

## ALBANY COUNTY FIRE DISTRICT #1

### On-Duty Injury, Exposure and Near-Miss Reporting Policy

Approved on 17 July 2024 by Luke Hawkins, Brett Wadsworth, Matt Burkhart

**Purpose:** Ensure that all Albany County Fire District (ACFD1) related incidents and near-misses are promptly reported, recorded, and, if necessary, investigated.

**Scope:** To outline the procedures for reporting ACFD-related injuries, illnesses, accidents, exposures, and other incidents that occur on duty, so proper medical attention may be provided. This policy typically applies to all ACFD employees and volunteers.

**General:** All reports are considered confidential, non-punitive and non-retaliatory. Information regarding personal injury, illness or exposure is considered private and shall only be shared to the extent allowable by law. Incidents that are the result of policy or procedure violations may be investigated and disciplinary action or non-coverage may result.

#### On-Duty Injury Reporting

1. **All on-duty injuries and/or exposures shall be reported immediately to the injured member's department Fire Chief / Incident Command.** On-duty injuries are defined as injuries which were incurred while serving Albany County Fire District in a volunteer or employment capacity, as described in the employee or volunteers job description. This does not modify other definitions required or applicable for injury pursuant to law.
2. The injured employee/volunteer is responsible for all timely required reporting of the injury.
3. When an injury occurs, for which the individual will not seek medical attention or other Workers' Compensation benefits, an "ACFD#1 Non-Treated Injury and Refusal of Treatment Report Form" shall be completed. The form shall be delivered to the employee's/volunteer's department Chief within 24 hours. The Fire Fighter's Chief and a District representative shall sign the form and archive it.
4. If it is reasonably suspected that an injury will require medical attention, the employee/ volunteer shall complete the following: The "Wyoming Report of Injury" contained within the packet available at

[\(https://dws.wyo.gov/dwsdivision/workers-compensation/forms-documents/\)](https://dws.wyo.gov/dwsdivision/workers-compensation/forms-documents/)

The report shall be delivered to the employee's/volunteer's department Chief no later than 72 hours after the injury. The Chief shall sign the form and deliver it to the ACFD #1 administration to be filed with Wyoming Worker's Compensation.

5. The "ACFD#11 Accident and Injury Report Form" must be completed and routed according to the instructions contained on the report form.

6. If an injury occurs during response or operations, at a fire incident, the Officer or Chief reporting the incident shall include The Fire Service Casualty Form (NFIRS-3) with their incident report.
7. If an employee/ volunteer obtains medical attention for an on-duty injury or exposure, the employee/ volunteer cannot return to service in any capacity without a medical work release specifying limitations. The work release must be signed by the employee's/ volunteer's medical provider and submitted to the department Chief.

### **Exposure Reporting**

**Any individual who is, or is suspected to have been, exposed to a contagious disease, pathogen, bodily fluids and/or other hazardous (CBRN) substance while in the course of performing their assigned duties will:**

1. Immediately report the exposure to IC and their department's Chief. If unable to contact the department's Chief, the injury must be reported to a Department Officer.
2. Fill out and submit documentation required for an on-duty injury.
3. Be afforded the opportunity to self-transport or be driven to closest hospital, or appropriate medical facility, for evaluation and consultation with a Physician regarding potential courses of treatment, if indicated.

### **Near-Miss Reporting**

**An individual who is part of or has been witness to a Near-Miss should file an "ACFD#1 Near Miss Report".** A near-miss event is defined as an opportunity to improve health and safety practices based on a condition or an incident with potential for more serious consequence. These reports will be used for training and evaluation of protocol and policy to help improve safety.

