Purpose and Scope
This plan establishes the requirements for the reporting and reviewing of accidents/injuries at Stephen F. Austin State University (SFA). It is designed to offer a protocol and information to the campus community when an accident or injury happens. These procedures apply to all SFA employees on any SFA campus location in any type of injury or accident.

The Environmental Health, Safety, and Risk Management Department (EHSRM or Safety Department) works hard to make sure that SFA is a safe environment for all of its students, employees, and visitors; however, if an accident or injury does occur, it is important to follow the steps provided in this document.
1. Report all unsafe conditions to your supervisor and the Safety Department by filling out a Report of Safety or Health Hazard Form located at the end of this document or call the Safety Department ext. 4514.
2. Report all accidents, injuries, and illnesses to your supervisor and the Safety Department at ext. 4514. The supervisor will fill out the injury report and submit the report on the 24-hour Quick Link located on the EHSRM webpage.
3. Report any acts or threats of violence to your supervisor and University Police ext. 2608.

Procedure to be Followed for Injury or Accident of an SFA Employee.
1. The first step is to ensure that the injured person receives proper medical care.
   a. All on-campus and outlying campus area emergency phone calls should be placed to (911). Note: all (911) calls made on the SFA Campus will be automatically routed to the University Campus Police Dept.; all outlying Campus areas will be routed to the City (911) emergency center.
   b. All accidents or injuries should be reported to the Safety Department ext. 4514 immediately. The supervisor will fill out the injury report and submit the report on the 24-hour Quick Link located on the EHSRM webpage.
2. If assistance is needed in transporting the injured employee, the University Police Department are the first responders and will report to the scene of a medical emergency, provide basic first aid, and contact an ambulance service.
3. After the injured employee has been properly cared for, the supervisor of the relevant department, the Safety Officer and, if necessary, the Police Officer should promptly begin the injury investigation procedure. To the fullest extent possible, all the conditions, which existed at the time of the accident, should remain untouched until the investigation is completed.
4. Report all after hours’ injuries to the SFA Police Department ext. 2608.

Procedure to be followed for Injury or Accident of a SFA Student.
1. The first step is to ensure that the injured student receives proper medical care.
   a. All on-campus and outlying campus area emergency phone calls should be placed to (911). Note: all (911) calls made on the SFA Campus will be automatically routed to the University Campus Police Dept.; all outlying Campus areas will be routed to the City (911) emergency center.
b. All accidents or injuries should be reported to the Safety Department ext. 4514.
c. Students are not covered under Worker’s Compensation and may report directly to the Student Health Services for minor first aid needs or routine medical services.

2. If assistance is needed in transporting the injured student, the University Police Department are the first responders will report to the scene of a medical emergency, provide basic first aid, and contact an ambulance service.

3. After the injured student has been properly cared for, the supervisor of the relevant department, the Safety Officer and, if necessary, the Police Officer should promptly begin the injury investigation procedure. To the fullest extent possible, all the conditions, which existed at the time of the accident, should remain untouched until the investigation is completed.

4. Report all after hours’ injuries to the SFA Police Department ext. 2608.

Procedure to be Followed for Injury or Accident of a SFA Visitor and Volunteers.

1. The first step is to ensure that the injured person receives proper medical care.
   a. All on-campus and outlying campus area emergency phone calls should be placed to (911). Note: all (911) calls made on the SFA Campus will be automatically routed to the University Campus Police Dept.; all outlying Campus areas will be routed to the City (911) emergency center
   b. All accidents or injuries should be reported to the Safety Department ext. 4514.
   c. The University does not provide medical treatment to visitors or volunteers.

2. If assistance is needed in transporting the injured visitor, the University Police Department will report to the scene of a medical emergency, provide basic first aid, and contact an ambulance service.

3. After the injured person has been properly cared for, the Safety Officer and, if necessary, the Police Officer should promptly begin the injury investigation procedure. To the fullest extent possible, all the conditions, which existed at the time of the accident, should remain untouched until the investigation is completed.

4. Report all after hours’ injuries to the SFA Police Department ext. 2608.

Accident or Injury Investigation

Minor or non-disabling injuries will be investigated with the same vigor and thoroughness as serious injuries. The supervisor with the aid of the Safety Officer and, if necessary, the University Police will conduct a prompt, thorough investigation of any incident, regardless of severity, including "near-misses". Proper and complete investigation of these injuries can be an effective injury prevention tool.

