

Employee Incidents – Nurse Guidelines Checklist

******Evergreen incident report form must be completed for every incident/injury.***

Employee Incident/injury – Does not need medical treatment

Ex: minor injury, employee does not plan to seek medical attention or employee wanting to complete incident report for possibility of seeking medical treatment if injury worsens.

- 1) Have employee complete Employee Incident Report (first page)
- 2) Nurse to complete assessment (second page)
- 3) Notify Staff Education Coordinator of Incident (ext. 2134).
- 4) Send employee incident report to department Manager for follow-up.

Employee Incident/injury-Needs medical treatment or nurse questioning the need for medical attention

Ex: muscle strain/sprain, increased pain, decreased ROM, lacerations, etc.

- 1) Have employee complete Employee incident report (First page).
- 2) Nurse to complete assessment (second page).
- 3) Nurse to notify employee to call Tele comp Nurse. Provide employee number.
- 4) Employee will follow instructions that TELE comp health nurse gives and update nurse with what TELE comp health nurse instructs employee to do.
- 5) Send employee incident report to department Manager for follow-up.

Employee Exposure Incidents-Needs medical treatment

Ex: needlestick injuries, splashes into mucous membranes, bites that break skin

- 1) Have employee complete Employee incident report (First page).
- 2) Nurse to complete assessment (second page)
- 3) Nurse to notify employee to call Tele comp Nurse. Provide employee number.
- 4) Employee will follow instructions that TELE comp health nurse gives and update nurse with what TELE comp health nurse instructs employee to do.
- 5) Send employee incident report to department Manager for follow-up.
- 6) **NOTE: All Exposures Incidents must be seen for medical treatment immediately to Occupational Health, Walk-in Clinic, or ER.**

Emergency employee Incident/injury- Needs medical treatment

Ex: Heart Attack, stroke, uncontrolled bleeding, loss of consciousness, or the inability to take self to seek medical attention safely.

- 1) Call 911. Send employee to Aurora ED
- 2) Nurse to complete assessment part (second page)
- 3) Send employee incident report to department Manager for follow-up.
- 4) Manager to follow up and have employee complete incident report when able.

Aurora Occupational Health

855 N Westhaven Dr, Oshkosh, WI
54904
Hours: Monday-Friday 8am-4pm
Phone: (920) 303-8800

Aurora Urgent Care

855 N Westhaven Dr, Oshkosh, WI
54904
Hours: Monday-
Sunday 7am-7 pm.
Phone: (920) 303-8800

Aurora Emergency Department

855 N Westhaven Dr, Oshkosh, WI
54904
Phone: (920) 456-6000



HAS PARTNERED WITH

TELECOMPCARE

FOR WORK INJURY
REPORTING



IF YOU ARE INJURED AT WORK:

- 1. REPORT INJURY TO THE CHARGE NURSE**
- 2. CALL (866) 323-4227**
- 3. PROVIDE EVERGREEN'S EMPLOYER TCC ACCOUNT NUMBER - 10839**



Employee Incident Report

Use this confidential report for any injury or property damage incident.

Employee Portion: (Fill out in your own words this portion of the incident report)

Name (First and Last): Home Phone Number: Home Address: Job Position: Department:	Date of Injury/Incident: Time of Injury/Incident: <input type="checkbox"/> _____ AM <input type="checkbox"/> _____ PM Unit/Area Injury/Incident Occurred: Time Your Shift Started: <input type="checkbox"/> _____ AM <input type="checkbox"/> _____ PM	Date Injury/Incident Reported: Who Did You Report Your Injury/Incident To: Who Is Your Manager:
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For Sharps Injury, such as a needlestick, write the brand and type of sharp involved in the incident.

1. What were you doing when the injury/incident occurred? _____
2. Describe in detail how the injury/incident occurred. _____
3. Specifically, where did the injury/incident occur on the unit/area _____
4. What body part/s was involved with the injury/incident? _____
5. Circle any of the following activities you were performing when the incident occurred:
Lifting Pushing Pulling Twisting Reaching Carrying
Maintenance of Equipment Cleaning of Equipment Other _____
6. List any other people present when injury occurred:
Name/s: _____ Phone #/s _____
7. Were you wearing any personal protective equipment? No Yes If so, what _____
8. Answer if the incident involved equipment
Name of the equipment: _____ Was it working correctly? Yes No
What happened to cause the equipment failure? _____
9. What would you suggest to prevent this injury/incident? _____
10. Are you going to the doctor for treatment of your injury?
No If Yes, where? _____

I verify that the above statement is true and accurate.

