

ATTACHMENT "F"

INCIDENT/INJURY REPORTING AND INVESTIGATION POLICY

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|---|--|--|
|  | Northeastern Illinois Public Safety Training Academy INCIDENT/INJURY REPORTING & INVESTIGATION POLICY | |
| Administrative Policy | 709 | |
| Effective Date: 8/23/19 | Revised: 8/2021 | Approved: <u>J. Ramaker</u> Executive Director |

PURPOSE

Proper incident/injury reporting and investigation is important to the organization's overall goal of maintaining a safe environment for students/participants, employees, instructors/contractors, visitors and vendors. It is anticipated that thorough and honest documentation of such events will form the foundation for a comprehensive review process by the NIPSTA Safety Committee with the overall goal of reducing occurrences.

Accident prevention is key to reducing or eliminating the possibility of injury to employees, instructors/contractors, participants and visitors. The ability to learn from past incidents is valuable to the accident prevention program. Accident investigations determine not only what happened, but also how and why.

SCOPE

This policy is applicable to any actual incident or near-miss which did or could have resulted in an injury to a person or damage to property, including vehicles, props and facilities. This policy applies to employees, instructors/contractors, students/participants, visitors, vendors and any other individual visiting the NIPSTA campus.

ADMINISTRATIVE/INVESTIGATIVE PROCEDURES and RESPONSIBILITIES**Executive Director or Designee:**

- Take immediate action to maintain campus safety based upon the specifics of the incident/event.
- Ensure all accidents, injuries and near-misses are investigated within 24 hours of the event.
- Perform a thorough investigation of all injuries, accidents and near misses. Ensure that both internal and required external reporting forms are properly and fully completed.
- Submit all pertinent reports to IRMA within forty-eight (48) hours of the event.
- Provide timely notification of the event to the Safety Committee.
- Permanently maintain all reports on file.
- Ensure proper entries are made on the OSHA 300 Log and *First Report of Injury* forms.
- Based upon the specifics of the incident and at the Executive Director's discretion, facilitate completion of a *NIPSTA Incident Investigation Form 709D* (for internal use only).

Employees and Instructors/contractors:

- Immediately report all accidents, injuries and near-misses to the Executive Director or their designee. See Attachment 709E.
- Immediately report all actual or potentially hazardous conditions to the Executive Director or their designee.
- Facilitate completion of Form 709A: *Individual Report of Incident/Injury* by all individuals affected by the event within twenty-four (24) hours of the incident.
- Complete *Form 709B: Administrative Incident/Injury Investigation Form* within twenty-four (24) hours of the incident.
- Facilitate completion of *Form 709C: Witness Statement Form* by all applicable witnesses within twenty-four (24) hours of the incident.
- Submit completed original forms to the Executive Director. Assist with incident investigation and record keeping as requested.

Safety Committee:

- Review all incident and injury reports as forwarded by the Executive Director.
- Provide follow up recommendations to the Executive Director, including possible disciplinary actions for NIPSTA employees and/or Independent Contractors as applicable and necessary.
- Ensure that remediation activities or recommended corrective actions are carried out in a timely manner.

ATTACHMENTS

709A: NIPSTA Individual Report of Incident/Injury Report Form

709B: NIPSTA Administrative Incident/Injury Report Form

709C: NIPSTA Witness Statement Form

709D: NIPSTA Incident Investigation Form (Internal Use Only)

709E: NIPSTA Incident/Injury Reporting Process for Instructors/contractors – Check-Off List

DISTRIBUTION

- NIPSTA Employees
- NIPSTA Leadership Council
- Instructor/Contractor Portal
- Applicable NIPSTA Policy Manual(s)
- File

REFERENCES

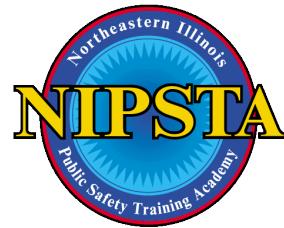
Internal: None

External: IRMA Model Risk Management Template, 1/2019
IRMA Member Claims Coordinator Manual**DATES**

Origination:

