

Hauser Lake Fire Protection District

Policy Statement Accident & Injury Review – Non-Motor Vehicle

Effective Date: 4 /10 /17
Revised: ___/___/___

Policy 027

A. Purpose: The purpose of this policy is to provide a guidance for required reporting of injuries sustained by members of the district.

B. Definitions

a. First Aid (OSHA definition)

- i. Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
- ii. Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment); Cleaning, flushing or soaking wounds on the surface of the skin
- iii. Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
- iv. Using hot or cold therapy;
- v. Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
- vi. Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.). Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
- vii. Using eye patches;
- viii. Removing foreign bodies from the eye using only irrigation or a cotton swab;
- ix. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
- x. Using finger guards;
- xi. Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
- xii. Drinking fluids for relief of heat stress.

b. Reportable Injury (OSHA definition)

- i. Any work-related fatality.
- ii. Any work-related injury or illness that results in loss of consciousness, days away from work, restricted work, or transfer to another job.
- iii. Any work-related injury or illness requiring medical treatment beyond first aid.
- iv. Any work-related diagnosed case of cancer, chronic irreversible diseases, fractured or cracked bones or teeth, and punctured eardrums.

C. Policy: Any injury sustained by a member of the district, no matter how minor, while on duty, responding to a call or during any district function must be reported to the member's supervisor, Fire Chief or Deputy Chief as soon as possible. The report should be made on the form provided in this policy. The report should include a step by step chronology of the best and most available

info, created by a supervisor for in house use, at an early as possible period. Sometimes requiring speculation of what may have happened by the person performing this duty

D. Additional Reporting Requirements:

- a. Minor Injury
 - i. If the injury is minor in nature requiring only normal first aid the supervisor, Fire Chief or Deputy Chief shall follow up with the injured person to insure that no additional treatment for the injury is required.
 - ii. A State Insurance Fund First Report of Injury shall be completed and submitted to the Fire Chief for submittal to the State Insurance Fund. This is necessary in the event that complications arise that require further treatment.
- b. Major Injury
 - i. A major injury is an injury that meets the OSHA definition of a reportable injury (see above).
 - ii. A fatality must be reported to OSHA within eight (8) hours and any amputation, loss of and eye, or hospitalization within twenty-four (24) hours. In addition, the Idaho State Insurance Fund must be notified immediately for any severe injury (amputation, burn, head injury, paralysis or death). These reports may be made by telephone and/or online.
 - iii. The injury must be recorded on OSHA Form 300 (Log of Work-Related Injuries and Illnesses).
 1. The employee's name should not be entered on OSHA Form 300 in the following circumstances: You must consider the following types of injuries or illnesses to be privacy concern cases:
 - a. an injury or illness to an intimate body part or to the reproductive system,
 - b. an injury or illness resulting from a sexual assault,
 - c. a mental illness,
 - d. a case of HIV infection, hepatitis, or tuberculosis,
 - e. a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29 CFR Part 1904.8 for definition), and
 - f. other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.
 - g. You must not enter the employee's name on the OSHA 300 Log for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's

privacy concern cases so that you can update the cases and provide information to the government if asked to do so. If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the OSHA 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of the injury or illness, but you do not need to include details of an intimate or private nature.

- h. If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

2. Complete and submit an Idaho State Insurance Fund First Report of Injury.

- c. For any injury requiring more than first aid an accident investigation shall be initiated to determine the cause of the injury and any mitigation actions to prevent future injuries.
- d. The following websites can assist in providing additional information:

<https://www.idahosif.org/info/claims/#AccidentOccurs>

<https://www.osha.gov/recordkeeping/>



Please Note: This report is intended to be used by Emergency Service Organizations for internal use only. It is not an acceptable VFIS Claims form and therefore should not be submitted to VFIS.

Emergency Service Organization _____ Date _____
Address _____
Name of Injured _____ Date of Birth _____
Address _____
Phone() _____ Age _____ Sex _____ Height _____ Weight _____
Occupation _____ Job Title _____
Social Security No. _____ Years with Dept. _____
Date of Injury _____ Time of Injury _____
Date Reported _____ Time Reported _____
Accident/Injury Reported to _____

