# Incident Reports

## Do you know how to fill out an incident report, or when a report is necessary?

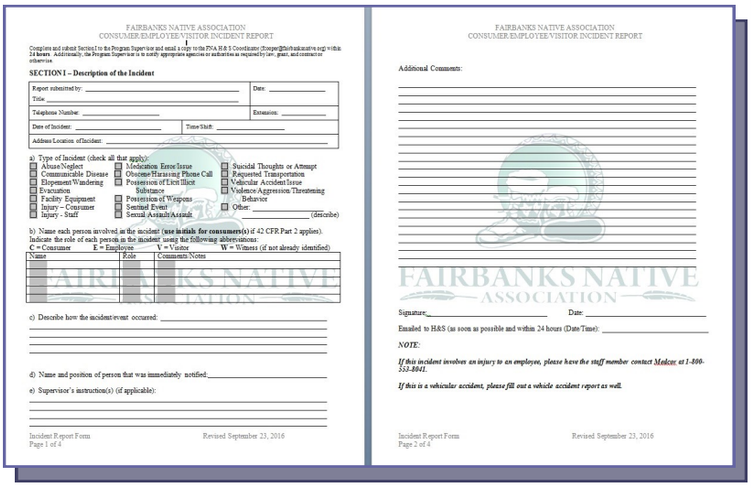
Reports are required for the following types of incidents:

- Staff & Consumer Injuries
- Evacuations
- Communicable Diseases
- Violence/Aggression/Threatening Behavior
- Facility Equipment Issues
- Medical Emergencies
- Medication Errors/Issues
- Abuse & Neglect
- Vehicle Accidents/Issues
- Any other incidents or issues

**1)** Make sure the scene is safe, provide CPR or First Aid if necessary.
If serious or life-threatening call 911 immediately.

**2)** If 911 has to be called, notify your supervisor immediately for further instruction.
If the incident does not require a call to 911, notify your supervisor within an hour of the incident for instructions.

**3)** All staff, contracted providers, and any witness that provides services for FNA to consumers, need to fill out an incident report. The first 2 pages are to be filled out by those involved with the incident.
This is where you will describe what happened, when, where, and who was involved.



FAIRBANKS NATIVE ASSOCIATION
CONSUMER/EMPLOYEE/VISITOR INCIDENT REPORT

Complete and submit Section I to the Program Supervisor and email a copy to the FNA H/S/E Coordinator (fcooper@fairbanksnative.org) within 24 hours. Additionally, the Program Supervisor is to notify appropriate agencies or authorities as required by law, grant, and contractor otherwise.

**SECTION I – Description of the Incident**

Report submitted by: _____ Date: _____
Title: _____
Telephone Number: _____ Extension: _____
Date of Incident: _____ Time/Shift: _____
Address/Location of Incident: _____

a) Type of Incident (check all that apply):
☐ Abuse/Neglect ☐ Medication Error/Issue ☐ Suicidal Thoughts or Attempt
☐ Communicable Disease ☐ Obscene/Harassing Phone Call ☐ Requested Transportation
☐ Elopement/Wandering ☐ Possession of Illicit Illicit Substance ☐ Vehicular Accident/Issue
☐ Evacuation ☐ Violence/Aggression/Threatening Behavior
☐ Facility Equipment ☐ Possession of Weapons
☐ Injury – Consumer ☐ Seemed Event
☐ Injury - Staff ☐ Sexual Assault/Assault
☐ Other: _____ (describe)

b) Name each person involved in the incident (**use initials for consumers(s)** if 42 CFR Part 2 applies). Indicate the role of each person in the incident using the following abbreviations:
C = Consumer E = Employee V = Visitor W = Witness (if not already identified)

