Reportable Incident Form

FORM DIRECTIONS

Only complete and return sections that pertain to the incident being reported. Copy additional pages as needed.

1. Please attach copies of any agency specific Incident Reports.
2. Page 2 is for general information relating to the incident only and must be completed for all reporting.
3. Section 1 must be completed if a patient is injured or dies as a result of EMS involvement.
4. Section 2 must be completed for a motor vehicle crash involving death or injury to a patient, member of the crew or other person which requires hospitalization or care by a physician.
5. Section 3 must be completed if any member of the EMS service, civilian or other emergency responder dies or is injured requiring hospitalization or care by a physician while on duty.
6. Section 4 must be completed for any equipment failure causing patient harm.
7. Section 5 must be completed if any member of the EMS agency is alleged to have responded or treated a patient while under the influence of alcohol or drugs.
8. Section 6 must be completed for all incidents.

This form does not replace any incident reporting forms required by a regional council, state or federal laws and regulation, and/or insurance policies.

This form must be completed for any injury, illness or death of an EMS provider, patient or other individual in accordance with Part 800.21(q) and 800.21(r). Each incident must be reported to the Department's area office by telephone no later than the following business day. The completed form must be submitted to the New York State Department of Health's Bureau of Emergency Medical Services within 5 business days for every incident.

EMS Service

Name _____
Name of EMS Service — NYS EMS Agency Code

Address _____
Street

_____
City — State — ZIP — County (where incident/injury occurred)

Contact Person _____
Name — Title

Phone (_____) _____ – _____ (_____) _____ – _____
Business — Other

Regional EMS Council (primary):

Your Agency Type (check only one)

☐ Commercial ☐ College ☐ Fire Department ☐ Independent ☐ Not for Profit
☐ Municipal ☐ Hospital ☐ Industrial

Incident

Location

☐ Residence ☐ Medical Facility ☐ Commercial Facility ☐ Ambulance ☐ EASV/ALSFR ☐ Quarters
☐ Roadway ☐ Other _____ ☐ Event/Standby

Date of Incident _____ **Time (24 hour)** _____ **Day of Week** _____

Unit Status at Time of Incident

☐ Available ☐ Responding ☐ On Scene ☐ En-route to Hospital ☐ At Destination ☐ Training

Type of Incident

☐ For each patient that was injured or dies as a result of EMS involvement complete Section 1
☐ Motor vehicle crash involving injury or death to patient, crew, civilian or other emergency personnel requiring hospitalization or care by a physician (complete Section 2)
☐ Any EMS Provider, Civilian or Other Emergency Provider that dies or is injured while on duty requiring hospitalization or care by a physician (complete Section 3)
☐ Patient equipment failure causing patient harm (complete Section 4)
☐ Provider suspected of treating patients or responding under the influence of alcohol or drugs while on duty (complete Section 5)

Number of Persons Injured

EMS Provider _____ Patient _____ Other Emergency Responder _____ Civilian _____

Number of Persons Deceased

EMS Provider _____ Patient _____ Other Emergency Responder _____ Civilian _____

SECTION 1 Patient Information

Complete this section for each patient that was injured or dies as a result of EMS involvement.

Age _____ **Gender** ☐ Male ☐ Female

☐ Injury ☐ Death

Pre Event Condition

☐ Appears stable ☐ Appears stable but potentially unstable ☐ Appears unstable

Post Event Condition

☐ Appears stable ☐ Appears stable but potentially unstable ☐ Appears unstable

Pre Event Presenting Problem (check all that apply)

☐ Airway Obstruction
☐ Respiratory Arrest
☐ Respiratory Distress
☐ Cardiac Related
☐ Cardiac Arrest
☐ Allergic Reaction
☐ Syncope
☐ Stroke/CVA
☐ General Illness
☐ Gastro-Intestinal Distress
☐ Diabetic Related
☐ Pain
☐ Unconscious/Unresponsive
☐ Seizure
☐ Behavioral Disorder
☐ Substance Abuse
☐ Poisoning (accidental)
☐ Shock
☐ Head Injury
☐ Spinal Injury
☐ Fracture/Dislocation
☐ Amputation
☐ Major Trauma
☐ Trauma-Blunt
☐ Trauma-Penetrating
☐ Soft Tissue Injury
☐ Bleeding/Hemorrhage
☐ OB/GYN
☐ Burns Environmental
☐ Heat
☐ Cold
☐ Hazardous Materials

Injury Occurred During (check all that apply)

