

Accident/Incident Reporting and Investigation

Effective Date:

Revision Dates or Last Date: October 8, 2007

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I. PURPOSE

Sometimes unplanned events can be joyful. But unplanned events such as workplace accidents can cause personal injury, pain, and reduced productivity. They can undermine morale, reduce income, and increase medical costs and indemnity bills among others. Almost all accidents are preventable. Each one has a cause – the failure of people, equipment, materials, or environments to behave or react as expected. Accident investigation is an important tool in the Reed College accident prevention program. By providing insight into the causes of an accident, it can prevent a similar or more serious accident from happening.

II. REPORTS TO BE COMPLETED

Report all injuries to the supervisor, even those that do not require medical attention. This protects the worker in the event that the injury worsens and results in lost time or a trip to the doctor. Also report those injuries which seem trivial at the time because studies show that time loss injuries are often preceded by less severe incidents. Early investigation and mitigation of potential problems can lead to reduced occupational accidents, but these incidents must be reported in order for the College to adequately evaluate the risks.

Supervisors are required to complete the "Accident/Incident Report" form to report any incident (an accident with no medical or time lost), which occurs in his/her area, even if it happens to a volunteer or visitor. They need to forward a copy of this form to the Human Resources Office within 24 hours following the accident so a timely investigation can occur. Supervisors can obtain these forms from the Human Resources Office. A copy of the "Accident/Incident Report" form is included at the end of this document. It is also available on the Reed Environmental Health and Safety website.

If an on-the-job injury results in a visit to a physician or in time lost from work, the supervisor and injured employee, if available, are required to fill out a "Report of Occupational Injury and Disease" form, also known as an 801 form. These forms are available in the Human Resources Office. They must be completed and returned to the Human Resources Office within 24 hours following the injury. The Human Resources Office will forward a copy of the completed form to the Environmental/Safety Coordinator in order to conduct a timely investigation. Because of the lag time associated with these written reports, report all serious accidents by telephone to the Human Resources Office and/or the Environmental/Safety Coordinator immediately. Failure to promptly file an 801 form may slow or reduce an injured worker's benefits.

III. WORKERS' COMPENSATION RULES AND INFORMATION

What happens if you get hurt on the job? Call 9-911 if your injury is life threatening or Community Safety at ext. 7753 for serious injuries requiring medical transport. Then, as noted above, **you must report your injury immediately to your supervisor!** (If you are severely injured and need immediate medical attention, a co-worker can inform your supervisor.) If necessary, seek medical attention. In Oregon, you may choose your own physician. However, the doctor you select must practice in Oregon. When you first see your physician for a workers' compensation claim, **inform the physician that your injury happened on the job** or that you believe your illness is job related.

After receiving your completed form 801, the insurance company will decide to accept or deny the claim within 60 days from the day you told your employer about your injury. If your claim is accepted, you will receive a Notice of Acceptance from the insurer. If your claim is denied, you will receive a letter from the insurer telling you about your right to appeal the denial.

If your claim is **accepted**, you may receive payment checks from Workers' Compensation Insurance Company at 66 2/3 % of your normal salary.

Your supervisor will complete time slips for you indicating the days missed from work with a "W" until you return to work. The time slips will be sent to the Payroll office with a copy to Human Resources.

The College will compensate you for the 3-day waiting period (date of injury and first two days after injury). This will be charged against your sick leave.

If you are out longer than 12 weeks, in accordance with the Family Leave Law (FMLA), you will be placed on Workers' Compensation Leave until released to work by your physician. The maximum leave permitted is 3 years from the date of injury. After that, employment terminates.

There are several types of benefits from a workers' compensation claim. **Medical benefits** include all reasonable medical costs such as doctor's office visits, surgical, hospital, ambulance, medication, crutches, and prosthetic appliances. Any medical costs related to your on-the-job injury will not be charged to you.

Time loss benefits are paid for injuries, which result in time off from work. Temporary Total Disability (TTD) means that you have a **temporary** disability, are expected to recover, and return to work. After the first three consecutive calendar days of absence from work, you are eligible for these benefits because of a "compensable" injury. The three-day waiting period begins with the first day you lose time from work because of your injury. These benefits will continue until your employer extends you a written offer of modified work or your physician releases you to return to work. These benefits may be lost, however, if you do not keep in contact with your physician.

Modified work, an important component of any loss control program, has several benefits for injured workers. Studies show that employees in return to work programs experience faster and more effective healing, enhance their recovery, and have improved morale. In addition, it can help provide direct and indirect savings in lost wages, medical costs, and productivity. Supervisors will work with both Human Resources and the employee to find alternate duty positions that are meaningful, productive, and advantageous to both the employee and the College.

Permanent Partial Disability (PPD) means that your injury is permanent, but not totally disabling and are expected to return to some type of work. If you have a PPD, you will receive a Determination Order or a Notice of Closure. These documents will describe the extent of your injury and the dollar value of your benefit.

Permanent Total Disability (PTD) means that your injury is permanent and is not expected to be able to return to work. Your Determination Order will indicate whether you are permanently and totally disabled, as well as the amount of the benefits you will receive in monthly payments for as long as your condition remains unchanged.

Death benefits are paid to your dependents if you die of an occupational injury or disease. These benefits include burial expenses, a monthly income for your spouse for life (or until remarriage), and payments for your children until age 23 if enrolled in an approved higher education program (age 18-19 if not).

