

**SUPERVISOR'S REPORT OF
OCCUPATIONAL ACCIDENT/INJURY**

RESULT (To be completed by Personnel Department)

<input type="checkbox"/> NO INJURY Hazardous Situation	<input type="checkbox"/> INJURY No. W.C.B. Claim <input type="checkbox"/> FIRST AID	W.C.B. CLAIM <input type="checkbox"/> Medical Aid <input type="checkbox"/> Lost Time
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A. ASSIGNED WORK LOCATION OF WORKER

FACILITY	FACILITY CODE	DEPARTMENT	UNIT
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B. EMPLOYEE IDENTIFICATION

Last Name	First Name	Sex 1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Area Code ()	Phone Number	Date of Birth Month Day Year
Address (no, street, apt.)		City/Town	State	Zip Code	Language spoken if not English
Date of Employment Month Day Year	NYC H+H Job Title at time of the injury and years in current title Years	Title Code Number	Social Security No.		

C. NON-NYC H+H EMPLOYEE CATEGORY

If worker is NOT a NYC H+H employee, check appropriate status:

1. <input type="checkbox"/> Affiliate Employee	2. <input type="checkbox"/> Medical Student	3. <input type="checkbox"/> Nursing Student	4. <input type="checkbox"/> Other Student
5. <input type="checkbox"/> NRI/Temporary	6. <input type="checkbox"/> Volunteer	7. <input type="checkbox"/> Other _____	

D. DATE, TIME AND LOCATION OF ACCIDENT/INJURY

1. Month/Day/Year of occurrence / /	2. Time of occurrence (approx. if exact time unknown) : <input type="checkbox"/> AM <input type="checkbox"/> PM	3. Date occurrence reported month / day / year / /	4. Shift occurred <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	5. How many continuous hours worker on duty prior to this occurrence?
6. Building	7. Floor	8. Wing	9. Room No./Name	10. Area (hallway, utility closet, etc.)
				11. <input type="checkbox"/> EMS Vehicle 12. <input type="checkbox"/> Patient's Residence

E. DUTY STATUS

1. On-Duty
2. Off-Duty

F. OCCURENCE CATEGORIES

Definitions on reverse

- Struck by or contact with
- Caught in, on or between
- Slip, trip or fall
- Patient/Visitor action
- Exposure
- Needlestick/Body Fluid exposure (Complete Needlestick form HHC 1635)
- Lifting, carrying, pushing or pulling
- Repetitive motion
- Other

G. CATEGORIES OF HAZARDOUS SUBSTANCES, PROCESSES OR CONDITIONS

Examples of categories on reverse Indicate name or type:

- Mechanical equipment, tools, VDT's: _____
- Physical Hazard(s): _____
- Material Handling: _____
- Patient/Visitor Handling: _____
- Patient Care Related Equipment and Devices: _____
- Chemical(s): _____
a. Solid b. Liquid c. Gas
d. Vapor/Mist e. Particulates
- Metal(s): _____
a. Solid b. Liquid c. Fumes
- Radiation: _____
a. Ionizing (e.g. x-ray) b. Non-Ionizing (e.g. UV)
- Noise (db level if known): _____
a. High Frequency b. Low Frequency
- Other: _____

H. BODY PART(S) INJURED or EXPOSED (check all that apply)

1. Head
2. Eye
3. Nose
4. Mouth
5. Neck
6. Shoulder
7. Chest
8. Arm
9. Back
10. Stomach
11. Pelvis
12. Wrist
13. Hand
14. Digit
15. Buttocks
16. Thigh
17. Knee
18. Lower Leg
19. Ankle
20. Foot
21. Toe
22. Other: _____

SIDE OF BODY
 Right
 Left
 Other

I. DESCRIPTION
STATE EXACTLY – WHAT WAS THE SEQUENCE OF EVENTS LEADING UP TO THE OCCURRENCE, WHERE IT OCCURRED, WHAT EMPLOYEE WAS DOING, SIZE, WEIGHT AND TYPE OF EQUIPMENT OR MATERIALS INVOLVED, ETC.

