

# SHIBA incident reporting: Procedures and form

## Purpose and use of this document

The purpose of this document is to create a system for receiving, reporting and documenting incidents involving SHIBA staff, volunteers or property. It also provides a fair and consistent method to handle incident reports as accurately, quickly and objectively as possible.

## Reporting

Volunteers must report all injuries and accidents they're involved in or witness, such as injuries to participants at events or counseling sessions.

1. Volunteers should notify their supervisor as quickly as possible when the incident response involves first-responder agencies, such as the police, emergency response units, paramedics or the fire department.
2. Volunteers should complete the **SHIBA incident reporting form** from pages 3-6 of this document (also located on My SHIBA at [www.insurance.wa.gov/my-shiba](http://www.insurance.wa.gov/my-shiba)) to record relevant information for incidents that meet any of the following criteria when the incident involves:
  - Contacting first-responder agencies, such as the police, emergency response units, paramedics or the fire department.
  - The volunteer or program participant receives medical care, or is advised by a staff person affiliated with the SHIBA program to seek medical care.
  - Or is likely to involve, an insurance claim.
  - An allegation or strong suspicion of physical, sexual or financial abuse.
  - The loss or theft of client or agency property.
  - Harassment, a serious error in judgment, or a misstep, including offensive or inappropriate remarks and behavior.
  - The violation of a state or federal law.

## ***SHIBA incident reporting***

The **SHIBA incident reporting form** collects information on:

- The time and location of the incident.
  - A description of the incident.
  - The parties involved.
  - The extent of the volunteer's involvement in the incident.
3. Volunteers should submit the completed incident reporting form to their volunteer coordinator (VC) or other designated agency staff as soon as possible.

## **Staff response**

The VC coordinates staff response to the incident based on the immediate steps that were or were not already taken at the scene of the incident. Take one or more of the following **immediate actions** as needed:

- Call 911 in response to medical emergencies.
- Contact police in response to auto accidents and criminal activity.
- Notify relevant authorities (e.g., police, public health, elder abuse, etc.).
- Photograph or otherwise document the incident site.
- Notify staff at the volunteer worksite.

Take one or more of these **follow-up steps** as soon as possible, depending upon the type of incident:

- Contact affected parties or witnesses.
- Notify the VC or other designated agency supervisor.
- Notify senior management in your agency.
- Notify the state SHIBA program office.
- Notify an insurance carrier.
- Take other steps as needed to resolve the incident.

# SHIBA incident reporting form

For use by SHIBA volunteers

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Use your SHIBA sponsor agency's incident reporting form and procedures to report any of the following incidents involving a SHIBA volunteer. Fill out your sponsor agency's form, sign, date and return it to your supervisor.

If your sponsor agency does *not* have an incident reporting form, fill out this form, sign, date and return it to your supervisor.

Refer to the **SHIBA incident reporting procedures** on pages 1-2 of this document for instructions and use of this SHIBA incident reporting form. This document is located on My SHIBA at [www.insurance.wa.gov/my-shiba](http://www.insurance.wa.gov/my-shiba).

Incidents you should report:

- Injury to a volunteer, client or program participant
- Accidents, including auto accidents
- Property damage, including damage to equipment
- Lost possessions, files or equipment
- Abuse of a beneficiary or other person
- Harassment and offensive remarks
- Error in judgment

## Agency or organization information

Agency or organization: \_\_\_\_\_

Contact person (may be the volunteer's supervisor):

Address: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

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**SHIBA incident reporting**

**Information about the affected person or organization**

Check one:

- Volunteer  Beneficiary/client  Program participant  Paid staff  Other

Affected party's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Information about the volunteer (if not the affected party)**

Volunteer's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Information about the incident**

Check all that apply:

Injury  Accident  Property damage

Lost possession  Abuse  Offensive remark

Harassment  Error

Other (please describe): \_\_\_\_\_

Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of incident: \_\_\_\_\_  am  pm

Location of incident: \_\_\_\_\_

Describe what happened, how it happened, factors leading up to the incident, what was said or observed (attach separate sheet, if necessary):

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

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**SHIBA incident reporting**

Witness name: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Witness name: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of doctor consulted (if applicable): \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_

Name of hospital or clinic (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_

Was incident reported to the police?  Yes  No

Police contact (if applicable): \_\_\_\_\_

**Incident reporter information**

Reporter's name: \_\_\_\_\_

Reporter's title (if applicable): \_\_\_\_\_

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

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