☐ Airway Management
☐ Oxygen therapy
☐ Medication error
☐ Monitor/defibrillation
☐ Protocol error
☐ Stretcher involved incident Make/Model _____
☐ Stair Chair involved incident Make/Model _____
☐ Reeves transfer
☐ Splinting
☐ C-spine immobilization
☐ Lifting/moving
☐ Patient dropped
☐ Other _____
☐ Hemorrhage control
☐ Alleged Assault by EMS personnel
☐ Alleged Abandonment by EMS personnel
☐ Motor vehicle crash (MVC)

Body Part Affected (check all that apply)

☐ Head
☐ Neck
☐ Chest
☐ Joint ☐ Left/ ☐ Right ☐ Knee ☐ Ankle ☐ Wrist ☐ Elbow ☐ Hip ☐ Shoulder
☐ Internal Organ/System _____
☐ Back
☐ Abdomen
☐ Arm ☐ Left/ ☐ Right
☐ Leg ☐ Left/ ☐ Right
☐ Hand ☐ Left/ ☐ Right
☐ Foot ☐ Left/ ☐ Right

Post Event Injury/Illness (check all that apply)

☐ Respiratory
☐ Cardiac
☐ Cardiac Arrest
☐ Hemorrhage
☐ Other _____
☐ Death
☐ Fracture/Dislocation
☐ Stroke
☐ Pathogen
☐ Head Injury
☐ Spinal Injury
☐ Seizure
☐ Exposure Hazmat
☐ Exposure – Heat
☐ Laceration
☐ Burn
☐ Trauma –Blunt
☐ Exposure – Cold
☐ Sprain/Strain
☐ Amputation
☐ Trauma –Penetrating

Disposition Admission

☐ Emergency Department Only
☐ Hospital General Admission
☐ Critical Care Admission
☐ Urgent Care
☐ Personal Physician
☐ Other _____

SECTION 2 Motor Vehicle Crash

Complete this section for a motor vehicle crash involving death or injury to a patient, member of the crew or other person which requires hospitalization or care by a physician. Also include copies of Section 1 or Section 3 as necessary.

EMS Vehicle Involved

☐ Ambulance ☐ ALS-FR ☐ EASV ☐ Other

Ambulance Type

☐ Type I ☐ Type II ☐ Type III ☐ Other

Amount of Damage

☐ Minor ☐ Moderate ☐ Severe

Other Vehicle Involved

☐ Car ☐ SUV ☐ Pickup Truck ☐ Motorcycle/ATV ☐ Commercial Vehicle

☐ Other _____

Accident Type

☐ Backing ☐ Head-On ☐ Sideswipe ☐ 90 Degree ☐ Rear End ☐ Parked

☐ Vehicle/Pedestrian/Wildlife

General Information (check all that apply)

☐ Intersection ☐ Lights in Use ☐ Sirens in Use ☐ Traffic Control Device Present

☐ Mechanical Failure ☐ Airbag Deployment ☐ Entrapment

Time of Day

☐ Daylight ☐ Night ☐ Dawn/Dusk

Weather Conditions at the Time of the Incident (check all that apply)

☐ Clear ☐ Sunny ☐ Cloudy ☐ Foggy ☐ Rain ☐ Snow ☐ Ice

Road Conditions (check all that apply)

☐ Dry ☐ Wet ☐ Ice ☐ Snow ☐ Other _____

EMS Vehicle Driver Information

EMT Number _____ Age _____ Gender ☐ Male ☐ Female

Hours on Duty Prior to Incident _____

☐ EVOC or Agency specific driver training ☐ Restrained ☐ Unrestrained ☐ Injured

☐ Non-EMS Certified Driver

Patient Location at Time of Incident

☐ Restrained ☐ Unrestrained ☐ Stretcher ☐ Bench Seat ☐ Captain's Chair

☐ Patient Injury (must complete Section 1) ☐ No patient on board

Front Seat Passenger Information

☐ Provider ☐ Civilian ☐ Restrained ☐ Unrestrained ☐ Unoccupied

☐ Injury (must complete Section 3)

Compartment Occupants

☐ EMS Provider ☐ Civilian ☐ Other Agency ☐ Restrained ☐ Unrestrained ☐ Unoccupied

☐ Injury (must complete Section 3)

Other Vehicle Involved

Driver

☐ Restrained ☐ Unrestrained ☐ Injury (must complete Section 3 for each injured passenger)

Passenger

☐ Restrained ☐ Unrestrained ☐ Injury (must complete Section 3 for each injured passenger)

SECTION 3 EMS Crew Member, Civilian or Other Emergency Responder Information

Complete this section for any on-duty member of the EMS service, civilian or other emergency responder who dies or is injured requiring hospitalization or care by a physician.