### **Supporting Forms:**

Wyoming Report of Injury

ACFD#1 Accident and Injury Report Form

The Fire Service Casualty Form (NFIRS-5)

ACFD#1 Non-Treated Injury and Refusal of Treatment Report Form

ACFD#1 Near Miss Report



## Accident and Injury Report Form

Employee's Name: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Incident / Location: \_\_\_\_\_

Witness(es): \_\_\_\_\_  
\_\_\_\_\_

Nature of Injury/Condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Injury [Body Part(s) Injured]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief Narrative Description of the Incident and what you were doing when the injury occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was medical treatment necessary? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, NAME OF HOSPITAL / PHYSICIAN:

DATE OF VISIT TIME OF VISIT \_\_\_\_\_ HOSPITAL / PHYSICIAN PHONE \_\_\_\_\_

Has this part of your body been injured before? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, when and how? \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Return a copy of this completed form to ACFD1 administration. Complete any additional paperwork timely which is required by (<https://dws.wyo.gov/dwsdivision/workers-compensation/forms-documents/>)



<b>K1 Did protective equipment fail and contribute to the injury?</b> Please complete the remainder of this form ONLY if you answer YES.	Yes Y <input type="checkbox"/> No N <input type="checkbox"/>	Equipment Sequence Number _____	<b>NFIRS-5 Fire Service Casualty</b>
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<b>K2 Protective Equipment Item</b>	
<b>Head or Face Protection</b> 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other	<b>Coat, Shirt, or Trousers</b> 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other
<b>Boots or Shoes</b> 31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes 32 <input type="checkbox"/> Knee length boots with steel toes only 33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes 34 <input type="checkbox"/> 3/4 length boots with steel toes only 35 <input type="checkbox"/> Boots without steel baseplate and steel toes 36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes 37 <input type="checkbox"/> Safety shoes with steel toes only 38 <input type="checkbox"/> Non-safety shoes 30 <input type="checkbox"/> Other	
<b>Respiratory Protection</b> 41 <input type="checkbox"/> SCBA (demand) open circuit 42 <input type="checkbox"/> SCBA (positive pressure) open circuit 43 <input type="checkbox"/> SCBA closed circuit 44 <input type="checkbox"/> Not self-contained 45 <input type="checkbox"/> Cartridge respirator 46 <input type="checkbox"/> Dust or particle mask 40 <input type="checkbox"/> Other	
<b>Hand Protection</b> 51 <input type="checkbox"/> Firefighter gloves with wristlets 52 <input type="checkbox"/> Firefighter gloves without wristlets 53 <input type="checkbox"/> Work gloves 54 <input type="checkbox"/> HazMat gloves 55 <input type="checkbox"/> Medical gloves 50 <input type="checkbox"/> Other	
<b>Special Equipment</b> 61 <input type="checkbox"/> Proximity suit for entry 62 <input type="checkbox"/> Proximity suit for non-entry 63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit 64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit 65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit 66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit 67 <input type="checkbox"/> Flash protection suit 68 <input type="checkbox"/> Flight or jump suit 69 <input type="checkbox"/> Brush suit 71 <input type="checkbox"/> Exposure suit 72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA) 73 <input type="checkbox"/> Life preserver 74 <input type="checkbox"/> Life belt or ladder belt 75 <input type="checkbox"/> Personal alert safety system (PASS) 76 <input type="checkbox"/> Radio distress device 77 <input type="checkbox"/> Personal lighting 78 <input type="checkbox"/> Fire shelter or tent 79 <input type="checkbox"/> Vehicle safety belt 70 <input type="checkbox"/> Special equipment, other 00 <input type="checkbox"/> Protective equipment, other	<div style="border: 1px solid black; padding: 5px; width: fit-content;">                     Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment.                 </div>