J. WITNESS (if witness is a worker, list Department, Unit and work telephone number)
NAME, ADDRESS AND PHONE NUMBER OF WITNESSES TO THE OCCURRENCE:

K. RECOMMENDATIONS TO PREVENT REOCCURENCES

L. SUPERVISOR MAKING THE REPORT CONTACT INFORMATION			
Name:		Signature:	
Title:		Work Phone:	()
Date of Report:	/ /		
	<i>month day year</i>		

M. MEDICAL DISPOSITION (To be completed by the OHS or the ED if applicable)			
INJURED WORKER EXAMINED IN: 1. <input type="checkbox"/> OHS 2. <input type="checkbox"/> ED 3. <input type="checkbox"/> Other (specify):			
If worker was not seen by the OHS or ED, please include why not:			
STATEMENT OF MEDICAL FINDINGS/DIAGNOSIS:			
DISPOSITION: 1. <input type="checkbox"/> Return to duty 2. <input type="checkbox"/> Unable to return to duty		Date of examination: / /	
		<i>month day year</i>	
Name of examining physician:		Signature:	

PURPOSE OF THE SUPERVISOR'S REPORT OF OCCUPATIONAL ACCIDENT/INJURY

- Collect factual data relating to the occurrence of work injury.
- Collect data for completion of report to the W.C.B. to provide complete information on which to base a decision for payment.
- Ensure the provision of prompt medical treatment.
- Determine the causative factors related to the occurrence.
- Ensure that corrective action is taken to eliminate recognized causative factors.
- Collect factual data to develop statistical records.
- Guide the investigator in making an effective investigation.

TYPES OF RESULTS

Hazardous Situation- An occurrence caused by an unsafe act, an unsafe condition or a combination of both in the work environment which could have resulted in property loss and/or physical harm.

First Aid Injury- An injury of such minor nature that treatment can be carried out without cost to the Worker's Compensation Board.

Medical Aid Injury- A work related occurrence which requires treatment or a service resulting in a cost to the Worker's Compensation Board but does not result in time lost from work as defined by the Worker's Compensation Board.

Lost Time Injury- A work related injury which results in time lost from work beyond the day of the injury and results in a cost to the Worker's Compensation Board.

TYPES OF OCCURRENCE DEFINITIONS

- 1. Struck By-** A *struck or contact by* occurrence is one in which a person has been contacted either abruptly and forcefully by some object in motion, (e.g., box falls off shelf, person pushing cart runs into the injured person); or, has been contacted non-forcefully by some substance or agent which has an injury-upon-contact characteristic, (e.g., employee is splashed by hot or corrosive solution). KEY POINT: Object(s) in motion strikes/contacts person.
Contact With- A *struck against/contact with* occurrence is one in which a person contacts either abruptly and forcefully some object in his surroundings, (e.g., nurse strikes leg against crank on bed, person bumps head against cupboard door); or, comes into contact non-forcefully with some substance or agent capable of producing injury on the basis of mere non-forceful contact (e.g., electrical shock, hot pipe, employee places hand in scalding or corrosive liquid). KEY POINT: Person in motion strikes/contacts objects/other person(s).
- 2. Caught In, On or Between-** A *caught in, on or between* occurrence is one in which:
 - a. a person is trapped in some type of enclosure, or a part of a person's body is caught fast in some type of opening, (e.g., a person is caught in an elevator, locked into refrigerated room, shut into some type of vessel such as a boiler);
 - b. a person or some part of his clothing is caught on some protruding object (e.g., person catches hand on a sharp edge, catches loose clothing on a revolving spindle or on some protruding object);
 - c. a person is pinched, crushed or otherwise caught between either a moving object and a stationary object or between two or more moving objects, (e.g., person jams fingers between wheeled cart and doorway, person catches arm in elevator door, jammed between a loaded moving cart and a wall).
- 3. Slip, Trip or Fall-** A *fall* occurrence can be subdivided into two categories- a foot level fall or a fall to below. A slip or a trip should also be recorded under this category. A foot level fall occurs when a person slips, trips or falls on the same level on which he was standing or walking, (e.g., person slips on foreign matter on floor). A fall to below occurs when a person falls to below the level on which he was standing or walking, (e.g., person falls from ladder, window, chair or on the stairs).
- 4. Patient/Visitor Action-** A *patient/visitor action* occurrence is one in which the employee is subjected to an unknown action by a patient/visitor, (e.g., patient bites, kicks, scratches, twists, strikes, etc. the employee).