Safety investigations should be fact-finding and not fault-finding. The focus should be on finding out what happened, why it happened, and how it can be prevented. Based upon the study of accidents past and present, safety training programs will be implemented and Standard Operating Procedures will be reviewed and possibly modified.

In all cases it is a best practice to secure photographs, detailed witness accounts, or testimony of others who can provide information about the accident as supplements to the fact finding report so that the facts involved in the accident will be clear.
Responsibilities
The University Police Department
The University Police Department is responsible for responding to and coordinating the investigation of 911 calls that occur on the SFA campus, submitting appropriate reports to the Safety Department when informed of an accident or injury, and investigating the accidents and provide assistance for the injured after hours.

Student Health Services
The Student Health Services professional staff is responsible for providing basic first aid and medical services to enrolled students of the SFA campus.

Supervisors of an injured employee
Supervisors will normally be the first person notified of an accident or incident. As soon as possible after an accident which results in injury to an employee or damage to property, the supervisor will:
1. Take immediate action as appropriate to prevent any further injury to an employee or damage to property.
2. Will see that first aid is rendered as appropriate, and/or emergency assistance requested.
3. Will notify the Safety Department at ext. 4514 and document the injury on the 24-hour Quick Link located on the EHSRM webpage.

Environmental Health, Safety and Risk Management
1. Will conduct and guide supervisors in the investigation and reporting process.
2. Will report and file all the required claim forms to the State Office of Risk Management and insurance companies (if necessary).
3. All accidents resulting in an employee injury desiring/need to file a claim will be reported to the SORM worker’s compensation division.

Documentation and procedures of the Accident or Injury
1. Supervisors may be asked to complete the Supervisor’s Report of Accident form located at the end of this document and return it the Safety Department.
2. The investigation report form and any other documentation prepared during the investigation will be filed in the injured employee’s worker’s compensation file and disposed in accordance with SFA’s records retention schedule.
Report of Safety or Health Hazard

Nature of the Hazard:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Location of the Hazard:

Building Name_____________________________________________________

Floor______________________ Area_______________________________

Room/Workstation Number___________________________________________

Seriousness of Hazard:    Priority #___________________________

1. **Priority 1** – The most serious type of unsafe condition or unsafe work practice that could cause loss of life, permanent disability, the loss of a body part (amputation or crippling injury), or extensive loss of structure, equipment, or material.

2. **Priority 2** – Unsafe condition of work practice that could cause serious injury, industrial illness, or disruptive property damage.

3. **Priority 3** – Unsafe condition or unsafe work practice that might cause a recordable injury or industrial illness or non-disruptive property damage.

4. **Priority 4** – Minor condition, a housekeeping item or unsafe work practice infraction with little or likelihood of injury or illness other than perhaps a first aid case.

Date Submitted:_______________________

Follow-up Action
Completion Date:_____________________

Signature:     Signature (Safety Director):
_________________________________   __________________________________

Please return form to the Environmental Health, Safety, & Risk Management Department (Box 6113). You may also report the hazard to extension 4514 or hendrysl@sfasu.edu.

(Action will be taken whether signed or not)
Supervisor’s Report of Accident

Employee’s Name _____________________________________________
Job Position/Title ______________________________________________
Supervisor’s Title ______________________________________________
Date and Time of Accident ______________________________________
Location _____________________________________________________
Task being performed when accident occurred ______________________

Date and Time accident reported to you __________________________
Name(s) of witnesses ___________________________________________

Accident resulted in: _____Injury    ____Fatality    ____Property Damage
First Aid Given? Yes / No                Medical Treatment required?  Yes / No
Workdays Lost _____
Describe how the accident occurred? ______________________________

What actions, events, or conditions contributed most directly to this
accident?

Prior to this accident, were any incidents or near-misses reported?  If so,
please describe the incidents and the dates they were reported. __________

Could anything be done to prevent accidents of this type?  If so, what?  ____

Signature of Supervisor ___________________________   Date

Please return a copy of this form to:
Environmental Health, Safety, and Risk Management Department
Box 6113, SFA Station
Nacogdoches, TX 75962
Phone: (936) 468-4514/Fax: (936) 468-7312
hendrysl@sfasu.edu