



# ATLANTIC CHARTER

## INSURANCE COMPANY

25 New Chardon St • Boston, MA 02114-4721 • Phone: (617) 488-6500 • Fax: (617) 488-6502

### HOME CARE -SUPERVISOR'S INVESTIGATIVE REPORT

This is a follow-up report used to identify and correct conditions or practices which have led to an employee work related incident

#### EMPLOYER'S NAME:

#### I. GENERAL INFORMATION

Employee Name	Date of Incident	Time of Incident
Date Supervisor was notified _____ Was report delayed? Yes ___ No ___ If so, why?		

#### II. WHERE?

Describe the exact location where the accident occurred

#### III. INTERVIEW (if there is/are witness(es), complete **Witness Statement** form and attach to report)

First Person Notified:	Date & Time Notified:
First Witness Name	Date & Time of Interview

#### IV. WHAT WERE THEY DOING?

Was employee performing a job they were familiar with at the time of the accident? Yes \_\_\_ No \_\_\_

What specific job task or activity was being performed when the injury occurred?

#### V. WHY?

Has employee had any other injuries of a similar nature? Yes \_\_\_ No \_\_\_ (If yes, indicate injury date and brief circumstances)

What other contributing factors related to this accident? (See reverse side for a partial list of important factors to consider)

#### VI. WHAT ACTION WAS TAKEN TO PREVENT RECURRENCE?

<i>What re-training was performed/planned for the caregiver and/or staff to prevent recurrence? (Please complete Atlantic Charter's <b>Employee Retraining Certification</b>)</i>	<i>Person responsible</i>	<i>Date referred</i>
What new procedural changes were made? (e.g., instructions for ensuring pets are restrained, updated care plan, etc.)		
What physical equipment change(s) or repair(s) was/were made? (e.g., change in home layout recommended, lifting device, request for home repair due to a safety issue, etc.)		
What personal protective equipment changes were made? (e.g., footwear, safer needle devices, face shield, latex gloves, etc.)		

#### VII. SIGNATURE

Name	Signature of Manager/Supervisor	Date	Date(s) reviewed by HR or Safety Committee
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#### IMPORTANT

**Notify Atlantic Charter Claims Department at (617) 488-6500 immediately, if you suspect a piece of medical equipment or hazard outside the control of the Agency was a probable cause of the incident. Take pictures of the accident scene, if possible, to show the hazard or area where accident occurred (use camera phone if digital or disposable camera is not available).**

### **Patient Handling**

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- Room Layout (arrangement of furniture, doorways, etc.)?
- Bed height - not optimum?
- Availability of lift equipment?
- Not waiting for help?
- Unexpected resident/patient movement during ambulation?
- Use of proper body mechanics?

### **Manual Material Handling**

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- Large size or unusual shape?
- High push/pull requirements?
- Significant lifting force? (heavy medical equipment, struck bed frame)
- Availability of lift equipment?
- Thoroughness of job training?
- Use of proper body mechanics?

### **Slips, Trips, and Falls**

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- Slippery floor? (e.g., grease, water)
- Condition of floor?
- Lighting?
- Torn or loose carpeting?
- Appropriateness of footwear?
- Adequacy of hand rails/steps at home entrance?
- Carrying too much while going up or down stairs (blocked view)?

### **Animal/Insect Bite**

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- Unsecured Pet?
- New/Unknown Pet?
- Caregiver approach to Pet?

### **Motor Vehicle Accidents**

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- Vehicle equipment problem?
- Seatbelts being worn?
- Sufficient mirrors/adjustment issue?
- Hit by other vehicle?
- Following distance/tailgating?
- Moving Violation?
- Distracted reading map/ talking on cell phone?
- Unfamiliar area?

### **Struck By/Struck Against**

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- Poor arrangement of supplies needed for caregiver (stored overhead)?
- Poor Lighting?
- Use of ppe, if indicated?

### **Occupational Disease**

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- Adequacy of personal protective equipment?
- Adequacy of training? (Consider language barriers)
- Sufficient ventilation?

### **Bloodborne Pathogens Exposure**

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- Use of "safer" needle device?
- Re-capping needles?
- Gloves or other PPE ?
- Improper needle/sharp disposal?
- Overfilling sharps container?
- Need for retraining/in-service?