Near Miss

This document is to be used as an anonymous tool to share near-miss information in a Google form. Any data collected will be analyzed and potentially used to develop future CE training sessions, which may lead to the development of policy and procedures to prevent similar events from occurring in the future. Individual responses WILL NOT be shared to other parties. The purpose of this tool is to enhance LCEMS paramedics ability to save lives in the emergency medical setting.

NAEMT defines an EMS Near Miss Event as: An unplanned event that did not result in injury, illness, or damage to an EMS practitioner, vehicle, aircraft, or equipment, but had the potential to do so. Only a fortunate break in the chain of events prevented an injury, fatality, or damage to occur.

This tool DOES NOT replace reporting of events involving illness, injury, or damage. Those events need to be reported to your department as directed by your department policy.

* Required

1.   Near Miss Event Date *

_____

Example: January 7, 2019

2.   Approximate time of event *

_____

Example: 8:30 AM

3.   Visibility at the time of event, weather conditions. *

_____

_____

_____

_____

_____

4. Area where near miss occurred *

_____

5. Your role in the event *

Mark only one oval.

( ) Directly involved

( ) Witness, not directly involved

( ) Informed of, but no a witness or involved

( ) Told to, and reported by, safety officer

( ) Other: _____

6. How many hours into your shift were you when the event occurred? *

_____

7. Event Description *

_____

_____

_____

_____

8. What prevented injury, illness, or damage in this event?

_____

_____

_____

_____

_____

9. Recommendation to prevent future occurrences

    _____

    _____

    _____

    _____

    _____

10. If you would like to share your name and email you may for any questions or
    feedback. IT IS NOT REQUIRED and you can remain completely anonymous!

    _____

    _____

    _____

    _____

    _____