Pafford EMS Accident, Injury and Incident Report

Name	Date / Time of Incident	Dispatch Number

Partner	Unit

Location of Incident

I am reporting:

- ☐ Injury
- ☐ Accident
- ☐ Exposure
- ☐ Near Miss
- ☐ Damage / Loss

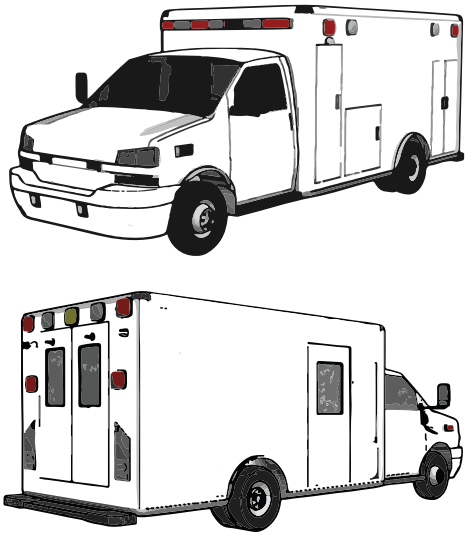
A patient was:

- ☐ Injured
- ☐ Involved in the incident
- ☐ Present at time of the incident

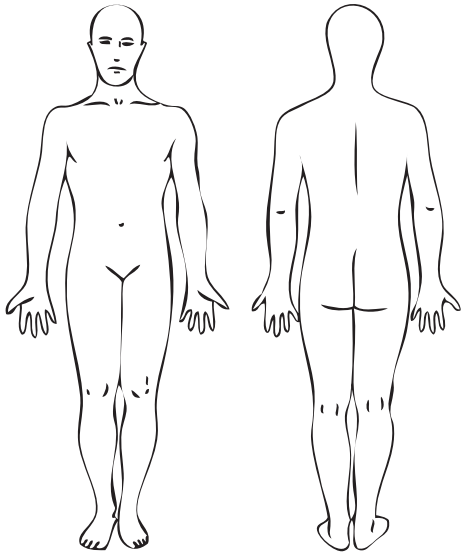
Incident Narrative

☐ **At this time I am not able to perform my duties**

Vehicle Damage Map



Injury Map (include near miss)



Who is at fault?
(Honestly):

Describe:

Employees shall use this form to report all work related injuries, illnesses, accidents, exposures or near miss events (which could have caused injury or illness) - no matter how minor. This form shall also be used to report lost or damaged equipment including damage to the ambulance. This form shall be completed by employees as soon as possible and given to a supervisor for further action. Exposures are not limited to IV sticks or contact with body fluids. It may be simply transporting a patient with possible bacterial meningitis (see protocol).

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Describe any safety concerns, current policies / procedures etc that you think may have played a roll in causing this incident.

What could be done in the future to prevent this from happening again?

☐ Additional comments are attached to this report

Employee Signature	Date / Time

Supervisor will complete the following

Supervisor Name	Date/Time of Review

Comments / Suggestions

☐ Breach of Policy
☐ Safety Issue
☐ Workers Comp
☐ Poss Legal Issue

☐ Additional comments are attached to this report

☐ Forward to S-FTO if any are true
- Retraining of protocol, policies or procedures is indicated.
- Involves improper use of equipment / ambulance
- Vehicle damage was sustained and a Pafford employee is at fault

☐ Forward to COO if a patient was injured or involved

☐ Disciplinary action recommended

All reports are to be forwarded to the Operations Manager

Supervisor Signature