



Policy Description <b>Injury/Incident Policy &amp; Report Form</b>		DEPARTMENT  Operations	POLICY NUMBER:  OP-08
ORIGINAL DATE: 05/31/2021	RESPONSIBLE PARTY: Medical Director		REVISED DATE:
APPROVAL DATE: 06/16/2021	DATE REVIEWED: 06/16/2021		APPROVED BY: BOARD OF DIRECTORS
RESOLUTION NO:		BOARD CHAIR:	Dennis Beechler
1605 George Jackson Road, Maupin OR 97037 541-395-2911 Fax 541-395-2912			

# Injury/Incident Reporting Policy

## PURPOSE

- To report, record and investigate all work-related injuries or illnesses, accidents, near miss or dangerous occurrence on the premises, or any other significant incident.
- To provide a process for reported incidents/accidents to be risk-assessed and where necessary, investigated to determine root cause.
- To provide a process for monitoring of planned corrective actions to prevent or reduce the risk of re-occurrence of reported incidents/accidents.
- To activate the initial needs assessments for the treatment and rehabilitation for employees who have suffered from a work-related injury or illness.

## SCOPE

- This procedure applies to all WRHD employees, contractors, vendors, visitors and public.
- This procedure applies to work-related incidents, accidents or illnesses and other related health and safety incidents.
- This includes incidents or near misses, property loss or damage, theft etc., including all vehicle incidents and accidents which must be reported.

## POLICY

- For the purpose of this policy, a brief definition of an accident and a near miss are given below:
  - An **accident** is an unplanned event that causes injury to persons, damage to property or a combination to both.
  - A **near miss** is an unplanned event that does not cause injury or damage but could do so.
- All accidents, incidents or reported injuries shall be reported to establish a written record of factors causing the event, along with near misses for prompt investigation and to support corrective action to provide statistical information used for analyzing all phases of accidents, incidents and events.
- The Incident Reporting System apply to all incidents involving company employees, on-site vendors, contractor employees and visitors (Public) which results in (or might have resulted in) personal injury, illness, and/or property and vehicle damage.

Last updated: 05/31/2021; visit [www.deschutesrimhealthclinic.org](http://www.deschutesrimhealthclinic.org) for most up-to-date version.

## REPORTING PROCEDURE

Front line supervisors or the manager shall be notified whenever an accident or incident occurs.

- Immediately seek first aid or medical treatment if required. This includes having 911 called in an extreme emergency, otherwise:
  - Immediately report the accident/incident to your supervisor or manager, and
  - Complete a report as to the accident/incident level dictates. Record witnesses present.

## LEVELS OF REPORTING INJURIES

While in the performance of job tasks there is the potential for a minor or major injury to occur. Reporting of accidents involving injuries is essential to ultimately provide for a safe and secure working environment. The following is the procedure for reporting accidents involving injuries or Incidents to employees or anyone on the property.

<b>LEVEL 1</b>	No visible injury, no medical treatment necessary, employee refused medical treatment beyond first aid and the employee immediately returns to normal duties. Employees are only required to notify their supervisor. No security report or First Report of Injury required.
<b>LEVEL II</b>  Notify Manager, Supervisor, & Human Resources/Quality Assurance (HR/QA)	Minor injury sustained in the normal course of a job task. If the injury can be treated through the application of first aid only and the employee immediately returns to normal duties. Employees are required to notify their supervisor. No security report or <i>First Report of Injury</i> required. The supervisor will complete an Incident Report .
<b>LEVEL III</b>  Notify Manager, Supervisor, & Human Resources/Quality Assurance (HR/QA)  *LEVEL III Meeting between, On site Provider if Medical Director is not available and QA/HR Manager	Serious injury or illness which requires care beyond the application of first aid to include: fatalities, fractures, amputation, joint dislocation, loss of sight, penetrating eye injuries or burns, loss of consciousness through asphyxia, inhalation or ingestion through the skin or exposure to harmful substances, injuries resulting from an electric shock or burn, hyperthermia or heat induced injuries, cracked teeth, punctured eardrums, needle sticks and any other injury or acute illness requiring admittance to the hospital or requires resuscitation. Employees are required to notify their supervisor immediately. An Injury/Incident Report and <i>First Report of Injury</i> will be completed.
<b>NOTE:</b>	In the event a Level 1 or Level 2 rises to the level of admittance to the emergency room or hospital, then reporting Level 3 is initiated.
<b>In Rare Circumstances:</b>	If the supervisor or manager are not available nor the HR/QA officer; the Board Chair will assist in taking down the information (via e-mail & photographs) which will then be given to the site supervisor for completion of a formal report.



