

# Member Injury, Illness and Exposure Reporting Packet for **District Members** (except volunteer firefighters and investigators)

Attached:

- Injury, Illness and Exposure Report Form
  - Supervisor's Accident Investigation Report form
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## **Directions:**

1. ALWAYS take care of medical needs before dealing with injury documentation
  2. Report injury to supervisor ASAP
  3. Fill out Injury, illness and exposure report form
  4. Turn in all forms and reports by the end of shift / work period or no later than 24 hours after the injury/exposure to your:
    - District 2, 3, 4, 7, 8 and 17 – Supervisor
    - District 7 – Supervisor, Fire Chief or designee
  5. NOTE - If this is an on-the-job injury, illness or exposure, you will start the Labor and Industries form at the medical facility.
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This documentation will be processed as follows:

6. SUPERVISOR
  - Notifies supervisor (Manager or Chief), Safety Officer and Health and Safety Officer (HSO)
  - Ensures member injury report is complete
  - Assigns or conducts investigation
  - Completes Supervisor Accident investigation report form and turns in to supervisor (Manger or Chief)
7. MANAGER or CHIEF (this step may be skipped if Chief fulfills role in item #6 above)
  - Reviews injury report and investigation report
  - Accepts investigation report or returns to supervisor for additional work
  - Forwards completed, accepted reports to Safety Officer (HSO in District 3)
8. SAFETY OFFICER (HSO in District 3)
  - Ensures copy of investigation report goes to Safety Committee and Health and Safety Officer
  - Files original injury report and investigation report

## Member Injury, Illness and Exposure Report

All members must use this form to report any injury, illness, exposure or near miss.

Report all injuries, illnesses and exposures to your supervisor immediately.

Check one box in each category

Type of event: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Exposure	Shift: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Dayshift <input type="checkbox"/> NA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
Report date:	Emergency Response Incident #, if any:	Job title:
Member Name:		Home address:
Date / time of injury/illness /exposure:	Location of injury/ illness/exposure (address)	
What happened? (use reverse side if necessary)		
What was the injury/exposure (ex. broken left hand, sprained back, exposure to blood, etc.) (use reverse side if necessary)		
Name of physician (or other health care professional) seen: _____ <span style="float: right;">-- OR -- no health care professional seen <input type="checkbox"/></span>		
Medical facility name:	Address of medical facility:	
Protective clothing / equipment: <u>I was wearing / using the following</u> -- OR -- Task / activity did not require use of protective clothing/equipment <input type="checkbox"/> (check <u>all</u> that apply)		
<input type="checkbox"/> Full bunkers (coat, pants, boots, hood, helmet, gloves) <input type="checkbox"/> SCBA <input type="checkbox"/> Other respirator <input type="checkbox"/> Face/mouth <input type="checkbox"/> Eyes <input type="checkbox"/> Head <input type="checkbox"/> Hand <input type="checkbox"/> Foot <input type="checkbox"/> Body <input type="checkbox"/> Other (describe PPE used/are protected)		
Did PPE fail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What time did you start work/shift on the day of the accident/injury/exposure? _____ <div style="display: flex; justify-content: space-between;"> <span>(required)</span> <span>Member signature (required)</span> </div>		

End of member section unless you had an infectious disease or a haz mat exposure – if exposure, complete section on next page.

Volunteer firefighters must also complete BVFF form.

## Member Injury, Illness and Exposure Report

**If infectious disease or hazardous substance exposure, complete this section**

**Hazardous substance contacted (check all that apply)**

- Blood  
  Sweat  
  Tears  
  Vomitus  
  Sputum  
  Feces  
  Urine  
  Saliva  
  Airborne pathogen  
 Other or Hazardous substance (describe or name chemical)

What were you doing prior to the exposure?

What were the circumstances of the exposure?

Estimate type and amount of fluid/material exposed to:

If mucous membrane or skin contact, describe condition of skin (abraded? Chapped? etc)

What actions did you take in response to exposure?

**Method of contact (check all that apply)**      Inhalation      Ingestion      Bite      Contact with intact skin

Contact into eyes, nose and / or mouth      Contact with non-intact skin      Injection – NOT needlestick

Needlestick or other sharp – LIST TYPE AND BRAND

Other (describe)

**TO BE COMPLETED BY THE SUPERVISOR**

- Ensure member section(s) of injury report form complete, including exposure section if necessary
- Complete Supervisor's Accident Investigation Report and attach – forward to supervisor (Manager, Chief, etc.)
- Ensure Volunteer Firefighters complete and turn in Board for Volunteer Firefighters Report of Accident Form

\_\_\_\_\_  
Supervisor Signature (required)

**TO BE COMPLETED BY THE SAFETY OFFICER (Health and Safety Officer in District 3)**

District Case # _____	PLHCP contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed
Source patient identified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Follow-up? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed
Privacy case? <input type="checkbox"/> Yes <input type="checkbox"/> No    (Add to privacy list)	Hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No    # days _____
Needlestick/sharp? <input type="checkbox"/> Yes <input type="checkbox"/> No    (Add to sharps log)	Work restriction? <input type="checkbox"/> Yes <input type="checkbox"/> No    # days _____
OSHA 301 form completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed	Time loss ? <input type="checkbox"/> Yes <input type="checkbox"/> No    # days _____
OSHA 300 log completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed	

Member DOB: \_\_\_\_\_

Member hire date: \_\_\_\_\_

\_\_\_\_\_  
SO Signature

For assistance in completing this form, contact the Health and Safety Officer (528-2341) or:

- District 2, 4, 17 – Chief of Operations – 458-2799
- District 8 – Assistant Chief of Volunteer Services – 491-5320