Last Review: August 2019

Next Review: August 2022



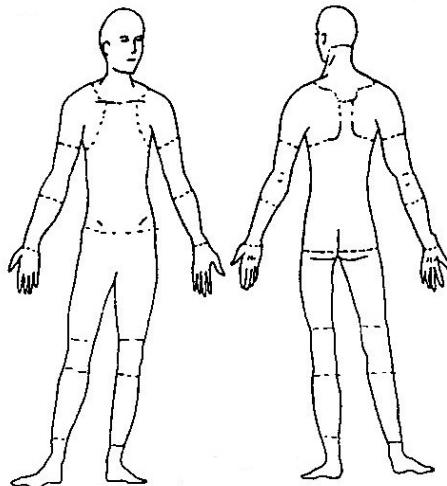
**Northeastern Illinois Public Safety Training Academy
Individual Report of Incident/Injury Form - 709A**

Instructions: **This form shall be completed by the injured/affected person** within 24 hours of the incident, injury or event.

| | | | | |
|---|--|---------------------------|------------------------------|-----------------------------|
| I am reporting a(n): <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Facility Damage | | | | |
| Your Name: | | | | |
| Your Department/Employer: | | | | |
| NIPSTA affiliation (Circle one): Employee Instructor/contractor Participant Visitor | | | | |
| Date and time the event was reported to an instructor/contractor/administration: | | | | |
| Date of injury/near miss: | | Time of injury/near miss: | | |
| Names of witnesses (if any): | | | | |
| Where, exactly, did it happen? | | | | |
| What were you doing at the time? | | | | |
| Describe step by step what led up to the injury/near miss (continue on the back if necessary): | | | | |
| What could have been done to prevent this injury/near miss? | | | | |
| Have you seen a doctor about this injury/illness? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, whom did you see? | | Doctor's phone number: | | |
| Date: | | Time: | | |

What parts of your body were injured? If a near miss, how could you have been hurt?

Affected body part(s) (circle all that apply):



Nature of Injury/Illness (check all that apply):

- Abrasion
- Amputation
- Broken bone
- Bruise
- Burn (heat)
- Burn (chemical)
- Crushing Injury
- Head Injury
- Laceration, puncture
- Loss of consciousness
- Medical illness
- Sprain, strain
- Weather related illness
- Pain (describe) _____
- Other _____

Has this part of your body been injured before?

Yes No

If yes, when?

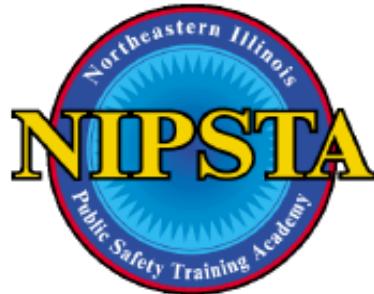
I have read the above statement and it is true and complete to the best of my knowledge:

Signature: _____

Date: _____ Time: _____

Received by: _____

Date: _____ Time: _____



**Northeastern Illinois Public Safety Training Academy
Administrative Incident/Injury Report - Form 709B**

Instructions: **NIPSTA staff or Instructors shall complete this form** within 24 hours after an incident that has resulted in or could have resulted in serious injury or illness.

| | | | | | |
|--|--|--|--|--|--|
| This is a report of a(n): Injury Illness First Aid Only Near Miss Vehicle Accident Facility Damage | | | | | |
| Date of incident: | This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Instructor Other _____ | | | | |

Step 1: Details on the Injured Person (complete this part for each injured person)

| | | |
|--|---|------|
| Name: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Age: |
| Affiliation: | Title (as applicable): | |
| Affected body part(s): (circle all that apply) | Nature of Injury/Illness (check all that apply): <input type="checkbox"/> Abrasion <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Head Injury <input type="checkbox"/> Laceration, puncture <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Medical illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Weather related illness <input type="checkbox"/> Pain (describe) _____ <input type="checkbox"/> Other _____ | |
| | | |

Step 2: Describe the Incident

| | |
|---------------------------------|-------------|
| Exact Location of the Incident: | Exact Time: |
|---------------------------------|-------------|

| |
|---|
| Names and Affiliations of Witnesses (if any): |
|---|

| |
|---|
| What personal protective equipment was being used (if any)? |
|---|

| |
|--|
| Describe, step-by-step, the events that led up to the injury, illness or event. Include names of any machines, parts, objects, tools, materials and other important details. |
|--|

