



POLICY: CUSTOMER INCIDENT REPORTING

EFFECTIVE DATE: **POLICY NUMBER: 2017 - 09**

PURPOSE

To provide WorkSource Montgomery (WSM), Inc. staff and subrecipients with policy and procedures for a consistent reporting process and form for any incidents or accidents that occur at a program/center site or at any site that is being used for the purposes of the program.

CANCELLATIONS

This policy supersedes all pre-existing policies for Customer Incident Reporting.

ACTION REQUIRED

Within 15 days of the receipt of this policy it is the recipient's responsibility to ensure all staff are informed of the policy and to create an internal process to ensure accountability.

QUESTIONS

Questions relating to this policy should be directed to the Director, Talent Development / WIOA at policy@worksourcemontgomery.com, or 240-641-6736.

POLICY

A report must be filled out by the program staff as soon as possible after an incident occurs, both non-emergency and emergency. An incident may include any of the following:

- All injuries
- Disruptive behavior of customers in the center
- Any inappropriate behavior by the customer towards staff, such as the usage of profanity threats, or assault

- Property theft or damage
- Any suspected incident of abuse.

Incident and accident reports are required because:

- They capture complaints, accidents and other incidents before they become claims.
- They help establish a defense for claims.
- They serve as the basis for analyzing the causes of incidents and accidents and for recommending risk improvements to prevent similar events in the future.
- They help identify weaknesses in the current risk management policies and help to identify areas for improvement.

INCIDENTS

1. Attend to those involved to assess for injuries.
2. Complete an Incident Report (see Appendices).
3. Keep the report on file by submitting the Incident Report to the AJC Manager within 24 hours of the event.

ACCIDENTS

1. Attend to any persons involved and provide comfort to extent possible.
2. If necessary, move yourself and injured person(s) out of any areas of immediate danger such as fire or traffic.
3. Administer first aid, if necessary. Only administer the level of first aid that you are qualified to perform.
4. Do not admit liability or promise to pay for expenses incurred by injured persons.
5. Call or ask a bystander to call 9-1-1 or the emergency number for police, ambulance and/or fire department, if necessary. Provide as much helpful information as possible: location, victim's name, observations, and description of injury. Do not leave the scene of the accident unless it is to call one of those services.
7. Complete an Incident Report (see Appendices).
8. Keep the report on file.
 - Submit Incident Reports to the AJC Manager within 24 hours of the event and copy the Regional Labor Exchange Administrator.

- Should the authorities (police, EMT, etc.) be involved, notify AJC Manager immediately.

INCIDENT REPORT FORM

This report must be filled out within 24 hours of the Incident or Accident and turned into the AJC Manager and/or the Director of Operations, copying the Regional Labor Exchange Administrator, the Director, Talent Development, and any other supervisory personnel. If the incident requires the involvement of the police or paramedics, notify the Director of Operations immediately.

Date of Incident: _____ Date Reported: _____
Time of Incident: _____ Time Reported: _____

Specific Location within the Center or Program (e.g. Resource area, training room, office, worksite, etc.):

Reporter Name: _____

Phone Number(s): _____

Position: _____ Agency: _____

Witness Name: _____ (List any additional witnesses on the back of this document)

Witness Phone Number(s): _____

Incident Description (Reporter):

Incident Description (Witness, if available):

Signature of Reporter: _____

Signature of Witness: _____