



4J Incident Report

This form *must* be used to document **on-the-job-injuries requiring treatment beyond first aid**. This form may also be used for on-the-job- injuries not requiring treatment beyond first aid and/or to document **threatening interactions with extreme behavior demonstrated by physically aggressive students**. The information provided below will enable both the school and district to learn about what contributed to the incident and discover potential system failures so they can be corrected. If possible, this form should be completed and submitted to your supervisor within 24 hours of injury or threat.

First page to be completed by injured/threatened staff member (see page 3 for additional instructions).

Second page to be completed by supervisor (see page 4 for additional instructions).

1. Name: _____ 2. Job Title: _____
3. Phone Number: _____ 4. Building / Department: _____ 5. Name of Supervisor _____
6. Type of Incident: Work Related Injury Student Threat Both 7. Date and Time of Incident ___/___/___ : AM/PM
8. Room/Area of Incident: _____ 9. Date Incident Reported ___/___/_____
10. Who was Incident Reported to: _____ 11. Name of Witnesses: _____
12. Did the incident result in bodily injury? YES No 13. Where on your body were you injured? _____

14. Describe incident or threat completely (if necessary, please attach additional paper to accommodate your description):

15. Were you treated or do you want/need to be treated by a medical provider? YES NO
16. Were you able to complete your shift on the date of the incident? YES NO
17. Did you miss any days from work due to injury? YES NO If yes, list day(s) missed from work _____
18. If you received medical care beyond first aid, did you receive a work release?
 YES, fully released to work. YES, released with work restrictions. NO, not released to return to work.
19. Do you believe you sustained a serious physical injury as a result of your role in restraining a student? YES NO
If so, a copy of this incident report will be sent to your union, if applicable, and the Superintendent.

Employee Signature: _____ Date: _____

By signing this form, I certify information is true and accurate. Upon completion submit to your supervisor.

This page to be completed by supervisor

Was the employee seriously injured as the result of restraining and/or secluding a student? YES NO

If yes, you must contact Human Resources the same day the incident occurred.

Per ORS 339.294(7) the district is required to notify the Superintendent and applicable union within 24 hours of serious bodily injury in relation to the use of restraint and/or seclusion.

Incident Analysis

Identify the factors that contributed to the incident/accident by asking why (see contributing factors example below).

Why?	Why?	Why?	Why?	Why?	Why?
Employee slipped and fell in the hallway	Water on the floor	Leaking water cooler, water wasn't cleaned up	Drain was plugged, machine wasn't serviced	No formal written maintenance schedule	No management review of systems/policies

Consider: <ul style="list-style-type: none"> Policy enforcement Hazard recognition Accountability Supervisor training Production priority Proper resources Job safety training Hiring practices Maintenance Adequate staffing Safety observation 	Which <u>m</u> anagement system(s) contributed to the incident/accident?	Which <u>e</u> mployee system(s) contributed to the incident/accident?	Consider: <ul style="list-style-type: none"> Procedures followed Shortcuts taken Appropriately trained Experience with the task Physically able to do the work PPE used Stressful conditions Safety attitude
Consider: <ul style="list-style-type: none"> Proper tool selection Tool availability Maintenance Visual warnings Guarding 	What <u>e</u> quipment system(s) contributed to the incident/accident?	What <u>e</u> nvironment system(s) contributed to the incident/accident?	Consider: <ul style="list-style-type: none"> Chemicals used Temperature Noise Radiation Weather/Terrain Vibration Ergonomics Lighting Ventilation Housekeeping
Injury Prevention Plan/Best Practices: How do we correct areas identified in the MEEE areas above, who will make changes, and when will the changes be completed?		Who will implement injury prevention plan?	By what date will injury prevention plan be implemented?
Supervisor Signature: _____ Date: _____ Print Supervisor Name: _____		Date aware of on-the-job injury? _____	

You must submit a completed copy of this form to Human Resources within 3 days of incident.

Also ensure the employee is provided with a copy of the completed form

Incident Documentation- General Instructions

Purpose of form: To document all on-the-job injuries requiring treatment beyond first aid. This form may also be used for on-the-job- injuries not requiring treatment beyond first aid and/or to document threatening interactions with extreme behavior demonstrated by physically aggressive students. The information provided below will enable both the school and district to learn about what contributed to the incident and discover potential system failures so they can be corrected. If possible, this form should be completed and submitted to your supervisor within 24 hours of incident.

