



# INCIDENT / ACCIDENT / VARIANCE REPORT

This report serves as a loss control and quality improvement tool. The person most closely involved or the person discovering the incident, accident, or variance should immediately notify the Safety Officer (Director of HR); complete this form as soon as possible, and route it to HR.

1<sup>st</sup> Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Individual Affected:  Patient  Member  Employee  Other

Incident Location: \_\_\_\_\_

Date/Time: \_\_\_\_\_  a.m.  p.m.

### DESCRIPTION OF INCIDENT

- Struck by object
- Striking against object
- Fall or slip
- Strain
- Caught in, on, or between
- Contact with temperature extremes
- Inhalation, absorption, swallowing
- Other: \_\_\_\_\_

### TYPE OF INJURY OR ILLNESS

- Abrasion/scratch/scrape
- Concussion
- Cut/laceration
- Amputation
- Puncture Wound
- Burn (thermal)
- Bump/bruise/contusion
- Burn (chemical)
- Sprain/Strain
- Rash dermatitis
- Fracture
- Foreign body
- Dislocation
- Electric Shock
- Hernia
- Other: \_\_\_\_\_

### PATIENT / MEMBER / EMPLOYEE RELATED FACTORS

- Aphasic
- Bowel/Bladder Issue
- Blind
- Hearing impaired
- Language barrier
- Confused/Disoriented
- Mental Status
- Unable to follow orders
- Refused to follow orders
- Medical condition
- Surgical condition
- Incorrect info from patient
- Other: \_\_\_\_\_
- Improper footwear
- Unsafe body mechanics
- Unexpected move
- Visitor helping client
- Horseplay
- Seeking attention
- Failed to keep appt.
- Did not make appt.
- Inefficiency
- Didn't follow rules
- Not applicable

### PART OF BODY AFFECTED

- Head
- Face
- Eye  Left  Right
- Ear  Left  Right
- Neck
- Shoulder  Left  Right
- Arm  Left  Right
- Elbow  Left  Right
- Wrist  Left  Right
- Hand  Left  Right
- Fingers  Left  Right
- Chest
- Other: \_\_\_\_\_
- Upper Back
- Abdomen
- Middle Back
- Lower Back
- Pelvis
- Buttocks
- Groin
- Leg  Left  Right
- Knee  Left  Right
- Ankle  Left  Right
- Foot  Left  Right
- Toes  Left  Right

### PHYSICAL FACILITY, EQUIPMENT OR SUPPLIES INVOLVED

- Bathroom
- Floor/hallway
- Lighting
- Electrical device
- Parking lot/sidewalk
- Chair/wheelchair
- Crutches/walker/cane
- Safety equipment
- Fire extinguisher
- Other: \_\_\_\_\_
- Treatment table
- Ultrasound unit
- Traction unit
- Whirlpool
- Hydrocollator
- Office machines
- Equipment cart
- Accessories/supplies
- Not involved

### SEVERITY OF INJURY & TREATMENT

- No apparent injury (no injury of any type is noted)
- Minor (injury is temporary; doesn't cause further complications)
- Major (injury is serious, causing considerable discomfort, requiring extended treatment or is life threatening)
- Indeterminable (impossible to determine the extent of injury relating to the incident/occurrence)
- Not applicable
- Treatment
  - Referred for treatment
  - Refused Treatment  Not Applicable
- Other: \_\_\_\_\_