## RESPONSIBILITIES

### MANAGEMENT

- Provide all necessary medical care for the injured worker/person.
- Conduct accident prevention and investigation training for supervisors
- Ensure all accidents and injuries are investigated in a timely fashion, immediately if serious.
- Ensure immediate and long-term corrective actions are taken to prevent reoccurrence.
- Maintain Accident Reports permanently on file.

### EMPLOYEES

- Report all work injuries and illnesses immediately to your supervisor promptly when safe to do so. Remember to include who, what, where, when, why, and how.
- Report all Unsafe Acts, Unsafe Conditions, or Near Misses to their supervisor.
- Assist as requested in all accident investigations.

## REPORT REVIEW, ROUTING, AND DISSEMINATION

APPROVAL AND REVIEW	DETAILS
LEVEL I	E-mail to HR/QA Supervisor - viewed for preventative measures
LEVEL II	E-mail to HR/QA Supervisor & Medical Director/District Manager- viewed for preventative measures. Reviewed & tracked for preventative measures and Training
LEVEL III	E-mail to HR/QA Supervisor & Medical Director/District Manager- viewed for preventative measures. Reviewed & tracked for preventative measures and Training
SAFETY COMMITTEE	Shall review and forward for preventative measures and re-training on all Level II and Level III

DETENTION OF FILES	DETAILS
LEVEL II & LEVEL III REPORTS	Shall be reviewed by both the Medical Director/District Manager and HR/QA Manager. Upon review the Executive Assistant will enter such information into the WRHD Incident Data Base. For the purpose of: 1. Documenting for the OSHA 801 or its equivalent. 2. To provide statistical information used for analyzing all phases of accidents, incidents, and events. 3. To identify areas needed for re-training.



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## Injury or Incident Report Form

To be completed by staff within 8 hours of incident/accident

Incident/Injury Date: \_\_\_\_\_ Time of Incident \_\_\_\_\_

Injured Person Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ If Minor who Notified: \_\_\_\_\_

### Details of Incident & Injury Type: (What, Where, When, Why & How)

Person/s involved with incident/injury: \_\_\_\_\_

Does incident/injury require Hospital/Physician services? ☐ YES ☐ NO

Physician/Hospital Name: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_ Is this Incident/Injury reportable? ☐ YES ☐ NO

IMPORTANT OTHER INFORMATION including but not limited to surroundings, bodily area of injury, Activity at time of incident/injury

# Injury or Incident Report Form page 2

Date reported to Immediate Supervisor: \_\_\_\_\_

Date reported to Medical Director: \_\_\_\_\_ Date reported to QA \_\_\_\_\_

## Fact Finding results:

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Incident reviewed with all required parties: ☐ YES ☐ NO DATE: \_\_\_\_\_

Additional follow up needed & Description: ☐ YES ☐ NO DATE: \_\_\_\_\_

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Medical Director Initials of Reviewed & Closed Incident \_\_\_\_\_ Date \_\_\_\_\_

Quality Assurance Initials of Reviewed & Closed Incident \_\_\_\_\_ Date \_\_\_\_\_

Board Acknowledgment of Incident Closure \_\_\_\_\_ Date \_\_\_\_\_

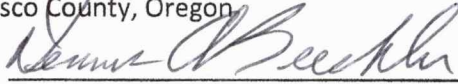
Person at SDAO filed with (if Applicable) \_\_\_\_\_ Date \_\_\_\_\_

Passed by a majority of the Board of Directors of White River Health District, with a quorum in attendance the 16<sup>th</sup> Day of June, 2021.

White River Health District dba Deschutes Rim Health Clinic

Wasco County, Oregon

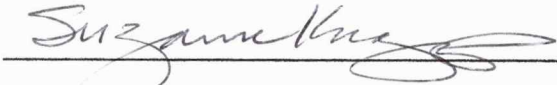
By



Dennis Beechler, Chairman of the Board

Attest:

By



Suzanne Knapp, Secretary of the Board