Step 3: First impressions.... Why did the incident occur?Unsafe Workplace Conditions: (check all that apply)

- Inadequate guard
- Unguarded hazard
- Defective safety device
- Defective tool(s) or equipment
- Hazardous workstation layout
- Unsafe lighting
- Unsafe ventilation
- Lack of required personal protective equipment
- Lack of appropriate equipment / tools
- Unsafe clothing
- No training or insufficient training
- Other: _____

Unsafe Acts by People: (check all that apply)

- Operating without permission
- Operating at unsafe speed
- Servicing equipment receiving power
- Making a safety device inoperative
- Using defective equipment
- Using equipment in an unapproved way
- Unsafe lifting
- Taking an unsafe position or posture
- Distraction, teasing, horseplay
- Failure to wear personal protective equipment
- Failure to use the available equipment / tools
- Other: _____

Did any potentially unsafe conditions exist?

Did any potentially unsafe acts occur?

Was there a reward (such as "the job can be done more quickly", or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? Yes No

If yes, describe:

Have there been similar incidents or near misses prior to this one? Yes No Unknown N/A

Step 4: Who completed and reviewed this form? (Please Print)

Acknowledgement: I have read the above statement/document and it is true and complete to the best of my knowledge.

| | | | |
|--|----------------------------|-------------|-----------------|
| Written by: | Title: | | |
| Affiliation: | Date: | | |
| Signature: | | | |
| Name of Injured Person's Supervisor: | Date and Time Contacted: | | |
| Reviewed by: | Title: | | |
| Date: | | | |
| Names of investigation team members (as applicable): | | | |
| ATTACHMENTS? | Written witness statements | Photographs | Maps / drawings |

TO BE COMPLETED BY SAFETY COMMITTEE

Step 5: How can future incidents be prevented?

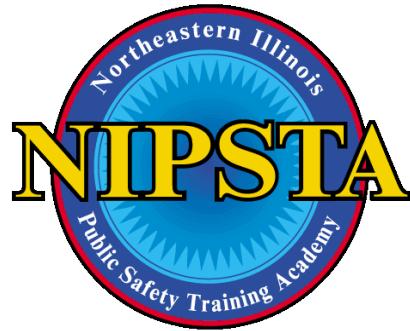
Date Reviewed: _____

What changes are recommended to prevent this incident/near miss from happening again?

- Stop this activity Guard the hazard Train the participant (s) Train the supervisor(s)
- Redesign task steps Redesign work station Write a new policy/rule Enforce existing policy
- Routinely inspect for the hazard Issue Personal Protective Equipment Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:



Northeastern Illinois Public Safety Training Academy Witness Statement - Form 709C

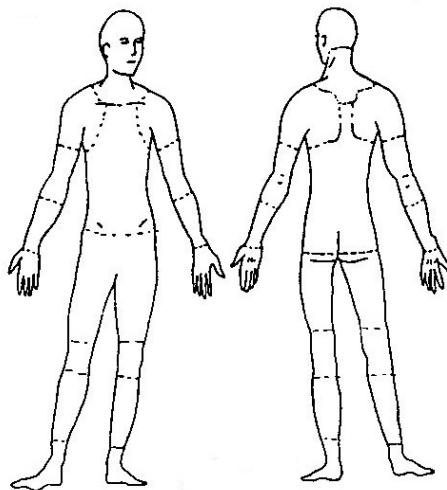
Instructions: **This form shall be completed by the witness** within 24 hours of the incident, injury or event.

| | | | | |
|---|--|---------------------------|-----------------------|-------------|
| I am reporting a(n): <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near Miss <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Facility Damage | | | | |
| Your Name: | | | | |
| Your Department/Employer: | | | | |
| NIPSTA affiliation (Circle one): | | Employee | Instructor/contractor | Participant |
| Visitor | | | | |
| Telephone Number: | | Email Address: | | |
| Date of injury/near miss: | | Time of injury/near miss: | | |
| Names of other witnesses (if any): | | | | |
| Where, exactly, did it happen? | | | | |
| What were you doing at the time? | | | | |
| Describe step by step what led up to the accident/injury/near miss (continue on the back if necessary): | | | | |

What could have been done to prevent this accident/injury/near miss?

