

ACCIDENT/INCIDENT REPORTING AND INVESTIGATION

Issue Date:

7-15-06

Revision Date:



Policy

It is the Policy of DOCO Industrial Insulators to verbally report and document all accidents and incidents involving its employees (near misses/near hits, incidents resulting in injuries, work-related illnesses, equipment and facility damage, or environmental damage), and to investigate all accidents/incidents determined by DOCO Management and/or its clients.

Procedure

Accidents and incidents are reported and documented to inform supervisors, managers and fellow workers that some unsafe or unhealthy behavior or condition or potentially-damaging environmental condition has occurred, and to prevent other unsafe and unhealthy behaviors and conditions and potentially-damaging environmental conditions from occurring in the future. When the employee is no longer in harms' way, and the environment, equipment and facilities are no longer threatened, steps are taken to restore operations to normal, as effectively, efficiently and safely as possible.

Note: For the purposes of this Procedure, *accident* is defined as an "unpreventable incident" and *incident* is defined as an "unsafe, unhealthy or environmentally-damaging event".

Reporting and Managing Employee Accidents and Incidents

Report all accidents and incidents (illnesses)! This includes even first aid incidents and near misses/near hits. After the accidents/incidents (illnesses) are verbally reported, steps are taken to manage the accident/incident (illness); to minimize personal injury (illness) and suffering, equipment and property damage, and damage to the environment; and to minimize the number of recordable incidents.

1. **For all accidents and incidents (illnesses)**, employee verbally contacts his/her Foreman immediately or as soon as is practical, and ***briefly*** describes
 - what happened and how,
 - who is ill or who was injured (if injuries),
 - where and when accident/incident (illness) occurred, and
 - blood/bodily fluid exposure (if any).
2. Foreman notifies Operations Manager as soon as is practicable; Operations Manager and/or Foreman provide whatever assistance possible and necessary.
3. If personal or company-owned vehicle involved in accident/incident, employee does not leave scene, but calls 911 to report accident/incident and follows instructions of law enforcement personnel.

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4. If medical attention is required for accident/incident involving injuries (illness),
 - a. Certified employee provides First Aid/CPR (to level trained),
 - b. As necessary,
 - i. Operations Manager makes decision where to take employee (occupational clinic, doctor or hospital) based on nature and extent of injuries (illness),
 - ii. First Aider accompanies injured (ill) employee to medical facility, and/or
 - iii. Operations Manager or Foreman meets injured employee at medical facility.

The following first aid and medical treatment information is used to “manage” accidents/incidents (illnesses), to prevent the accident/incident (illness) from becoming a “recordable”:

- **Non-Recordables** include use of bandages, band-aids, gauze pads, butterfly bandages, steri-strips; cleaning, flushing, soaking wounds; removal of objects using irrigation, swabs, tweezers, or other simple means; using non-rigid supports, finger guards, hot or cold therapy, or massages; drinking fluids for heat stress (first aids and doctor-assisted first aids); medical observations or counseling; negative x-rays, blood tests; medication for diagnostic purposes; tetanus shots.
- **Recordables** involve stitches, staples, etc.; removal of embedded objects; positive x-rays; prescription medicines in any dose; non-prescription medicines in prescription strengths; applying a cast or means of immobilizing injured part; physical therapy; chiropractic treatment; immunizations.

To manage the incident, *butterfly bandages* are used instead of *stitches*, a *cotton swab* or *tweezers* instead of complicated removal methods, or *over-the-counter pain relievers* instead of a *prescription*.

5. For all work-related accidents/incidents (illnesses), Operations Manager arranges for a post-accident drug screen when employee receives medical attention or at testing facility, according to *Drug and Alcohol Abuse Policy and Procedure*.
6. If accident/incident (illness) results in a fatality or hospitalization of three or more employees (same incident), Operations Manager calls OSHA within eight (8) hours (1-800-321-6742); Operations Manager then completes *Employer’s First Report of Injury or Incident* form.

Note: Depending on the circumstances, if the employee refuses to see the Company physician, disciplinary action, up to and including discharge, may be taken.

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Documentation

Once the incident is reported, and as soon as practical, it is documented on an *Accident/Incident Report* form (see attached). The form is used to document all accidents and incidents (illnesses) and is completed within a maximum of twenty-four (24) hours from the time of the accident/incident (illness).

1. Employee or Foreman completes *Accident/Incident Report* form, with input from affected employee and others, by responding to items identified in boxes on form; responses must be complete and accurate, and reflect only facts associated with accident/incident (illness), with statements from employees and witnesses attached.
2. Employee or Foreman gives (sends) completed Report and witness statements to Operations Manager.
3. Operations Manager reviews Report for accuracy and completeness, then places original Report in appropriate HSE file; if Report needs editing, Operations Manager meets with Foreman and/or employee to make corrections, then places in HSE file.

Accident/Incident Investigation

D^OC^O requires an investigation for any accident/incident (illness) identified by OSHA as a “recordable” and any other accident/incident (illness) selected by D^OC^O Management or a D^OC^O client for investigation. Recordables are accidents/incidents (illnesses) that result in:

- death,
- days away from work,
- restricted work or transferred to another job,
- medical treatment beyond first aid,
- loss of consciousness, or
- a significant injury or illness diagnosed by a physician or other health care professional.

The Operations Manager puts together an investigating team that includes the Foreman and other selected employees.