Employee Signature

Date

***For an injury incident, call a nurse to complete an assessment immediately after filling out the above

Nurse Assessment:

1. *Review front of form for completion*

2. When did the injury get reported to you? _____ AM/PM

3. What body part/s was injured? _____

4. Overall employee assessment: What did the injury look like, Was the employee fatigued, impaired?

5. How did the employee tell you about how the injury occurred? _____

Nurse Intervention:

1. What did you do to treat the injury? _____

2. Did you send the injured person out for medical treatment? No

If yes, where? _____

If yes, send Early Return to Work Checklist with injured employee Yes No

3. What action did you *immediately* take to prevent this injury from happening again? (i.e. taught a safety technique, removed a piece of equipment, fixed a piece of equipment, put a sign up, etc.) _____

4. Notify Staff Education Coordinator of incident (ext. 2134). Yes No

Nurse Signature: _____ Date: _____ Time: _____

****Upon nurse completing the assessment and intervention,
give this report to the manager in the area where injury/incident occurred
Give form to the manager ASAP if significant injury has occurred, if manager is available.**



Employee Incident Report - Manager Follow-Up
*Meet with the employee and go to the accident/incident site
 to inspect area to complete this form*

Date of Incident: _____ **Employee Involved:** _____

Manager Investigation:

1. Where was the exact location where injury/incident occurred? _____

2. Circle how the injury or property damage occurred.

Injury

Fall from: _____ Slipped on: _____

Caught in, under, or between _____ Exposure to: _____

Overexertion when: a) pushing/pulling _____ b) lifting/lowering _____ c) carrying/holding _____

Struck by: _____ Repetitive Motion _____ Other: _____

Property Damage

Collision with: _____ Fire Explosion Other: _____

3. Describe any information that you gathered in addition to the employee and nurse report for this incident

4. Why did the incident happen?

Circle all which apply

Environmental Causes

- a) **Improper or Defective Equipment**
(Poorly maintained, broken, cracked, rough, slippery, worn equipment; inappropriate personal protective equipment)
- b) **Location Hazard**
(Poor layout; congestion; insufficient space for storage; poor lighting, slippery area, etc)
- c) **Poor Ergonomics**
(Heavy lifting; poor workstation design; Excessive bending, twisting or reaching; Poor displays; inadequate tools)
- d) **Poor Housekeeping**
(Improper piling or placing; spillage, clutter, or breakage)
- e) **Inadequate Safeguards**
(Lack of safety devices; unsafe design, Unguarded machinery; lack of safe work)

Personal Causes

- a) **Bodily Conditions**
(Physical impairment; illness or fatigue; emotional upset; intoxication)
- b) **Lack of Skill or Knowledge**
(Improperly trained; inexperienced; uninformed; unaware, etc.)
- c) **Adequate skill or knowledge but failure in execution**
(Chance-taking; unauthorized or unnecessary use of equipment; failure to use safety devices correctly; failure to do what should have been done in the particular situation)
- d) **Improper Apparel**
(Failure to use PPE – eye, face, foot, hand, head, hearing, respiratory, etc.; loose clothing jewelry, footwear, etc.)
- e) **Combative Behavior**
(Scratching, biting, hitting, striking out, kicking, etc.)
- f) **Other** – Describe below

5. Comments: _____

Manager Intervention:

1. **What should be done and by whom to prevent recurrence of this type of injury/incident?** (Include target follow-up dates) _____

Combative/Behavior-related incidents follow-up prompts:

- Approach/Re-approach utilized (let resident sleep in, come back at a later time if agitated, encourage employee to focus on resident needs/agitation instead of task)
- Diversion (encouraged employee to talk about certain topic/discussion during cares, decrease behavior by using family pictures, dolls, stuffed animals, etc.)
- Change of staff caring for resident
- Body language/Body positioning of caregiver (encourage employee to be at resident's level, not bending over them, encourage employee to position self on different side/position, reminded staff to not turn back to resident)
- Assessed for pain (encouraged pain medication)
- Evaluated medications
- Other _____

2. **What action are you taking to make sure this is done?** (Include target follow-up dates)

Manager's Signature

Date

Upon completion of all areas, send this form to the Staff Education Coordinator