**Firefighter / EMT Injury & Acute Illness Investigation & Review Form**

Phase 1 of an injury investigation is collecting facts of the circumstances of the injury.

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| **Fact-finding Phase** | **⬜ Pictures taken** |
| Name of injured person: | Date of report: |
| Location of incident: | Date of injury: |
| Time of injury: | Start of shift: | Start of response: | Start of activity: |
| Injury Scene: Emergency: 🞏responding 🞏fireground 🞏non-fire structure 🞏non-fire roadway 🞏other: Non-Emergency: 🞏training/drill 🞏house duty 🞏training 🞏physical training 🞏driving 🞏other: |
| If during emergency operation: Dispatched as: Actual situation: | If during training, topic of drill: |
| **Background on injured person** |
| Age: 🞏 male 🞏 female  | Height & weight: | Date of last physical exam: |
| Years of experience: | Experience doing task: | Last training on task: |
| **Injury Information** |
| Part(s) of body injured: |  |
| Nature of injury: | 🞏 burn 🞏fracture/dislocation 🞏sprain/strain 🞏laceration/puncture 🞏inhalation 🞏abrasion/contusion/bruise 🞏amputation/avulsion 🞏infectious material exposure 🞏heat/cold (weather) exposure 🞏cardiovascular event 🞏respiratory illness 🞏other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Was this an aggravation or reoccurrence of a previous injury? 🞏 yes 🞏 no |
| Task being performed at time of injury. *Be specific and detailed.* |  |
| Task(s) performed prior to injury. *Consider up to 1 hour* |  |
| Describe pace of task being performed. Was perceived pace proper? |  |
| List and give condition of PPE being worn at time of injury. |  |
| Was a Safety Officer specifically identified? 🞏 yes 🞏 no | Was a rehabilitation area specifically established? 🞏 yes 🞏 no | How long from start of incident / drill until time of injury? \_\_\_\_ hr. \_\_\_ min. |
| **Environmental conditions at time of injury / illness** |
| Weather: | Temperature: | Precipitation: |
| Humidity: | Wind speed: | Wind chill / Heat index |
| Exterior light condition: | Interior light condition: |
| Comments:  |

Phase 2 of an injury investigation is to understand the story presented by the facts of the events gathered in Phase 1. The key to this Phase is to recognize the employee acted in a manner they thought would not have resulted in a slip or trip; that some combination of factors came together that was not known or anticipated by the worker. Therefore, blaming or faulting the employee is counterproductive to learning something that can improve the worker, the supervisor, the location of the event, training, or some other factor.

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| **Analysis of Event**  |
| **System and Process Factors** |
| **Work Factors**⬜ Heavy work load/tight schedule ⬜ Long/unusual work hours (fatigue) ⬜ Perception of need to rushComments: |
| **Procedural Factors**⬜ Procedure not developed ⬜ Procedure developed but ⬜ not understood or ⬜ not followed; why? Comments: |
| **Supervision Factors**⬜ Insufficient planning / instructions for assignment ⬜ Insufficient oversight for circumstancesComments: |
| **Environmental Factors**⬜ Ongoing rain/snow ⬜ past rain/ snow ⬜ poor lighting ⬜ distractions ⬜ poor housekeepingComments:  |
| **Training Factors**⬜ Deficient training (initial or follow-up) ⬜ Hazard not covered in training ⬜ Training not understoodComments: |
| **Human Factors** |
| What decisions or actions on the part of the employee factored into or impacted the event? |
| Why did the decisions / actions / inactions of the affected employee make sense to him / her at the time? |

Phase 3 is to incorporate what was learned in Phase 2 into the procedures, supervisory methods, training or other processes of the organization. The Action Plan is a concrete plan to share what was learned beyond just the employee involved. An Action Plan should answer the question, ***Who*** will do ***What*** by ***When***?

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| **Creating an Action Plan Phase** |
| Action #1 –   |
| Action #2 –  |

**Description of Events Leading to Injury**

*Describe the series of events, observations and decisions that led to the injury.*

*Go back in time as long as needed to accurately reflect all relevant circumstances.*

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| Name of person giving account | Date of incident | Time of incident |
|  🞏 Injured employee 🞏 coworker 🞏 witness  | Date of report | Time of report |

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Attach each witness description to Firefighter/EMT Injury Investigation Form