

# Member Injury, Illness and Exposure Reporting Packet for Volunteer Firefighters and Investigators

Attached:

- District Injury, Illness and Exposure Report form
  - Washington Volunteer Firefighter's Relief and Pension Fund form (referred to as BVFF 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. Fill out the BVFF form
  5. Turn in all forms and reports before end of shift/work period and no later than 24 hours after the injury/exposure to your:
    - District 2, 3, 4, 17 - Supervisor
    - District 7 – Supervisor, Fire Chief or designee
    - District 8 – Supervisor or Assistant Chief of Volunteer Services
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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
  - Initiates BVFF form and ensures it is routed to appropriate person
  - Assigns or conducts investigation
  - Completes Supervisor Accident Investigation report form and turns in to supervisor (Manager or Chief)
7. MANAGER OR CHIEF (this step may be skipped if Chief fulfils role in item #6 above)
  - Reviews injury report and investigation report
  - Accepts report or returns for additional work
  - Forwards completed, accepted form and 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 form and investigation report



## 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