

## Chapter 4

### PERSONAL INJURY/ILLNESS REPORTING

#### 4.1 RESPONSIBILITIES

##### 4.1.1 The Employee:

- (A) The employee who is injured or becomes ill as a result of a work-related accident shall immediately report the accident to his/her immediate supervisor. The employee must complete **Section A and B** of the ***Injury/Illness Report, Form No. 500-000-18***. If available the employee must sign **Section B** of the form.
- (B) The employee must provide an accurate and detailed account of how the injury/illness happened.
  - a. What they were doing when the accident happened;
  - b. Describe the type of equipment, tools or other items that were directly involved;
  - c. Describe the work environment (housekeeping, lighting, weather);
  - d. If PPE was required did it function properly;
  - e. What caused the injury/illness (may be one or more causes).

##### 4.1.2 The Immediate Supervisor:

- (A) Shall ensure that the employee is provided appropriate first aid or medical treatment, as needed. Universal precautions must be observed as described in the ***Bloodborne Pathogens Exposure Control Plan, Chapter 13***, and **Section 13.7** of this manual.
- (B) Need to identify responsible person to call Managed Care Provider (contact your Workers' Compensation Coordinator for the current phone number) who will provide instructions where the injured employee should go for medical treatment. First Aid only cases are also required to be called in to the Managed Care Provider.
- (C) As soon as the needs of the injured or ill employee are taken care of, shall investigate and fill out **Sections C and D (1)** of the ***Injury/Illness Report***,

**No. Form 500-000-18**

- a. Conduct a non-fault-finding investigation for the purpose of identifying causes and solutions;**
  - b. Gather all of the facts before making any conclusions:**
    - i. Was the employee trained?**
    - ii. Did the employee follow defined procedures?**
    - iii. Was the process new to the employee?**
    - iv. Was the correct equipment used?**
    - v. Was a supervisor on the job?**
    - vi. Was the employee authorized to do the work?**
    - vii. Was the environment a contributing factor?**
    - viii. Was the job located in a high risk area where the employee may be more concerned about the danger (traffic)?**
  - c. The final analysis should identify what events led up to the accident, how the accident happened and then provide a plan on what preventive actions will be taken to eliminate future occurrences.**
- (D)** Shall forward the report to the Unit's Safety and Health Specialist or designee.

**4.1.3 The Unit's Safety and Health Specialist or designee:**

- (A)** Provides assistance, if needed, in investigating the accident. This assistance should be impartial, non-fault finding and provide additional facts regarding the cause ('s) of the accident along with recommendations on how to prevent future occurrences.
- (B)** Fills out **Section D (2)** of the **Injury/Illness Report (Form No. 500-000-18)**, indicating recommendations for preventive action(s),
- (C)** Forwards the report to the Unit Manager/Cost Center Manager.

**4.1.4 The Unit Manager/Cost Center Manager shall:**

- (A) Review the employee, supervisor and safety specialist (or designee) comments for completeness and to ensure all of the facts, circumstances and causes are included in the report.
- (B) When the completed investigation supports the facts that the accident was preventable because the employee deviated from a written and/or verbal instruction, policy, procedure or work practice creating an unsafe act, then Management must review for appropriate administrative action.
- (C) When the accident cause was from an unsafe condition that may include a deficiency in the system, improper work procedures, lack of or not enough training, improper equipment, poor management decision or environmental issues then a written preventative action plan must be prepared outlining the steps to be taken to change or prevent recurrence.
- (D) Action plans must include what steps are to be taken, by whom and a proposed or actual completion date.
- (E) The information based on paragraph (B) or (C) then needs to be included in Section D (3) of Form No. 500-000-18.
- (F) Forward a copy of the completed report to the District Safety and Health Manager or designated person. For Central Office, the completed report should be forwarded to the State Safety Office, Occupational Safety and Health, MS 53.

**4.1.5 The District Safety and Health Manager or designee shall:**

- (A) Provide assistance, if needed, in identifying and implementing pro-active plans that may include specialized safety training, selection of various types of equipment (this includes personal protective equipment), improved safety plans or any other action that will help in preventing future accidents.
- (B) Review all reports for completeness and to ensure they meet the requirements of this Chapter.

**4.2 FORM**

*Form No. 500-000-18, Injury/Illness Report*, is available from the Department's Forms Library.

**4.3 SAFETY INFORMATION MANAGEMENT SYSTEM**

**The information contained in the report must be input into the Industrial Safety Information Management System (ISIMS) *within 30 calendar days* by an employee from within the Safety Department as defined in Section 1.5 of this manual.**