

**1302****Unusual Occurrence  
Submission, Process,  
and Review (Discipline)****Administrative Policy**Last Reviewed: **June 12, 2023**Last Revised: **June 18, 2024****PURPOSE**

To outline the process of submitting formal disciplinary complaints to REMSA. Use of REMSA's online [Complaint and Investigation Form](#) to submit incidents is mandatory unless the nature or severity of the unusual occurrence is particularly egregious or heinous. If this is the case, REMSA's Discipline and Enforcement Unit may be contacted directly, by phone, at 951-358-5029 x2. REMSA takes all reported concerns seriously, whether or not the official reporting form is used.

**NOTE:** For CQI issues, clinical occurrences, and/or reportable actions that do not rise to the level of what is described within this policy, please review REMSA policy #7102 (*Unusual Occurrence Submission, Process, and Review (Clinical)*) for direction.

**DEFINITIONS**Certificate holder:

An emergency medical technician (EMT-B)

License holder:

A paramedic

Occurrence

An incident or event in which any Federal, State, or local law, or any REMSA policy or protocol was violated, either intentionally or unintentionally. Occurrences are identified by level of severity. For the purposes of this policy, only **Level C** occurrences, which are considered so egregious that they require formal disciplinary action, are detailed. All other occurrences, which do NOT require formal disciplinary action (**Level A** and **Level B** occurrences), are detailed in [REMSA Policy #7102 \(Unusual Occurrence Submission, Process, and Review \(Clinical\)\)](#).

Reporting Party

The individual, agency, or organization that first discovers, or becomes aware of, an occurrence.

**Based on its severity and confounding circumstances, REMSA may choose to assign an occurrence to a higher or lower level than what is described above.**

**Reporting and Investigation Process**

The individual, hospital, department, or agency discovering the occurrence will be considered the Reporting Party.

1. Upon recognition of a Level C occurrence (listed below), the Reporting Party will immediately submit a report using the [Complaint and Investigation Form](#).
  - a. If an occurrence is recognized on a weekend or a holiday, the report must be submitted within seventy-two (72) hours.
  - b. The Reporting Party is the only party required to submit an occurrence report. Only one (1) report is necessary.
2. Upon receipt of all required information, REMSA will initiate the investigation process. For information on how REMSA conducts disciplinary investigations, please review [REMSA Policy #1301 \(Discipline and Enforcement\)](#).
3. REMSA may contact the Reporting Party for further information.

### **Examples of reportable actions:**

Any immediate threat(s) to public health and safety, defined by California Health and Safety Code (HSC) [Section 1798.200](#). Any of the following actions shall be considered evidence of a threat to the public health and safety and may result in the denial, suspension, or revocation of a certificate or license, or in the placement on probation of a certificate holder or license holder.

1. Fraud in the procurement of any certificate or license:
  - Any individual who falsifies documents, or provides false information, to obtain an EMS certification or license.
2. Gross negligence:
  - Any EMS provider who administers an incorrect medication dosage that results in severe harm to, or the death of, a patient.
3. Repeated negligent acts:
  - Any EMS provider who consistently fails to properly assess and/or monitor patients, which may lead to multiple instances of preventable medical errors or failed Performance Improvement Plans (PIP).
4. Incompetence:
  - Any EMS provider who consistently demonstrates a lack of knowledge and/or the skills required for their role, which may result in substandard patient care or failed Performance Improvement Plans (PIP).
5. The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, and duties of prehospital personnel:
  - Any EMS provider who intentionally alters patient care documentation to cover up a mistake or to falsely represent the level of care provided (i.e., intentional falsification or tampering of legal documents).
6. Conviction of any crime that is substantially related to the qualifications, functions, and duties of prehospital personnel:
  - Any EMS provider who is convicted of **ANY CRIME** which is directly related to their qualifications, functions, and duties as prehospital personnel.
7. Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of any provision of CA HSC or the regulations adopted by the Emergency Medical Services Authority of California pertaining to prehospital personnel:
  - Any EMS provider who *knowingly* violates protocols and procedures established by the EMS Authority of California and/or REMSA during the course of providing patient care.
8. Violating or attempting to violate any federal or state statute or regulation that regulates narcotics, dangerous drugs, or controlled substances:
  - Any EMS provider who illegally distributes prescription drugs or diverts controlled substances for personal use.
9. Addiction to, the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances:
  - Any EMS provider who develops a substance abuse problem and regularly comes to work under the influence, causing an undue compromise in patient safety.
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:
  - Any EMS provider who operates independently and makes critical medical decisions without first seeking guidance or approval from medical control or the appropriate authorities (e.g., EMTs performing a skill or administering medication(s) outside of their scope of practice, etc.)

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:
  - Any EMS provider who exhibits erratic behavior, such as shouting at colleagues or displaying signs of severe emotional distress, which raises concerns about their ability to provide safe and effective care.
12. Unprofessional conduct exhibited by any of the following:
  - a. 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:
    - Any EMS provider who uses excessive force while restraining a non-combative patient which *may or may not* cause unnecessary harm.
  - b. Failure to maintain confidentiality of protected patient medical information, except as disclosure is otherwise permitted or required by law:
    - Any EMS provider who shares confidential patient information with unauthorized individuals, violating the patient's privacy rights.
  - c. Commission of any sexually related offense specified under Section 290 of the Penal Code:
    - Any EMS provider who is convicted, or alleged to have engaged in, sexual assault or misconduct, indicating a breach of professional boundaries and trust.

**Note:** the examples above are provided solely for the purpose of illustrating a general understanding of the concepts conveyed in the relevant section of the health and safety code; they are not intended to be all inclusive or exhaustive. The specific circumstances, actions, and consequences that may constitute a violation of the law can vary depending on the jurisdiction where the action occurred and the particular facts surrounding the case. It is essential to consult the relevant laws, regulations, and legal authorities in your jurisdiction to obtain accurate and up-to-date information.

This disclosure does not constitute legal advice and should not be relied upon as such. If you require legal guidance or have specific questions regarding CA HSCs or any related matters, REMSA recommends consulting a qualified attorney familiar with the laws in your jurisdiction.

#### **Loop Closure**

Loop closure/feedback will be provided by REMSA via email, letter and/or phone call to the involved agencies/facilities after the investigative process is complete.