

Fire and Emergency Services Company Officer
Lesson 10 — Safety and Health Issues

Assignment Sheet 10-2
Complete an Initial Accident Investigation

Name _____ Date _____

References

Fire and Emergency Services Company Officer, 4th Edition, p. 227 - 230
NFPA 1021, 4.7.2

Introduction

To reduce the occurrence and severity of accidents, the emergency service organization must develop procedures for investigations and reviews. These investigations should be objective, impartial, and directed toward fact finding. The company officer has the responsibility for performing the initial accident investigation based on the procedure.

Directions

Using the lesson as a reference, answer the questions below. Read and analyze the scenarios that follow and then fill out an Employee Accident Report for each scenario. All questions and fields on the reports are to be completed.

Activity

1. List the conditions that contribute to workplace accidents.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

2. Human factors that contribute to accidents have been classified into three broad categories. List and describe each category.

a. _____

b. _____

c. _____

3. When preparing a narrative report during the initial accident investigation how is information gathered?

a. _____

b. _____

c. _____

d. _____

Scenario 1: Injured Ankle

During emergency incident 07-011283 at 1323 hrs., 1204 West Market Street, January 29, 2007, Anytown Fire Department, Engine 5, deployed 500 feet of 5-inch supply line fire hose. "Loss stop" was declared by IC Grader (Battalion Chief/Shift Commander) at 1642 hrs. and demobilization began. Firefighter Jacob Brown was wearing all personal protective equipment except for SCBA. The supply line was then drained of water and company members began to reload it into the hosebed of the engine, a 1998 engine. The safety officer on scene was Captain Fortney. While this was being performed, Firefighter Jacob Brown (B Shift), age 32, slipped then fell from the rear step of the engine and injured his ankle. Firefighter Aaron Jones witnessed the fall and stated, "He was up on the rear step pushing hose to me when he yelled and fell off." The engine was not moving at the time of the accident. Driver/Operator, Brian Walters, did not see Brown fall, but said "All I know is, I heard Jake yell, and then a thud when he hit the ground. It was clear that he was hurt bad because he was screaming in pain." Weather at the time of the accident was windy and the temperature was 33°F. Freezing rain was falling, glazing the street and other surfaces. Medics from PA 101 treated Firefighter Brown at the scene and transported him to the Mercy Hospital for additional evaluation and care. It was later learned that Firefighter Brown's ankle was fractured and would require surgery. Estimated recovery and rehabilitation time for Firefighter Brown is four months.

The date of the preparation of the report is February 1, 2007.

Referring to the Duty-Related Injury Accident S.O.P. and Employee Accident Report form provided, complete an initial accident investigation.

Scenario 2: Kitchen Accident

While carving a roast for dinner at 1745 hrs., July 6, 2007 in the kitchen of Fire Station 5, Firefighter David Lastly (C Shift) severely cut himself on the left wrist. The wound was deep and bleeding could not readily be stopped by other firefighters at the station. The dispatch center was notified by station radio and a medic unit was sent to assist. The incident number assigned to the call is 07-023461.

Firefighters Cliff Jones and Jacob Brown, who were preparing to eat dinner at the time of the accident, assisted with Firefighter Lastly's care. Jones stated that he saw firefighter Lastly cutting the roast when the knife suddenly slipped and "[The knife] went straight into Dave's wrist, almost all the way through." Firefighter Brown, who also witnessed the accident, said "It was pretty ugly, like a movie, the knife sticking out of his wrist and all." PA 105 arrived and transported Firefighter Lastly to Mercy Hospital for treatment. Due to lacerations of the wrist tendons corrective surgery was performed. Firefighter Lastly is expected to make a full recovery but will require therapy to regain full use of his hand before he returns to work. His recovery and convalescence is expected to be three months.

You are the company officer. Shift Commander Battalion Chief Michael Franks and Fire department Health and Safety Officer George Swift were notified by telephone following Firefighter Lastly's transport to the hospital.

The date of the preparation of the report is July 6, 2007.

Referring to the Duty-Related Injury Accident S.O.P. and Employee Accident Report form provided, complete an initial accident investigation.

<p>HEALTH AND SAFETY</p> <p>Duty-Related Injury Accidents</p>	<p>ANYTOWN FIRE DEPARTMENT SAFETY MANAGEMENT</p> <p>S.O.P. 104.00 10/06 Approval: EJN Page 1 of 2</p>
<p>PURPOSE: To define and describe the procedures to be employed by fire department personnel in the event that a duty related injury accident occurs.</p> <p>SCOPE: This procedure applies to all fire department personnel who supervise (company officer), manager or incident command members of the department during the normal course of their duties.</p> <p>PROCEDURE: The Anytown Fire Department shall promptly investigate and report any accident that results in the death or injury of any employee of the fire department that occurs during the conduct of their duties.</p> <p>It is the responsibility of the supervisor (company officer), manager or incident commander who is directly reported to by the victim of the accident, to investigate, review and prepare a report of their findings.</p> <p>The supervisor (company officer), manager or incident commander shall complete an Anytown Fire Department, Employee Accident Report (Form 104.01) with all information included. The form is to be signed by the employee (if available at the time of the completion of the report) and the supervisor (company officer), manager or incident commander of the reporting individual.</p> <p>Copies of the Employee Accident Report are to be sent to the supervisor (company officer), manager or incident commander of the reporting member, and the Safety Management Division of the fire department. A copy is to be forwarded to the Human Resource Department to be included in the personnel file of the employee.</p>	

Scenario 1

**Anytown Fire Department
Employee Accident Report**

Date:	Date of Accident: Time of Accident:
Accident Classification: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Fatality	Incident/Accident Location:
Employee Name:	Incident Number:
Employee Assignment Location: Shift: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Employee Rank/Classification
Employee Age: Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Weather at Time of Accident:	Temperature at Time of Accident:
Scene Conditions at Time of Accident:	
Incident Commander:	Shift Commander:
Safety Officer:	EMS Unit(s)
Motorized Equipment Involved in Accident:	
Personal Protective Equipment:	
Narrative 1. How did the accident occur?	

Narrative 2. Why did the accident occur?	
Narrative 3. What could be done to reduce exposure risk for future accidents?	
Name of Witnesses:	
Signature of employee:	Signature of Employee Supervisor:
Date:	Date:
Name of person filling out report	

Scenario 2

**Anytown Fire Department
Employee Accident Report**

Date:	Date of Accident: Time of Accident:
Accident Classification: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Fatality	Incident/Accident Location:
Employee Name:	Incident Number:
Employee Assignment Location: Shift: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Employee Rank/Classification
Employee Age: Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Weather at Time of Accident:	Temperature at Time of Accident:
Scene Conditions at Time of Accident:	
Incident Commander:	Shift Commander:
Safety Officer:	EMS Unit(s)
Motorized Equipment Involved in Accident:	
Personal Protective Equipment:	
Narrative 1. How did the accident occur?	

Narrative 2. Why did the accident occur?

Narrative 3. What could be done to reduce exposure risk for future accidents?

Name of Witnesses:

Signature of employee:

Firefighter Brown

Date:

Signature of Employee Supervisor:

Date:

Name of person filling out report