

 <p>A proud partner of the AmericanJobCenter network</p>		<b>POLICY # 39</b>
<b>Title:</b>	<b>Incident Report Policy</b>	
<b>Program:</b>	Workforce Innovation and Opportunity Act	
<b>Effective:</b>	December 1, 2018	
<b>Revision #:</b>		<b>Original policy date:</b> Nov. 30, 2018

**Purpose:** To document all incidents/injuries that occur in any Workforce Development Board Mid-Ohio Valley (WDBMOV) office, affiliate or point of entry site involving program or partner staff, participants, or the public.

**References:** All procedures will be conducted in accordance with the Workforce Innovation and Opportunity Act (WIOA), WorkForce WV Guidance, and WDBMOV Policies.

**Background:** The WDBMOV has developed this incident reporting procedure to handle general incidents in the region that are not in violation of WIOA services.

**Policy:** It is the policy of the WDBMOV to document all incidents that occur in Region 4. Incidents may occur at any time within or on the ground of the American Job Center (AJC) or its satellite locations. An incident may involve a staff person, including partner staff, a program participant, or the general public; documentation of the occurrence is essential. Detailed information regarding the incident must be available to address potential legal liabilities that arise because of the incident and to conform with the requirements of WIOA.

These procedures should be followed whether the incident occurs at an office location during normal business hours or at an event being held by program staff. Since persons involved (directly or indirectly) or observing the incident may not be available later and knowing that recall of the details becomes vague over time, it is important to document those details from all parties as soon as possible after the occurrence of the incident. In addition, the AJC Coordinator, and the WDB Director should be notified when it is safe to do so. It is important to follow the Safety Manual procedure as appropriate in handling /reporting any incident.

The following procedure shall be followed to assure adequate documentation of incidents:

1. The staff member in charge of the event or site (or who was notified of the incident) shall be responsible for collecting information and statements from the individuals involved, and filing the reports using the proper Injury/Incident Report forms (attached) immediately after the occurrence of an incident.
2. The responsible staff person shall provide copies of the Incident Report to the AJC

Coordinator, and the WDB Director, within 24 hours of the incident.

3. The report will be maintained by the recipient for a time specified in the Records Retention Policy #25.
4. If the incident results in serious injury to or death of an individual(s) or extensive property damage, the responsible staff member will immediately advise the AJC Coordinator, and the WDB Director, either by phone or in person.

**Action:** All AJC staff, and partners will be made aware of this policy and instructed in the proper completion of the attached forms.

**Expiration Date:** This policy shall remain in effect until revised or canceled by the Workforce Development Board Mid-Ohio Valley.

# INJURY/INCIDENT REPORT

**Section 1: To be completed by Affected Party/Responsible Staff**

Date of injury/incident: \_\_\_\_\_

Name of affected party \_\_\_\_\_  
Last First Middle

Phone # (\_\_\_\_) \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Describe the incident/injury. Describe sequence of events. List all people, objects and substances involved:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Describe any bodily injury sustained (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on separate piece of paper, if necessary)

Date of injury/incident: \_\_\_\_\_ Time of injury/incident: \_\_\_\_\_ am / pm

Location of injury/incident: \_\_\_\_\_  
Name of building, street address, and city, state Area (bathroom, etc.)\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

# SUPERVISOR'S INJURY/INCIDENT REPORT

## SUBMIT REPORT ASAP TO WDBMOV

### Section 2: To be completed by Supervisor

Employee's name: \_\_\_\_\_ Worksite \_\_\_\_\_

Date of injury/incident: \_\_\_\_\_ Time of injury/incident: \_\_\_\_\_ am pm

Worksite Premises? Yes\_\_\_ No\_\_\_ Location where injury/incident occurred: \_\_\_\_\_

When did employee first speak with you about this injury/incident? Date : \_\_\_\_\_ Time: \_\_\_\_\_ a.m./ p.m.

What work process was employee doing when injury/incident occurred? Be specific.

\_\_\_\_\_  
 \_\_\_\_\_

Describe fully how injury/incident occurred:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Were safeguards or safety equipment provided? Yes\_\_\_ No\_\_\_ n/a\_\_\_ Were they used?: Yes\_\_\_  
 No\_\_\_

Part(s) of body injured (if applicable): \_\_\_\_\_

Nature and extent of injury/incident and property damaged (be specific): \_\_\_\_\_

\_\_\_\_\_  
 Last day worked: \_\_\_\_\_ Has employee returned to work? Yes\_\_\_ No\_\_\_ When? \_\_\_\_\_

Date(s) employee missed work. If none, write n/a: \_\_\_\_\_

Please indicate all of the following which contributed to the injury/incident:

_____ Improper instruction	_____ Unsafe physical positioning	_____ Unsafe arrangement or process
_____ Lack of training or skill	_____ Improper protective equipment	_____ Physical or mental impairment
_____ Horseplay	_____ Unsafe equipment	_____ Other _____

Steps taken to minimize reoccurrence of situation: \_\_\_\_\_

Was employee retrained in the appropriate use of safety equipment and procedures? Yes\_\_\_ No\_\_\_ n/a\_\_\_

Was employee cautioned for failure to use safety equipment and procedures? Yes\_\_\_ No\_\_\_ n/a\_\_\_

\_\_\_\_\_  
 Supervisor's Printed Name

\_\_\_\_\_  
 Supervisor's Signature

\_\_\_\_\_  
 Date

# INJURY/INCIDENT WITNESS STATEMENT

To Be Completed by Witness and submitted to American Job Center Staff

## Section 3: To be completed by witness

Date of injury/incident: \_\_\_\_\_

Name of Witness: \_\_\_\_\_  
Last First

Phone # (\_\_\_\_) \_\_\_\_\_ Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Affected Person's Name (if known) \_\_\_\_\_  
Last First

Date of injury/incident: \_\_\_\_\_ Time of injury/incident: \_\_\_\_\_ am / pm

Location of injury/incident: \_\_\_\_\_  
Address/Name of building Area (bathroom, etc.)

Describe the injury/incident: \_\_\_\_\_

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Describe any bodily injury sustained (if applicable) – be specific about body part/s injured: \_\_\_\_\_

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Individuals in vicinity that observed injury/incident: \_\_\_\_\_

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Witness Printed Name

Witness Signature

Date