Age _____

Gender

☐ Male ☐ Female

Level

☐ CFR ☐ EMT ☐ AEMT ☐ EMT-CC ☐ EMT-P ☐ Civilian

☐ Other Emergency Provider

Status

☐ Paid ☐ Volunteer ☐ Driver/Helper ☐ Student

Mechanism of Injury (check all that apply)

☐ Animal Bite ☐ Fire ☐ Assault – with weapon ☐ Assault – no weapon

☐ Needle Stick ☐ Pathogen ☐ Electrical Injury ☐ Explosion

☐ Struck by Vehicle ☐ Struck by Object ☐ Structural Collapse ☐ MVC

☐ Hazardous Materials Exposure (specify_____)

☐ Lifting/Bending ☐ Slip/Fall

☐ Moving Patient ☐ Onto/Off Stretcher ☐ During Stretcher Transport

☐ Other_____

Body Part Affected (check all that apply)

☐ Head ☐ Back ☐ Leg ☐ Left ☐ Right

☐ Neck ☐ Abdomen ☐ Hand ☐ Left ☐ Right

☐ Chest ☐ Arm ☐ Left ☐ Right ☐ Foot ☐ Left ☐ Right

☐ Joint ☐ Left ☐ Right ☐ Knee ☐ Ankle ☐ Wrist ☐ Elbow ☐ Hip ☐ Shoulder

☐ Internal Organ/System _____

Injury/Illness Description (check all that apply)

☐ Respiratory ☐ Death ☐ Head Injury ☐ Exposure – Heat ☐ Exposure -Cold

☐ Cardiac ☐ Fracture/Dislocation ☐ Spinal Injury ☐ Laceration ☐ Sprain/Strain

☐ Cardiac Arrest ☐ Stroke ☐ Seizure ☐ Burn ☐ Amputation

☐ Hemorrhage ☐ Pathogen ☐ Exposure Hazmat ☐ Trauma –Blunt ☐ Trauma –Penetrating

☐ Other _____

Equipment Description (if related to injury)

☐ Stretcher ☐ Stair Chair ☐ Backboard ☐ Reeves

☐ Other _____

☐ Make/Model _____

Disposition Admission

☐ Emergency Department Only ☐ Critical Care Admission

☐ Personal Physician ☐ Urgent Care

☐ Hospital General Admission

☐ Time Lost (if known) _____ (days)

SECTION 4 Equipment Failure

Complete this section for each equipment failure that caused patient harm. Also include Section 1 or Section 3 as necessary.

Airway Equipment (check all that apply)

Make/Model _____

☐ O2 delivery device ☐ Suction ☐ CPAP
☐ Advanced airway ☐ Nebulizer ☐ O2 tank ☐ O2 Regulator
☐ Other _____

Lifting/Moving Equipment

Make/Model _____

☐ Stretcher ☐ Stair Chair ☐ Reeves
☐ Other _____

Splinting Equipment (check all that apply)

Make/Model _____

☐ Extrication Collar ☐ Backboard ☐ Short board ☐ Frac Pack ☐ Traction Splint
☐ Other _____

Other Patient Equipment (check all that apply)

Make/Model _____

☐ Monitor ☐ Pulse Oximeter ☐ Glucometer ☐ IV Supplies ☐ AED
☐ Automatic CPR Device
☐ Other _____

SECTION 5 Provider treating or responding under the influence

Complete this section for member of the EMS agency is alleged to have responded or treated a patient while under the influence of alcohol or drugs while on duty.

EMT Number _____

Age _____

Gender

☐ Male ☐ Female

Level

☐ CFR ☐ EMT-Basic ☐ AEMT ☐ EMT-CC ☐ EMT-P

Status

☐ Paid ☐ Volunteer ☐ Driver/Helper ☐ Student

Substance Type

☐ Drugs ☐ Alcohol

Allegation

☐ Responded ☐ Patient Treatment

Details (fill out sections 1. 2 or 3 if applicable):

☐ Injury ☐ Motor Vehicle Crash ☐ Law Enforcement Response (Agency _____)

Testing

☐ Breath ☐ Blood ☐ Urine

Testing Completed by

☐ Agency ☐ Hospital ☐ Police Department ☐ Lab/Clinic

Results

☐ Positive ☐ Negative

%BAC _____ Drug Type _____

Action Taken by Agency

☐ Suspended ☐ Terminated ☐ Pending ☐ Removed from Service ☐ Returned to Service

SECTION 6 Narrative Section