<b>K3 Protective Equipment Problem</b> Check one box to indicate the main problem that occurred.	
11 <input type="checkbox"/> Burned 12 <input type="checkbox"/> Melted 21 <input type="checkbox"/> Fractured, cracked or broken 22 <input type="checkbox"/> Punctured 23 <input type="checkbox"/> Scratched 24 <input type="checkbox"/> Knocked off 25 <input type="checkbox"/> Cut or ripped 31 <input type="checkbox"/> Trapped steam or hazardous gas 32 <input type="checkbox"/> Insufficient insulation 33 <input type="checkbox"/> Object fell in or onto equipment item 41 <input type="checkbox"/> Failed under impact 42 <input type="checkbox"/> Face piece or hose detached 43 <input type="checkbox"/> Exhalation valve inoperative or damaged 44 <input type="checkbox"/> Harness detached or separated 45 <input type="checkbox"/> Regulator failed to operate 46 <input type="checkbox"/> Regulator damaged by contact 47 <input type="checkbox"/> Problem with admissions valve 48 <input type="checkbox"/> Alarm failed to operate 49 <input type="checkbox"/> Alarm damaged by contact 51 <input type="checkbox"/> Supply cylinder or valve failed to operate 52 <input type="checkbox"/> Supply cylinder/valve damaged by contact 53 <input type="checkbox"/> Supply cylinder—insufficient air/oxygen 94 <input type="checkbox"/> Did not fit properly 95 <input type="checkbox"/> Not properly serviced or stored prior to use 96 <input type="checkbox"/> Not used for designed purpose 97 <input type="checkbox"/> Not used as recommended by manufacturer 00 <input type="checkbox"/> Other equipment problem UU <input type="checkbox"/> Undetermined	

<b>K4 Equipment Manufacturer, Model and Serial Number</b>	
_____ Manufacturer	
_____ Model	
_____ Serial Number	



# Non-Treated Injury And Refusal of Treatment Report Form

Employee's Name: \_\_\_\_\_ Date Reported: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Incident / Location: \_\_\_\_\_  
Witness(es): \_\_\_\_\_

Nature of Injury/Condition:

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Description of Injury [Body Part(s) Injured]:

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Brief Narrative Description of the Incident:

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I, \_\_\_\_\_, hereby acknowledge my refusal of medical treatment and/or observation offered to me at the expense of Albany County Fire District #1 for the incident/work-related injury I incurred on \_\_\_\_\_.

I acknowledge that the District, through my supervisor(s), in good faith, offered and made available to me an opportunity to seek necessary medical treatment and/or observation. I am aware that by declining medical treatment at this time, that ACFD1 will not be responsible for any medical expenses, lost wages or disability and I will indemnify and hold ACFD 1 harmless on the same

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Return a copy of this completed form to ACFD1 administration.



# Near-Miss Incident Report Form

A near-miss is a potential hazard or incident in which no property was damaged and no personal injury was sustained, but where, given a slight shift in time or position, damage or injury easily could have occurred. Near misses also may be referred to as close calls, near accidents, or injury-free events. For the sake of a safe work environment, ACFD1 asks that all Fire Fighters report any of these potential hazards immediately so that mitigation can promptly occur.

Please use this form to report near-misses and assist us in preventing future incidents and making the District a safer workplace.

Department:	Incident:
Date and Time of Incident:	Location:
Witnesses (optional):	
Type of Near Miss: <input type="checkbox"/> Near-Miss <input type="checkbox"/> Safety Concern <input type="checkbox"/> Safety Idea/Suggestion <input type="checkbox"/> Other (describe):	Type of Concern: <input type="checkbox"/> Unsafe Act (no LCES, no PPE, etc.) <input type="checkbox"/> Unsafe Condition of Area <input type="checkbox"/> Unsafe Condition/Use of Equipment <input type="checkbox"/> Safety Policy Violation <input type="checkbox"/> Other (describe):
Describe the potential incident/hazard/concern and possible outcome (be detailed):	
Were safety procedures violated? (describe):	
Incident site inspection – Why was an unsafe act committed, or why was the unsafe condition present?:	
Recommendations/steps to take to prevent a similar incident:	
Name/contact (optional):	Date Reported:
Supervisor or Chief Signature:	Date:

Please submit this form to your Chief or supervisor who will forward it to the District. Thank you.