5. **Exposure-** An *exposure* occurrence is one in which the employee is exposed to harmful conditions such as: (a) toxic gases, fumes or vapors; (b) extremes of heat or cold; (c) oxygen deficiency atmospheres; (d) radiation; (e) intense light brightness; (f) noise.
6. **Needle Stick/Body Fluid Exposure***- A *needle stick* occurrence is one in which the employee receives a puncture wound or laceration from a hypodermic needle, syringe or other sharp devices, causing a break of the skin (subcutaneous exposure). A *body fluid exposure* occurrence is one in which blood or body fluid comes in contact with the employee's eyes, nose, mouth or non-intact skin.
7. **Lifting, Carrying, Pushing or Pulling-** A *lifting, carrying* occurrence is one in which the employee receives an injury in the process of lifting or carrying: a) materials or objects (e.g., boxes, machinery, bags of trash, etc.), or b) patients or other individuals (e.g., lifting a patient off or on to a bed, gurney, wheelchair, etc., carrying a patient down the stairs or into an ambulance). A *pushing or pulling* occurrence involves injury to the worker due to pushing or pulling material or patients such as linen carts or stretcher.
8. **Repetitive Motion-** A *repetitive motion* occurrence is one in which an employee's work involves body movements or motions repeated over and over to perform a task such as typing, mopping a floor, painting, etc., and which results in injury such as tendinitis, neck and/or back pain, carpal tunnel syndrome, eye strain, etc.
9. **Other-** An *other* occurrence is one which does not adequately fit or match any of the above listed occurrence categories. If you checked this category, please describe the occurrence fully in Section I (Description).

**If occurrence is a needlestick/body fluid exposure, the Needlestick/Body Fluid Exposure Report (HHC 1635) must be completed by the Employee Health Services or ER.*

EXAMPLES OF CATEGORIES OF HAZARDOUS SUBSTANCES, PROCESSES OR CONDITIONS

1. **Mechanical Equipment, Tools, VDT's, etc.-** Examples of mechanical (non-medical) equipment, tools, etc., include but are not limited to: a floor buffer; hammer; welding torch; power tools; laundry/linen machinery; computer terminal/keyboard; etc.
2. **Physical Hazards-** Examples of physical hazards include but are not limited to: wet or slippery floor; icy sidewalk; uncovered hole in the ground; open elevator shaft; protruding, sharp, jagged edge; a fire; low hanging object/fixture; extreme hot or cold temperature; etc.
3. **Material Handling-** Examples of material handling hazards include but are not limited to: manual lifting/carrying/pushing or pulling heavy objects or materials, such as, boxes, cartons or drums containing liquids; tanks of gas; other furniture; etc.
4. **Patient/Visitor Handling-** Examples of patient/visitor handling hazards including but are not limited to: lifting/transfer of patients; carrying or restraining a combative patient/visitor; giving an injection to a patient who moves; etc.
5. **Patient Care Related Equipment and Devices-** Examples of these hazards include but are not limited to: needles/syringes; sharps; radiology equipment; UV lights; lasers; gas sterilizers; wheelchairs; stretcher/bed; etc.
6. **Chemicals-** Examples of chemical hazards include but are not limited to: acids, caustics, detergents, benzene, formaldehyde, xylene, ether, ethylene oxide, aerosolized pentamidine, ammonia, pesticides, asbestos, fiberglass, etc.
7. **Metals-** Examples of metal hazards include but are not limited to: lead, mercury, chromium, zinc, welding, fumes, etc.
8. **Radiation-** Examples of radiation hazards include but are not limited to: (a) ionizing radiation such as x-ray and radioisotopes, and (b) non-ionizing radiation such as microwave and ultraviolet (UV) light.
9. **Noise-** Examples of noise hazards include but are not limited to: frequent and/or intense exposures to loud noise (85 db or greater for 8 hour time weighted average) emanating from power tools, jack hammer, mechanical equipment room, printing shop, etc.
10. **Other-** Use other hazard category if the hazard does not adequately fit or match any of the hazard categories listed above (1-9).