Nature of Injury

- | | | |
|-------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Multiple Injury | <input type="checkbox"/> Heat Exhaustion, Fatigue |
| <input type="checkbox"/> Inflammation | <input type="checkbox"/> Recurrence | <input type="checkbox"/> Abrasions, Contusions, Bruises |
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Strain, Sprain, Torn Ligament | <input type="checkbox"/> Heart Malfunction |
| <input type="checkbox"/> Frostbite, Cold Exposure | <input type="checkbox"/> Cuts, Lacerations, Punctures | <input type="checkbox"/> Eye Injury |
| <input type="checkbox"/> Pinched Nerve, Ruptured Disk | <input type="checkbox"/> Inhalation, Fumes | <input type="checkbox"/> Burns |
| <input type="checkbox"/> Electric Shock | <input type="checkbox"/> Inhalation, Smoke | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chemical Injury | | |

Parts of Body Affected

- | | | |
|-----------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Multiple Parts | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Knee(s) |
| <input type="checkbox"/> Head | <input type="checkbox"/> Back | <input type="checkbox"/> Ankle(s) |
| <input type="checkbox"/> Eye(s) | <input type="checkbox"/> Heart | <input type="checkbox"/> Foot/Feet |
| <input type="checkbox"/> Ear(s) | <input type="checkbox"/> Groin | <input type="checkbox"/> Ribs |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Arm | <input type="checkbox"/> Hip |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hand | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Finger | |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Leg(s) | |

Where Injury Occurred

- | | | |
|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Station Maintenance | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Standing By Station for Call |
| <input type="checkbox"/> Apparatus Maintenance | <input type="checkbox"/> Convention | <input type="checkbox"/> Training |
| <input type="checkbox"/> Emergency Scene | <input type="checkbox"/> Emergency Vehicle to Emergency | <input type="checkbox"/> Auxiliary Services |
| <input type="checkbox"/> Private Auto to Emergency | <input type="checkbox"/> Emergency Vehicle Non-Emergency | <input type="checkbox"/> Responding/Returning to Emergency |
| <input type="checkbox"/> Private Auto Non-Emergency | <input type="checkbox"/> Parades, Picnics, Contests | <input type="checkbox"/> (Non-Vehicle) |
| | | <input type="checkbox"/> Other _____ |

Cause of Injury

- | | | |
|-----------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Fall | <input type="checkbox"/> Improper Lifting | <input type="checkbox"/> Inadequate Illumination |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Horseplay | <input type="checkbox"/> Inadequate Ventilation |
| <input type="checkbox"/> Making Safety Devices Inoperative | <input type="checkbox"/> Structural Collapse | <input type="checkbox"/> Lack of Knowledge or Skill |
| <input type="checkbox"/> Using Defective Equipment | <input type="checkbox"/> Inadequate Guards or | <input type="checkbox"/> Irrational Civilian |
| <input type="checkbox"/> Using Equipment Improperly | <input type="checkbox"/> Back Draft | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Failure to Use Personal Protection Equipment | <input type="checkbox"/> Improper Placement | <input type="checkbox"/> Abuse or Misuse |
| <input type="checkbox"/> Struck By Object | <input type="checkbox"/> Civil Disturbance | <input type="checkbox"/> Other _____ |

Injury Occurred - Performing What Task?

- | | | |
|-----------------------------------------|--------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Forcible Entry | <input type="checkbox"/> Overhauling | <input type="checkbox"/> Rescue Operation |
|-----------------------------------------|--------------------------------------|-------------------------------------------|

- | | | |
|--------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Using Ladders | <input type="checkbox"/> Salvage | <input type="checkbox"/> Administering Medical Aid |
| <input type="checkbox"/> Advancing/Directing Hose Line | <input type="checkbox"/> Servicing/Repairing Equipment | <input type="checkbox"/> Physical Fitness |
| <input type="checkbox"/> Ventilating | <input type="checkbox"/> Extrication | <input type="checkbox"/> Other _____ |

Witness(es) to Injury: _____

Injured Person's Signature: _____ Date: _____

Investigation Report

Thoroughly describe accident: (What, How, Where, Equipment, Activity, etc.) _____

Hospitalized or Treated, Where? (Include Address) _____

Name and Address of Physician: (Include Referral) _____

Did the injury require individual to perform limited duties, or to be assigned to other duties or positions? YES or NO If yes, what duties or position? _____

And, what period of time? _____

Investigated by _____ Title _____ Date _____

Safety Officer's Report

What Acts, Failures to Act and/or Conditions Contributed Most Directly to This Accident? (Immediate Cause)

What Are the Basic or Fundamental Reasons for the Existence of These Acts and/or Conditions? (Fundamental Cause)

What Action Has or Will Be Taken to Prevent Recurrence? Place "X" By Items Completed.

Reviewed by Safety Officer _____ Title _____ Date _____