Form Instructions:

Q. 1	Full legal name of the employee or volunteer who experienced the work related injury or feel threatened by an encounter(s) with a physically aggressive student.
Q. 2	Job title of employee. Example: 1:1 E. A. or 4J volunteer
Q. 3	Employee contact phone number. Example: (541) 999-9999
Q. 4	Enter the name of the building and/or department where the injury or threat occurred Example: Adams Elementary School
Q. 5	Name of district staff who regularly supervises employee. Example: Johnny Appleseed
Q. 6	Type of incident. Why are you completing this form? To document an on-the-job-injury or to document a threatening encounter with a physically aggressive student or an injury that resulted from a physical encounter with an aggressive student
Q. 7	Date and Time of Incident. When did the incident happen?
Q. 8	Room/Area of Incident. Where did the incident happen? Example: Cafeteria at Monroe Middle School
Q. 9	Date Incident Reported. When were you able to tell your supervisor of the incident? Example: 12/09/2017
Q. 10	Who did you report the incident to? Example: George Washington, Principal McCornack Elementary
Q. 11	Who witnessed the incident? Did anyone see your injury or encounter with student? Example: Johnny Appleseed
Q. 12	Were you injured? If No, skip to question 14
Q. 13	If your answer to question 12 was yes, where on your body were you injured?
Q. 14	Please provide a detailed description of your injury and the incident.
Q. 15	Treatment beyond first aid. Did you see a health care provider as a result of your on-the-job injury?
Q. 16	Did you leave your building/department after your injury or encounter with a student?
Q. 17	Did you miss any days of work because of your on-the-job injury or encounter with a student? If yes, list days missed.
Q. 18	If you received medical care for your injury, were you allowed to return to work? If yes, were there restrictions on any of your normal job duties? Example: Unable to lift more than 15lbs
Q. 19	If you believe your injury is a result of the process of student restraint, a copy of the incident form may be provided to your union (ORS 339.294)

This form is used internally to document an incident/threat with the district. Please note you must complete a Workers' Compensation claim form (801) if the injury required medical treatment beyond first aid and/or to file a Workers' Compensation claim.

Filing an 801 form does not guarantee that any Workers Compensation claim for medical expenses will be covered.

If you received medical care greater than first aid related to your on-the-job-injury, you must provide the district with a release from a health care provider upon your return to your building or department.

If you have questions, please contact Human Resources at 541-790-7670 or hr@4j.lane.edu

Incident Analysis-General Instructions

Purpose of the incident analysis form: To prompt the supervisor to conduct a thorough review of the various components that may have contributed to the incident and to identify any potential root causes. The analysis explores the four organizational systems: **Management, Employee, Equipment, and Environment (MEEE)**. The prompts alongside each box are designed to encourage open dialogue and communication about facts and details.

The incident analysis form should be completed by the immediate supervisor of those directly involved in the incident. At a minimum, the supervisor should review the analysis for more fact finding and corrections.

Analysis process

The people conducting the analysis need to look at the systems, procedures, and policies within the district that are not working and that may have contributed in some way to the incident. Even minor contributions should be listed. Only record those items found that are not working. **The intent of the analysis is to discover system failures, so they can be corrected in order to prevent future incidents and accidents.**

The Analysis

There are four steps to this analysis: fact gathering, system analysis, countermeasures, and monitoring. If more space is needed, attach an additional paper.

Step 1: Fact gathering

Move through each section and record facts that contributed to the incident. There is no specific order on the form. You may find yourself going back and forth between MEEE elements, and you may even have items that overlap more than one MEEE element because these systems work together. Ask open-ended questions such as: How did this happen? Describe what you and others were doing? What tools were you using? How were the conditions around you? Record findings in the boxes.

Step 2: System analysis

This is a series of “why” questions for each of the facts recorded during Step 1. The key to the system analysis is asking “why” questions. It will take you to core system and cultural issues within the organization. Keep asking “why” to determine what caused or allowed this condition or practice to occur until you get to the core of the problem. Record your findings in the boxes.

Step 3: Countermeasures

Once the system analysis is complete, it is time to develop solutions or countermeasures. Each item that has been identified in the spaces should have a corrective action that will be taken. You may find that some items in one or more of the MEEE boxes are similar or the same, so one solution could be possible for all of those. You should then identify who you think is responsible to fix this item or implement this solution. Also determine the time frame in which you think it should be done. Take your best effort at filling in the spaces, knowing that this information will be reviewed and can be updated or revised as needed.

Step 4: Monitoring

Many times great solutions are developed and implemented, only to have things revert back to former practices. This is because no one followed-up on these new processes to make sure they were used effectively. All employees are responsible to follow safe work practices.

This form is used to document the internal incident analysis and to enable both the school and district to learn about what contributed to the incident and discover potential system failures so they can be corrected.

An injured employee must complete the Workers' Compensation claim form (801) if the injury required medical treatment beyond first aid.

The information provided on this form may be used to record and report work-related fatalities, injuries and illnesses on an OSHA 300 log.