SIW SOUTHERN INDIANA WORKS

2125 State Street, Ste. #16, New Albany, IN 47150 • 812.941.6422

TITLE: **Southern Indiana Works Incident Reporting**

ISSUE DATE: **October 1, 2008**

REVISED DATE: **July 1, 2011**

Purpose

The purpose of this policy is to provide staff direction regarding reporting of incidents that impact the health or security of WorkOne staff of clients, as well as liability issues of Southern Indiana Works.

Required Action

All Southern Indiana Works Staff must adhere to this policy.

Background

The Region 10 Chief Elected Official is the grant recipient of the Workforce Investment Act (Title I) funding on behalf of Southern Indiana Works. Southern Indiana Works is required to comply and enforce Federal Regulations and DWD policies regarding the WorkOne Service System.

Contents

When issues or incidents arise at a WorkOne or WorkOne Express location, a report must be written to provide management documentation for security and risk management/ insurance issues. Staff are required to report issues of the following nature to the Southern Indiana Works Office:

1. Health related incidents impacting a client or staff member that occur on WorkOne Premises;
2. Security related incidents impacting safety of staff and/or clients that occur on WorkOne Premises;
3. Incidents regarding the theft, destruction, or demise of WorkOne Property.

WorkOne staff involved in the incident must complete the attached Incident Report and send it to the Southern Indiana Works Office, Attention Jackie James. A copy of the report must also be provided to the immediate supervisor of the staff member completing the form.

The form must include detailed contact information on the person(s) involved in the incident, a clear detailed description of the incident, as well as the actions taken.

Additional Information

Questions regarding the content of this publication should be directed to the Operations Manager, Jacqueline James at (812) 941-6422 or jjames@workoneregion10.com.

Attachments

A- WorkOne Incident Report

WorkOne Incident Report

Attention: Jackie James
Southern Indiana Works

WorkOne Office: Address/Phone:

Printed Name of Person Involved:	

Occurrence:			Medical Attention Needed □ Yes □ No
Date:	Time:	Site:	

Status: Person Involved Was: (Please place a check in one square below in front of the statement which best describes the individual involved n the accident.)

__ Client enrolled – Birth Date: /___/____ Name/Address of Client_____

__ Staff (Title)_____

__ Visitor Phone:_____

__ Volunteer

__ Property – Describe: _____

Description of (incident):

Action(s) taken:

Was injured person treated by a doctor or hospital? Check one. ¬ Yes ¬ No

If yes, enter date of treatment:_____/_____/_____

Hospital Name and Address

Signature of Witness

Signature of Witness Date

Signature of Supervisor or Designee Date

Printed Name and Phone Number of Staff Reporting

Distribution: Original: Regional Operator Office
Copy: Immediate Supervisor of Staff