – Incompetence.
- (c)5 – The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, and duties of prehospital personnel.
- (c)6 – Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or a certified copy of the record shall be conclusive evidence of the conviction.
- (c)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.
- (c)8 – Violating or attempting to violate any federal or state statute or regulation that regulates narcotics, dangerous drugs, or controlled substances.
- (c)9 – Addiction to, the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- (c)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.
- (c)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.
- (c)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 their duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT-I, EMT-II, or EMT-P from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT-I, EMT-II, or EMT-P, from using that force that is reasonably necessary to effect a lawful arrest or detention.
 - (B) 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.
 - (C) The commission of any sexually related offense specified under Section 290 of the Penal Code.

Appendix C: Just Culture Model

