

John Dempsey Hospital, UCHC

Charge Nurse Accident Review Report: Form B

Instruction: This report is to be completed by the Charge Nurse for every workers' compensation incident not associated with Patient Handling. Forward one copy of this form by the end of the shift to your Manager, **AND** one copy to Peg Swets (MC 4035/ FAX - 4660). If unable to complete, forward the incomplete form by the end of the shift, and the completed form within 48 hours.

Employee Name: _____ Incident Date: _____

Nature of the Injury (i.e. strain, contusion etc.): _____

Body Part Injured: _____

Job Title: _____

Department: _____

Location of Injury: _____

UCHC Employee Per Diem

Working Overtime? Yes No

Floor Census: # Patients _____ #Patient 1to1's _____

RNs _____ #LPNs _____ #NCAs _____ #MAs _____

Type of Incident: (Check most appropriate)

Lifting	<input type="checkbox"/>	Laceration	<input type="checkbox"/>
Pulling	<input type="checkbox"/>	Fall/Trip	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	Exposure	<input type="checkbox"/>
Bending	<input type="checkbox"/>	Equipmt. Usage	<input type="checkbox"/>
Needle Stick	<input type="checkbox"/>	MVA	<input type="checkbox"/>
Repetitive Motion	<input type="checkbox"/>	Other	<input type="checkbox"/>

Root Causes: (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Poor housekeeping | <input type="checkbox"/> Equipment failed | <input type="checkbox"/> Improper body position for task |
| <input type="checkbox"/> Slippery Conditions | <input type="checkbox"/> Employee attitude toward safety | <input type="checkbox"/> Other (specify below) _____ |
| <input type="checkbox"/> Lack of training/experience | <input type="checkbox"/> Unsafe body position | _____ |
| <input type="checkbox"/> Improper PPE | <input type="checkbox"/> Failure to obtain assistance | _____ |
| <input type="checkbox"/> Protective equipment not used | <input type="checkbox"/> Working at unsafe speeds | |
| <input type="checkbox"/> Equipment not available | | |

Recommended Action:

- | | |
|---|---|
| <input type="checkbox"/> Train/Retrain on standard operating procedures | <input type="checkbox"/> Call Research Safety consult |
| <input type="checkbox"/> Work order for equipment repair | <input type="checkbox"/> Clean up/clear out area |
| <input type="checkbox"/> Monitor employee work practices | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Revisions to standard operating procedure | |

Describe incident: _____

Comments _____

Charge Nurse Signature: _____ **Date:** _____