You have certain responsibilities as an injured worker. You are obliged to return to work as soon as possible. To help make this happen, you must:

- keep in touch with your employer
- keep appointments made with your doctor
- follow your doctor's instructions and treatment plan
- do nothing to slow or stop your recovery
- cooperate fully with persons who are helping you get back to work
- contact your employer immediately when your doctor releases you for work

The College will continue to provide health, dental, life and disability insurance for an employee on unpaid Workers' Compensation leave under the same terms and conditions it would have been provided if the employee had not gone on leave. However, there will be no retirement contributions, accrual or accumulation of vacation and sick leave during the unpaid leave, and College observed holidays observed will not be paid during the unpaid leave.

Employee's are responsible for payment of their portion of health and dental benefits and will

submit payment to the Human Resources office on a monthly basis. Failure to do so may result in the termination of benefits.

For more information on Workers' Compensation, contact the Reed College Human Resources Office at 503-777-7704, Empire Pacific Risk Management (Reed's Insurance Provider) at 503-968-6300, or the Workers' Compensation Division in Salem at 503-947-7810 or 1-800-452-0288.

IV. INSTRUCTIONS FOR COMPLETING "ACCIDENT/INCIDENT REPORT"

(Extra copies available from the Human Resources Office)

The supervisor, instructor, or department administrator is required to complete Section I, II, and III of the Accident/Incident Report.

Section 1: INJURED PARTY

1. Self-explanatory.
2. Note the exact date, time of the accident, and to whom she/he reported the accident. If the individual did not report the accident within 24 hours, find out why. Also, remind employees to report all accidents within 24 hours.
3. Describe the accident location in detail. Refer to roads and places by exact names.
4. Give a very thorough description of the accident. Talk with any witnesses before completing this section. List name(s) of witness(es).
5. Self-explanatory.
6. If the accident involved faulty equipment, explain what equipment was involved and what happened to the equipment. If the manufacturer is at fault, claims costs can be recovered and the College will not be required to pay the costs. Be sure to save the faulty equipment.
7. If the cause of the accident was by another person not employed by the College, there could be a third party claim. The other party's insurance company may be responsible for the claim costs.
8. Be very specific about the injury or injuries. List any parts of the body injured as a result of the accident.
9. Note what type of medical treatment administered, when, and by whom.
10. Is this a job-related injury.

11. Self-explanatory.
12. Self-explanatory.
13. Self-explanatory.
14. If you have knowledge of other accidents caused by this situation, discuss those accidents here.

Section II: FINDINGS Report what you think caused the accident

1. Surface Causes(s): what do you think caused the accident, such as unsafe conditions and/or work practices.
2. Roots Cause(s): what was the underlying cause of the accident such as policies, procedures, supervision, training, decision-making, or other factors that contributed to unsafe conditions or work practices.

Section III: RECOMMENDATIONS

1. Immediate Corrections what can be done immediately to reduce or eliminate unsafe conditions and/or work practices.
2. Long Term Corrections how can policies, procedures, training, etc. be modified to make sure unsafe conditions and/or practices do not reoccur.

Section IV: FOLLOW-UP

A person designated as the Accident Investigator will follow-up on all accidents that occur on Reed property and report to the safety committee corrective actions taken.

V. INSTRUCTIONS FOR COMPLETING "801 FORM"

Contact Human Resources for more information about filling this form.

VI. APPENDIX A: ACCIDENT/INCIDENT REPORT FORM

Please complete and submit this report immediately after you become aware of an injury or work-related illness of your employee. **Print clearly in black ink** and attach to form #801 if a worker's compensation claim is filed. Forward a copy to the Human Resources Office within 24 hours. This form is to be completed by the **supervisor**, not the employee

Section I: Injured Person: Faculty ☐ Staff ☐ Student Worker ☐ Student ☐ Volunteer ☐ Visitor ☐

1. Name of injured _____ Telephone number _____

Address _____

2. Date and time event *occurred* _____ Date and time event *reported* _____

To whom reported? _____

3. Location (room, bldg, dock, etc) _____

4. Describe accident/incident fully. Attach separate sheet if necessary. _____

5. List witnesses. Include telephone number and address, if possible. _____

Please attach witness statements, if applicable.

6. Was equipment involved? Yes ☐ No ☐ If yes, identify. _____

7. Did another person not employed by Reed College cause accident/incident? Yes ☐ No ☐

Name _____ Address _____

8. Describe injury (part of body, type of injury). _____

9. Describe first aid/medical treatment (when administered and by whom). _____

10. Is this a job-related injury? Yes ☐ No ☐ Unknown ☐ What shift was the employee working. _____

11. Department _____ Immediate Supervisor _____ Ext. _____

12. Was employee doing his/her usual job duties? Yes ☐ No ☐

If similar incidents, how many? _____ Employed in current *position* since (M/Y) _____

13. Employed in current *occupation* since (M/Y) _____ Job Title _____

14. To the best of your knowledge, has this situation caused accidents/incidents in the past?

Yes ☐ No ☐ Unknown ☐ If "Yes," please describe. _____

Section II. FINDINGS What do you think caused the accident/incident? Attach separate page if necessary.

1. **Surface Cause(s)** such as unsafe conditions and/or work practices:

2. **Root Cause(s)** such as policies, procedures, supervision, training, decision-making, and other factors

Section III. RECOMMENDATIONS (Attach separate page if necessary)

1. Immediate Corrections (To reduce or eliminate unsafe conditions and/or work practices):

2. Long Term Corrections (Policies, procedures, training, etc. to ensure unsafe conditions &/or practices do not recur):

Supervisor's Signature _____

Name _____ **Dept.** _____ **Ext.** _____ **Date** _____

Section IV. FOLLOW-UP by Health and Safety Committee

Corrective Actions Taken:

1. Immediate: _____

2. Long Term _____

Investigated by _____ Follow-up by _____

Title _____ Date _____ Title _____ Date _____

Department _____ Department _____

ATTACHMENTS: (Photos, sketches, interview notes, etc.)