| Name | Role | Comments/Notes |
|---|---|---|
| | | |

c) Describe how the incident/event occurred: _____

d) Name and position of person that was immediately notified: _____

e) Supervisor's instruction(s) (if applicable): _____

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Additional Comments: _____

Signature: _____ Date: _____

Emailed to H&S (as soon as possible and within 24 hours (Date/Time): _____

*NOTE:*

***If this incident involves an injury to an employee, please have the staff member contact Medcor at 1-800-553-8041.***

***If this is a vehicular accident, please fill out a vehicle accident report as well.***

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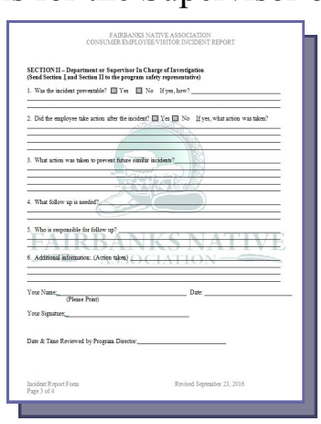
**4)** Page 3 of the incident report is for the Supervisor or Director to fill out, as well as a signature on page 4.



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**SECTION II – Department or Supervisor In Charge of Investigation**
**(Send Section I and Section II to the program safety representative)**

1. Was the incident preventable? ☐ Yes ☐ No If yes, how? _____
2. Did the employee take action after the incident? ☐ Yes ☐ No If yes, what action was taken? _____
3. What action was taken to prevent future similar incidents? _____
4. What follow up is needed? _____
5. Who is responsible for follow up? _____
6. Additional information: (Action taken) _____

Your Name: _____ Date: _____
(Please Print)
Your Signature: _____

Date & Time Reviewed by Program Director: _____

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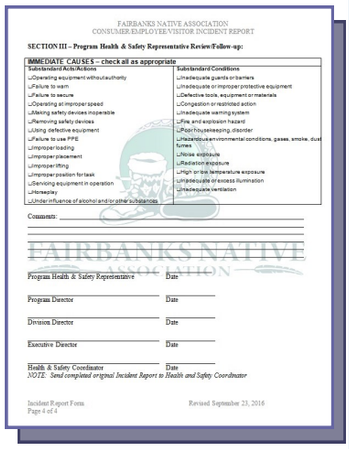
**5)** Page 4 is for the program's Health & Safety Representative to fill out and then forwarded to the Health & Safety Coordinator **with all 4 pages attached.** From here the incident will be documented and signed off by the Executive Director.



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**SECTION III – Program Health & Safety Representative Review/Follow-up:**

**IMMEDIATE CAUSES – check all as appropriate**

| Substandard Acts/Actions | Substandard Conditions |
|---|---|
| ☐Operating equipment without authority | ☐Inadequate guards or barriers |
| ☐Failure to warn | ☐Inadequate or improper protective equipment |
| ☐Failure to secure | ☐Defective tools, equipment or materials |
| ☐Operating at improper speed | ☐Congestion or restricted action |
| ☐Making safety devices inoperable | ☐Inadequate warning system |
| ☐Removing safety devices | ☐Fire and explosion hazard |
| ☐Using defective equipment | ☐Poor housekeeping, disorder |
| ☐Failure to use PPE | ☐Hazardous environmental conditions, gases, smoke, dust, fumes |
| ☐Improper loading | ☐Noise exposure |
| ☐Improper placement | ☐Radiation exposure |
| ☐Improper lifting | ☐High or low temperature exposure |
| ☐Improper position for task | ☐Inadequate or excess illumination |
| ☐Servicing equipment in operation | ☐Inadequate ventilation |
| ☐Horseplay | |
| ☐Under influence of alcohol and/or other substances | |

Comments: _____

Program Health & Safety Representative Date
Program Director Date
Division Director Date
Executive Director Date
Health & Safety Coordinator Date
*NOTE: Send completed original Incident Report to Health and Safety Coordinator*

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Questions or concerns? Contact HR at (907) 452-1648 or the Health & Safety Coordinator at (907) 452-1648 ext. 6236