

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

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:		- - OR - - no health care professional seen <input type="checkbox"/>	
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? _____		_____	
(required)		Member signature (required)	

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)

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|---|---|
| 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