1. Operations Manager schedules investigation (date, time, location) with investigating team.
2. Investigating team meets and conducts investigation within one (1) week of incident (unless extenuating circumstances).

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3. Operations Manager generates written *Accident/Incident Investigation Report* with help and input from investigating team.
4. Operations Manager distributes *Accident/Incident Investigation Report* to DOCO Management for review.
5. Operations Manager edits Report based on Management review.

An investigation of this type is considered formal, and is significant in providing the necessary information to eliminate or reduce the chances of an accident/incident (illness) similar to this occurring again: if the information is shared, if the underlying causes are discussed, and if the appropriate actions are taken.

Training

Training is accomplished by reviewing the contents of this Policy and Procedure with **all** employees when first hired and as needed thereafter. Verification of understanding of the information contained in this Policy and Procedure is accomplished by completing an Accident/incident Report (based on a real-world scenario) and having each employee successfully pass a written test (see *Performance-Based Training* section). Training is recorded on a *Training Documentation* form (see *Training Plan*); the *Training Report* is updated to reflect the training received.

The methods used in DOCO investigations are either determined by DOCO and/or the client at the time of the accident/incident (illness). Additional training may be necessary if members of the investigating team do not have the knowledge and skill to perform their roles and responsibilities according to the *Accident/Incident Investigation* and selected *Root Cause Analysis* techniques.

Recordkeeping

- *Training Documentation* forms are placed in appropriate HSE files and maintained for two (2) years, then discarded.
- *Performance-Based Training Incident Reports* completed during the training session are attached to *Training Documentation* forms, placed in appropriate HSE files and maintained for two (2) years, then discarded.
- *Performance-Based Training* written tests completed during the training session are attached to *Training Documentation* forms, placed in appropriate HSE files and maintained for two (2) years, then discarded.
- Copies of completed *Accident/Incident Investigation Reports* and paperwork related to an investigation are placed in appropriate HSE files and maintained until employees are retrained, then discarded.

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Standard: 29 CFR 1904.35 Employee involvement

(a) Basic requirement. Your employees and their representatives must be involved in the recordkeeping system in several ways. (1) You must inform each employee of how he or she is to report an injury or illness to you. (2) You must provide limited access to your injury and illness records for your employees and their representatives. (b) Implementation. (1) What must I do to make sure that employees report work-related injuries and illnesses to me? (i) You must set up a way for employees to report work-related injuries and illnesses promptly; and (ii) You must tell each employee how to report work-related injuries and illnesses to you.

[Web address is www.gpoaccess.gov/ecfr; in *Browse*, scroll down to and click “Title 29 – Labor”; click “GO”; search and click **1900-1910 (1901.1-1910.999)**; search and click **Subpart C: Recordkeeping Forms and Recording Criteria**; **Subpart D: Other OSHA Injury and Illness Recordkeeping Requirements**; and **1904** (search and click “*1904.35 Employee involvement*”).]

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ACCIDENT/INCIDENT REPORT

1. Name/job position of person involved in accident/incident:		2. Employee Number:		3. Date of report:	
				4. Location:	
5. Exact location of accident/incident (shop, office, workplace, etc.):			6. Date and time of accident/incident:		7. Was a claim filed (Yes/No)?
8. Date and time work shift started; time work scheduled to end:			9. Property/vehicle damage (describe):		
10. Type(s) of injuries (contusions, lacerations, fractures, strain/sprain, etc.):			11. Body part(s) affected (back, head/neck, hands, eyes, ankle, internal, etc.):		
12. Briefly identify accident/incident cause(s) (slip, trip, fall, caught in/between, struck by/against, over-exerting/lifting, bites, contact with, etc):			13. Describe in full how the accident/incident occurred (what was employee doing just before event, when event occurred, just after event; mention machine/equipment involved):		
14. Did employee stop work immediately (Yes/No)?			15. What job/activity was employee performing at the time of the accident/incident?		
16. Identify who provided First Aid/CPR to victim:		17. Identify witness(es) to accident/incident (list names/phone numbers):		18. Witness Statement attached (Yes/No)?	
19. Identify additional care provided to victim (air, ambulance, hospital, etc.):		20. Foreman name/signature:		21. Operations Manager name/signature:	
Comments:					

Note: *Employers' First Report of Injury or Illness* form is completed for incidents involving a fatality or hospitalization of three or more employees involved in the same incident, then sent to OSHA.

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ACCIDENT/INCIDENT INVESTIGATION REPORT

Name of Employee Involved:		Location:	Date of Accident/Incident:
1. Describe accident/incident in detail (tasks being performed, tools/equipment being used, etc.); include/attach comments from witnesses:			
2. Identify unsafe/unhealthy behaviors/conditions which existed at time of incident (weather, malfunctioned tools/equipment, changes in operations/activities, new personnel, employee not fit for work, etc.):			
3. Identify unsafe/unhealthy behaviors/conditions previously identified but not corrected (JSAs, safety meetings, inspections, etc.):			
4. Identify PPE required for activity associated with this incident, and whether or not personnel were wearing PPE (properly):			
5. Identify cause or causes for accident/incident:			
6. Identify what steps you will take to prevent accident/incident from occurring again:			
7. Witness Statements: (Obtain names, telephone numbers). Attach original witness statements.			
Foreman's Name:		Signature:	Date:
Operations Manager's Name:		Signature:	Date: