



Member Incident Investigation Report

Purpose

An incident report is a formal recording of the facts related to an incident. It should be completed as soon as possible after an incident that results in serious injury or illness. It is also used to investigate a minor injury or near miss that *could have resulted in a serious injury or illness*.

Definitions

Incident - an unplanned event that does not result in injury but may result in property damage or is worthy of recording.

Accident – an unplanned event that causes harm to people or damage to property.

First Aid Only – injuries that can be treated on site.

Near Miss – a situation in which no injury or damage occurred but might have if conditions had been slightly different.

Procedures

Step 1: Member Information (complete this part for each injured member)

1. Provide member's full name (first and last name).
2. Check off member's gender as Male or Female.
3. Identify the center as Titusville, Melbourne, or Micco.
4. Shade all areas of body affected.
5. Check off nature of injury.

Step 2: Describe the incident

1. Provide the EXACT location and time of the incident.
2. Specify of part of day as entering or leaving center, doing normal activities, during meal period, during break, or other.
3. Describe, step-by-step the events that led up to the incident, what happened during, and after. Try to communicate WHAT occurred, WHEN it occurred, WHERE it took place, and WHO was involved in a manner. Use 3rd person (avoid pronouns).
 - If more space is needed, continue to the second page.
4. Record number of attachments including how many written witness statements, how many photographs, and how many drawings.
5. Fill in the name of all witnesses or staff present during incident.

Step 3: Who completed and submitted this form?

1. Print your FULL name (first and last) and sign.
2. Record the date and time you completed the form.

ALL INCIDENT REPORTS MUST BE SIGNED BY SUPERVISOR AT END OF SHIFT AND BY EXECUTIVE DIRECTOR WITHIN 24 HOURS.

ADMIN ONLY: Outcome

Supervisor(s) should use this section to report outcome of incident including next steps needed and any corrective actions.

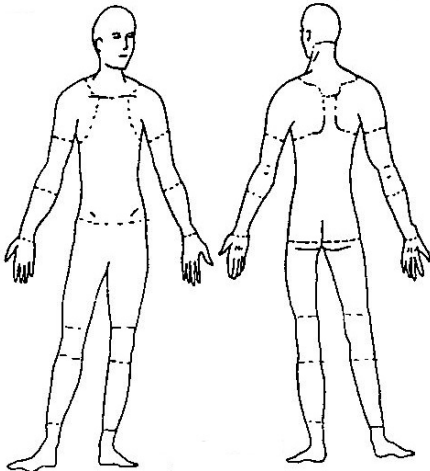
Caregiver Notification Date & Time: _____ Caregiver: _____
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Member Incident Investigation Report

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness. Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.

This is a report of a:			
<input type="checkbox"/> Incident	<input type="checkbox"/> Accident	<input type="checkbox"/> First Aid Only	<input type="checkbox"/> Near Miss
Date of Incident:	Report by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Other _____		

Step 1: Member Information (Complete this part for each injured member)

Member Full Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Center:	
Part of body affected (shade all that apply): 	Nature of injury: <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Fall <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system <input type="checkbox"/> Other _____

Step 2: Describe the incident

Exact location of the incident:	Exact time:
Part of Day: <input type="checkbox"/> Entering or leaving center <input type="checkbox"/> Doing normal activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Other _____	
Describe, step-by-step the events that led up to the incident, what happened during, and after:	

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Number of attachments:	Written witness statements:	Photographs:	Drawings:
Names of Witnesses:			

Step 3: Who completed and submitted this form?

Printed Name:	Date Completed:
Signature:	Time Completed:

All Incident Reports must be signed by supervisor at end of shift and by Executive Director within 24 hours.

Supervisor Signature

Date and Time

Executive Director Signature

Date and Time

ADMIN ONLY: Outcome

What was the outcome? Next steps? Corrective actions?