

ROOT CAUSE ANALYSIS OF INJURY/ILLNESS (Supplemental Form)

Injured Employee Name: _____

1. What task was the injured employee performing prior to the accident / near miss? _____

2. Describe any tools, machinery or equipment that was being used at the time of the incident? _____

3. Was the employee working alone? Yes No With? _____

4. How much experience did the injured person have in performing this task? _____

STEP 1 – OBTAIN AND REVIEW PHYSICAL, PEOPLE, AND PAPER EVIDENCE PERTINENT TO THE INVESTIGATION.

- **Physical:** Sample Results (Air, Noise, Bulk, etc.)/ Photographs/Drawings/Equipment Manual/etc.
- **People:** Witness Statements & Interviews/ Employee Report of Incident
- **Paper:** Policies/Programs/Procedures/Training Records/Maintenance Records/Prior Incident Reports/etc.

STEP 2 – DIRECT, CONTRIBUTING, AND ROOT CAUSES

- Use this listing as an aid for identifying the factors that lead to the incident.
- Don't be limited by the categories listed--add items (Other) as needed. Check all that apply.

POLICIES/PROGRAMS ✓

Not Developed or Inadequate	<input type="checkbox"/>
Developed – Not Communicated	<input type="checkbox"/>
Developed – Not Understood	<input type="checkbox"/>
Developed – Not Followed	<input type="checkbox"/>
Lack of Disciplinary Policy	<input type="checkbox"/>
Disciplinary Policy Not Enforced	<input type="checkbox"/>
Other	<input type="checkbox"/>
	<input type="checkbox"/>

COMMUNICATION ✓

Insufficient Planning for Tasks	<input type="checkbox"/>
Lack of Worker Communication	<input type="checkbox"/>
Lack of Supervisor Instruction	<input type="checkbox"/>
Work Team Breakdown	<input type="checkbox"/>
Confusion After Communication	<input type="checkbox"/>
	<input type="checkbox"/>
Other	<input type="checkbox"/>
	<input type="checkbox"/>

HAZARD(S) ✓

Unidentified or Not Labeled	<input type="checkbox"/>
Known But Not Corrected	<input type="checkbox"/>
Known But Not Reported	<input type="checkbox"/>
Created By External Factors	<input type="checkbox"/>
Documented But Not Repaired	<input type="checkbox"/>
Condition Changed Not Conveyed	<input type="checkbox"/>
Equipment Repaired Deficiently	<input type="checkbox"/>
PPE Not Adequate or Defective	<input type="checkbox"/>
Other	<input type="checkbox"/>

FACILITIES/EQUIPMENT ✓

Poor Facility Design	<input type="checkbox"/>
Poor/Faulty Equipment Design	<input type="checkbox"/>
Awkward Workstation Design	<input type="checkbox"/>
Equipment Not Guarded	<input type="checkbox"/>
Equipment Repair Deficient	<input type="checkbox"/>
Lack of Preventive Maintenance	<input type="checkbox"/>
Lack of Storage	<input type="checkbox"/>
Other	<input type="checkbox"/>
	<input type="checkbox"/>

PRODUCTIVITY FACTORS

Heavy Workload	
Tight Schedule	
Long/Unusual Working Hours	
Falsely Perceived Need to Hurry	
Staff Assistance Unavailable	
Staff Assistance Inadequate	
Changes in Process	
Other	

WORK BEHAVIOR

Shortcuts Taken	
Required PPE Not Used	
PPD Not Used Properly	
Tool/Equipment Used Incorrectly	
History of Accidents/Incidents	
Disregarded/Refused to Follow Procedure(s)	
Staff Assistance Required – Not Requested	
Horseplay	
Other	

TRAINING

Deficient Orientation Training	
Deficient Job-Specific Training	
Insufficient Training for New Process/Task	
Lack of Supervisor Follow-Up/Reinforcement	
Lack of Supervisor Training	
Hazards Overlooked in Training	
Other	

ENVIRONMENT

Weather, Temperature	
Poor Housekeeping	
Poor Lighting	
Poor Visibility	
Air Quality	
Noise	
Other	

PATIENT HANDLING

Transfer/Positioning Equipment Not Used	
Transfer/Positioning Equipment Not Used Properly	
Transfer/Positioning Equipment Not Available	
Equipment Not Adequate for Patient Weight and/or Size	
Area too Small to Use Transfer/Positioning Equipment	
Combative Patient	
Care Plan Not Adequate	
Care Plan Did Not Fit Patient Handling Policy	
Care Plan Not Updated When Patient Condition Changed	
Care Plan Not Followed	
Other	

BLOOD & OPIM EXPOSURE

Needless System Not Available	
Needless System Available-Not Used	
Needle Device (needle cover, etc.) Not Used	
Sharps Container Not Located as Close as Feasible	
Sharps Container Overfilled	
Sharps Container Not Used (stuck in bed, etc.)	
Contaminated Needle Recapped	
Stuck w/Contaminated Needle/Sharp by Physician or Other Staff	
Contaminated Waste Not Labeled	
Blood/OPIM Not Properly Stored	
Other	

STEP 3 – CAUSE(S)

- From the categories identified, circle the major cause(s) of the incident.

POLICIES/PROCEDURES**COMMUNICATION****HAZARD(S)****TRAINING****PRODUCTIVITY FACTORS****WORK BEHAVIOR****FACILITIES/EQUIPMENT****ENVIRONMENT****PATIENT HANDLING****BLOOD & OPIM EXPOSURE**

