



INCIDENT OR INJURY REPORT
(Not for client injury)

Name of Injured Person: <u>Alice L. Cox</u>		Incident Date & Time: <u>10/4/2024 12:20</u>	
<u>3650 White Bear</u>		<u>MN</u>	<u>55110</u>
Home Address		State	Zip
<u>651-788-6481</u>		<u>NAVIGATORS</u>	<u>5/16/1965</u>
Phone	Cell	Incident Loc.	Date of Birth
			<u>7:45 am</u>
			Start Time- Injury Day

Procedure:

1. Report any injury or suspected injury to the Coordinator and Program Director/designee as soon as possible.
2. The injured person (or person who suspects an injury) completes the "injured person" section on the first page.
3. The Director or designee calls HR (President if HR unavailable) and reports the incident immediately upon receipt of the verbal report.
4. The Director or designee reviews the 1st page for accuracy and completes the 2nd page with the injured person.
5. The Director or designee immediately faxes both pages to the attention of HR or President.

Reported by: (Director or designee)	<u>Alice Cox</u>	Name	Time & Date
Reported to: (HR or President)			
Written report faxed:			
HR 651-846-9273 (If unavailable: President 651-846-9272) FAX 651-407-7181			

INJURED PERSON COMPLETES THIS SECTION:

Describe what you were doing before the incident and what occurred. Include the initials of persons (staff, guests, and /or individuals) involved.

A.C. + G. were getting a sling out from behind a client S.V. The client was extremely stiff and tense and gotle back as I tried to remove the sling.

What tools, equipment, machines, objects, or substances were involved?
Wheelchair, sling

What was the injury or illness? (Include part(s) of the body.)

Pulled area in Right bicep muscle - inner side

Have you experienced this type of injury in the past? No Yes - (answer question below)

Where: _____ When: _____

If a PAI employee, are you currently working at another business? No Yes - (answer questions below)

Employer Name: _____ Job Title: _____

Full Employer Address: _____

How many hours per week are you working at this job? _____

Injured Person: _____

Alice Cox

Signature

Date

10/4/2024

INJURED PERSON AND REPORTING MANAGER COMPLETE THIS SECTION:

MEDICAL CARE FOLLOW-UP
Complete only if injured person waits on medical care decision.
Follow-up date: _____
 No further action requested
 Medical care requested
Appt Date: _____

This incident is related to: (check all that apply)

- No apparent injury.
- Injury of undetermined severity.
- Serious injury; person requires emergency care or hospitalization.
- Work related fatality or in-patient hospitalization of three or more persons.

Is the injured person requesting medical care?

Employees may: 1) utilize the Occupational Health Provider, 2) select their health care provider, 3) call 911 for emergencies or 4) choose not to have medical care. Persons not employed by PAI may choose options 2, 3 or 4.

- Injured person is requesting or requires medical care. Appointment date/time _____
- Injured person does not want medical care.

Injured person is requesting to wait to evaluate if they need medical care until the next business day.
(If the wait option is selected, forward this form even though the decision for medical care is undecided. On the next business day, put the injured person's updated response in the box above and re-fax.)

If First Aid was provided, describe:

N/A

Was this incident preventable?

- No
- Yes

Comments:

What can be done to prevent this type of injury? Describe:

Participantes. better training w/ unfamiliar

Document any prevention strategies, who will follow up and when.

training - Sam VanSickle
10/9/24 @ staff meeting

Was there an exchange of blood?

- No (skip questions below)
- Yes (answer questions below)

Has injured person had the Hepatitis B vaccination series? (Ask only if there was an exchange of blood.)

- No (answer question below)

Offer the Hepatitis B vaccine. Does the person wish to receive it? Yes No

N/A

- Yes (answer question below)

Does the person wish to have a blood titer drawn to check their vaccine level? Yes No

Coordinator or Designee Signature / Date
Kennedy Smith / 10.4.24
Director Signature / Date

HR or designee will report work related: fatalities, in-patient hospitalization, amputations or loss of eye to OSHA within 12 hrs.