Incident/Injury/Near Miss Reporting Policy
No. 2006 – 01

February 24, 2006
I. POLICY

Definition of “Incident”:
Any condition, no matter the seriousness, that causes any instructor, student or other participant in any PSFA course to cease, however temporarily, his or her activity in the course and/or results in the person being examined for injury by an instructor, EMS personal or any other person, even when, in the judgment of the instructor and/or EMS personnel, no injury is found, or that in any way has any negative impact whatsoever on the drill.

Definition of “Near Miss”
An unintentional unsafe occurrence that could have resulted in an injury, fatality, or property damage

A. In the event of an incident or near miss during an evolution, the Lead Instructor shall submit an incident report (attached) to the appropriate State Fire Academy Field Education Specialist-Field Supervisor within three days of the incident.

B. If the result of an injury results in transport to a medical facility, the instructor shall notify the State Fire Academy and the Educational Training Agency (if applicable) within twenty-four hours of the incident. During the evening, weekend or holiday, the instructor will notify the PA Emergency Management Agency duty officer at 800-424-7362

C. If an injury that requires hospitalization occurs the instructor shall immediately notify the PA Emergency Management Agency duty officer at 800-424-7362

II. ENFORCEMENT

Failure to adhere to any or all of this policy may result in discipline up to and including suspension or revocation of Instructor credentials as per the Instructor Classification System and Code of Professionalism Policy 2001-01

III. Delegation of Program Management

The Pennsylvania State Fire Commissioner delegate’s ongoing management and implementation of this policy to authorized staff of the program involved unless or until withdrawn. Specific responsibilities are placed upon the PA State Fire Academy Administrator, the Fire Academy Curriculum Specialist, the Fire Education Specialists and the staff of the PA State Fire Academy.

IV. Authority

Title 35 Health and Safety as amended.

V. Supersedes

This Office of the State Fire Commissioner Incident/Accident Policy #2006 - 03 supersedes and rescinds any and all other policies related to Incident/Accident Reporting of the Office of the State Fire Commissioner.

VI. Duration of Instructor Policy

This Incident/Accident Reporting Policy shall remain in effect until superseded or suspended.

VII. Effective Date

February 24, 2006

Timothy L. Dunkle, Administrator, PSFA
Office of the State Fire Commissioner
## INCIDENT REPORT

**Date Reported:** ____________________  **Time Reported** ____________________

**Date of Accident:** ____________________  **Time of Accident** ____________________

**Location/Class Accident Occurred:** ______________________________________________

**Incident**  ☐  **Injury**  ☐  **Near Miss**  ☐

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**Student Name:** ____________________  **SS#:** ____________________

**Address:** ___________________________________  **Date of Birth:** ____________________

**Organization:** ___________________________________  **Sex:**  Male ☐  Female ☐

**Chief:** ____________________

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**CARE PROVIDED**

None Required (report only)  ☐  Refused  ☐  First Aid (on scene)  ☐

Transported to Medical Facility  ☐  Facility Name ____________________

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**Nature of Injury/Illness/Report:** ______________________________________________

**Cause:**  Fall  ☐  Struck by Object  ☐  Lifting  ☐  Sharp Object  ☐  Burns  ☐  Action  ☐

Other  ☐ (Explain): __________________________________________

**Unsafe Act:**  Yes  ☐  No  ☐ (explain) __________________________________________

**Unsafe Condition:**  Yes  ☐  No  ☐ (explain) __________________________________________

**Severity:**  Disabling  ☐  Unknown (Follow up Required)  ☐  Non-Disabling  ☐  Fatality  ☐

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**Brief Description of Accident:** ______________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

**Recommendation for Prevention of Recurrence:** __________________________________

________________________________________________________

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**Student Signature:** ____________________  **Date:** ____________________

**Instructor Signature:** ____________________  **Date:** ____________________

**Instructor Name PRINTED** ____________________

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*USE BACK OF FORM FOR ADDITIONAL DETAILS*