What parts of the affected person's body were injured? If a near miss, how could they have been hurt?

Affected body part(s) (circle all that apply):



Nature of Injury/Illness (check all that apply):

- Abrasion
- Amputation
- Broken bone
- Bruise
- Burn (heat)
- Burn (chemical)
- Crushing Injury
- Head Injury
- Laceration, puncture
- Loss of consciousness
- Medical illness
- Sprain, strain
- Weather related illness
- Pain (describe) _____
- Other _____

I have read the above statement and it is true and complete to the best of my knowledge:

Signature: _____

Date: _____ Time: _____

Received by: _____

Date: _____ Time: _____



NIPSTA Incident Investigation Form-709D

FOR INTERNAL USE ONLY

Date of Incident: [Click here to enter a date.](#) Time of Incident: [Click here to enter text.](#)

Location of Incident: [NIPSTA Main Campus](#) [Off-Site](#)

Specific Location: [Click here to enter text.](#)

Was a person injured? [Yes](#) [No](#)

Category of Injured Person: [Student](#) [Department](#): [Click here to enter text.](#)
[Instructor/contractor](#) [Visitor](#) [Employee](#)
[Other](#): [Click here to enter text.](#)

Was a training prop involved? [Yes](#) [No](#)

If yes, identify prop: [Click here to enter text.](#)

[Prop Taken Out of Service?](#) [Yes](#) [No](#)
[Date](#): [Click here to enter a date.](#)

Course/Program Title (if applicable): [Click here to enter text.](#)

Program Coordinator: [Click here to enter text.](#)

Safety Officer: [Click here to enter text.](#)

Names of Instructors/Contractors Present: [Click here to enter text.](#)

Names/Departments of Witnesses: [Click here to enter text.](#)

[NIPSTA Individual Report of Incident/Injury Form 709A](#) Completed? [Yes](#) [No](#)

[NIPSTA Administrative Incident/Injury Report Form 709B](#) Completed? [Yes](#) [No](#)

Witness Statement(s) Secured (Form 709C)? [Yes](#) [No](#) Reason if no: [Click here to enter text.](#)

Date Investigation Initiated: [Click here to enter a date.](#)

Date Investigation Completed: [Click here to enter a date.](#)

Person Investigating Incident: [Click here to enter text.](#)

Method of Investigator Notification: [Click here to enter text.](#)

Date Investigation Report Provided to NIPSTA Administration: [Click here to enter a date.](#)

Narrative describing incident, including sequence of events, and extent/description of damage (as applicable):
[Click here to enter text.](#)

List any possible basic causes, direct causes or indirect causes:
[Click here to enter text.](#)

Date investigation was reviewed by NIPSTA Safety Committee: [Click here to enter a date.](#)

Considerations for the NIPSTA Safety Committee:
[Click here to enter text.](#)

Final Recommendations by the NIPSTA Safety Committee:
[Click here to enter text.](#)

Date Formal Investigation Closed: [Click here](#) to enter a date.

Final Follow Up with Employer/Department (as applicable): [Click here](#) to enter text.

Attachments:

- NIPSTA Individual Report of Incident/Injury Form 709A
- NIPSTA Administrative Incident/Injury Report Form 709B
- NIPSTA Witness Statement(s) Form 709C
- IRMA Incident/First Aid Report
- IRMA Form 45: Employer's First Report of injury
- Other: [Click here](#) to enter text.

I have read this statement/document and it is true and complete to the best of my knowledge.

Person completing report: [Click here](#) to enter text.

Date: [Click here](#) to enter text.

Title: [Click here](#) to enter text.

Signature: _____



INCIDENT/INJURY REPORTING CHECKLIST for INSTRUCTORS-709E

1. Call 911, as applicable.
2. Secure the scene in order to prevent the event from continuing.
3. Ensure that other instructors are aware of the situation.
4. Notify the Executive Director or their designee.
5. Notify the sponsoring department via telephone, as applicable.
6. Request that the affected/injured person completes the *Individual Report of Incident/Injury* Form #709A.
7. Complete the *Administrative Incident/Injury Report* Form #709B.
8. Secure *Witness Statements*, as applicable (Form #709C).
9. Submit all original paperwork to the Executive Director.