

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Environmental Health & Safety (EH&S) Department 4200A NW 10th Avenue • Oakland Park, Florida 33309 • Office: 754-321-4200 • Fax: 754-321-4285

EMPLOYEE & REGISTERED VOLUNTEER INJURY/ILLNESS REPORT

Must be completed by supervisor

(See Instructions on Page 2)

** Prior to completing this	for	m, All locations must call t	he V	Vorkers' Compensation Tri	iage	Unit at 1 -800-	374-48	10 **	
1. Incident Details									
Employee Name:		Date of Incident:		Time of Incident:					
Employee Job Title:			Security camera nearby? ☐ Yes ☐ No						
Employee Personnel Number:				Employee Department:					
School/Facility Name:				FISH # (required)/Exterior Location:					
				<u> </u>					
Location Incident Occurred:				Was Workers' Compensation Contacted? ☐ Yes ☐ No					
Witness Name(s):				Was an AED used? ☐ Yes ☐ No Transported? ☐ Yes ☐ No					
Body Part Injured:				Did the employee receive medical treatment? \square Yes \square No					
2. Describe what happened (What caused the accident/incident?)									
3. Contributing Factors (What factors contributed to the incident? Only select items that apply.)									
Environment:				Equipment/Materials/Ergonomic:					
☐ Ingestion/inhalation		Fall different level/stairs/ladder							
☐ Burn/scald	H	Foreign body in eye	_	□ Body mechanics/repetition/twisting □ Inadequate PF □ Collision with an object/vehicle □ Caught in, un-					
☐ Trip/fall		Heat related illness Animal/insect/human bite		, ,					
☐ Slip/fall ☐ Exposed to substance		Other (Specify in box # 2)		Struck by faming/hyring/rolling object	·	☐ Cut/puncture/scrape ☐ Other (Specify in box # 2)			
Work Systems:				People/Medical:					
☐ Hazard not identified ☐ Inadequate risk assessment									
☐ Hazard not identified		Inadequate controls	_	☐ Distraction/stress/fatigue		☐ Time/production			
☐ Inadequate procedure		Inadequate training/certification				☐ Routine chang			
☐ Poor work area set up/design		Other (Specify in box # 2)		Student behavior		☐ Other (Specify	in box # 2)	
4. Corrective Actions									
What can be done to prevent a recurrence of this type of				Who is Responsible?		ork Order #	Comp	Completed?	
incident? (Be Specific. address each contributing factor selected abo		• •	e.)	(i.e., HFSP/PPO/Admin)		applicable)	•		
					,,,	,	Υ□	N□	
							Υ	N□	
							Y 🗆	N 🗆	
5. Supervisor Information	<u> </u>						' L	IN L	
Supervisor Name (print): Supervisor Signature:									
Supervisor Department:				Supervisor Email:					
Supervisor Job Title:				ļ ·					
·				Supervisor Phone:					
Date Completed:									
6. Supporting Documents									
Attach all photos, diagrams, statements, or other supporting documents to the email.									

Send report to EHS-HELP@browardschools.com

EMPLOYEE & REGISTRED VOLUNTEER INJURY/ILLNESS REPORT INSTRUCTIONS

Consistent with <u>SBBC Policy # 2301 Reporting Injuries</u>, all injuries must be reported promptly in accordance with Florida Statutes and Board Policy, Rules and Regulations. Prompt reporting, investigation and corrective follow-up of an accident or incident is essential to maintain an effective health and safety program and prevent recurrence of a similar incident. <u>The injury or illness must be reported to the 1</u>) <u>Workers' Compensation</u> <u>Department at 1(800) 374-4810 (24 hours/7 days)</u>; and 2) <u>employee's supervisor and/or site administrator</u>.

Upon notification of an accident, the supervisor and/or site administrator must investigate the accident to obtain information regarding the cause and take steps to prevent a recurrence. The accident investigation should commence as soon as possible after the incident, the medical attention has been rendered and the reporting instructions have been completed. Within 24-48 hours of the incident, forward the *Employee Injury/ Illness Report* and any additional information to the Environmental Health & Safety Department.

For information on reporting injuries/illnesses and how to conduct an accident investigation, please reference page 37-39 of the <u>BCPS</u> Environmental Health & Safety Manual.

Accident Investigation by Supervisor and/or Site Administrator:

Incident Details

 Provide essential details of the incident (name of the injured employee, date/time the injury occurred, type of injury, location where the injury occurred, witness information, etc.)

2. What happened?

- Reconstruct the chain of events leading up to the incident and attempt to determine the single/multiple events
 causing it
- Interview the Employee(s)
 - i. Ask employee to start from the beginning and describe what happened
- · Document all facts and observations
 - i. What happened? Where did it happen? When did it happen? What task was being performed? Who was involved? Were there any witnesses?

3. Contributing Factors

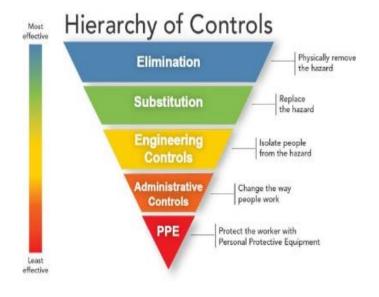
- Inspect equipment, machinery, PPE, site conditions, procedures not followed, faulty or misuse of equipment etc. to determine cause and/or contributing factors to the incident.
- Identify other contributing factors (e.g., lightin weather, distractions, fatigue, etc.)

Corrective Actions

- Immediately correct deficiencies if possible (i.e., if equipment or machine parts are defective, immediately remove from use, add "Warning – Do Not Use" signage)
- Call in Work Orders for items not able to be corrected by onsite staff
- Use the <u>Hierarchy of Controls</u> to make recommendations for corrective action to prevent reoccurrence of the incident

5. Supervisor Information

- Review the evidence and your report.
 Ensure that complete and adequate information is presented. If necessary, conduct further questioning of employee or witnesses. Sign the completed form.
- Within 24-48 hours of the incident, send completed report to Environmental Health & Safety (EH&S) Department at EHS-HELP@browardschools.com.



6. Supporting Documents

Attach all photos, diagrams, statements, or other supporting documents to the report

Note: The EH&S Department may conduct an investigation in addition to, and independent of, the investigations conducted by the department, school, or other entity. All BCPS District personnel shall cooperate fully with staff from the EH&S Department, Workers' Compensation Department, or Risk Management Department during accident or incident investigations.

For questions, contact the EH&S department at 754-321-4200.