Accident follow-up questionnaire

Date of investigation: _____

Person conducting review or investigation: _____

Was this accident the result of a violation of one or more established safety policies? ☐ Yes ☐ No

If yes, explain:

_____

_____

_____

Has the employee received proper training to perform this procedure safely? ☐ Yes ☐ No

If no, explain:

_____

_____

_____

Does the employee need additional training to perform this procedure safely? ☐ Yes ☐ No

If yes, explain:

_____

_____

_____

Are changes necessary in hospital operations that would prevent this type of accident in the future? ☐ Yes ☐ No

If yes, explain:

_____

_____

_____

Was this incident an animal bite or similar episode? ☐ Yes ☐ No

If yes, owner's name: _____

Pet's name: _____ Date of last rabies vaccination: _____

Was the animal quarantined and apparently healthy 10 days after the incident? ☐ Yes ☐ No

Did the staff member require post-exposure rabies treatment? ☐ Yes ☐ No

If yes, explain:

_____

_____

_____

Illlustration, Erin Terry

Source: SafetyVet